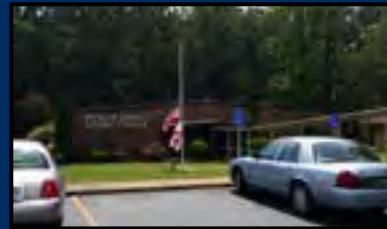


Northwest Alabama Council of Local Governments

A Coordinated Public Transit-Human Services Transportation Plan for Northwest Alabama



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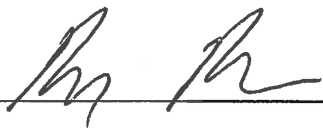
Resolution Number _____

WHEREAS, the Moving Ahead for Progress in the 21st Century Act (MAP-21) and Fixing America's Surface Transportation (FAST) Act require development of a public transit-human services coordinated transportation plan in order to be eligible for Section 5310 (Elderly Individuals and Individuals with Disabilities) funds, and

WHEREAS, the Northwest Alabama Council of Local Governments in cooperation with the Alabama Department of Transportation developed the Coordinated Public Transit-Human Services Coordinated Transportation Plan for Northwest Alabama, and


WHEREAS, the Board of the Northwest Alabama Council of Local Governments serves as the Board of Directors for the Northwest Alabama Rural Planning Organization,

NOW THEREFORE BE IT RESOLVED this 17th Day of August, 2017, that the Northwest Alabama Council of Local Governments, acting as the governing body of the Northwest Alabama Council of Local Governments and the Rural Planning Organization, does hereby adopt the Coordinated Public Transit-Human Services Coordinated Transportation Plan for Northwest Alabama.



Chairman

Attest:



Secretary

Shoals Area
Metropolitan Planning Organization

RESOLUTION 17-16

Adopting the Coordinated Public Transit-Human Services Coordinated Transportation Plan for Northwest Alabama

WHEREAS, the Northwest Alabama Council of Local Governments (NACOLG) is the organization designated by the Governor of the State of Alabama as recipient of Shoals Urbanized Area planning funds for the Shoals Area Metropolitan Planning Organization (MPO), and who is responsible, together with the State of Alabama, for implementing the applicable provisions of 23 USC 134 and 135 (amended by the FAST Act, Sections 1201 and 1202, December 2015); 42 USC 2000d-1, 7401; 23 CFR 450 and 500; 40 CFR 51 and 93; and

WHEREAS, the U. S. Department of Transportation requires the development of a public transit-human services coordinated transportation plan in order to be eligible for Section 5310 (Elderly Individuals and Individuals with Disabilities) funds, and

WHEREAS, the Northwest Alabama Council of Local Governments in cooperation with the Alabama Department of Transportation developed the Coordinated Public Transit-Human Services Coordinated Transportation Plan for Northwest Alabama, and

THEREFORE, BE IT RESOLVED by the Shoals Area Metropolitan Planning Organization (MPO) that the same does hereby adopt the Coordinated Public Transit-Human Services Coordinated Transportation Plan for Northwest Alabama.

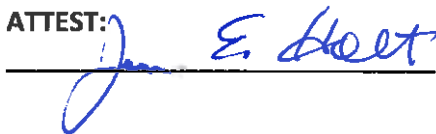
ADOPTED THIS 26th DAY OF JULY 2017

SIGNED:



Tim Tubbs, Chairman

ATTEST:



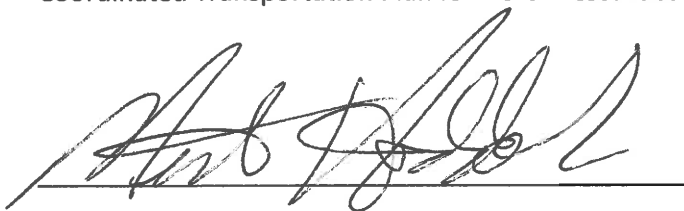
Resolution Number _____

WHEREAS, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) and the Moving Ahead for Progress in the 21st Century Act (MAP-21) requires development of a public transit-human services coordinated transportation plan in order to be eligible for Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute), and Section 5317 (New Freedom) funds, and

WHEREAS, the Northwest Alabama Council of Local Governments in cooperation with the Alabama Department of Transportation developed the Coordinated Public Transit-Human Services Coordinated Transportation Plan for Northwest Alabama, and

WHEREAS, the Board of the Northwest Alabama Council of Local Governments serves as the Board of Directors for the Northwest Alabama Rural Planning Organization,

NOW THEREFORE BE IT RESOLVED this 24th Day of September, 2015, that the Northwest Alabama Council of Local Governments does hereby adopt the Coordinated Public Transit-Human Services Coordinated Transportation Plan for Northwest Alabama.



Chairman

Attest:



Secretary

**SHOALS AREA
METROPOLITAN PLANNING ORGANIZATION**

RESOLUTION 15-19

Adopting the FY 2016-2019 Human Services Coordinated Transportation Plan for the Shoals Urban Area

WHEREAS, the Northwest Alabama Council of Local Governments (NACOLG) is the organization designated by the Governor of the State of Alabama as recipient of Shoals Urbanized Area planning funds for the Shoals Area Metropolitan Planning Organization (MPO), and who is responsible, together with the State of Alabama, for implementing the applicable provisions of 23 USC 134 and 135 (amended by MAP-21 Sections 1201 and 1202, July 2012); 42 USC 2000d-1, 7401; 23 CFR 450 and 500; 40 CFR 51 and 93; and,

WHEREAS, the staff of the Northwest Alabama Council of Local Governments (NACOLG), in cooperation with the Bureau of Transportation Planning and Modal Programs of the Alabama Department of Transportation, has prepared a Human Services Coordinated Transportation Plan for the Shoals Urban Area for Fiscal Year 2016-2019; and,

WHEREAS, pursuant to its duties, functions, and responsibilities, the Shoals Area Metropolitan Planning Organization (MPO) Policy Committee did review and evaluate the aforementioned Human Services Coordinated Transportation Plan, summarized on the attached pages; now,

THEREFORE, BE IT RESOLVED by the Shoals Area Metropolitan Planning Organization (MPO) Policy Committee that the same body does hereby endorse and adopt said Human Services Coordinated Transportation Plan.

ADOPTED THIS 29th DAY OF SEPTEMBER 2015

SIGNED: 
Mickey Maddock, Chairman

ATTEST:



**PART 1:
Coordinated Public Transit
Human Services Transportation Plan
for
Northwest Alabama**

1. Project Summary

The Northwest Alabama Council of Local Governments area, which includes Colbert, Lauderdale, Franklin, Marion and Winston Counties, has a multi-modal transportation environment that includes several distinct providers of transportation including public transit, private transportation, and human service transportation programs. The objective of this Coordinated Public Transit-Human Services Transportation Plan is to identify and prioritize strategies that will improve the efficiency of these services. Ultimately, the goal is to expend funds available to support these community transportation services in the region in the most efficient manner possible, which will enable providers to expand service and reach new clients by introducing new mobility options for those that depend on transportation services.

This plan stems from the most recent transportation authorization to date, the Fixing America's Surface Transportation (FAST) Act, but applies equally to programs held over from earlier transportation bills, including the Moving Ahead for Progress in the 21st Century (MAP-21) and Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). Each of these acts require coordination among providers of public transportation services and human service agencies serving elderly, low-income, and disabled populations in order to improve the coordination of funding for transportation services and to improve overall access and mobility of groups that are dependent on transportation services. Under these transportation bills, coordination is required in order to receive funding from certain programs of the Federal Transit Administration (FTA).

The role of the Northwest Alabama Council of Local Governments (NACOLG) is to serve as a regional planning agency responsible for overseeing the development of the plan addressing the coordination of local community transportation resources. Coordination serves a dual purpose in aiding the more efficient expenditure of monies for public transportation and ensuring that the region will continue to receive funds for transportation from specific programs of the Federal Transit Administration (FTA).

2. Federal Planning Requirements and Policies

As mentioned above, FAST, MAP-21 and SAFETEA-LU each require a coordinated plan before entities in the region can access specific FTA funds.

Under the oldest of this legislation, SAFETEA-LU, three programs required a

coordinated plan:

Section 5310: Elderly Persons and Persons with Disabilities Program- Funds were available for capital expenses associated with transporting elderly people and persons with disabilities. Funds were apportioned based on the state's share of these populations. Eligible activities included capital expenses and associated administrative costs. A matching share requirement of 20% of the total project cost was required from local sources. Section 5310 funds were commonly used to support capital expenses to provide transportation services to elderly and disabled populations by purchasing vehicles or transportation services. As of this plan, only two grant recipients had been funded under Section 5310 in northwest Alabama- the ARC of the Shoals for transportation of individuals with disabilities and the Town of Double Springs for a senior center van.

Section 5316: Job Access and Reverse Commute Program- Funds were available to provide transportation to and from job-related destinations for low income workers. Funds were apportioned among rural and urban areas based on the proportion of low-income and welfare recipient workers. Eligible activities included capital, planning, and operating assistance associated with transportation to and from job-related activities and work. NACOLG Transit has administered funds under Section 5316 via a contract with a local cab company, with matching funds provided by the Alabama Department of Human resources that are administered by ALDOT.

Section 5317: New Freedom Program- Funds were available to expand transportation options for individuals with disabilities beyond those activities required by the Americans with Disabilities Act (ADA). Funds were apportioned among rural and urban areas by a formula based on the proportion of individuals with disabilities. Funds were expended for capital and operating assistance to expand transportation access for individuals with disabilities. NACOLG was granted Section 5317 funds for the purchase of a vehicle to expand service to individuals with disabilities through its Transit and Aging and Disability Resource Center. To date, these funds have not been drawn down due to financial constraints.

Under MAP-21 and the FAST Act, programs for elderly and disabled individuals were consolidated under **Section 5310**, which now permits funding for uses that parallel the earlier Section 5310 and Section 5317 programs. **Section 5310 of MAP-21 and the FAST Act** allow funds for expenditures to provide transportation to elderly individuals and individuals with disabilities as well as the expansion of services for individuals with disabilities above the requirements of the ADA. Funds are available for capital and operating expenses for these individuals. Section 5310 continues the requirement that applicants qualify funding as part of an approved coordinated plan.

Meanwhile, **Section 5316 of SAFETEA-LU** was consolidated into the categories of funding that provide for urban and rural transportation, **Section 5307 and 5311**,

which do not expressly require inclusion in a coordinated plan. Public transit providers, however, must be stakeholders in any approved coordinated plan. This ensures that investments into all categories of FTA funds are part of the coordinated planning effort.

This plan bridges the gap between **SAFETEA-LU**, which initiated the coordinated planning requirements for transit, and **MAP-21**, under which the State of Alabama still retains funds to be expended, and the FAST Act. Both MAP-21 and FAST Act will fund public transit agencies (including job access activities) under Section 5307 and Section 5311 as well as projects for the elderly and disabled under Section 5310. The plan meets the statutory guidance for coordinated plans in the following ways:

- It identifies public, private and non-profit entities that currently provide transportation services to elderly individuals, people with disabilities, and low income populations and assesses needs and service gaps among members of those groups. It is based upon the experiences and perceptions of members of those groups as well as data assessed from the U.S. Census and from surveys of users of public transportation and stakeholders.
- It identifies needs and gaps in transportation services for these groups and proposes strategies and activities to address the identified gaps and achieve more effective service delivery.
- It prioritizes strategies based upon resources, time and feasibility for specific activities identified.
- It includes stakeholder involvement from public, private, and non-profit transportation providers, human service providers, and members of the general public.

3. Guiding Principles of Coordinated Transportation

Guiding principles provide orientation for transportation providers and all others involved in the provision of services related to meeting the transportation needs of consumers, including the target populations of low-income, elderly, and disabled groups in the region.

- **The Right to Mobility:** People with transportation needs have a right to mobility. Individuals with limited incomes and people with disabilities deserve to have access to their community and their local economy and the provision of transportation services is a basic pre-requisite for their participation. Transportation is a basic necessity and limited access and mobility are a barrier to full participation in society that can only be overcome through a commitment to the right to mobility.
- **Customer Service Focus:** In providing transportation services, the needs of the customer should always come first. Barring any violation of operating principles that are established by law, transportation agencies have an

obligation to seek out solutions to transportation needs of their customers. Policies and procedures should be clear and flexible enough to allow for different abilities and to provide support as needed. The goal of every transportation provider should be to facilitate safe and efficient mobility in a timely and courteous manner.

- **Elimination of Service Gaps:** Gaps in service represent a failure of the transportation network to meet obligations for individuals to have full participation in daily life, communities, and economies. To the maximum extent feasible, service gaps should be eliminated.
- **Maximum Efficiency:** Tradeoffs between efficiency and mobility present a difficult problem for transportation providers. Resources and demand rarely align to the extent desired by either customers, providers, or other interested parties. To the maximum extent feasible, transportation providers should seek to provide transportation alternatives while balancing resources toward optimally efficient solutions. Revenues and expenditures must balance in a manner that provides the greatest access and mobility to the most vulnerable populations, while recognizing the basic right of transportation to all individuals including those with specialized transportation needs.

4. Work Plan, Methodology, and Products

The project's work plan and research methodology followed federal requirements. At the outset, a regional discussion group was established to provide input and validation from public and private transportation providers, stakeholders from low income, disabled and elderly groups, and human service agencies. These met during the planning process to provide an assessment of unmet needs and barriers and were provided a copy of the plan for review as the draft became available.

Initial efforts involved primary and secondary research tasks: Reviewing existing coordination efforts and plans, interviewing stakeholders, surveying community transportation and human service agencies, evaluating existing public transportation services, and mapping community socio-economic, demographic, and travel patterns. Data was then analyzed to determine common origins and destinations for transportation service demand and to determine any apparent gaps in service. With this process complete, the NACOLG planning team began to develop preliminary recommendations for coordination policies and strategies.

Once the initial assessment was completed, the NACOLG planning team distributed copies of the draft assessment including an analysis of redundancies, gaps and needs, and strategies for review by members of the stakeholder participant groups. The purpose of the review was to provide an opportunity for these participants to evaluate the assessment and the proposed strategies and to provide guidance as to the resource requirements and effectiveness of the proposals. The draft plan was also published on the NACOLG website and the general public was invited to review

and comment on the plan at a public hearing. Press releases were provided to notify the public of the workshops and newspaper articles and legal notices were published to inform the general public of the plan. Finally, the plan was adopted by the NACOLG Board of Directors on September 24, 2015.

The process was repeated during 2017, with the regional discussion group reconvening to discuss progress toward implementation, a review of the data sources and a re-survey of interested parties, and a revision of the plan that was distributed in print and on the NACOLG website. The updated plan was adopted in August 2017.

5. Sources of Data for the Coordinated Plan

The initial 2015 overview and assessment was developed with reference to the statements of transportation providers, a review of existing and past grant awards, social service and human service contracts, and a stakeholder survey of organizations representing elderly, low-income, and disabled individuals in the region. Seventeen organizations responded to the survey, which indicated type and volume of transportation services provided, as well as the number of vehicles, expenditures on transportation, unmet needs, and other key indicators.

In the survey, stakeholders were asked to provide information about the approximate number of clients served and how they accessed services, whether with a private vehicle, public transportation, purchased transportation or some other means. Respondents were asked to identify the modes of transportation they offered, if any. Most respondents- 47%- did not provide transportation directly, while 35% operated agency vehicles and 35% contracted with another agency for transportation services (respondents were allowed to choose more than one mode of transportation). Results indicated that the agencies' clients were dependent on transportation that was provided by the agency, public transportation providers, or some other means in order to access agency services. Stakeholders reported that 933 clients, collectively, used private automobiles, while 1108 used some other form of transportation service and 79 walked to access agency services. The largest provider of transportation was NACOLG Transit, with approximately 442 clients served each day, including general public and contracted services.

A second survey was done among passengers boarding NACOLG Transit vehicles. The survey results indicated a variety of transportation needs among respondents. Comments included a need for night and weekend service; service to destinations in other towns such as Huntsville, Cullman, and Tennessee; service from Russellville to Phil Campbell; timeliness and scheduling issues; length of time on the bus; need for easier scheduling; complaints about the late cancellation policy. Others commented on the need for the service and its quality. Most respondents listed a lack of vehicle access or disability as the reason they used transportation services.

The Alabama Department of Public Health provided a third source of data through a

statewide community health assessment. The ADPH conducted telephone interviews with 115 healthcare providers across the state in order to gauge their transportation-related challenges. The ADPH survey included 2 community mental health centers, one rural health clinic, two rural hospitals, two public health departments, one social worker with a regional dialysis clinic, and Kid One Transport. Results indicated difficulty accessing transportation among more remote and rural areas of the region and among lower income and elderly populations. The outcome of these challenges included missed appointments and difficulty with maintaining treatment for various health issues. A review of the results by transportation providers indicated that healthcare providers lacked an adequate understanding of the existing public transportation options and opportunities for coordination. As a group broadly representative of the general public as well as those that are elderly, disabled or low-income, this survey was provided great benefit for indicating unmet needs and barriers to coordination.

Finally, demographic and statistical information from the U.S. Census Bureau, the 2011-2015 American Community Survey 5 Year Estimates, Survey of Income and Program Participation, the Alabama State Data Center and local transportation databases were reviewed for each county to identify concentrations of individuals likely to have transportation challenges. A summary of data is provided along with maps of important data in Part 2 the coordinated plan.

In 2017, the stakeholder survey was repeated among agencies serving elderly, low income and disabled individuals, with similar results. The U.S. Census Bureau demographic and statistical information was reviewed and updated to include the American Communities Survey 5-year estimates from 2011-2015 and the maps were updated to reflect more recent information and to discover changes from the past two years.

6. Existing Transportation Providers

Existing transportation services are available through the following entities and organizations:

The Northwest Alabama Council of Local Governments: NACOLG Transit operates public transportation in all five counties of northwest Alabama. NACOLG Transit's primary service is demand responsive public transportation, within the hours of 7 AM and 5 PM on Monday through Friday. Transportation is provided with a fleet of 62 vehicles of various sizes, meeting the requirements of the Americans with Disabilities Act (ADA) for transport of persons with mobility or other constraints. Demand responsive service requires advanced scheduling. Rates vary depending on distance travelled. Within 1.5 miles of the city limits of Florence, Muscle Shoals, Sheffield, Tuscumbia, Russellville, Haleyville, and Hamilton a fare of three dollars is charged per one-way trip. From 1.5 to 5 miles, the fare increases to six dollars (\$6). Between 5 and ten miles, the fare is nine dollars (\$9) per one-way trip. Outside of this area, NACOLG Transit calculates the actual cost of transportation for each trip.

NACOLG Transit also provides service to Huntsville and Birmingham, primarily for non-emergency medical trips, at a cost of \$120 round trip to Huntsville and \$180 round trip to Birmingham. A grant from the Lauderdale and Colbert County Development Commissions provides assistance for low-income children in need of transportation. In addition to these services, NACOLG Transit provides transportation under contract with a number of social service organizations, including the **Riverbend Center for Mental Health, YMCA of the Shoals, ARC of the Shoals, the Florence Housing Authority, and Tri-County Mental Health Services**. Various other agencies pay for transportation for their clients using tickets that can be purchased from NACOLG Transit, including the **Department of Human Resources, the Alabama Institute for the Deaf and Blind, and the Alabama Department of Rehabilitation Services**.

Scope 310: Scope 310 is a non-profit serving individuals with intellectual and developmental disabilities in Colbert, Lauderdale, and Franklin counties. The agency provides a number of intake and referral, early intervention, case management and residential services for its clients. It operates 40 vehicles that include cars, vans and buses, to aid with transportation needs of its clients.

ARC of the Shoals: The ARC of the Shoals serves clients of all ages with developmental disabilities in Colbert and Lauderdale Counties. The ARC of the Shoals operates adult training, supportive work, residential services and recreational programs that enhance the health, safety, economic self-sufficiency, independence of individuals with developmental disabilities. The ARC of the Shoals operates 27 vehicles of various types, including cars, vans, and buses to serve the needs of its clients. In addition, the ARC of the Shoals contracts with NACOLG Transit to provide transportation to and from its facility at Hope Haven School for its clients.

ARC of Marion and Winston Counties: The ARC of the Marion and Winston Counties serves clients of all ages with developmental disabilities in Marion and Winston Counties.

ARC of Franklin County: The ARC of Franklin County serves clients of all ages with developmental disabilities in Franklin County.

Riverbend Center for Mental Health: Riverbend Center for Mental Health offers mental health treatment services in Colbert, Lauderdale and Franklin counties. The Riverbend Center contracts with NACOLG Transit to provide transportation in Colbert and Lauderdale counties. Riverbend contracts with First Service in the months of June and July while school is out to provide transportation to the center for out of school children. The agency also provides transportation with 17 agency vehicles, both vans and cars.

Department of Human Resources Job Access Reverse Commute Program (JARC): The State of Alabama's Department of Human Resources (DHR) provides

matching funds for transport of low-income participants of the DHR JOBS program to and from work and work-related activities. Funds for JARC transportation are available in all five of the counties of the region, however, the service is provided through private cab service, which is only available in Colbert and Lauderdale Counties through Quad Cities Taxi. The taxi service is available to meet large demand for ridership at off-peak hours, day and night. The JARC clients do not pay for transportation under this program. Instead, the cab companies are paid under contract with NACOLG Transit, with DHR matching funds administered by the Alabama Department of Transportation (ALDOT).

The Northwest Alabama Mental Health Center: Northwest Alabama Mental Health Center has been a recipient of Section 5310 funds for its residential treatment programs for disabled individuals. Headquartered in Jasper, in Walker County, the agency operates residential facilities in Marion County and provides transportation services in the region.

Alabama Kidney Foundation: The Alabama Kidney Foundation is a non-profit providing transportation to and from dialysis treatment for patients across the state. The agency operates primarily through arrangements for reimbursement of private vehicles operated by individuals and family members.

Kid One Transport: Kid one Transport is a non-profit provider of transportation for children and expectant mothers who have transportation challenges. The service provides transportation for those lacking alternatives to travel for various medical and dental appointments. The service is funded primarily through donations and operates in 43 of Alabama's 67 counties including Marion and Winston counties. Kid One owns and operates a fleet of 21 vehicles that operate through advanced scheduling at least 3 days in advance and up to 30 days ahead of the appointment. Service is available on weekdays during times of day when healthcare providers are open for business.

Quad Cities Taxi: Quad Cities Taxi operates private taxi service in the Shoals Area (Colbert and Lauderdale counties). Service is scheduled on demand, and same-day service is available. Rates are typically higher than those of public transportation providers. Quad Cities also contracts with NACOLG Transit to provide JARC transportation services to DHR clients.

Anchor Tours: Anchor Tours is a charter bus service providing transportation services that is located in Colbert County and serves north Alabama and middle Tennessee.

First Student: First Student is a contract transportation provider with an office in Lauderdale County that operates school bus transportation on a contract basis.

	Public Transportation	Human Service Agencies	Taxi Service	Charter Bus Service
Eligibility	All	Age, income, and disability based	All	All
Geographic Coverage	All	Limited	Limited	All
Reservation Requirement	Advance day before	Advance, some same-day	Same day or advance	Advance
Time of Operations	Weekdays, 7-5	Mostly weekdays, 7-5	All hours	All hours
Allowed Trip Purpose	Any	Agency programs	Any	Chartered transportation
Cost	Lowest	Lowest	Low	High
Service Challenges and Gaps	Availability of buses, drivers, hours and days of operations	Limited purpose, availability of buses, drivers, hours and days of operations	Availability of vehicles, drivers, geographic coverage area	Cost

7. Current Coordination Efforts in the NACOLG Region

Public, private, and non-profit providers transportation services are responsible for a large number of passenger trips provided on behalf of those with mobility challenges. For those without access to personal vehicles or with challenges for operating a personal vehicle, these options allow access and mobility that is essential for their participation in the community and economy. A number of agencies and organizations are engaged in these activities, and the coordinated plan provides an overview and assessment of these activities in order to facilitate more efficient and effective operations.

Coordination in transportation takes many forms, but generally can be summarized as cooperation, shared-use, and consolidation of services among various providers. Cooperation takes place in the process of sharing information about unmet needs, barriers, and existing transportation options. Shared use relies upon the joint utilization of vehicles by multiple agencies through various arrangements. Consolidation is the merger of transportation services into a single organization. In northwest Alabama, cooperation is accomplished through formal and informal communications. Shared use is facilitated by making vehicles available to be used for transportation for human service agencies that have unmet needs. Consolidation has partially taken place by combining five counties' public transportation under the administration of one agencies; little redundancy remains outside of this as a target

for consolidation.

The region's public transit provider for all five counties is the Northwest Alabama Council of Local Governments (NACOLG), which operates NACOLG Transit and is central to the region's coordination efforts. NACOLG sponsors a public transit stakeholder group that provides input into the operation of its public transit services and a forum for agency coordination. NACOLG Transit participates on advisory councils for the Florence Housing Authority, the Lauderdale County Children's Policy Council, the Colbert County Cooperative Extension Service, the Lauderdale County Cooperative Extension Service, the Area Agency on Aging Advisory Council, the Metropolitan Planning Organization and the Rural Planning Organization. In this manner, NACOLG Transit participates in coordinating efforts throughout the region and facilitates cooperation and the sharing of information among agencies with transportation needs. In addition, NACOLG Transit administers the Job Access Reverse Commute program under Section 5316 of SAFETEA-LU, which is nearing exhaustion and will soon be replaced with MAP-21 provisions. This service is administered by NACOLG, matched by the State Department of Human Resources, and service is provided by a local cab company in Colbert and Lauderdale counties.

A second means of coordination takes place through shared use of vehicles. One method of shared use is through purchase of service contracts between NACOLG Transit and public and private social service organizations. This form of shared use provides a means for meeting the transportation needs of agencies with otherwise unmet transportation needs. Another method of shared use is the utilization of vehicles during off-peak hours by qualified human service organizations using volunteer drivers. In this manner, vehicles that would otherwise sit idle while not in use for public transportation may be utilized by qualified human service agencies to meet otherwise unmet transportation needs. This option is currently utilized by several senior citizens' centers in the region; however, other opportunities may exist for this form of shared use.

As previously mentioned, consolidation is a means of coordinating transportation where one or more agencies perform redundant tasks or provide overlapping service. Public transportation is consolidated in all five counties as part of NACOLG Transit. Outside of this, the region's rurality has translated into a general lack of transportation options. As such, there is little redundancy or overlapping service to necessitate consolidation.

Several agencies have received funds through transportation grants requiring coordination under Section 5310, 5316, and 5317. The Town of Double Springs has purchased a van for use at its senior citizens center. The ARC of the Shoals has received grants for vehicles to serve its disabled clients. NACOLG Transit has operated the Section 5316 program and has been granted funds for expanding service under Section 5317, both of which previously coordination under SAFETEA-LU. Despite the lack of express requirements for coordination under MAP-21, NACOLG Transit acts as the public transit provider and will continue to participate in

coordination efforts for all of its public transit activities.

8. Barriers to Coordination

Despite some successes in coordination, there are still significant obstacles to improving coordination in northwest Alabama. One of the most significant obstacle to coordination is a **general lack of understanding of the nature and availability of existing transportation services**. A second highly significant obstacle is a **lack of funding, particularly matching funds, for expansion of services** into areas of unmet need, such as night and weekend service and expanded rural transportation services. Together, these form a mutually reinforcing 'trap' in which additional demand generated from better marketing strategies and enhanced public awareness creates stress in the existing system because of a lack of resources to accommodate new demand. Greater trip denials puts the system at risk from a customer service perspective, due to the increasingly negative views of a knowledgeable and underserved public, and in terms of performance metrics used to evaluate public transit systems (trip denials, etc.). In such a situation, however, coordination takes on a greater significance as a means of satisfying unmet transportation needs and improving the efficiency of publicly funded vehicle usage.

Other specific coordination barriers were noted as well and include:

- **Regulatory restrictions and client needs:** Many agencies felt that their specific clientele required specialized transportation due to specialized needs and circumstances that make ride sharing a challenge. Likewise, many agencies may perceive funding restrictions on publicly funded vehicles as a barrier to their shared use.
- **Concern over insurance, accounting, and billing:** Agencies expressed concerns about insurance, accounting, and billing issues imposed by funding sources as a barrier to coordination. Many agencies do not fully break down their actual costs and therefore are uncertain what the actual cost of their transportation service is and they are therefore unsure of the cost savings that might be attained through coordination. In addition, where costs are broken down through methods such as cost allocation, agencies are uncertain as to the rules governing shared use in situations where they are reimbursed for a portion of certain expenditures. For example, where volunteer drivers are utilized or where a partnering agency supplies fuel for a vehicle.
- **Interest in protecting existing resources:** Although not expressed outright, there is likely to be concern among agencies that their resources, funded through matching programs, are devalued through coordination. Even with federal participation, agencies invest scarce resources into capital and operations and expect to be able to guard those resources or receive just compensation, often impossible to calculate, for their use.

- **Staff at smaller agencies can be heavily burdened by coordination efforts:** Many smaller agencies with primary and secondary transportation functions are inadequately staffed to develop the technical expertise and to fund the administrative staffing requirements that coordination entails. This is true of both public transportation agencies as well as human service organizations with a secondary transportation role. Agency staff do not consistently know how to go about coordination and, while they recognize problems and potential benefits of coordination, they are uncertain how to get started and often lack the time to commit to coordination.
- **Lack of transportation alternatives:** Across the region, there is a lack of alternatives for individuals and agencies to acquire transportation services. NACOLG Transit operates in each of the five-county area, but has significant barriers to service. First, hours of availability are limited, and night and weekend service is unavailable because of driver, dispatcher, and manager shortages. Driver recruitment is problematical due to the irregular, largely part-time schedule. Meanwhile, funding shortfalls prevent additional shifts, which require additional dispatcher and management responsibilities. Additionally, demand is inconsistent in rural areas and in periods outside of regular hours, therefore the allocation of resources to meet demand is difficult to plan and execute. Private transportation alternatives are also severely lacking, with only one cab service operating in the region and that one primarily serving the Shoals Area (Colbert and Lauderdale counties). Limited number of cabs, pricing, and consistency of service have been cited as barriers among private transportation providers.
- **Medical reimbursements are limited and often difficult to navigate:** Agencies that accept reimbursement from Medicaid are growing more scarce. Medicaid is in constant state of flux with regard to personnel, and new administrative mechanisms are being planned and implemented by the state, including Regional Care Organizations. These arrangements create difficulty administering Medicaid reimbursements among transportation providers.
- **Lack of participation among all agencies:** Not every agency that provides transportation participates in the coordinated planning process. Although extensive outreach is part of the coordinated plan, some agencies are non-responsive. In addition, agencies with headquarters outside of the region (e.g. adjacent counties or centrally located in Birmingham or Montgomery) are difficult to reach in the coordination process. Funding requests from these agencies are often reviewed at the county of their headquarters without respect to the footprint of agency operations.

For all five counties of the region, the barriers to coordination are overlapping and reinforcing. Funding restrictions limit service expansion. Real or perceived restrictions on vehicle use, along with protectionism, limits coordination. Meanwhile, high ratios of demand to capacity limit perceived ability to advertise and market services, and an

inability or lack of interest in mixing client populations in vehicles has prevented additional coordination efforts. Overcoming such barriers requires leadership, dedication, technical and administrative expertise, and staffing levels that support efforts to find solutions, answers, and resources.

9. Unmet Needs and Service Gaps

With this information in mind, this plan has identified a number of areas with unmet needs and service gaps in the five-county northwest Alabama region. While unmet needs may be specific to particular target populations, the unmet needs reported here are aggregated across the entire region and represent a cross-section of the unmet needs identified by each target population from among elderly, disabled, and low-income populations for the five-counties included in this coordinated plan.

- **Demand responsive public transportation is limited to the hours between 7 o'clock AM and 5 o'clock PM on Monday through Friday and is closed on most major holidays.**
- **Demand responsive public transportation is available throughout the region, however, it is not always affordable or rides may not be available in rural areas when demand is high.**
- **Private transportation from taxi service is not available throughout the entire region. Accessibility and affordability are also issues with private transportation means.**
- **The physical infrastructure of the region does not support the needs of target populations, especially for those that might be capable of using alternative transportation such as walking or cycling and for those with special needs such as disabled populations that might require crosswalks or frequently placed benches.**
- **Demand for public transportation is increasing and many programs are oversubscribed, i.e. demand is destined to outstrip supply forcing decisions about which areas will remain underserved.**
- **Travel between communities is challenging, especially for older adults and individuals with disabilities and/or limited incomes. With the exception of the communities of the Shoals Area, transportation between cities of the region and to areas outside of the region are severely limited.**
- **Although there are a number of human service organizations in the region, many are not aware of the transportation opportunities that are available to their clients through public transportation or specialized**

grants.

- **Human service organizations are reluctant to share trips and assets for coordinated transportation, viewing their clientele as requiring specialized transportation.**
- **Medical facilities are struggling and in many cases are consolidating, forcing clients to travel farther for care and to face increased transportation challenges.**
- **Advanced scheduling requirements and late cancellation policies are a challenge for many customers with difficulty understanding the rules and policies of various agencies and with unpredictable transportation needs, which are not always able to be scheduled in advance.**

10. Strategies to Address Service Gaps and Unmet Needs

This coordinated plan builds upon the analysis and data identified above to determine appropriate opportunities to meet the unmet needs identified among the target populations of low-income, elderly, and disabled populations in the region. The collection of strategies identified offers the greatest opportunity to meet the unmet needs of these groups, drawing heavily from input and suggestions offered throughout the planning process, from observations of other coordination activities, from data and analysis drawn from surveys and operational analyses, and from observations of plan participants. A list of barriers and unmet needs was analyzed to provide a list of strategies, which were then prioritized based on criteria associated with implementation. Criteria included lead agency identification, estimated cost and potential funding sources, and likely implementation timeline. Strategies were then prioritized as high, medium, or low priorities based on these criteria.

The following pages describes the key criteria and prioritization of each strategy:

Strategies*	Possible Lead Agent/Champion	Implementation Timeframe**	Estimated Costs (Capital or Operating)***	Potential Funding Sources****	Strategy Overview	Priority
Mobility Manager – Information, Outreach, Trip Planning, and Operational Support MM	NACOLG Transit, various state agencies such as Medicaid, DHR, ADRS, ADSS, ADPH, Human Service Transportation Providers	12-18 months	Annual full-time salary between \$30,000 and \$45,000	Section 5310 Section 5311 Section 5307 Municipal/ county/ state or state agency funding, Foundation funding	A Mobility Manager could be an individual, a group of individuals or an organization that provides a wide variety of mobility management functions for consumers, human service agency staffs, and/or for transportation providers. Might support existing operators with a physical resource center that offers support services for smaller operators. Potential support services may include trip scheduling; driver training; vehicle storage; maintenance; etc.	High
Public Transportation Service Expansion- Hours and Days of Availability	NACOLG Transit	12-24 months	Undefined. Any increase in funding will result in expanded service and fewer trip denials	Section 5311 Section 5307 Municipal/co unty/state or state agency funding, Foundation funding	Create new services and/or expand existing services to provide service to new areas, expand service hours and/or expand options in areas with limited service. New/expanded services may include new options for late night or weekend service. Build on opportunities to coordinate existing services to maximize efficiency and ridesharing. (See other strategies for specific service expansion/improvement ideas.)	High
Expand/ Enhance Vehicle Purchase Program Through Increased Coordination and Available	NACOLG Transit, various state agencies such as Medicaid, DHR, ADRS, ADSS, ADPH, Human Service Transportation Providers	0-6 months	Small vehicles up to \$60,000;	Section 5310	Section 5310 funding to accommodate more applicants and provide more accessible vehicles. Develop strategies to reward agencies actively working to coordinate services.	Medium

Funding Sources MM						
Develop a Centralized Resource Directory MM	NACOLG Transit, various state agencies such as Medicaid, DHR, ADRS, ADSS, ADPH, Human Service Transportation Providers	6-12 months	Development costs for basic directory – up to \$5000. Printing and distribution costs vary.	Section 5310 Section 5307 Section 5311	Centralized resource directories are very helpful to consumers, human service agency staff, and advocates who need to find and/or arrange transportation for members of the target populations (low income, seniors, and persons with disabilities). A hard copy and/or electronic transportation resource directory. The transportation information in a directory covering each county could be used by various agencies to direct clients to services and to increase coordination.	Medium
Job Access Reverse Commute Expansion	NACOLG Transit, various state agencies such as Medicaid, DHR, ADRS, ADSS, ADPH, Human Service Transportation Providers	3-6 months	Operating costs for shuttle services based on transit or taxi service rates. Vanpool and ridesharing options may be less expensive.	Section 5307 Section 5311	JARC funding could be used by NACOLG Transit, state agencies and Human Service Transportation providers to extend routes and service hours and *expand capacity, especially on nights and weekends, to better serve employment locations, including additional demand response service hour extensions, or new shuttle services to employment sites, ridesharing or vanpool services, or support services such as a guaranteed ride home program or child care transportation.	Medium
Taxi Service Expansion	New or existing provider	6-12 months	Undefined	Private sources and small business assistance loans and grants	Expand private taxi service into underserved geographic areas in order to improve transportation alternatives and to allow access to JARC funds during off-peak hours and days.	Low

Expand Ticketing System MM	Hospitals Non-profit organizations	6-12 months	Administrative costs between \$3,000 and \$5,000 annually; outside sponsorships of \$15,000 to \$20,000 supporting 5,000 individual trips per year and \$15,000; operating costs Subsidy costs vary	Medicaid Hospitals Non-profit organizations Section 5310 Section 5307 Section 5311	Provide fare vouchers (tickets) to older adults, persons with disabilities and persons with low incomes to increase trip flexibility and coverage; may also be used to support employment. Encourages use of lower-cost travel modes and supports expansion of accessible public transportation.	High
Coordinate Transportation for Non-Emergency Medical Transportation (particularly Medicaid's NET Voucher Program) within the Region MM	NACOLG Transit, Medicaid	3-6 months	Administrative costs of \$30,000 annually for salaries	Section 5310 Section 5307 Section 5311	Coordinate medical trips through central staffing at transportation providers, agencies paying for transportation (especially Medicaid) and with medical centers. Coordinate patient times with transportation times and coordinate payments between agencies through dedicated staff at each agency	High

Recruit Community and Faith-Based Organizations to Provide Transportation in Volunteer Driver Program MM	NACOLG Transit, Human Service Transportation Providers	0-12 months	Administrative costs between \$3,000 and \$5,000 annually	Section 5310 Section 5307 Section 5311 Volunteer	Volunteer driver pools could be used to expand services to medical and shopping locations and employment sites through ridesharing or vanpool services, or support services such as a guaranteed ride home program or child care transportation.	Low
Provide/ Participate in Networking Opportunities among Transportation Providers and Human Service Agencies MM	NACOLG Transit, various state agencies such as Medicaid, DHR, ADRS, ADSS, ADPH, Human Service Transportation Providers	0 months	Low	Section 5310 Section 5307 Section 5311 Volunteer	Attend events and meetings of stakeholder groups as a means to expand coordination through information exchange and networking.	Low

- *The symbol MM denotes a task that could be the responsibility of a Mobility Manager
- **Timelines are estimates and are based on the time following when funding is secured
- *** Dollar figures are approximate estimates
- **** MAP-21 funding categories only

Mobility Manager –Information, Outreach, Trip Planning, and Operational Support

A Mobility Manager can be an individual, a group of individuals or an organization that provides mobility management functions for consumers (or agencies that assist with or help meet consumers' mobility needs) and/or for community transportation providers. For example, a Mobility Manager might be responsible for developing, maintaining, and disseminating a centralized directory of community transportation resources. The Mobility Manager who takes on such a function might also staff a help line, much like a "local travel agent" and perhaps provide trip-planning and/or ombudsman/evaluation services. A Mobility Manager could also become responsible for providing ride-matching functions or other services more commonly associated with ridesharing. On the supply side, a Mobility Manager might help coordinate support functions for community transportation services, perhaps eventually taking on the call center function for multiple community transportation providers and/or becoming the broker of a coordinated system. As illustrated above, a Mobility Manager can take on a variety of different functions that are best suited for the area and that range from very simple to very complex functions. A Mobility Manager might also be the driving force behind coordination planning efforts, including organizing or chairing a coordination council for a specific area. Mobility Managers are typically found at the county or regional level; however, there is nothing to preclude Mobility Managers from serving non-profit organizations. For reference, coordination and mobility strategies included in this report that may be supported or led by a Mobility Manager are denoted with a Mobility Manager icon (MM). Individuals or organizations hired to provide mobility management functions often require training and ongoing technical support. Therefore, it behooves a responsible organization such as a an MPO, Regional Planning Commission, or a transit agency to make sure that Mobility Managers in their region are properly trained and supported.

Expected Benefits/Needs Address

- Ensures staffing resources dedicated to coordination and implementation of plan strategies
- Creates a community resource to promote existing programs and services
- Provides information on mobility challenges and raises awareness
- Implements programs that lead to efficiency and effectiveness

Potential Obstacles and Challenges

- Difficult to find skill set required
- Must be self-starter with organizational and institutional support
- Requires training and support
- Requires matching funds from sponsoring agency

Costs

The annual salary cost of a (single) Mobility Manager might range between \$30,000 and \$45,000, plus benefits for a full-time Mobility Manager. The cost to train and support Mobility Managers would be in addition to the salary cost each year, and might best be accomplished through ALDOT and National RTAP workshops and conferences.

Potential Funding Sources

The cost of funding a Mobility Manager is allowed under Section 5310 Enhanced Mobility for Seniors and People with Disabilities and Section 5307 Urban Area Formula Grants and Section 5311 Rural Area Formula Grants under the presumption that the Mobility Manager provides functions pertinent to each program. In each case, this is considered to be a capital cost, and hence, federal funds from these programs are available at an 80/20 match.

2017 Update: The position of Mobility Manager was not filled in the 2015-2017 timeframe. Barriers to funding the position were part of the difficulty, as was continued uncertainty about the management of Alabama Medicaid, which saw significant efforts to restructure the program under a managed care model.

Public Transportation Service Expansion- Hours and Days of Availability

Public transportation provides the majority of reported trips each day that are not provided by personal vehicles, according to the information obtained for this study. Although NACOLG Transit covers all areas of Lauderdale, Colbert, Franklin, Marion, and Winston Counties, there are geographic areas that remain underserved due to the cost of providing services. In outlying areas, service is unaffordable because of low trip counts, which means that buses are staged farther away and cost more to dispatch to serve these riders. Even within the cities of the region that are the center of demand responsive service (the cities of the Shoals Area, Russellville, Hamilton, and Haleyville), the system faces significant strains due to driver and vehicle shortages. In addition, night and weekend service is not available, nor is service available on most major holidays. Expanded hours and days of operations will require additional administrative staff to serve as supervisors and dispatchers outside of current working hours. This ensures adequate oversight of operations, accident response, and driver support are provided in accordance with good operating procedure. Service expansion will require significant recruitment of new drivers, new vehicle purchases, and effective marketing to inform the public and potential sources of new revenue about the value of the service.

Expected Benefits/Needs Address

- Expanded geographic access to affordable transportation
- Expanded hours and days of operations
- Reduction in cost per trip for rural transportation activities
- Safer, more efficient administration with new off-peak staff hours

Potential Obstacles and Challenges

- Funding for expanded hours, days, new vehicles and drivers
- Driver recruitment
- Rural demand to cost ratio

Costs

Costs for expansion are undetermined, but are likely to be higher than the current cost per trip in public transportation because of lower demand for ridership in rural areas and outside of current hours and days of operations.

Potential Funding Sources

Funds are available through Section 5310 Enhanced Mobility for Seniors and People with Disabilities for specialized transportation and Section 5307 Urban Area Formula Grants and Section 5311 Rural Area Formula Grants for public transportation. Sources of matching funds are limited.

2017 Update: Small gains were made in expanding transit services. NACOLG Transit placed vehicles into service in Red Bay and Hackleburg in cooperation with the local governments, which provided drivers for the service at these locations. NACOLG Transit initiated service to Huntsville and Birmingham primarily for non-emergency medical transportation, but also open to the general public.

Expand/ Enhance Vehicle Purchase Program Through Increased Coordination and Available Funding Sources

Specialized transportation should continue to be available to agencies and human service organizations through various means including contracts with existing public transportation providers and shared use arrangements. However, where agencies have needs that cannot be met under the service and operations of existing providers, vehicles should be purchased to serve demand for transportation among the clients of human service organizations. Where possible, these vehicles should be subject to coordination requirements such as shared use agreements.

Expected Benefits/Needs Address

- Expanded transportation for human service agencies
- Increased revenue opportunities for existing public transportation providers
- Establishment of funding partnerships among agencies

Potential Obstacles and Challenges

- Cost sharing the purchase and operations costs of vehicles
- Coordinating activities to support existing transportation resources
- Enforcing shared use provisions

Costs

Costs are determined by state contract price and available options specified by the successful applicant. A typical small van costs approximately \$60,000.

Potential Funding Sources

Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities for specialized transportation and Section 5307 Urban Area Formula Grants and Section 5311 Rural Area Formula Grants may be used to support capital purchases at 80/20 cost share.

2017 Update: From 2015-2017 several agencies applied for and were approved to receive capital funds for the purchase of vehicles to operate specialized transportation services. These included the ARC of the Shoals, City of Florence, and City of Muscle Shoals. In addition, Wells of Hope Ministries applied for and received funds for specialized transportation operations expenses to pay fares for dialysis patients. NACOLG has continued to facilitate applications under Section 5310, reviewing funding requests and certifying their inclusion in this coordinated plan.

Develop a Central Resource Directory

Centralized resource directory programs are designed to assemble information about available public, nonprofit, and private-sector transportation resources in a single location, source, or directory. In many communities, there are services for persons with low incomes, seniors, and persons with disabilities, but it is up to the consumer to find out hours and days of operation, availability, eligibility, and how to access such services. In a centralized resource directory, information regarding all available providers is assembled in a single place. The directory can be in written, published form or in a searchable online database format. Centralized directories serve as a tremendous resource for consumers, human service staff and case workers, and advocates. Centralized resource directories are helpful to consumers, human service agency staff, and advocates who need to find and/or arrange transportation for members of the target populations (persons with low income, older adults, and persons with disabilities). Outreach efforts conducted as part of this study indicate that consumers have indicated there is no centralized source to find information on the transportation services that are available in the region. Creation and publication of a centralized directory of transportation services would address this problem. Historically, such directories were published in book form. Creation of a centralized resource directory is often a first step in an incremental strategy to implement greater coordination in the future.

Expected Benefits/Needs Address

- Directories provide a “one-stop” resource for those seeking information
- Provide easy contact and eligibility information for consumers and advocates to identify transportation resources
- Non-threatening strategy that may lead to greater coordination

Potential Obstacles and Challenges

- Requires comprehensive data
- Requires frequent update and maintenance to remain accurate
- Must be publicized to consumers
- Consumer must still meet eligibility or participation rules

Costs

Cost for developing a basic directory might be upwards of \$5,000. It would likely be a duty of a Mobility Manager or done under contract due to the additional workload requirements of collecting and compiling the data. Printing costs and maintaining the information would be in addition to the initial cost of compiling information into a guide. A web-based format would require additional support.

Potential Funding Sources

Central resource directories that facilitate enhanced access to services by the public, including older adults, persons with low incomes, and persons with disabilities, are expressly permitted Section 5310 Enhanced Mobility for Seniors and People with Disabilities funding as a mobility management strategy. Additionally, the program circular specifically lists 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 as an eligible funding activity. Costs might be shared among agencies with similar need for a central directory.

2017 Update: To date, no central resource directory has been compiled largely due to staffing limitations.

Job Access Revere Commute Expansion	
<p>This strategy focuses on linking people, especially those with low income, with job opportunities. These strategies include establishing shuttle services that link transit hubs to employment sites/areas; and ridesharing and vanpool services, along with supporting strategies such as guaranteed ride home services and child transportation services. These strategies can also include extended hours and days of service to permit second- and third-shift employment.</p>	
<p>Expected Benefits/Needs Address</p> <ul style="list-style-type: none"> • Opens job opportunities to individuals without personal transportation • Employee cost-sharing may reduce cost 	<p>Potential Obstacles and Challenges</p> <ul style="list-style-type: none"> • Requires funding • Requires research and analysis of locations for vanpools and ride-sharing departure/destination • May require employer partnership for entering private property
<p><u>Costs</u> Operating costs for shuttle services based on transit or taxi service rates. Vanpool and ridesharing options may be less expensive.</p>	
<p><u>Potential Funding Sources</u> Section 5307 Urban Area Formula Grants and Section 5311 Rural Area Formula funding may be available to support job access activities as general public transportation or separately as specialized job access programs.</p>	
<p><u>2017 Update:</u> NACOLG Transit has worked to expand JARC services in rural areas through shared use agreements with agencies. To date, DHR is the only agency to supply direct match for JARC services. JARC service agreements are carried out primarily through cab company contracts, which have been the subject of procurement inquiries. The operation of DHR service under the JARC contract has been questioned by the State.</p>	

Taxi Service Expansion	
<p>Taxi service is currently unavailable in many locations in the region. Taxis serve an important role in providing transportation for same-day trips and during hours and days when public transportation is unavailable. This is especially true for job access activities, which may require travel at times when no other options are available. An expanded taxi service would also allow expanded JARC service, provided matching funds were available.</p>	
<p><u>Expected Benefits/Needs Address</u></p> <ul style="list-style-type: none"> • Expanded transportation during hours when public transportation is unavailable • Expanded transportation in areas where public transportation is too expensive • Same day scheduling in areas without same day transportation services • Expanded JARC program opportunities • Greater access to work for individuals without access to private transportation 	<p><u>Potential Obstacles and Challenges</u></p> <ul style="list-style-type: none"> • Requires private sector commitment • May require business incentives from local governments • Lack of demand in rural areas, real or perceived
<p><u>Costs</u> Cost estimate would require a detailed business plan that would likely include an analysis of demand, capital and operating start-up costs, and revenues.</p>	
<p><u>Potential Funding Sources</u> Private capital investment, small business support from incentives. Section 5307 and Section 5311 support available for job access activities.</p>	
<p><u>2017 Update:</u> Presently, there is only a single cab service in the region. Two startups have inquired about providing service but have not supplied NACOLG with required Public Service Commission and proof of insurance documentation. There are no other on demand transportation services in the region.</p>	

Expand Ticket System	
<p>Provide fare vouchers (tickets) to older adults, persons with disabilities and persons with low incomes to increase trip flexibility and coverage; may also be used to support employment. Encourages use of lower-cost travel modes and supports expansion of accessible public transportation.</p>	
<p>Expected Benefits/Needs Address</p> <ul style="list-style-type: none"> • Increase access using a controlled medium of exchange with no cash value 	<p>Potential Obstacles and Challenges</p> <ul style="list-style-type: none"> • Public transportation will not “police” use of tickets for particular purposes • Requires advanced scheduling by individuals
<p><u>Costs</u> Current fare costs of public transportation.</p>	
<p><u>Potential Funding Sources</u> Human Service Agencies, non-profit organizations, religious institutions, charitable foundations</p>	
<p><u>2017 Update:</u> NACOLG Transit continues to experience an increase in ticket sales. NACOLG is exploring electronic fare media as a means of continuing service expansion for those without access to cash for fare media (tickets).</p>	

Coordinate Transportation for Non-Emergency Medical Transportation (particularly Medicaid’s NET Voucher Program) within the Region	
<p>Coordinate medical trips through central staffing at transportation providers, agencies paying for transportation (especially Medicaid) and with medical centers. Coordinate patient times with transportation times and coordinate payments between agencies through dedicated staff at each agency.</p>	
<p>Expected Benefits/Needs Address</p> <ul style="list-style-type: none"> • Expedited process for requesting rides • Expedited payment process • Increased opportunity for partnership 	<p>Potential Obstacles and Challenges</p> <ul style="list-style-type: none"> • Funding for positions, particularly matching share • Staff turnover • Need to negotiate reimbursements based on established fares and policies • Requires a relationship with Medicaid and with medical office staff
<p><u>Costs</u> This type of coordination would require at least part-time salary commitment or could be funded as part of a full-time salary in association with a Mobility Manager’s position.</p>	

Potential Funding Sources

Section 5310 Enhanced Mobility for Seniors and People with Disabilities for specialized transportation and Section 5307 Urban Area Formula Grants and Section 5311 Rural Area Formula Grants may be used to support mobility management and transportation coordination. Matching funds may be shared among agencies.

2017 Update: Medical trip coordination has not been accomplished due to staffing restriction and inadequate agency contacts at medical offices and Medicaid.

Recruit Community and Faith-Based Organizations to Provide Transportation in Volunteer Driver Program

Volunteer driver pools could be used to expand services to medical and shopping locations and employment sites through ridesharing or vanpool services, or support services such as a guaranteed ride home program or child care transportation.

Expected Benefits/Needs Address

- Expanded access to transportation
- Volunteer aid in coordination

Potential Obstacles and Challenges

- Funding for recruitment
- Locating and adequately training volunteers

Costs

Volunteer time would be donated, but staff resources would be needed to recruit, train, and monitor volunteer.

Potential Funding Sources

Section 5307 Urban Area Formula Grants and Section 5311 Rural Area Formula Grants may be used to support mobility management and transportation coordination.

2017 Update: NACOLG Transit has expanded the use of volunteer drivers in Red Bay and Hackleburg as a means of increasing rural service. Franklin County DHR has inquired about the use of volunteers in their programs as drivers in underserved areas or as potential new regular, paid drivers in expanded service areas.

Provide/ Participate in Networking Opportunities among Transportation Providers and Human Service Agencies

Attend events and meetings of stakeholder groups as a means to expand coordination through information exchange and networking.

Expected Benefits/Needs Address

- Shared knowledge of transportation needs and alternatives
- Sharing of resources for meeting needs
- Opportunity for partnerships
- Raise awareness among key groups for support

Potential Obstacles and Challenges

- Staff resource requirements in addition to daily operations
- Requires relationship building and commitment to mutual support

Costs

Several hours of existing staff time should be redirected toward participation in agency roundtables and meetings and conference and planning activities. Might also be included in Mobility Manager's duties.

Potential Funding Sources

Section 5307 Urban Area Formula Grants and Section 5311 Rural Area Formula Grants may be used to support mobility management and transportation coordination.

2017 Update: NACOLG Transit has continued to participate in various steering committees and social service networking opportunities as a means of promotions, marketing, contract development, and community education about NACOLG Transit services and other coordination activities.

**PART 2:
Planning Data and Analysis
For Each County
of the
Coordinated Plan**

1. Lauderdale County

Lauderdale County was established in 1818, the year before Alabama became a state. The county is named for Colonel James Lauderdale who served under General Andrew Jackson. It is part of the Florence-Muscle Shoals Metropolitan Area. The county seat/largest city is Florence. There are a total of seven incorporated cities and towns in Lauderdale County, all of which lie entirely within the county.

Lauderdale County is located in Northwest Alabama, along the Tennessee River. At the county's western border is the State of Mississippi. At the county's northern border is the State of Tennessee. To the south and west of Lauderdale County are the Alabama counties of Colbert, Lawrence, and Limestone. The land area is 720 square miles. The population density in Lauderdale County is 129 people per square mile.

Lauderdale County is bisected by US Highway 72 Alternate and U.S Highway 43. The state capital of Tennessee, Nashville, is located 2 hours to the north. Alabama's capital, Montgomery, is 3 hours southwest. Lauderdale County is convenient to Birmingham, the largest Metropolitan area in Alabama, which is located 2 hours southwest via state Interstate 65 and Huntsville, which is an hour east via U.S. Highway 72.

Population and Projected Growth

In 2015, according to the US Census Bureau, the population of Lauderdale County was 92,737. Lauderdale County ranks as the 15th most populous county in Alabama.

The median age in Lauderdale County is 41. The major population area of Lauderdale County is in the city of Florence as forty-three percent of the counties' population resides within the city. Fifty-three percent reside in the rural and/or unincorporated areas of the county.

Table 1: Lauderdale County Transit Dependent Populations 2015 ACS Data

Demographics	Lauderdale County	Alabama
Total Population	92,737	4,830,620
Adults, 65+	16,510 (17.8%)	14.9%
Individuals with Disabilities	4,949 (5.4%)	5.9%
Persons in Poverty	16,232 (17.9%)	18.8%
Households without Vehicles	2,873 (7.4%)	6.5%

Adults Aged 65 and Older

According to the American Association of Retired Persons (AARP), about 10% of Americans over the age of 65 and 20% those over 85 do not drive. According to the 2015 American Community Survey, there were 16,510 individuals over the age of 65 in Lauderdale County.

Individuals with Disabilities

The 2015 American Community Survey found 4,949 persons in Lauderdale County with “independent living difficulty.”

Another data source that provides information on disabled populations is the Survey of Income and Program Participations (SIPP). The SIPP survey addresses limitations in functional activities, activities of daily living, and instrumental activities of daily living.

SIPP provides an estimated count of the ADA eligible population. In 2000, the SIPP estimated this population to be 18,663 in Lauderdale County.

Persons and Families in Poverty

Persons who live below the poverty line experience difficulties maintaining reliable transportation. In Lauderdale County, according to the 2015 American Community Survey, 17.9% of the population, or 16,232 persons, live in poverty.

Households without Vehicles

The number of vehicles available to a housing unit is an indicator of the need for transportation services. According to the 2015 American Community Survey, 7.4% of households in Lauderdale County reported having no car. While this is a relatively low percentage of households, a more troubling percentage arises when you factor in how many households have fewer vehicles than people. Of the 38,612 households in Lauderdale County, 13,671 or 35.4% have fewer vehicles available than people living within.

2. Colbert County

Colbert County was formed in 1867 after it split from Franklin County due to political issues stemming from the American Civil War. It was formally established as a county in 1870. The County is named in honor of brothers Levi & George Colbert, Chickasaw Indian Chiefs. It is part of the Florence-Muscle Shoals AL Metropolitan Area. The county seat is Tuscumbia, and the largest city is Muscle Shoals. There are a total of six incorporated cities and towns in Colbert County, all of which lie entirely within the county.

Colbert County is located in Northwest Alabama, along the Tennessee River. At the county's western border is the State of Mississippi. To the north, south and east of Colbert County are the Alabama counties of Lauderdale, Franklin, and Lawrence. The land area is 623 square miles. The population density in Colbert County is 87 people per square mile.

Colbert County is bisected by U.S. Highway 72 and U.S Highway 43. The state capital of Tennessee, Nashville, is located 2 hours to the north. Alabama's capital, Montgomery, Alabama is 3 hours southeast. Colbert County is convenient to Birmingham, the largest Metropolitan area in Alabama, which is located 2 hours southeast via state Interstate 65 and to Decatur and Huntsville, 30 minutes and 1 hour to the east along Highway 20.

Population and Projected Growth

According to the 2015 American Community Survey 5-year estimate, the population of Colbert County was 54,444. Colbert County ranks as the 25th most populous county in Alabama. The median age in Colbert County is 42. The major population area of Colbert County is in the city of Tri-Cities area as Fifty-seven percent of the counties' population resides within the cities of Muscle Shoals, Tuscumbia and Sheffield. Thirty-seven percent reside in the rural and/or unincorporated areas of the county.

Table 2: Colbert County Transit Dependent Populations 2015 ACS Data

Demographics	Colbert County	Alabama
Total Population	54,444	4,830,620
Adults, 65+	9,833 (18%)	14.9%
Individuals with Disabilities	4,368 (8.1%)	5.9%
Persons in Poverty	9,406(17.4%)	18.8%
Households without Vehicles	1,339 (6%)	6.5%

Adults Aged 65 and Older

According to the American Association of Retired Persons (AARP), about 10% of Americans over the age of 65 and 20% those over 85 do not drive. According to the 2015 American Community Survey, there were 9,406 individuals over the age of 65 in Colbert County.

Individuals with Disabilities

The 2015 American Community Survey found 4,368 persons in Colbert County with “independent living difficulty.”

Another data source that provides information on disabled populations is the Survey of Income and Program Participations (SIPP). The SIPP survey addresses limitations in functional activities, activities of daily living, and instrumental activities of daily living.

SIPP provides an estimated count of the ADA eligible population. In 2000, the SIPP estimated this population to be 13,341 in Colbert County.

Persons and Families in Poverty

Persons who live below the poverty line experience difficulties maintaining reliable transportation. In Colbert County, according to the 2015 American Community Survey, 17.2% of the population, or 9,406 persons, live in poverty.

Households without Vehicles

The number of vehicles available to a housing unit is an indicator of the need for transportation services. According to the 2015 American Community Survey, 6% of households in Colbert County reported having no car. While this is a relatively low percentage of households, a more troubling percentage arises when you factor in how many households have fewer vehicles than people. Of the 22,204 households in Colbert County, 1,339 do not have access to a vehicle in their household.

3. Franklin County

Franklin County was formed in 1818. The County is named in honor of Benjamin Franklin. The county seat/largest city is Russellville. There are a total of five incorporated cities and towns in Franklin County, all of which lie entirely within the county.

Franklin County is located in Northwest Alabama. At the county’s western border is the State of Mississippi. To the north, south and east of Franklin County are the Alabama counties of Colbert, Winston and Marion, and Lawrence. The land area is 646 square miles. The population density in Franklin County is 49 people per square mile.

Franklin County is bisected by U.S. Highway 43 and Alabama 24. The state capital of Tennessee, Nashville, is located 2 and a half hours to the north, and Alabama’s capital, Montgomery, is 3 hours southeast. Franklin County is convenient to Birmingham, the largest Metropolitan area in Alabama, which is located 1 and a half hours southeast via state Interstate 65.

Population and Projected Growth

In 2015, according to the US Census Bureau, the population of Franklin County was 31,634. Franklin County ranks as the 37th most populous county in Alabama.

The median age in Franklin County is 38. The major population area of Franklin County is in the city of Russellville as Twenty-eight percent of the counties' population resides within the city. Fifty-six percent reside in the rural and/or unincorporated areas of the county.

Table 3: Franklin County Transit Dependent Populations 2013 ACS Data

Demographics	Franklin County	Alabama
Total Population	31,634	4,830,620
Adults, 65+	5,051 (15.9%)	14.9%
Individuals with Disabilities	2,354 (7.5%)	5.9%
Persons in Poverty	7,020 (22.5%)	18.8%
Households without Vehicles	702 (5.9%)	6.5%

Adults Aged 65 and Over Individuals with Disabilities

According to the American Association of Retired Persons (AARP), about 10% of Americans over the age of 65 and 20% those over 85 of do not drive. According to the 2015 American Community Survey, there were 5,051 individuals over the age of 65 in Franklin County.

Projections from the Alabama State Data center show the elderly population in Franklin County increasing to 5,433 by 2020 which shows that transportation needs will only increase over the next 5 years.

Individuals with Disabilities

The 2015 American Community Survey found 2,354 persons in Franklin County with “independent living difficulty.”

Another data source that provides information on disabled populations is the Survey of Income and Program Participations (SIPP). The SIPP survey addresses limitations in functional activities, activities of daily living, and instrumental activities of daily living.

SIPP provides an estimated count of the ADA eligible population. In 2000, the SIPP estimated this population to be 7,650 in Franklin County.

Persons and Families in Poverty

Persons who live below the poverty line experience difficulties maintaining reliable transportation. In Franklin County, according to the 2015 American Community Survey, 22.2% of the population, or 7,020 persons, live in poverty.

Households without Vehicles

The number of vehicles available to a housing unit is an indicator of the need for transportation services. According to the 2015 American Community Survey, 5.8% of

households in Franklin County reported having no car. While this is a relatively low percentage of households, a more troubling percentage arises when you factor in how many households have fewer vehicles than people. Of the 11,980 households in Franklin County, 702 do not have access to a vehicle in their household.

4. Marion County

Marion County was formed in 1818. The County is named in honor of General Francis Marion. The county seat/largest city is Hamilton. There are a total of ten incorporated cities and towns in Franklin County, seven of which lie entirely within the county. Marion County is located in Northwest Alabama. At the county's western border is the State of Mississippi. To the north, south and east of Marion County are the Alabama counties of Franklin, Fayette and Lamar and Walker, and Winston. The land area is 743 square miles. The population density in Marion County is 41 people per square mile.

Marion County is bisected by Interstate 22 and U.S. Highway 43. Montgomery, Alabama is 2 and a half hours southeast. Marion County is convenient to Birmingham, the largest Metropolitan area in Alabama, which is located 1 and a half hours southeast via state Interstate 22.

Population and Projected Growth

In 2013, according to the US Census Bureau, the population of Marion County was 30,615. Marion County ranks as the 38th most populous county in Alabama.

The median age in Marion County is 44. The major population area of Marion County is in the city of Hamilton as Twenty-two percent of the counties' population resides within the city. Thirty-nine percent reside in the rural and/or unincorporated areas of the county.

Table 4: Marion County Transit Dependent Populations 2013 ACS Data

Demographics	Marion County	Alabama
Total Population	30,387	4,830,620
Adults, 65+	5,963 (19.6%)	14.9%
Individuals with Disabilities	2,145 (7.21%)	5.9%
Persons in Poverty	5,960 (20.1%)	18.8%
Households without Vehicles	721 (5.7%)	6.5%

Adults Aged 65 and Over

According to the American Association of Retired Persons (AARP), about 10% of Americans over the age of 65 and 20% those over 85 of do not drive. According to the 2015 American Community Survey, there were 5,963 individuals over the age of 65 in Marion County.

Projections from the Alabama State Data center show the elderly population in Marion County increasing to 6,728 by 2020 which shows that transportation needs will only increase over the next 5 years.

Individuals with Disabilities

The 2015 American Community Survey found 2,145 persons in Marion County with “independent living difficulty.”

Another data source that provides information on disabled populations is the Survey of Income and Program Participations (SIPP). The SIPP survey addresses limitations in functional activities, activities of daily living, and instrumental activities of daily living.

SIPP provides an estimated count of the ADA eligible population. In 2000, the SIPP estimated this population to be 7,383 in Marion County.

Persons and Families in Poverty

Persons who live below the poverty line experience difficulties maintaining reliable transportation. In Marion County, according to the 2015 American Community Survey, 19.6% of the population, or 5,960 persons, live in poverty.

Households without Vehicles

The number of vehicles available to a housing unit is an indicator of the need for transportation services. According to the 2015 American Community Survey, 5.6% of households in Marion County reported having no car. While this is a relatively low percentage of households, a more troubling percentage arises when you factor in how many households have fewer vehicles than people. Of the 12,714 households in Marion County, 721 do not have access to a vehicle in their household.

5. Winston County

Winston County was originally formed in 1850 under the name Hancock County. It was named after John Hancock, one of the signers of the Declaration of Independence. Eight years later it was renamed in honor of John A Winston, the recent Governor of Alabama. The county seat is Double Springs, and the largest city is Haleyville. There are a total of seven incorporated cities and towns in Winston County, five of which lie entirely within the county.

Winston County is located in Northwest Alabama. The Alabama counties of Lawrence, Cullman, Walker, Marion and Franklin make up the borders. The land area is 632 square miles. The population density in Winston County is 38 people per square mile.

Winston County is bisected by U.S. Highway 278. Montgomery, Alabama is 2 hours southeast. Winston County is convenient to Birmingham, the largest Metropolitan area in Alabama, which is located 1 hour southeast via state Interstate 22.

Population and Projected Growth

In 2015, according to the US Census Bureau, the population of Winston County was 24,130. Winston County ranks as the 43rd most populous county in Alabama.

The median age in Winston County is 44. The major population area of Winston County is in the city of Haleyville as seventeen percent of the counties’ population resides within the city. Seventy-one percent reside in the rural and/or unincorporated areas of the county.

Table 5: Winston County Transit Dependent Populations 2015 ACS Data

Demographics	Winston County	Alabama
Total Population	24,130	4,830,620
Adults, 65+	4,692 (19.44%)	14.9%
Individuals with Disabilities	1,983 (8.3%)	5.9%
Persons in Poverty	5,157 (21.9%)	18.8%
Households without Vehicles	633 (6.7%)	6.5%

Adults Aged 65 and Older

According to the American Association of Retired Persons (AARP), about 10% of Americans over the age of 65 and 20% those over 85 of do not drive. According to the 2015 American Community Survey, there were 4,692 individuals over the age of 65 in Winston County. Projections from the Alabama State Data center show the elderly population in Winston County increasing to 5,532 by 2020 which shows that transportation needs will only increase over the next 5 years.

Individuals with Disabilities

The 2015 American Community Survey found 1,983 persons in Winston County with “independent living difficulty.”

Another data source that provides information on disabled populations is the Survey of Income and Program Participations (SIPP). The SIPP survey addresses limitations in functional activities, activities of daily living, and instrumental activities of daily living.

SIPP provides an estimated count of the ADA eligible population. In 2000, the SIPP estimated this population to be 5,678 in Winston County.

Persons and Families in Poverty

Persons who live below the poverty line experience difficulties maintaining reliable transportation. In Winston County, according to the 2015 American Community Survey, 21.37% of the population, or 5,157 persons, live in poverty.

Households without Vehicles

The number of vehicles available to a housing unit is an indicator of the need for transportation services. According to the 2015 American Community Survey, 6.7% of households in Winston County reported having no car. While this is a relatively low percentage of households, a more troubling percentage arises when you factor in

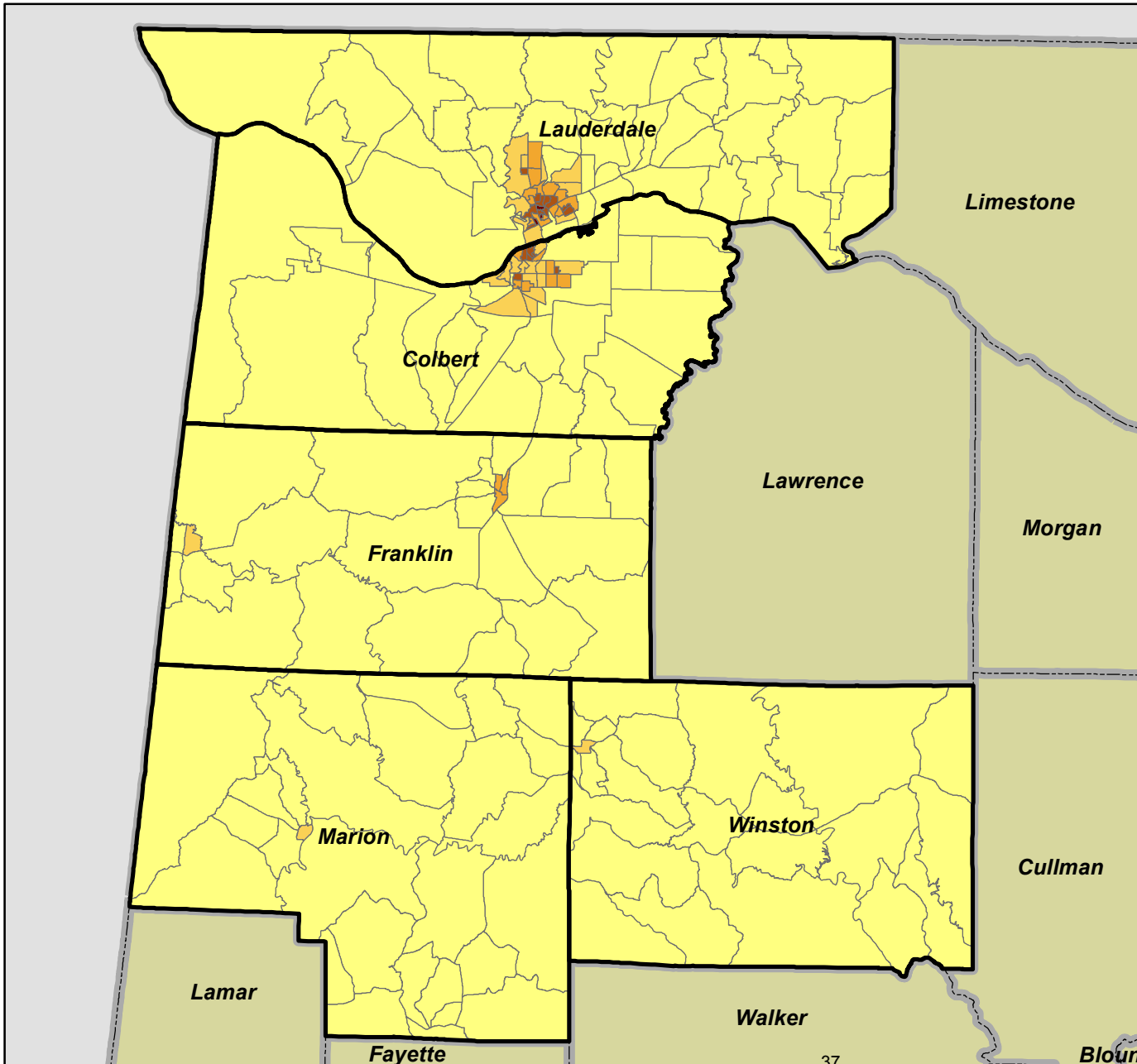
how many households have fewer vehicles than people. Of the 9,409 households in Winston County, 633 do not have access to a vehicle in their household.

6. Common Origins and Destinations

The demographics and characteristics of northwest Alabama reveal much information about common origins and destinations. Travel demand, including demand for public transportation and human service transportation, originates primarily in more heavily populated areas and, more particularly, within areas with the greatest concentration of elderly individuals and individuals with disabilities. In addition, locations with greatest concentrations of impoverished individuals are more likely to generate travel demand. Less densely developed areas generate less demand for transportation services, but are often the most underserved areas. Common origins are centered around concentrations of housing for low income, elderly, and disabled individuals. Common destinations are centered around areas of commercial activity and services such as social services and medical clinics. A GIS inventory of features along with origin and destination data derived from a local database of the urbanized area's public transportation services demonstrates these common origins and destinations.

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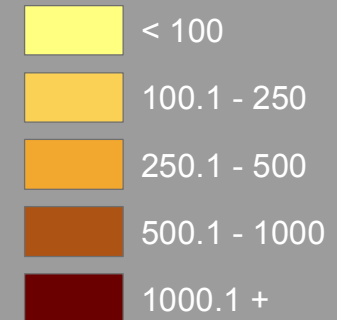
POPULATION DENSITY



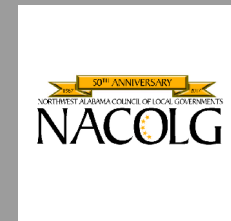
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Pop / Sq. Mile

Pop Density



1 in = 12 miles



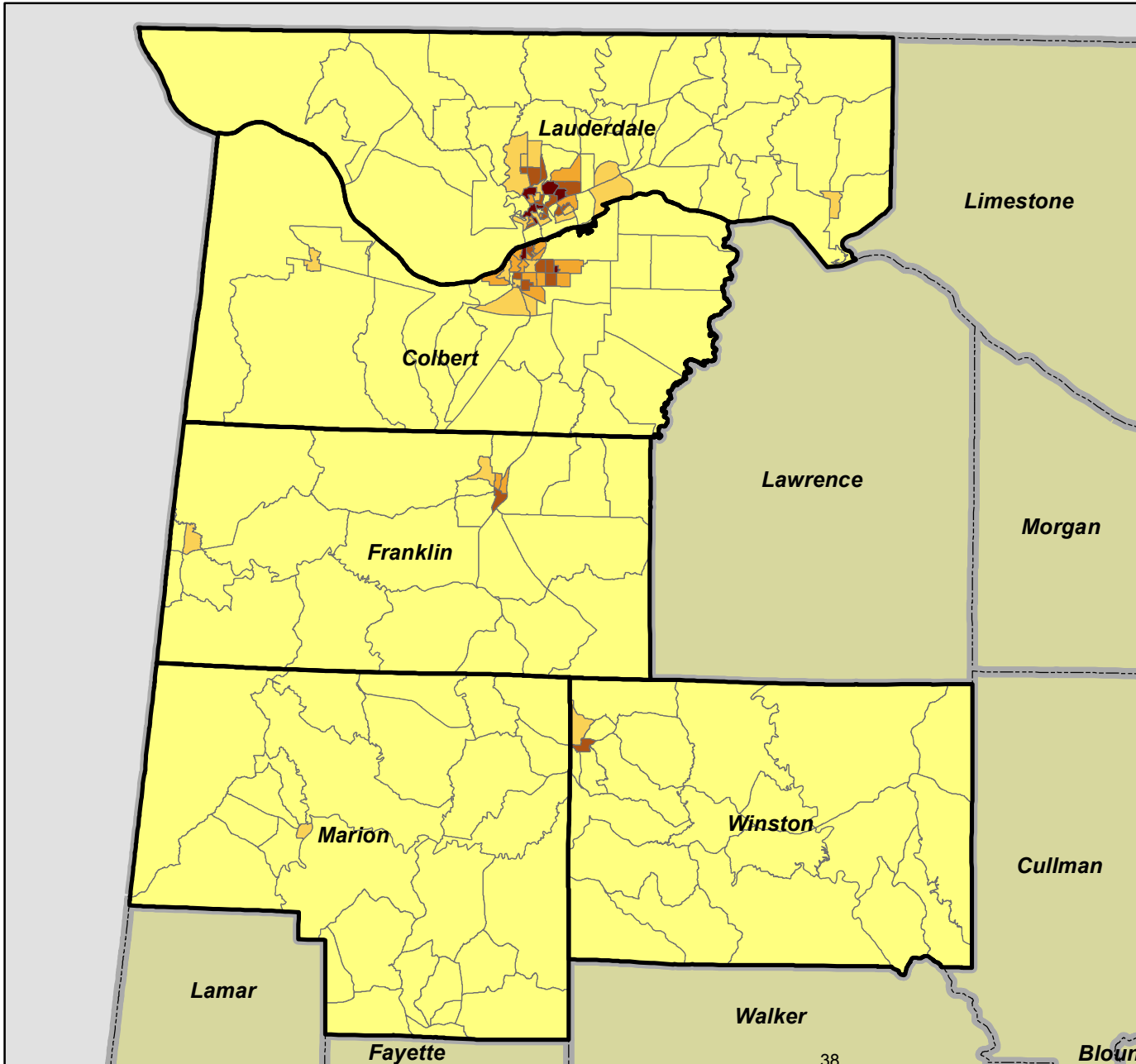
4/11/2017

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ACS '11 - '15 5-year Estimate. 2015

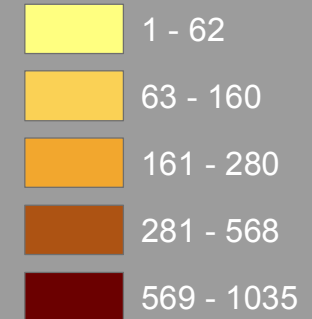
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POPULATION DENSITY AGE 65 +

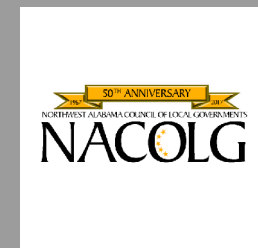


Legend

Pop. 65+ / Sq. Mile



1 in = 12 miles



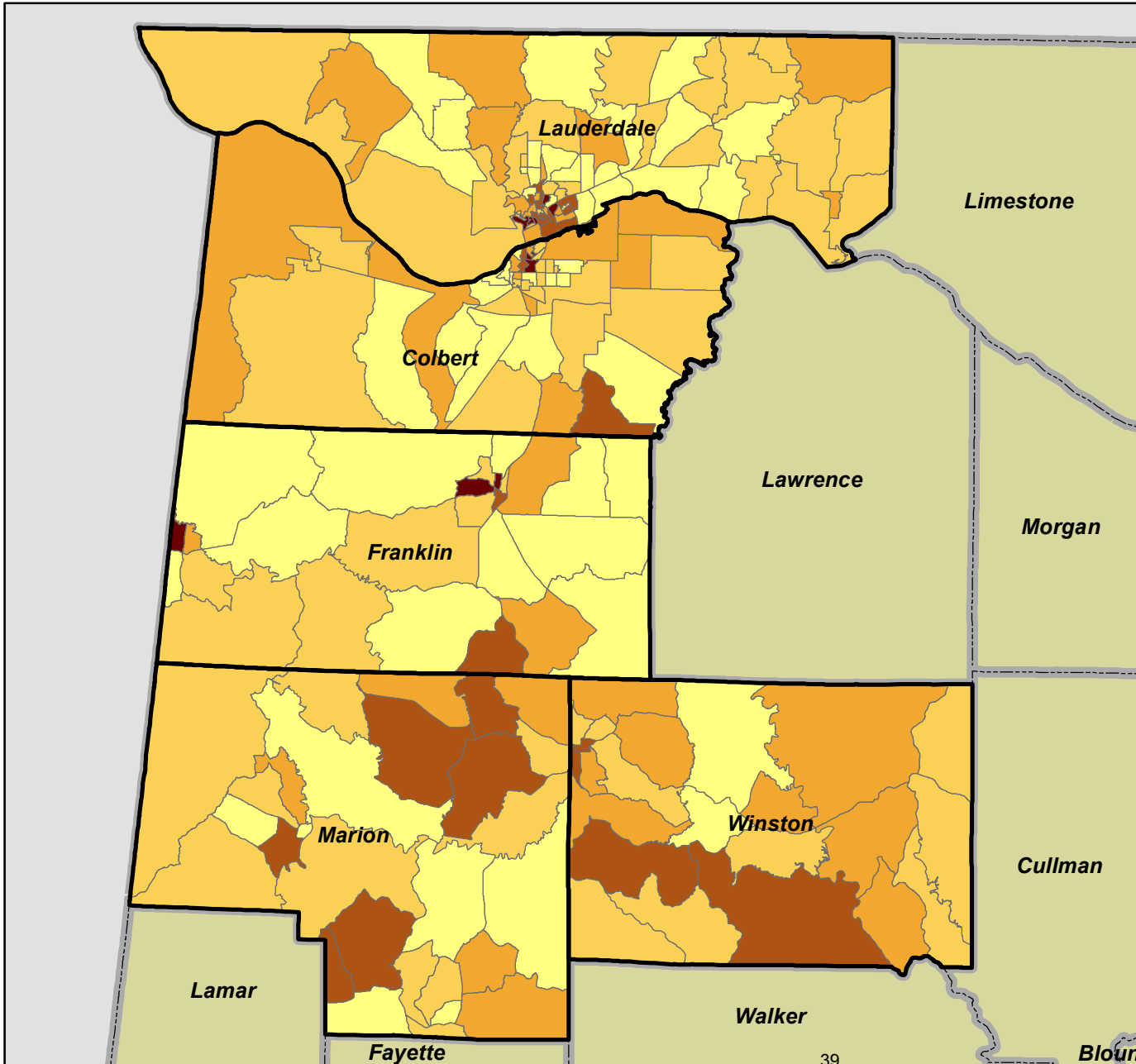
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ACS '11 - '15 5-year Estimate. 2015

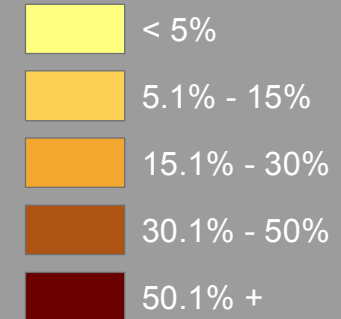
2017 HUMAN SERVICES COORDINATED TRANSPORTATION PLAN - REGION 1

PERCENTAGE OF POPULATION BELOW POVERTY LEVEL

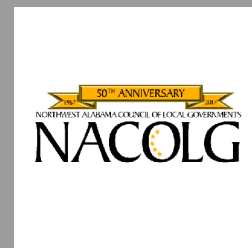


Legend

% Population Below Poverty



1 in = 12 miles



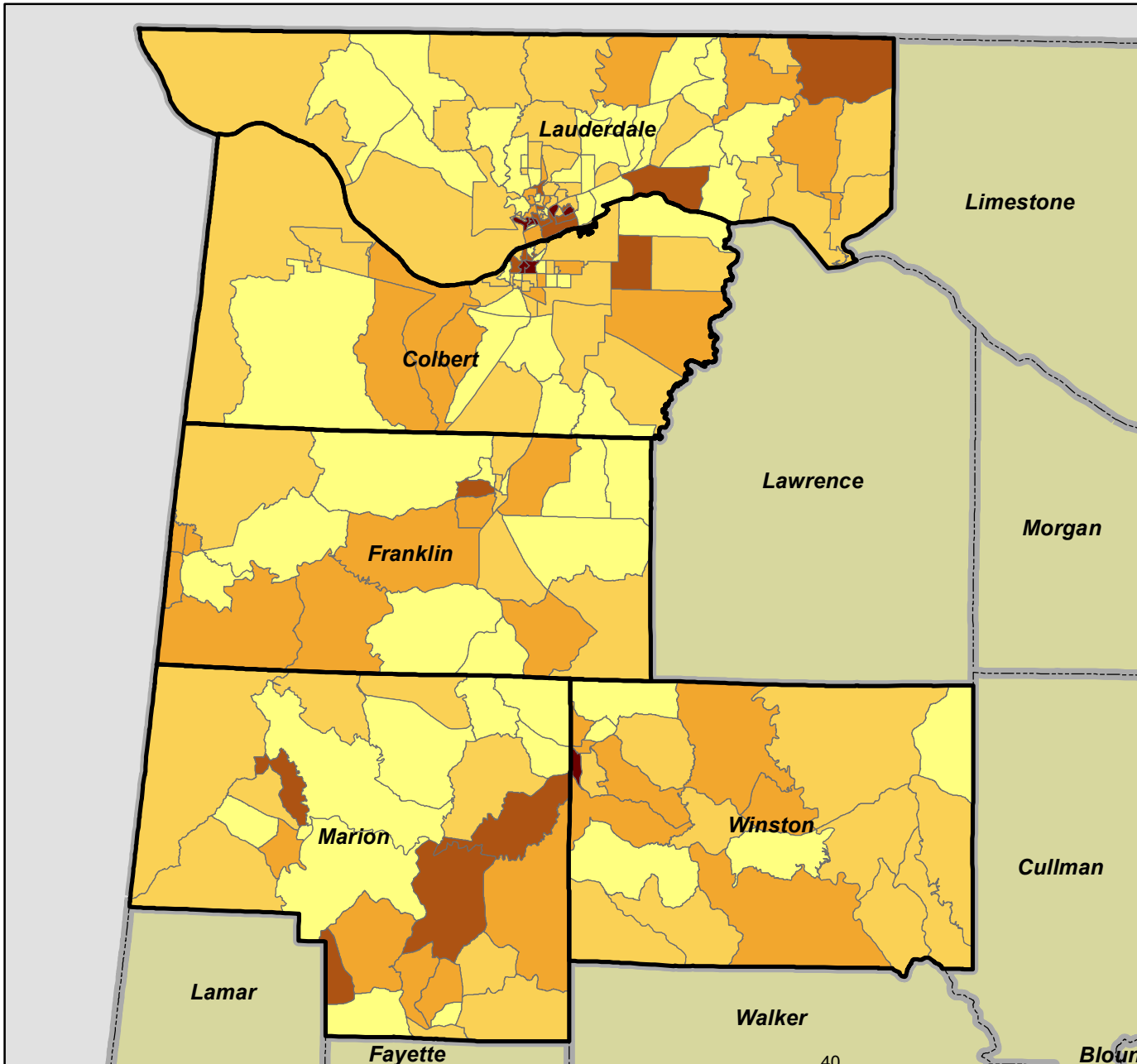
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ACS '11 - '15 5-year Estimate. 2015

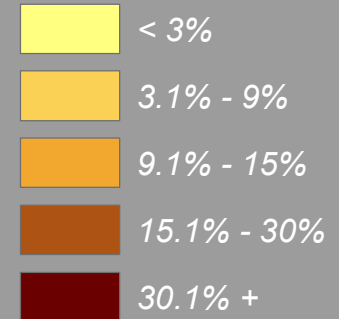
2017 HUMAN SERVICES COORDINATED TRANSPORTATION PLAN - REGION 1

PERCENTAGE OF HOUSEHOLDS WITH NO VEHICLE AVAILABLE

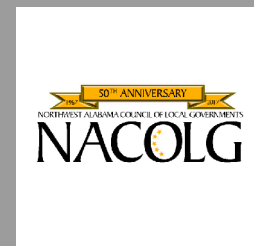


Legend

% Households with No Vehicle



1 in = 12 miles



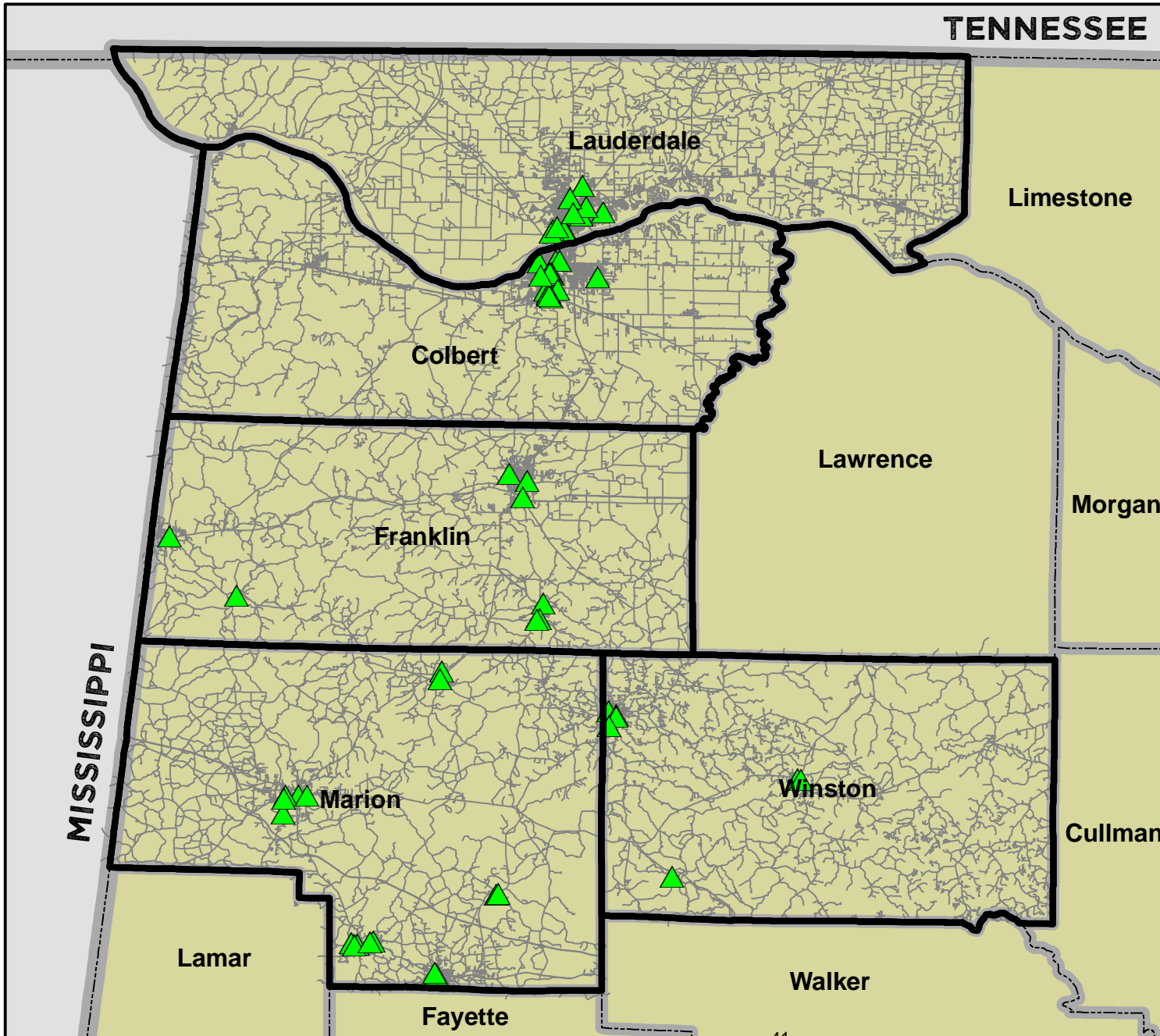
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ACS '11 - '15 5-year Estimate. 2015

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PUBLIC ASSISTED HOUSING



Legend

-  Public Assisted Housing
-  Streets



1 in = 12 miles



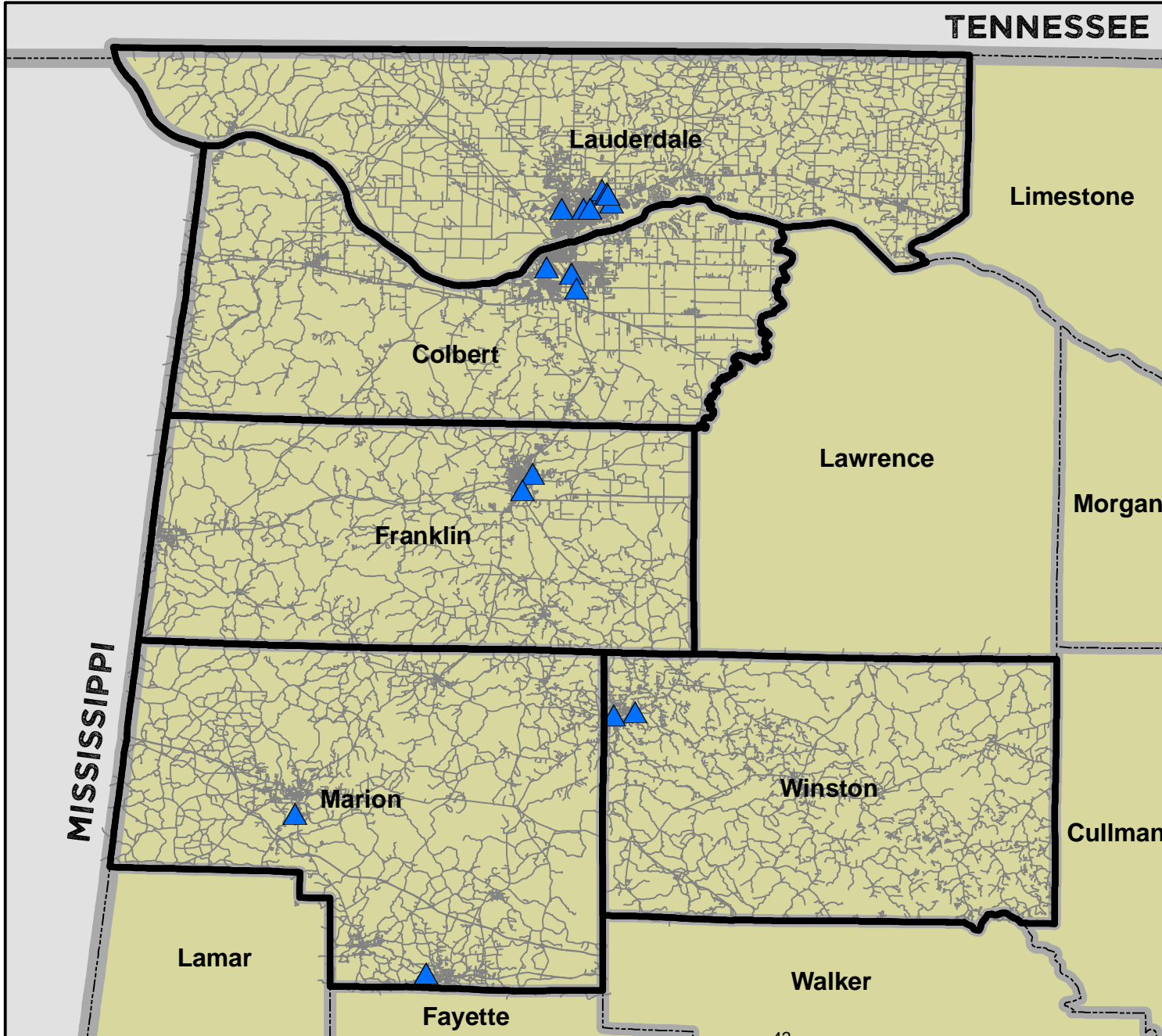
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Block Groups, US Census, 2010 Counties.
US Census, 2010 Population by age.
ACS '09-'13 Estimates, 2013

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SHOPPING CENTERS



Legend

-  Shopping Centers
-  Streets



1 in = 12 miles



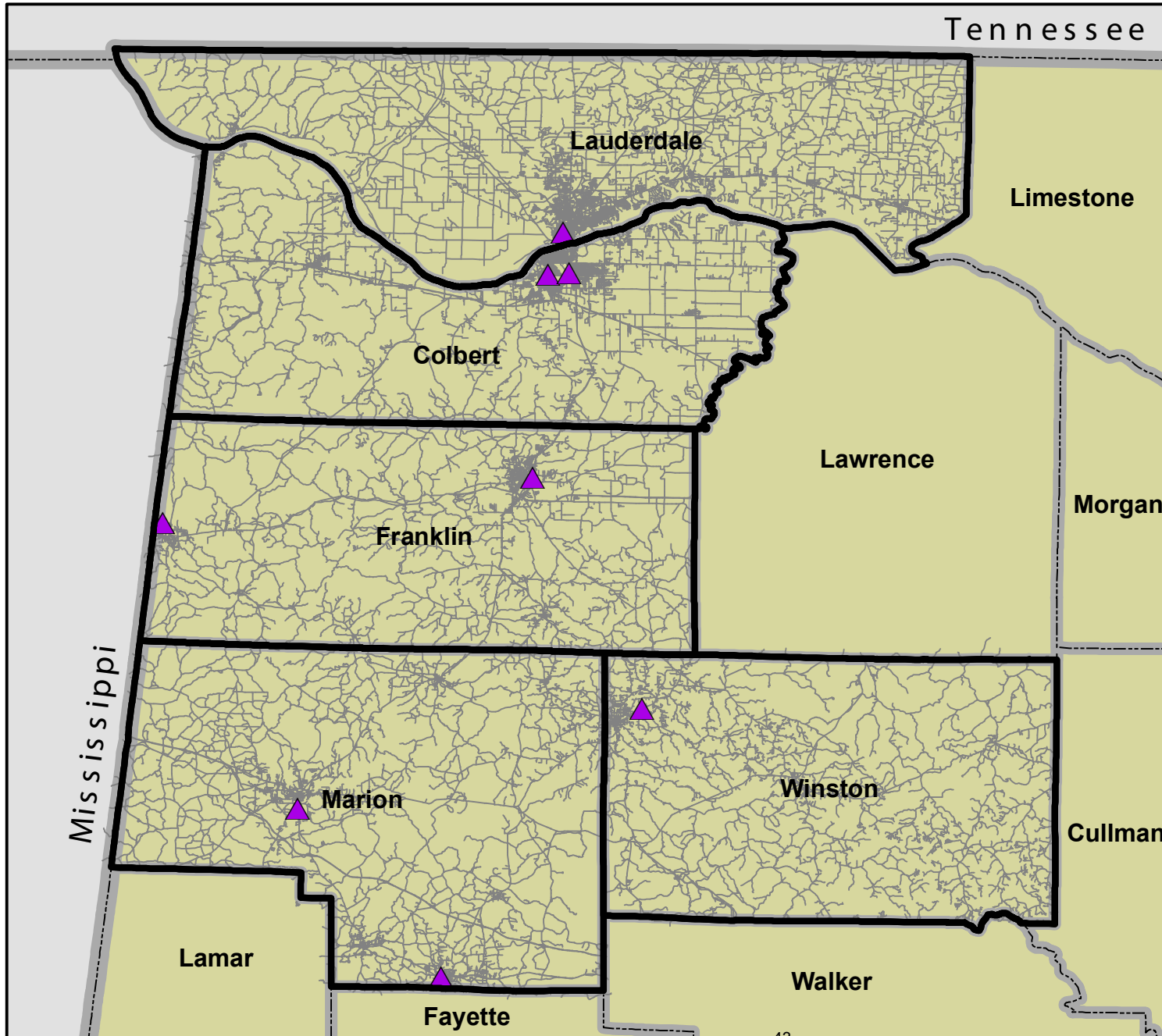
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Block Groups, US Census, 2010 Counties.
 US Census, 2010 Population by age.
 ACS '09-'13 Estimates, 2013

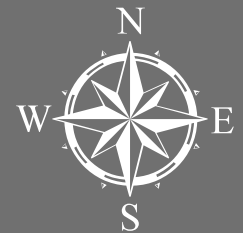
2015 HUMAN SERVICES COORDINATED TRANSPORTATION PLAN - REGION 1

HOSPITALS



Legend

-  Hospitals
-  Streets



1 in = 12 miles



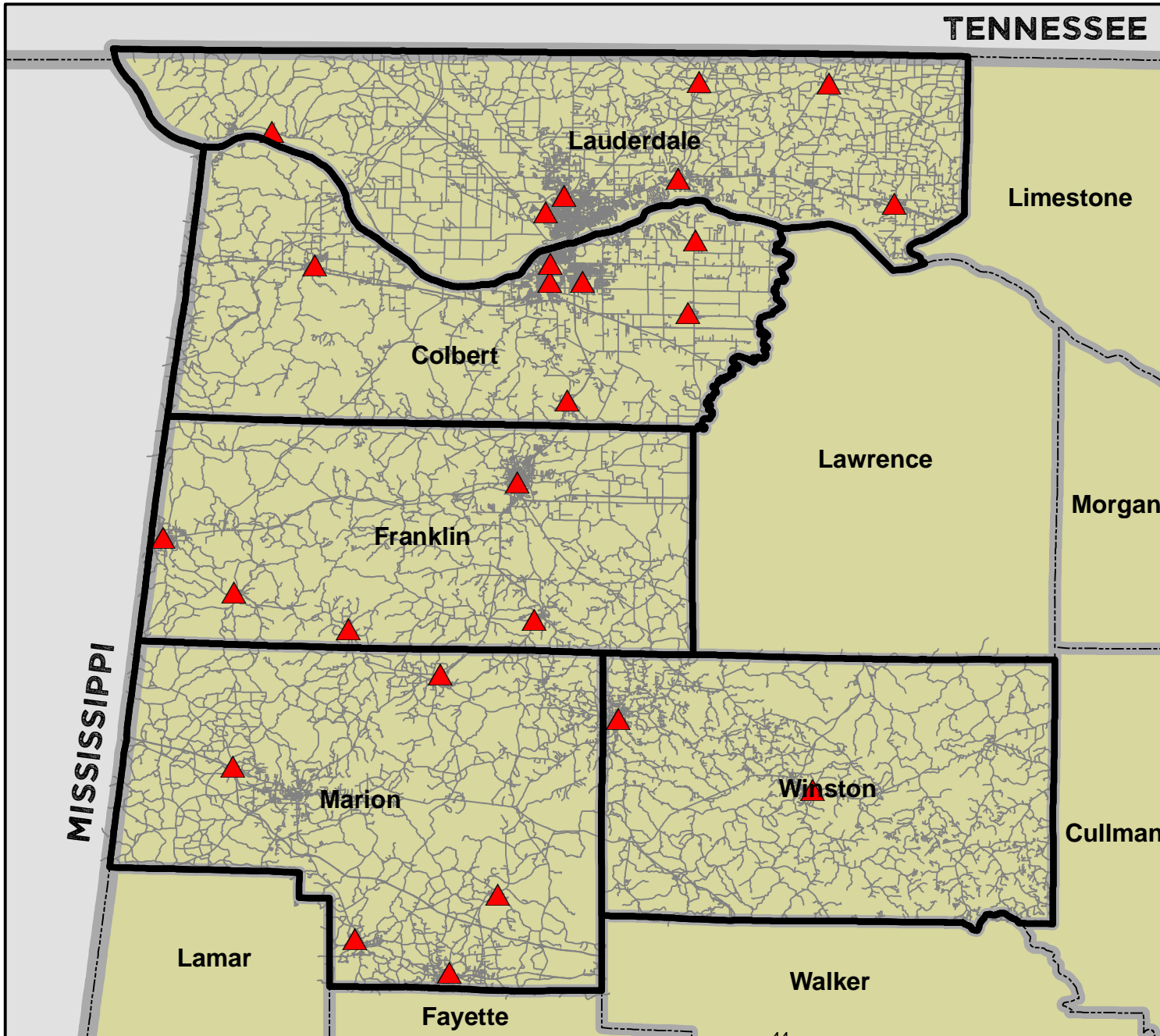
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Block Groups, US Census, 2010 Counties.
 US Census, 2010 Population by age.
 ACS '09-'13 Estimates, 2013

2015 HUMAN SERVICES COORDINATED TRANSPORTATION PLAN - REGION 1

SENIOR CENTERS



Legend

-  Senior Centers
-  Streets



1 in = 12 miles



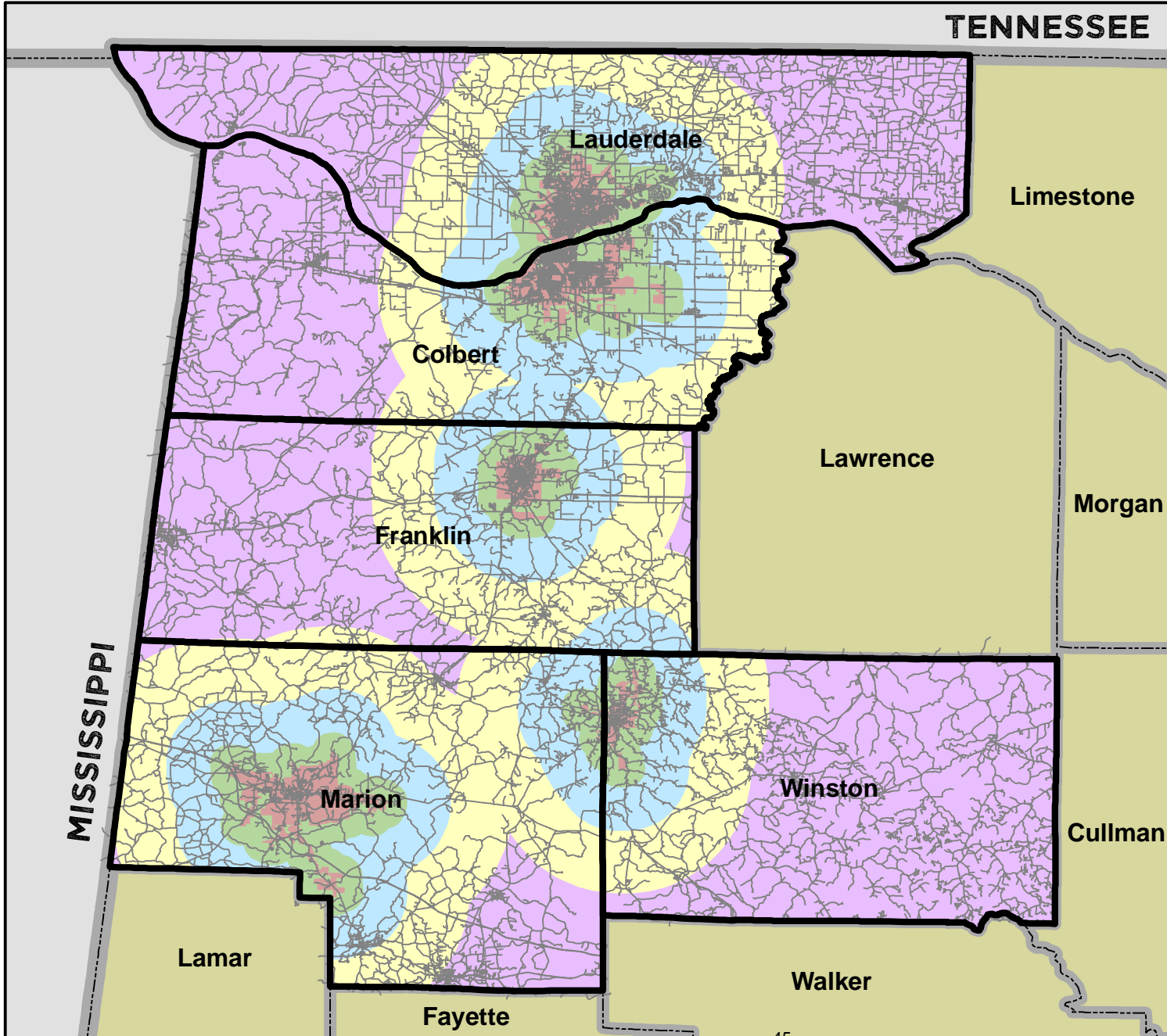
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Block Groups, US Census, 2010 Counties.
 US Census, 2010 Population by age.
 ACS '09-'13 Estimates, 2013

2015 HUMAN SERVICES COORDINATED TRANSPORTATION PLAN - REGION 1

TRANSIT FARE ZONES



Legend

- City Limits
- \$3.00 (Up to 1.5 Miles)
- \$6.00 (Up to 5 Miles)
- \$9.00 (Up to 10 Miles)
- Other Areas (©)
- Streets



1 in = 12 miles



7/28/2015

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Block Groups, US Census, 2010 Counties.
 US Census, 2010 Population by age.
 ACS '09-'13 Estimates, 2013

Appendices

Appendix A: Plan Documentation

2015 Coordinated Public Transit-Human Services Transportation Plan

Region 1 – Northwest Alabama Council of Local Governments

Counties: Colbert, Franklin, Lauderdale, Marion, Winston

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 115 safety-net healthcare and transportation providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of nine safety-net healthcare providers operating within the five counties of the Northwest Alabama Council of Local Governments. These providers included:

- Two community mental health centers
- One rural health clinic
- Two rural hospitals
- Two Department of Public Health social workers
- One social worker with DaVita Dialysis, which operates dialysis clinics in Lauderdale, Colbert, and Franklin counties
- Kid One Transport

Currently available transportation options include:

- Both community mental health centers offer proprietary transportation services to some of their patients participating in certain treatment programs
- NACOLG Dial-A-Ride
- Local taxi services in Colbert and Lauderdale counties, centered around the Florence/Sheffield/Tuscumbia/Muscle Shoals area
- Shoals Ambulance Service
- Tommy's Taxi Service
- Kid One Transport
- Reliance on friends, family, or neighbors
- Reliance on ambulance rides for non-emergencies
- Medicaid NET approved providers
- Wheelchair-accessible taxi services in Lauderdale, Colbert, and Franklin counties

Populations identified by these providers as being affected by transportation barriers include:

- Those living in the most rural areas of all five counties, but especially in Franklin, Marion, and Winston counties
- Individuals who live in the areas near Cherokee, Waterloo, Rogersville, and south of Russellville have reported having the most difficulty accessing reliable transportation.
- Low-income elderly
- Medicaid patients, elderly and younger adults
- Low-income, uninsured non-Medicaid adults
- Mental Health patients - Estimated up to 40% of Riverbend Mental Health's patient population have no payers for rides

Specific transportation-related barriers and issues discussed include:

- The difficulty of maintaining regularly-scheduled treatments, such as dialysis treatments, follow-up physician visits, or counseling and injections for mental health patients
- Lack of knowledge among patient populations of available transportation resources
- Fees and fares greater than what patients can afford, even for rides obtained from friends and family members
- Increased difficulty of obtaining transportation for out-of-town specialty appointments
- Difficulty of accessing and using the Medicaid NET system, and delays in receiving reimbursements for approved rides
- Limited wheelchair-accessible transportation systems for patients with disabilities
- Scheduling and route limitations on available public transportation systems may exclude some patient populations
- Assumption of liability limits the amount of physical assistance that transportation agencies can provide to individuals with disabilities
- Scheduling difficulties with ambulance services in Franklin County due to local limitations on the ambulance providers that can operate there

Several consequences of transportation-related barriers were discussed, including:

- Logistical difficulties of missed, canceled, and re-scheduled appointments
- Re-hospitalization and worsened long-term health outcomes of patients who do not participate in follow-up and preventative care
- Misuse of emergency ambulance services to get to hospitals for non-emergency needs
- Long waiting times for patients when leaving appointments or being discharged from the hospital
- Strain on healthcare provider personnel who must sometimes personally arrange transportation for patients who have no way to get home after receiving service
- Low access to dental care and poor dental health, as reported by DaVita Dialysis

Transportation solutions currently in practice include:

- Medicaid NET vouchers and reimbursement system
- Case management and social workers providing assistance to connect patients to available resources
- Delivery of medications from some pharmacies, rather than requiring patient pickup
- Northwest Alabama Mental Health Center is working to reduce access-to-care barriers through increased implementation of telemedicine and telepsychiatry services

Other suggestions for potentially improving access to transportation in this region include:

- Future policy changes to reduce injury liability for transportation agencies that provide assistance to individuals with disabilities
- Need to increase wheelchair-accessible transportation options
- Avenues to provide funding and limit injury liability in order to enlist the help of faith-based organizations to provide non-emergency transportation
- Ideally, there would be some form of consistent, regularly-scheduled public transportation in rural areas that is affordable for low-income individuals.

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the proceeding pages.

Riverbend Center for Mental Health

Colbert, Franklin, Lauderdale counties

The Center owns fleet of vehicles (mostly 15-passenger vans) they use for structured adult/child/adolescent day treatment programs. These vehicles run daily routes to pick up individuals who need to us them. They also contract with NACOLG transportation to transport some of their clients; however, this system cannot be used to transport pediatric patients. Finally, they can help Medicaid patients obtain NET transportation vouchers, and they can also arrange to have taxi services bill us directly if they are used to transport patients.

Some patients can use NACOLG's Dial-A-Ride system, but otherwise there is no public transportation available in Franklin County and the most rural areas of Colbert and Lauderdale Counties. In the latter two counties, most of the transportation access is concentrated in the Florence area. There is a local taxi service within the Florence-Sheffield-Tuscumbia-Muscle Shoals area, which patients who live in this area do use somewhat regularly.

About 40% of adult patients have no payers for rides, and often have to rely on family and friends for transport. Sometimes the Center can help connect patients with other individuals that live near them and may be able to give them rides, and they also sometimes send nurses and case managers out into the community to provide some services. Churches can also sometimes be of help by providing a means of networking between patients who need rides and church members who can provide them, but they do not offer any kind of structured, regular transportation service.

Transportation access in this operating area is mostly dictated by geography. Individuals who live in the areas near Cherokee, Waterloo, Rogersville, and south of Russellville have reported having the most difficulty accessing reliable transportation.

There is a higher rate of cancellations or "no-shows" with counseling appointments. People can usually find a way to get to physician appointments if they have pressing medical problems. To help overcome this issue, the Center will send case managers out into the community to provide services such as recurring injections.

In general, low transportation access is a "high-priority" healthcare issue and a hindrance to a large segment of the population, estimated to affect between 25% and 40% of the Center's patients. Transportation has been "a long-running issue" in this region that must be addressed.

Ideally, there would be some form of consistent, regularly-scheduled public transportation in rural areas that is affordable for low-income individuals. The Dial-A-Ride system exists, but can only be accessed by scheduling ahead, which is not always practical for some patients.

Northwest Alabama Mental Health Center

Fayette, Lamar, Marion, Walker, Winston counties

The Center has its own transportation system, using vans obtained with assistance from the Alabama Department of Transportation, to provide transportation to all of their residential and day-treatment patients in all five counties in their service area (including Winston and Marion Counties). These patients can access this system any day of the week, and it can also be used to provide transportation for other outpatient needs unrelated to mental health treatment, even going as far as Birmingham.

However, outside of this system, there is no public transportation or any other local transportation-related service within the Center's five-county service area. It is common for patients to seek rides from their friends and family to get to and from their appointments, for which they sometimes have to pay out of pocket. Since some local churches will find volunteers to assist the Center's residential clients in getting church, it is possible that they could also contribute to non-emergency healthcare transportation solutions.

With regards to geographic disparities, access to transportation is "definitely a high priority barrier to care" "across the board" for patients within the Center's service area, and would affect an estimated 30-40% of their patients if they did not provide a transportation service themselves. This van system is costly to maintain, but given the needs of their patient population, they "have no alternative." The issues are particularly pressing for those patients in need of outpatient appointments to see specialists outside of their own county. To this end, alongside the implementation of their transportation system, the Center is working to improve access to care through telemedicine and telepsychiatry.

There is a "real need for increased public transportation all over rural Alabama," but the challenge is in finding ways to fund it.

Kevin G. Kelly, MD
Franklin County

Patients that require transportation assistance, including wheelchair-accessible transport, can arrange scheduled rides with NACOLG. Many patients also rely on family members or friends to provide rides, though they often have to pay for them. The clinic is not aware of any other transportation resources or agencies within our area that patients use.

Though the NACOLG system is generally sufficient to help patients meet regular appointments and follow-up visits within the local area, getting to and from out-of-area appointments (usually for specialists) is still the biggest challenge for patients without reliable transportation.

The elderly population seems to be most affected by transportation barriers, but more broadly, a main issue is that some people simply may not be aware of the transportation services that are available to help them.

Marion Regional Medical Center (North Mississippi Medical Center-Hamilton)
Marion County

NACOLG provides public transportation for patients, but outside of their operating hours, there aren't other transportation options available here, so patients will have to find rides from family and friends. The hospital is not aware of any other transportation entities available to patients in this area, with the exception of one called "Tommy's Taxi Service," consisting of one elderly man and his personal vehicle, which they have known patients to use to get back and forth from their dialysis appointments. These dialysis appointments represent one of the largest challenges to patients without reliable transportation access, due to the necessity of attending multiple times per week. Patients who rely on family and friends to transport them to these frequent appointments may place a strain on these individuals.

Elderly Medicaid recipients, many of whom live alone, represent the largest group of patients served by the hospital who are affected by transportation issues. They also observe this issue among younger adult Medicaid recipients. Although the hospital will try to work with patients to schedule appointments according to the availability of their transportation, this may not always be possible, and patients will still miss appointments due to lack of transportation. This contributes to increase re-hospitalizations due to lacking proper follow-up care.

Patients will sometimes misuse the ambulance system to get to the hospital for non-emergency issues if they truly have no other way of getting there, which will also often result in these patients experiencing difficulty in simply leaving the hospital to get home after they are discharged, since the ambulances cannot provide transport home. Overall, the availability of transportation in this area represents a "terrible situation" for the people affected by it.

Red Bay Hospital*Franklin County*

There is a county-wide ordinance that Shoals Ambulance Service must be the sole provider of non-emergency and emergency patient transportation. This contract was awarded by a committee formed by Franklin County Commissioners, and stems from quality issues experienced with other ambulance services in the past. Patients will pay for their rides individually, and must schedule them in advance. One potential issue stemming from this restriction on available ambulance services is that patients may have to wait longer to receive aid for 911 calls.

Inadequate transportation also represents an obstacle to the hospital in providing quality health care services to patients. Scheduling difficulties may arise when patients are late for their appointments or miss them altogether due to transportation-related issues. Wait times of up to 2-3 hours during patient transfers is another “very common” problem.

Area I Social Work Director*Colbert, Franklin, Lauderdale, Marion, Walker, Winston counties*

The NACOLG vans run on a set schedule and provides transportation for a minimal expense to users, and taxi services available in Colbert and Lauderdale counties. However, the other, more rural counties in this area have no public transportation at all. Patients may coordinate transportation with members of their own churches, and the Department of Human Resources (DHR) might have a program for someone to drive if a client has their own vehicle but needs assistance with operating it.

The insurance required for an agency to provide transportation is expensive. The Medicaid NET program only has a few approved providers within this area, and their reimbursements to patients who can't access those providers are limited. Additionally, when Medicaid NET first switched over to reimbursing for approved rides through the EBT the debit card system, this might have caused some issues for some patients.

Patients with disabilities that do not actually need emergency transportation also perhaps overuse ambulance services in this area. Wheelchair-accessible van transportation would be more appropriate in such cases, but the availability of these services is limited.

Colbert County Public Health social work office
Colbert County

NACOLG transit vans are the largest provider of transportation assistance in Colbert County, but even they don't effectively reach some of the more rural communities in the county. Clients must schedule their ride at least a week in advance, which can be a barrier due to the fact that patients on limited incomes or without insurance sometimes simply do not seek medical care until they are faced with an urgent medical issue.

Another limitation: Medicaid NET doesn't approve rides with NACOLG vans anymore for in-town appointments or for picking up medications within Colbert County. They will reimburse the patient directly for rides that they schedule to get to out-of-town appointments (often to specialists), though the amount of the reimbursement doesn't quite match the NACOLG fee. It is a hardship for many patients when they are required to pay up front for the higher fares associated with out-of-area transportation, then wait up to several weeks or months for NET reimbursements. There is also a city cab service that is approved to accept NET vouchers, but the social work office does not use it often when arranging rides for Medicaid patients.

To help circumvent the transportation-related issues surrounding prescription drug pickups, some pharmacists will deliver their medications to patients that live nearby, a service that the county social work office helps to facilitate.

For a non-Medicaid patient in need of transportation assistance, NACOLG's system is still often the least expensive option, even if they can arrange a ride from a neighbor, friend, or family member. These rides will often cost the patient money as well. Some people who lack transportation access will simply call an ambulance and present to the hospital emergency room whenever they have a medical issue, though this is not necessarily a common occurrence.

Local churches and senior centers perhaps possess the vehicles to lend their assistance to the transportation issue, but their ability to help is limited by the high costs and assumption of liability associated with maintaining a dedicated transportation system.

Elderly and low-income patients are most affected by transportation barriers in Colbert County. Sometimes simply finding and arranging the ride is difficult for elderly individuals and those with disabilities, even if they can afford to pay a fare. Getting to out-of-town specialist appointments is also a major difficulty for those who lack reliable transportation, especially adults.

"This is an important issue" that could affect up to an estimated 20% of the patient population in Colbert County, mostly among the Medicaid and Patient First populations.

DaVita Dialysis

Lauderdale, Colbert, Franklin counties

Medicare prohibits DaVita Dialysis from directly offering transportation services to patients, as this would be considered an enticement. Instead, they provide patients with a list of the resources available to serve them.

NACOLG Dial-A-Ride vans operate within the city limits of each county; however, they run on limited hours and do not run on holidays. This can present scheduling difficulties for dialysis patients who rely on this system to get to the clinic, which is open every day. NACOLG only operates 7:00 AM - 4:30 PM, whereas dialysis patients could have appointments as early as 6:00 AM and as late as 6:00 PM. And although NACOLG recently added a new, more rural route, most patients in most rural areas of this region continue to have no opportunities for transit assistance.

There are two taxi agencies in the three-county area with wheelchair-accessible capabilities, as well as two standard taxi agencies, but these options are sometimes too expensive for some patients to use.

It is possible that churches and other faith-based organizations that own their own vehicles and could draw from a large base of volunteers could be enlisted to help as a solution to the transportation problem. But in addition to the issues of cost and assumption of liability, it could be difficult to base a regularly-scheduled transportation system on volunteer drivers, whose availabilities may be vary.

Lower-income working adults are most likely the group that is most affected by transportation barriers within this three-county operating area. The lowest-income patients may at least have access to Medicaid NET.

Overall, lack of transportation access represents a “significant issue” and a “real struggle” to patients in this area, particularly dialysis patients. In some instances, if a patient is dropped off at the clinic for their dialysis treatment and nobody is able to pick them up when the appointment is finished, DaVita must call an ambulance to send them to the nearest hospital to wait in the ER lobby if they cannot arrange for another agency or person to give them a ride. Sometimes they have enlisted the help of DHR in these situations.

The assumption of liability associated with providing physical assistance to patients – even those with physical disabilities such as blindness or limited mobility that would benefit from this assistance – also represents a transportation-related healthcare access barrier. Both the NACOLG and the taxi service personnel are prohibited from physically assisting, as are dialysis clinic employees, due to liability concerns. As a last resort, a patient in need of physical assistance could be transported by ambulance to and from a dialysis appointment, but this is prohibitively expensive and not necessarily the most appropriate use of emergency vehicles. A policy change that would limit liability and allow more parties to provide physical assistance to patients who need it could have a large impact on reducing this type of healthcare access barrier.

Kid One Transport*Marion, Winston counties*

Kid One Transport is a 501(c)(3) nonprofit organization that provides transportation to medical, dental, and mental health care services for Alabama children and expectant mothers who are transportation disadvantaged. They are the only transportation service of this kind within the state, facilitating access to a variety of health care services, including preventive care, behavioral counseling, high-risk prenatal care, and pediatric dialysis. As a result, they collaborate with over 500 health care organizations, community service agencies, physicians, government agencies, and nonprofits throughout Alabama in order to meet the needs of the children and families they serve. They are also working closely with Alabama's Regional Care Organizations to help them prepare for implementation and to inform them on the transportation barriers that exist within each region.

Kid One has most recently added Morgan, Limestone, Madison counties to their operating area. In addition to those three, they have also extended their transportation coverage Chambers, Lee, Russell, Bullock, Marion and Marion counties – a total of eight new counties – within the past two years, bringing the size of their total coverage area up to 43 Alabama counties. They eventually seek to add coverage to the northeastern and southeastern regions of the state, where transportation barriers are significant, and ultimately to cover all 67 counties in the state. However, there are no present plans to add coverage to additional counties in the immediate future. The system cannot expand without additional revenues to cover the costs of additional vehicles and personnel, therefore funding is the principal reason for geographic limitations to their system. Currently, 81-82% of their funding is obtained through donations, private sources, and grants. They also receive some about 10-12% of their total reimbursements from Medicaid, but only about 40-50% of time that they service Medicaid patients.

Approximately two-thirds of Kid One's transports are local, and the remaining one-third are long-distance transports to receive specialty care at hospitals in Birmingham, Montgomery, or Tuscaloosa. Last year, they provided 13,000 local transports within Jefferson County, and approximately 7,000 longer-distance transports from other counties into Jefferson County. To Jefferson County they serve a role as economic catalysts, bringing 7,000 patients in to healthcare providers located there, however they receive no government or private funding from them. Children's of Alabama, as well as the City of Birmingham, used to be significant providers of funds, but these have been curtailed more recently. Some cities are more supportive of this service than others.

Kid One currently owns a fleet of twenty-one vehicles, five of which are wheelchair-accessible, so they are able to accommodate a wide range of patients. They provide strictly non-emergency healthcare-related transportation, and in some areas of their coverage map, they are the only dedicated healthcare transportation provider. Clients can schedule appointments as many as thirty days in advance, though they only ask for at least a three days' advance notice. The scheduling system is "first come, first serve," so there are limitations on the amount of patients that the system can handle at a given time. Additionally, they can currently only provide transportation on weekdays, at times of day when healthcare providers are open to receive patients. This reduces their liability and simplifies ride scheduling.

Kid One will provide transportation to children up to age 19, as well as expectant mothers of any age, and they maintain a low denial rate of approximately 3%. If a patient is denied a ride, it is typically due to high demand and related scheduling difficulties that have resulted in no vehicles being available in the patient's location at the requested time. No patient is denied a ride on the basis of their ability to pay, even though 83% of families they serve report a household income of less than \$10,000. Because there are no income requirements or restrictions on becoming a Kid One client, patients and their families need only to register and fill out an application in order to begin accessing their service. If the patient is a Medicaid recipient, Kid One asks them to facilitate Medicaid's NET reimbursement process, requesting that the payment be sent to Kid One in order for to cover the costs of their transportation. However, they have experienced problems with patients who collect the reimbursement themselves rather than have it sent directly to Kid One, and though they have notified the Alabama Medicaid Agency of this issue, changes to prevent it have been slow to arrive.

There are still many transportation-related barriers to their patient population, however. Even in some rural Alabama counties that lack local transportation providers, Kid One can only provide long-distance transport for specialized care, as it is logistically unfeasible to provide local transportation to all patients in these counties who may need it while continuing to provide essential long-distance transport to such a wide catchment area. They are only able to provide local transportation in more urban areas, where demand is high but transportation times are short. They also perceive one of the largest transportation-related healthcare access barriers to be in connecting rural patient populations to non-profits and other organizations that can help them. There is a need to reach out to rural communities and make it known to them the services exist and are available to assist them. "The education process for our clients is essential."



Northwest Alabama Council of Local Governments

P.O. Box 2603, Muscle Shoals, Alabama 35662

Keith Jones
Executive Director
kjones@nacolg.org

(256) 389-0500
(256) 389-0599 - Fax

Mickey Haddock
Chairman

Jerry Groce
Vice Chairman

July 16, 2015

«AddressBlock»

Dear Agency, Organization, or Company Representative,

Limited funding and increased demand for transportation services is making it difficult for many agencies to provide transportation to their customers and clients. The coordination of transportation services has been suggested as one means by which problems may be addressed. In addition, recipients of public transportation funding from several sources are required to coordinate services.

Consequently, the Northwest Alabama Council of Local Governments has been selected to develop a coordination effort to address transportation issues. Our first objective is to obtain preliminary information on the level of interest coordinating transportation program in the area. Therefore, we request that you complete the enclosed Transportation Program Profile and return it by August 5th, 2015. The profile may be returned via fax to (256) 389-0598 or email to nwillingham@nacolg.org.

In addition, a discussion group will be formed to explore coordination issues, guide the effort, and begin a forum for information sharing. This will be an opportunity to learn about transportation services that are available, discuss needs for transportation, identify barriers to expanding services, and discuss strategies for addressing those barriers. The discussion group will meet on August 5th, 2015 at NACOLG, 103 Student Drive, Muscle Shoals, AL at 2:00 PM.

Please feel free to contact me with any questions at (256) 389-0515 or nwillingham@nacolg.org. Thank you for your assistance. I look forward to your participation.

Sincerely,

Nathan Willingham
Director of Planning and Transportation

Coordinated Transportation Plan

**NACOLG Conference Room
103 Student Drive
Muscle Shoals, AL 35661**

Agenda-

1. Welcome and Introductions- Nathan Willingham, NACOLG
2. Project Overview- Nathan Willingham, NACOLG
3. Review of Public Transit Providers
4. Discussion of Unmet Needs, Barriers, and Strategies
5. Next Steps

NACOLG TRANSIT

TRANSPORTATION STAKEHOLDER SURVEY & PROFILE

We need your input! Please take a few moments to fill out this survey on transit needs!

Please complete front and back and return by fax (256) 389-0598 or email nwillingham@nacolg.org Thank you!

1. Agency Name: _____
2. Agency Address: _____
3. Your Name and Title: _____
4. Name of Transportation Coordinator (if any): _____
5. Please estimate the number of your agency's clients that obtain your agency's services on a typical daily basis by each of the following means of transportation:
 - _____ Use transportation your agency provides directly (please complete question 6 thru 8.)
 - _____ Use transportation your agency provides under a service contract
 - _____ Walk
 - _____ Use private auto (drive, get dropped off, carpool)
 - _____ Use other transportation service; specify (cab, NACOLG bus, etc.) _____
 - _____ Use other means; specify _____
 - _____ Total estimated clients per typical day (Should equal total of all modes of transportation above)
6. Do you provide/fund transportation to your clients? ___ Yes (check all that apply) ___ No (skip to 11)
 - _____ Operate agency vehicles (please complete Question 8a. – c.)
 - _____ Contract with a service provider
 - _____ Volunteers/private autos
 - _____ Pay fares on behalf of clients
 - _____ Other
7. What percentage of your clients require special equipment or assistance for transportation (wheelchair lift, guide animal, personal care attendant, etc.)? _____
- 8 a. How many agency vehicles do you operate? _____
- 8 b. What types of vehicles do you operate (car, bus, van, etc.) _____
- 8 c. How do you maintain agency vehicles (perform in house, contract with a provider, etc)?

9. What is your annual expenditure for transportation for your clients? _____
 - a. Personnel _____
 - b. Fuel _____
 - c. Insurance _____
 - d. Maintenance _____
 - e. New Vehicles _____
 - f. Other (fares, etc) _____
10. Looking forward to the next five years, do you see your agency's funding for transportation:
 - a. Increasing _____ Decreasing _____ Staying the same _____
11. Do your clients routinely have transportation needs that you cannot serve?
 - _____ No
 - _____ Yes; specify the estimated volume and nature of unmet needs

12. Would your agency be interested in learning about opportunities for expanding transportation access for your clients?
13. Please provide any other suggestions or comments about your agency's transportation that might be important in the space provided on the back of this form:

Please complete both front and back and return to NACOLG Transit by August 5th, 2015 by fax (256) 389-0515 or email to nwillingham@nacolg.org. Thank you!

COORDINATED PLAN STAKEHOLDER CONTACT LIST

Agency Name	Stakeholder type (elderly, disabled, low income, minority, government, transportation, etc.)	Contact	Address 1	Address 2
Riverbend	Disabled	April Irby	P.O. Box 941	Florence, AL 35630
Riverbend	Disabled	Liz James	P.O. Box 941	Florence, AL 35630
Riverbend	Disabled		205 S. Jackson Aven	Russellville, AL 3565
A New Beginning	Disabled	Lucie Bowen	122 Helton Court	Florence, Alabama 3
Shoals Treatment	Disabled	John Batson	3430 North Jackson	Sheffield, AL 35660
Bradford Health	Disabled		303 E. College Stree	Florence, AL 35630
Sunrise Lodge	Disabled		1163 S. Washington	Russellville, AL 3565
ARC of the Shoals	Disabled	Donna Akins	P.O. Box 501	Tuscumbia, AL 3567
ARC of Franklin	Disabled		PO Box 1456	Red Bay, AL 35582-1
Marion Winston	Disabled	Missy Brimer	145 County Highwa	Haleyville, AL 35565
Alabama	Disabled		401 Lee Street NE,	S Decatur, Alabama 3
Department of				
Alabama	Disabled	Nancy Goforth	1450 East Avalon Av	Muscle Shoals, AL 3
Department of				
Rehabilitation				
Services-				
Scope 310-	Disabled	Arvey Dupuy	4129 Helton Drive	Florence, AL 35630
Colbert, Franklin,				
Alabama Career	Low income,	Jim Cook	500 S Montgomery	Sheffield, AL 35660
Center	employment agency			
American Cancer	Disabled		104 S Poplar St	Florence, AL 35630
Children's Policy	Low income and	Heather Haynes	505 N Seminary St	Florence, AL 35630
Council	disabled			
Children's Policy	Low income and		132 Military St Sout	Hamilton, AL 35570
Council	disabled			
Children's Policy	Low income and		P.O. Box 613	Double Springs, AL 3
Council	disabled			
Community Action	Elderly, low	Tammy McDaniel	505 N Columbia Ave	Sheffield, AL 35660
Agency-	income and			
Community Action	disabled			
Marion and	Elderly, low	Greg Hardin	P.O. Box 1716	Hamilton, AL 35570
Winston Counties	income and			
Community Action	disabled			
Alabama Institute	Disabled		512 North Main Str	Tuscumbia, AL 3567
for the Deaf and				
Marion County	Government	Mike Davis	132 Military St S # 1	Hamilton, AL 35570

Winston County	Government	Roger Hayes	11 Blake Dr	Double Springs, AL 3
Franklin County	Government	Judge Barry Moore	405 N Jackson Ave	Russellville, AL 3565
Colbert County	Government	Rex Burleson	201 N Main St	Tuscumbia, AL 3567
Lauderdale County	Government	Dewey Mitchell	200 S Court St #303	Florence, AL 35630
Commission				
NACOLG Area	Elderly, Disabled	Jeff Thompson	P.O. Box 2603	Muscle Shoals, AL 35
Agency on Aging				
Alabama	Disabled, Low	Deborah Shedd	P.O. Box 929	Tuscumbia, AL 3567
Department of	income			
Alabama	Low income	Cynthia Bratcher	P.O. Box 2730	Florence, AL 35630
Department of				
Human Resources-				
Alabama	Low income	Brandy Trapp	PO Box 270	Tuscumbia , AL 3567
Department of				
Alabama	Low income	Ashley Crow	PO Box 270	Tuscumbia , AL 3567
Department of				
Alabama	Low income	Jerry Groce	P.O. Box 360	Russellville , AL 3565
Department of				
Alabama	Low income	Katrina McCoy	P.O. Box 360	Russellville , AL 3565
Department of				
Alabama	Low income	Kier Vickery	PO Box 96	Hamilton, AL 35570-
Department of				
Alabama	Low income	Diane Watson	PO Box 116	Double Springs, AL 3
Department of				
Alabama		Marsha McClemore		
Department of				
Easter Seals of	Disabled		1450 East Avalon A	Muscle Shoals, AL 3
Northwest				
Room in the Inn	Low Income	Krista Manchester	P.O. Box 411	Florence, AL 35630
Helen Keller	Medical provider		1300 S Montgomery	Sheffield, AL 35660
Hospital				
Russellville Hospital	Medical provider		15155 Highway 43	Russellville, AL 3565
ECM Hospital	Medical provider		2111 Cloyd Blvd	Florence, AL 35630
North Alabama	Medical provider		541 W. College St.	Florence, AL 35630
OB/GYN				
Shoals Hospital	Medical provider		201 W Avalon Ave	Muscle Shoals, AL 35
North Mississippi	Medical provider		1256 Military St S	Hamilton, AL 35570
Medical Center-				
Northwest	Medical provider		1530 US-43	Winfield, AL 35594
Medical Center				
Lakeland	Medical provider		42024 AL-195	Haleyville, AL 35565
Community				
Northwest Shoals	Education	Dr. Humphrey Lee	800 George Wallace	Muscle Shoals, AL 35
Community College				

Northwest Shoals Community College	Education	Tara Branscome	800 George Wallace Muscle Shoals, AL 35635	
Northwest Shoals Community College	Education	Crystal Ingle	800 George Wallace Muscle Shoals, AL 35635	
Bevill State Community College	Education	Russell Howton	P.O. Drawer 9	Hamilton, AL 35570
University of North Alabama MPO	Education, transportation		1 Harrison Plaza	Florence, AL 35632
	Government, transportation	Jesse Turner	P.O. Box 2603	Muscle Shoals, AL 35635
NACOLG Alabama Cooperative Extension Service	Government	Nathan Willingham	P.O. Box 2603	Muscle Shoals, AL 35635
	Elderly, disabled, low income, education	Danny McWilliams	PO Box 357	Tuscumbia, AL 35671
Alabama Cooperative Extension Service	Elderly, disabled, low income, education	Heidi Tilenius	802 Veterans Drive	Florence, AL 35630
Alabama Cooperative Extension Service	Elderly, disabled, low income, education	Katernia Cole	P.O. Box 820	Russellville, AL 35652
Alabama Cooperative Extension Service	Elderly, disabled, low income, education	Lisa Murphy	P.O. Box 400	Hamilton, AL 35570
Alabama Cooperative Extension Service	Elderly, disabled, low income, education	Michael Henshaw	P.O. Box 69	Double Springs, AL 35635
Quad City Taxis	Transportation	Jimmy Carbine	1212 Vine St	Florence, AL 35630
AAA Cab	Transportation		320 E 2nd St	Sheffield AL 35660
Wheelchair Transportation	Transportation		PO Box 483	Florence, AL 35631
AAA Wheelchair Transportation Co	Transportation		1212 Vine St	Florence AL 35630
Need A Ride?	Transportation		7501 County Road 9	Rogersville AL 35652
Northwest Alabama Taxi Service	Transportation		105 Jackson Ave S	Russellville AL 35652
Yellow Cab	Transportation		418 S Royal Ave	Florence, AL 35630
Anchor Tours	Transportation		307 S Dickson St	Tuscumbia AL 35674
First Transit	Transportation		1030 Terrace St	Florence AL 35630
Ideal Travel Inc	Transportation		2085 Florence Blvd	Florence AL 35630
Greyhound Bus	Transportation		331 Mallard Rd	Winfield AL 35594
Goodtime Travel	Transportation		990 County Road 3C	Florence AL 35634

Enterprise Rent-A-	Transportation		2225 Woodward Av	Muscle Shoals AL 35
Avis Rent A Car	Transportation		2321 Mall Rd	Florence AL 35630
Thrifty Car Rentals	Transportation		1729 T Ed Campbell	Muscle Shoals AL 35
Long-Lewis Ford	Transportation		1718 T Ed Campbell	Muscle Shoals AL 35
Lincoln Of Florence				
Hertz Rent A Car	Transportation		1602 Florence Blvd	Florence AL 35630
Hertz Rent A Car	Transportation		2354 Florence Blvd	Florence AL 35630
Enterprise Rent-A-	Transportation		875 Cox Creek Pkwy	Florence AL 35630
NACOLG Transit	Transportation	Nathan Willingham	P.O. Box 2603	Muscle Shoals, AL 3
Salvation Army	Elderly, disabled, low income	Maj. Sue Dorman	1601 Huntsville Rd	Florence, AL 35630
United Way	Elderly, disabled, low income	Beth Haddock	118 E Mobile St, Ste	Florence, AL 35630
Veteran's	Elderly, disabled		422 DD Cox Blvd.	Sheffield, AL 35660
YMCA of the Shoals	Low income	Jean Bock	2121 Helton Drive	Florence, AL 35630
NAMI Shoals	Disabled	Betty Robertson	749 Thompson St., S	Florence, AL 35630
Florence Housing	Low income	Shaler Roberts	110 S Cypress St # 1	Florence, AL 35630
Tuscumbia	Low income		106 S Main St	Tuscumbia, AL 3567
Sheffield Housing	Low income	Shirley Whitten	2812 E 12th Ave	Sheffield, AL 35660
United Cerebral	Disabled	Alison Isbell	507 N Hook St	Tuscumbia, AL 3567
Palsy Center of the				
Methadone South	Disabled		1879 Military Street	Hamilton, AL 35570
Shoals Family	Elderly, disabled, low income		1701 Cole Avenue, S	Florence, AL 35630
Success Center				
The Healing Place	Disabled	Kay Parker	5604 Ricks Lane	Tuscumbia, AL 3567
Wells of Hope	Low income, disabled	Otis L. Johnson	P.O. Box 932	Leighton, AL 35646
Ministries, Inc.				
Northwest Shoals		Camilla Baker		
Community College				
Colbert County		Jennifer Barringer		
S DHR		Shirley Bonney		
Northwest Shoals		Tara Branscome		
Community College				
Colbert County		Ashley Crow		
NACOLG		Joy Dickey		
Northwest Shoals		Crystal Ingle		
Community College				
NACOLG		Clarice Johnson		
Franklin County		Katrina McCoy		
TCR Childcare		Marsha McLemore		
Community Action		April Moore		
EPSCO		Kaila Morgan		
Healing Place		Kay Parker		

Snelling Staffing

Kaytrina Simmons

Alabama
Cooperate
Extensions
Colbert/Franklin
County DHR

Elaine Softley

Junea Thompson

Colbert County
DHR
Colbert County
DHR
Safeplace

Brandy Trapp

Toni Uhlman

Melanie Vick

Community Action

Sheila Weaver

Sheffield Housing
Authority

Linda Wright

North Alabama
Christian
Children's Home
One Place of the
Shoals

Don Williams

Angie Hamilton



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2015 Coordinated Transportation ...

Summary Design Survey Collect Responses Analyze Results

CURRENT VIEW

+ FILTER + COMPARE + SHOW

No rules applied

Rules allow you to FILTER, COMPARE and SHOW results to see trends and patterns. [Learn more](#) »

SAVED VIEWS (1)

Original View (No rules applied)
+ Save as...

EXPORTS

SHARED DATA

No shared data

Sharing allows you to share your survey results with others. You can share all data, a saved view, or a single question summary. [Learn more](#) »

Share All

RESPONDENTS: 17 of 17

Export All Share All

Question Summaries Data Trends Individual Responses

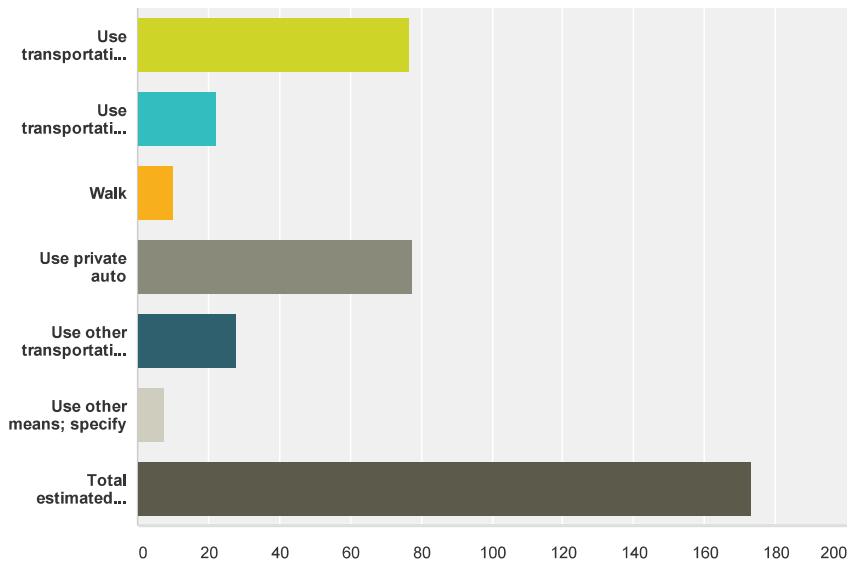
PAGE 1

Q1

Customize Export

Estimate the number of clients served daily by each of the following means of transportation

Answered: 16 Skipped: 1



Answer Choices	Average Number	Total Number	Responses
Use transportation your agency provides Responses	77	691	9
Use transportation your agency purchases under a service contract Responses	22	88	4
Walk Responses	10	79	8
Use private auto Responses	78	933	12
Use other transportation service Responses	28	307	11
Use other means; specify Responses	7	22	3
Total estimated clients per day Responses	173	1,906	11

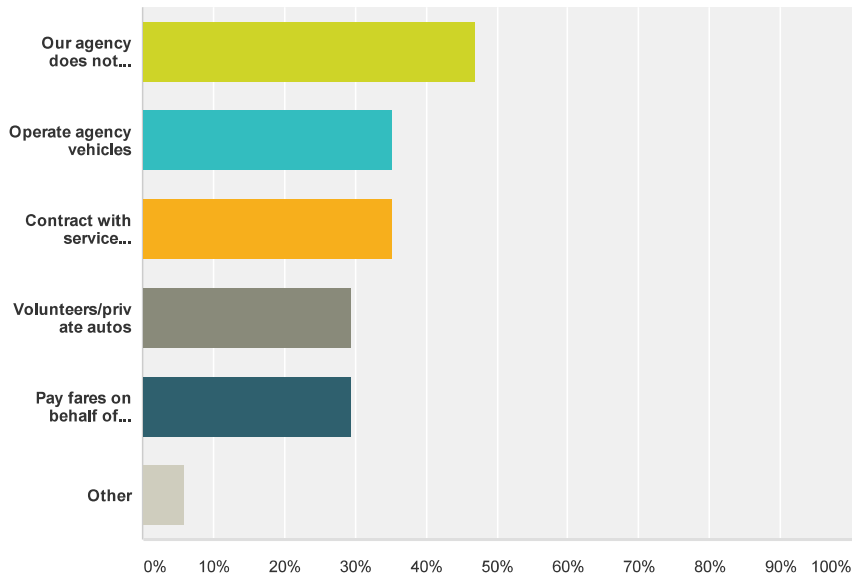
Total Respondents: 16

Q2

Customize Export

How do you provide transportation for your clients?

Answered: 17 Skipped: 0



Answer Choices	Responses
Our agency does not provide transportation for our clients	47.06% 8
Operate agency vehicles	35.29% 6
Contract with service provider	35.29% 6
Volunteers/private autos	29.41% 5
Pay fares on behalf of clients	29.41% 5
Other	5.88% 1

Total Respondents: 17

Q3

Export

What percentage of your clients require special equipment or assistance for transportation (wheelchair lift, guide animal, personal care attendant)

Answered: 12 Skipped: 5

[Responses \(12\)](#)
[Text Analysis](#)
[My Categories](#)

PRO FEATURE
 Use text analysis to search and categorize responses; see frequently-used words and phrases. To use Text Analysis, upgrade to a GOLD or PLATINUM plan.

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Showing 12 responses

20%	8/24/2015 3:36 PM	View respondent's answers
1%	8/24/2015 3:35 PM	View respondent's answers
5%	8/24/2015 3:34 PM	View respondent's answers
0%	8/24/2015 3:34 PM	View respondent's answers
0	8/24/2015 3:33 PM	View respondent's answers
0	8/24/2015 3:32 PM	View respondent's answers
7%	8/24/2015 3:31 PM	View respondent's answers

Q4 Export

How many agency vehicles do you operate?

Answered: 11 Skipped: 6

Responses (11) [Text Analysis](#) [My Categories](#)

PRO FEATURE
Use text analysis to search and categorize responses; see frequently-used words and phrases. To use Text Analysis, upgrade to a GOLD or PLATINUM plan.

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Showing 11 responses

62	8/24/2015 3:36 PM	View respondent's answers
0	8/24/2015 3:35 PM	View respondent's answers
0	8/24/2015 3:34 PM	View respondent's answers
0	8/24/2015 3:33 PM	View respondent's answers
27	8/24/2015 3:31 PM	View respondent's answers
40	8/24/2015 3:29 PM	View respondent's answers
0	8/24/2015 3:29 PM	View respondent's answers

Q5 Export

How do you maintain agency vehicles (perform in house, contract with provider, etc)?

Answered: 4 Skipped: 13

Responses (4) [Text Analysis](#) [My Categories](#)

PRO FEATURE
Use text analysis to search and categorize responses; see frequently-used words and phrases. To use Text Analysis, upgrade to a GOLD or PLATINUM plan.

[Upgrade](#) [Learn more »](#)

Categorize as... Filter by Category Search responses

Showing 4 responses

- Local service vendor
8/24/2015 3:31 PM [View respondent's answers](#)
- In-house
8/24/2015 3:29 PM [View respondent's answers](#)
- In house or local service vendors
8/24/2015 3:25 PM [View respondent's answers](#)
- Contract with a provider
8/24/2015 3:23 PM [View respondent's answers](#)

Q6 Export

What is your annual expenditure for transportation for clients?

Answered: 7 Skipped: 10

Responses (7) Text Analysis My Categories

PRO FEATURE
Use text analysis to search and categorize responses; see frequently-used words and phrases. To use Text Analysis, upgrade to a GOLD or PLATINUM plan.

[Upgrade](#) [Learn more »](#)

Categorize as... Filter by Category Search responses

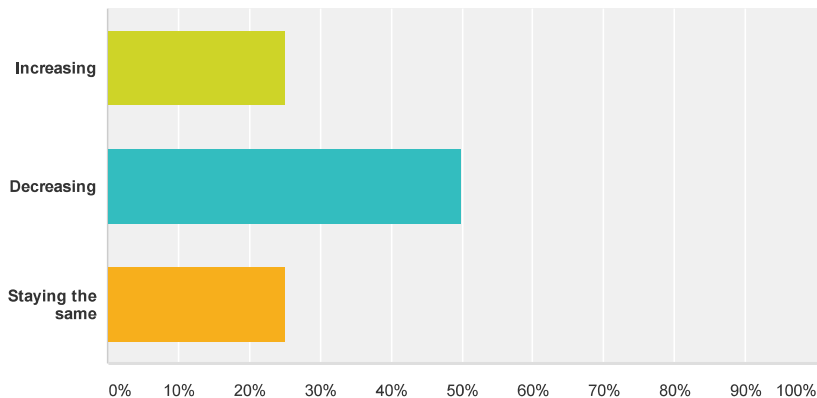
Showing 7 responses

- \$1,020,000
8/24/2015 3:36 PM [View respondent's answers](#)
- \$32,000
8/24/2015 3:35 PM [View respondent's answers](#)
- \$4,600
8/24/2015 3:34 PM [View respondent's answers](#)
- \$93,000
8/24/2015 3:31 PM [View respondent's answers](#)
- \$5,000
8/24/2015 3:28 PM [View respondent's answers](#)
- \$1,000
8/24/2015 3:25 PM [View respondent's answers](#)
- \$120,000
8/24/2015 3:23 PM [View respondent's answers](#)

Q7 Customize Export

Looking forward to the next 5 years, do you see your agency's funding for transportation:

Answered: 8 Skipped: 9



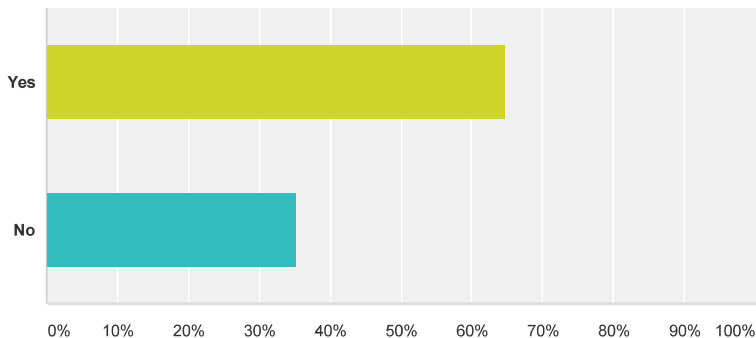
Answer Choices	Responses
Increasing	25.00% 2
Decreasing	50.00% 4
Staying the same	25.00% 2
Total	8

Q8

Customize Export

Do your clients routinely have transportation needs that you cannot serve?

Answered: 17 Skipped: 0



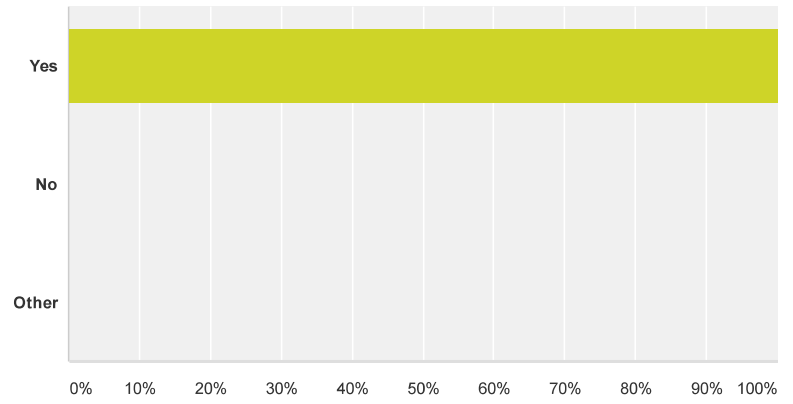
Answer Choices	Responses
Yes	64.71% 11
No	35.29% 6
Total	17

Q9

Customize Export

Would your agency be interested in learning about ways to expand transportation access for your clients?

Answered: 11 Skipped: 6



Answer Choices	Responses
Yes	100.00% 11
No	0.00% 0
Other	0.00% 0
Total	11

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NACOLG TRANSIT

TRANSPORTATION SURVEY

We need your input! Please take a few moments to fill out this survey on transit needs and how we are doing!

Please complete front and back. Return this form to the driver when complete. **Thank you!**

1. How many times per week do you ride the bus? 5/week 2-4/week 1/week Less than 1/week
2. What is your gender? Male Female Prefer not to answer
3. Do you have a disability? Yes No Prefer not to answer
4. Why do you take the bus? (check all that apply)
 Work Shopping/Pharmacy/Grocery School Medical Recreational/Social Other _____
5. Where do you live (City, town, or county if unincorporated)? _____
6. What places would you like to go that are not served by NACOLG Transit?
(use additional lines if needed) _____

7. Quality of NACOLG Transit Service: Excellent Good Average Fair Poor
8. How could NACOLG Transit improve service? (additional space on back)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
9. During the last year bus service has: Improved Stayed the same Become worse Don't know
10. What is your annual household income? Under \$10,000 \$10,000-\$19,999 \$20,000-\$29,000
 \$30,000-\$39,000 \$40,000-\$49,999 \$50,000 or above Prefer not to answer
11. Please list any barriers that may prevent you from getting where you want/need to go (check all that apply):
 I do not have any difficulty getting where I want to go
 Service doesn't include my desired destination
 No driver's license
 I don't understand transportation service in my community
 No access to personal vehicle
 Times of service do not meet my travel needs
 Other _____
12. How do you identify your race/ethnicity? Black/African American White/Caucasian Hispanic/Latino
 Asian/Pacific Islander Multiple Prefer not to answer Other
13. Age Group 0-18 yrs 18-30 years 31-54 years 55-65 years over 65 years

Please complete both front and back.

14. Please list any other suggestions or comments about NACOLG Transit in the space below:

THANK YOU!

**FOR ASSISTANCE WITH THIS SURVEY, PLEASE
CALL (256) 314-0047. ADA ACCESSIBLE
FORMATS AVAILABLE UPON REQUEST.**

Public Notice

The Northwest Alabama Council of Local Governments will conduct a public hearing on Friday, September 25, 2015 at 10:00 AM at NACOLG, 103 Student Drive, Muscle Shoals, AL to review the Northwest Alabama Coordinated Public Transit-Human Services Transportation Plan. This plan identifies and prioritizes strategies that will improve access and mobility of individuals by minimizing duplication of services among public, private, and non-profit agencies serving with limited transportation due to age, income, or disability. A draft of the plan is available at www.nacolg.org or by request. For more information or to request special accommodations at the hearing, please contact Nathan Willingham at (256) 389-0515 or nwillingham@nacolg.org. Hearing impaired individuals having access to a TDD may contact us via the Alabama Relay Service at 1-800-548-2546.

NACOLG public transit plan available for review, comments

By Russ Corey Staff Writer | Posted: Monday, September 21, 2015 1:55 pm

MUSCLE SHOALS — A draft of the Northwest Alabama Council of Local Governments' public transit and human services plan is available for review and comment.

Parts one and two of the "Coordinated Public Transit/Human Services Coordination Plan for Northwest Alabama" can be reviewed on the NACOLG website.

Director of Planning & Transportation Nathan Willingham said a public hearing concerning the plan will be held at 10 a.m. Friday at the NACOLG offices at 103 Student Drive.

NACOLG operates a fleet of buses that provides a diverse multi-modal transportation environment that includes several distinct providers of transportation including public transit, private transportation, and human service transportation programs.

Programs are available in NACOLG's service area which includes Colbert, Lauderdale, Franklin, Marion and Winston counties.

Stakeholder contacts, meetings and events in conjunction with HSCTP

- 20-Mar-15 Human Service-Transit Coordinated Transportation Plan conference call
- 2-Apr-15 Lauderdale Children's Policy Council Meeting
- 4-May-15 YMCA Active Older Adult Day
- 22-May-15 Human Service-Transit Coordinated Transportation Plan trianing
- 27-May-15 Area Agency on Aging Advisory Council Meeting
- 22-May-15 AARC/ALDOT HSCTP Workshop
- 2-Jun-15 ADPH Conference Call
- 3-Jun-15 Childrens Policy Council meeting
- 11-Jun-15 JARC/HSCTP Hearing
- 12-Jun-15 JARC/HSCTP Hearing
- 15-Jun-15 Elder Abuse Conference
- 25-Jun-15 Metropolitan Planning Organziation Meeting
- 26-Jun-15 Rural Planning Organization Meeting
- 6-Jul-15 Lauderdale Children's Policy Council Meeting
- 8-Jul-15 Jobs Task Force Meeting
- 9-Jul-15 Section 5311 hearing
- 9-Jul-15 Section 5307 & Section 5311 hearing
- 9-Jul-15 NACOLG Transit stakeholder committee meeting
- 22-Jul-15 ADPH Conference Call
- 13-Aug-15 SCOPE 310 Conference call
- 5-Aug-15 HSCTP Working Group Meeting
- 5-Aug-15 Alabama Departmnet of Rehabilitation Services/Easter Seals meeting
- 14-Sep-15 Department of Human Resources JARC conference call
- 18-Sep-15 Homeless Care Council meeting
- 21-Sep-15 DHR meeting for JARC
- 24-Sep-15 NACOLG/RPO Board Meeting
- 25-Sep-15 Final public hearing
- 28-Sep-15 MPO Techincal Committee Meeting
- 29-Sep-15 MPO Policy Committee Meeting

Appendix B: Plan Documentation

2017 Coordinated Public Transit-Human Services Transportation Plan



Northwest Alabama Council Of Local Governments
P.O. Box 2603 Muscle Shoals, Alabama 35662

Keith Jones
Executive Director
kjones@nacolg.org

256-389-0500
256-389-0599 Fax

Barry Moore
Chairman

Roger Hayes
Vice Chairman

John Landers
Secretary

May 23, 2017

Liz James
Riverbend
P.O. Box 941
Florence, AL 35630

Dear Community Partner,

The Northwest Alabama Council of Local Governments is reviewing and updating the region's *Coordinated Public Transit-Human Services Transportation Plan*, which provides strategies for improving access and mobility for user groups in Colbert, Lauderdale, Franklin, Marion, and Winston counties. We are asking for a few moments to review these 2015 Coordinated Plan and to answer nine short questions in a survey in order to improve the coordination of vital transportation services in the region.

A copy of the plan, a summary of its strategies, and the survey are available online for review at the following website: <http://nacolg.org/HSCTP>

The 2017 Coordinated Transportation Survey can be found directly at the following website: <https://www.surveymonkey.com/r/2SNRJCN>.

Thank you for your help with this project. Please do not hesitate to contact me at (256) 389-0515 or nwillingham@nacolg.org if you would like to discuss transportation services available through NACOLG at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Nathan Willingham".

Nathan Willingham
Director of Planning and Transportation

Organization Outreach List

Liz James
Riverbend
P.O. Box 941
Florence, AL 35630

Lucie Bowen
A New Beginning
122 Helton Court
Florence, Alabama 35630

Jim Cook
Alabama Career Center
500 S Montgomery Ave
Sheffield, AL 35660

Danny McWilliams
Alabama Cooperative Extension Service
PO Box 357
Tuscumbia, AL 35674

Heidi Tilenius
Alabama Cooperative Extension Service
802 Veterans Drive
Florence, AL 35630

Katernia Cole
Alabama Cooperative Extension Service
P.O. Box 820
Russellville, AL 35653

Lisa Murphy
Alabama Cooperative Extension Service
P.O. Box 400
Hamilton, AL 35570

Michael Henshaw
Alabama Cooperative Extension Service
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Double Springs, AL 35553

Ashley Crow
Alabama Department of Human Resources- Colbert
PO Box 270
Tuscumbia , AL 35674-0270

Jerry Groce
Alabama Department of Human Resources- Franklin
P.O. Box 360
Russellville , AL 35653

Katrina McCoy
Alabama Department of Human Resources- Franklin
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Russellville , AL 35653

Cynthia Bratcher
Alabama Department of Human Resources- Lauderdale
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Florence, AL 35630

Kier Vickery
Alabama Department of Human Resources- Marion
PO Box 96
Hamilton, AL 35570-0096

Les Carr
Alabama Department of Human Resources- Marion
PO Box 96
Hamilton, AL 35570-0096

Organization Outreach List

Diane Watson
Alabama Department of Human Resources- Winston
PO Box 116
Double Springs, AL 35553-0116

Alabama Department of Mental Health
401 Lee Street NE, Suite 150
Decatur, Alabama 35601

Deborah Shedd
Alabama Department of Public Health
P.O. Box 929
Tuscumbia, AL 35674-0929

Nancy Goforth
Alabama Department of Rehabilitation Services-Vocational
Rehabilitation Service (Muscle Shoals)
1450 East Avalon Avenue
Muscle Shoals, AL 35661

Alabama Institute for the Deaf and Blind
512 North Main Street
Tuscumbia, AL 35674

American Cancer Society
104 S Poplar St
Florence, AL 35630

Anchor Tours Incorporated
307 S Dickson St
Tuscumbia AL 35674

ARC of Franklin County
PO Box 1456
Red Bay, AL 35582-1456

Donna Akins
ARC of the Shoals
P.O. Box 501
Tuscumbia, AL 35674

Avis Rent A Car
2321 Mall Rd
Florence AL 35630

Russell Howton
Bevill State Community College
P.O. Drawer 9
Hamilton, AL 35570

Bradford Health Services
303 E. College Street
Florence, AL 35630

Heather Haynes
Children's Policy Council
505 N Seminary St
Florence, AL 35630

Children's Policy Council
132 Military St South # 305
Hamilton, AL 35570

Organization Outreach List

Children's Policy Council
P.O. Box 613
Double Springs, AL 35565

Colbert County Commission
201 N Main St
Tuscumbia, AL 35674

Chairman
Colbert County Commission
201 N Main St
Tuscumbia, AL 35674

Tammy McDaniel
Community Action Agency- Community Action Agency of
Northwest Alabama
505 N Columbia Ave
Sheffield, AL 35660

Easter Seals of Northwest Alabama
1450 East Avalon Ave
Muscle Shoals, AL 35661

ECM Hospital
2111 Cloyd Blvd
Florence, AL 35630

Enterprise Rent-A-Car
2225 Woodward Ave
Muscle Shoals AL 35661

Enterprise Rent-A-Car
875 Cox Creek Pkwy
Florence AL 35630

First Transit
1030 Terrace St
Florence AL 35630

Shaler Roberts
Florence Housing Authority
110 S Cypress St # 1
Florence, AL 35630

Judge Barry Moore
Franklin County Commission
405 N Jackson Ave
Russellville, AL 35653

Goodtime Travel Tours
990 County Road 30
Florence AL 35634

Greyhound Bus Lines
331 Mallard Rd
Winfield AL 35594

Helen Keller Hospital
1300 S Montgomery Ave
Sheffield, AL 35660

Organization Outreach List

Hertz Rent A Car
2354 Florence Blvd
Florence AL 35630

Ideal Travel Inc
2085 Florence Blvd
Florence AL 35630

Debbie Pace
Lakeland Community Hospital
42024 AL-195
Haleyville, AL 35565

Danny Pettus
Lauderdale County Commission
200 S Court St #303
Florence, AL 35630

Long-Lewis Ford Lincoln Of Florence
1718 T Ed Campbell Dr
Muscle Shoals AL 35661

Greg Hardin
Marion and Winston Counties Community Action Agency
P.O. Box 1716
Hamilton, AL 35570

Chairman
Marion County Commission
132 Military St S # 154
Hamilton, AL 35570

Missy Brimer
Marion Winston County ARC
145 County Highway 76
Haleyville, AL 35565-3602

Methadone South
1879 Military Street S.
Hamilton, AL 35570

Jesse Turner
MPO
P.O. Box 2603
Muscle Shoals, AL 35661

Nathan Willingham
NACOLG
P.O. Box 2603
Muscle Shoals, AL 35661

Jeff Thompson
NACOLG Area Agency on Aging
P.O. Box 2603
Muscle Shoals, AL 35661

Betty Robertson
NAMI Shoals
749 Thompson St., Ste A
Florence, AL 35630

Need A Ride?
7501 County Road 91
Rogersville AL 35652

Organization Outreach List

Don Williams
North Alabama Christian Children's Home
PO Box 2652
Florence, AL 35630

North Alabama OB/GYN
541 W. College St.
Florence, AL 35630

North Alabama OB/GYN
541 W. College St.
Florence, AL 35630

North Mississippi Medical Center- Hamilton
1256 Military St S
Hamilton, AL 35570

Northwest Alabama Taxi Service Wheel Chair Accessible
Vans
105 Jackson Ave S
Russellville AL 35653

Northwest Medical Center
1530 US-43
Winfield, AL 35594

Dr. Humphrey Lee
Northwest Shoals Community College
800 George Wallace Blvd
Muscle Shoals, AL 35661

Tara Branscome
Northwest Shoals Community College
800 George Wallace Blvd
Muscle Shoals, AL 35661

Crystal Ingle
Northwest Shoals Community College
800 George Wallace Blvd
Muscle Shoals, AL 35661

Jimmy Carbine
Private Taxi
1212 Vine St
Florence, AL 35630

Jimmy Carbine
Quad City Taxis
1212 Vine St
Florence, AL 35630

Riverbend
205 S. Jackson Avenue
Russellville, AL 35653

Room in the Inn
P.O. Box 411
Florence, AL 35630

Russellville Hospital
15155 Highway 43
Russellville, AL 35653

Organization Outreach List

Maj. Sue Dorman
Salvation Army
1601 Huntsville Rd
Florence, AL 35630

Arvey Dupuy
Scope 310- Colbert, Franklin, Lauderdale
4129 Helton Drive
Florence, AL 35630

Shirley Whitten
Sheffield Housing Authority
2812 E 12th Ave
Sheffield, AL 35660

Shoals Family Success Center
1701 Cole Avenue, Suite 200
Florence, AL 35630

Shoals Hospital
201 W Avalon Ave
Muscle Shoals, AL 35661

John Batson
Shoals Treatment Center
3430 North Jackson Highway
Sheffield, AL 35660

Sunrise Lodge
1163 S. Washington Ave
Russellville, AL 35653

Kay Parker
The Healing Place
5604 Ricks Lane
Tuscumbia, AL 35674

Thrifty Car Rentals
1729 T Ed Campbell Dr
Muscle Shoals AL 35661

Tuscumbia Housing Authority
106 S Main St
Tuscumbia, AL 35674

Alison Isbell
United Cerebral Palsy Center of the Shoals
507 N Hook St
Tuscumbia, AL 35674

Beth Haddock
United Way
118 E Mobile St, Ste 300
Florence, AL 35630

Michael Guatney
University of North Alabama
1 Harrison Plaza
Florence, AL 35632

Veteran's Administration
422 DD Cox Blvd.
Sheffield, AL 35660

Organization Outreach List

Otis L. Johnson
Wells of Hope Ministries, Inc.
P.O. Box 932
Leighton, AL 35646

Wheelchair Transportation Shuttle
PO Box 483
Florence, AL 35631

Chairman
Winston County Commission
11 Blake Dr
Double Springs, AL 35553

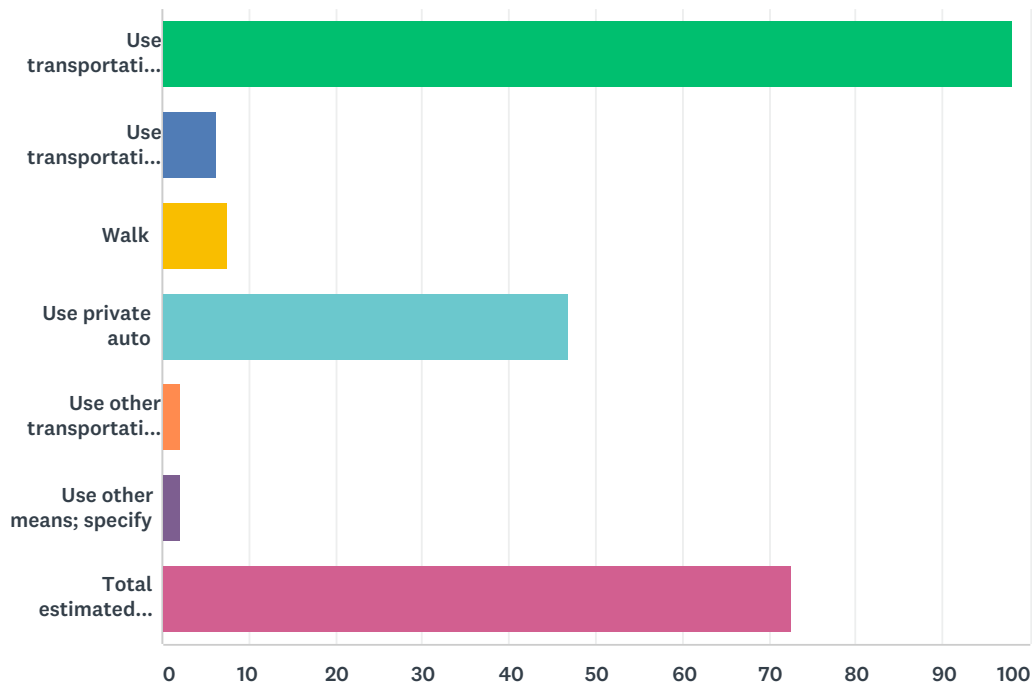
Missy Brimer
Winston Marion County ARC
145 County Highway 76
Haleyville, AL 35565-3602

Yellow Cab Company
418 S Royal Ave
Florence, AL 35630

Jean Bock
YMCA of the Shoals
2121 Helton Drive
Florence, AL 35630

Q1 Estimate the number of clients served daily by each of the following means of transportation

Answered: 17 Skipped: 1



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
Use transportation your agency provides	98	1,471	15
Use transportation your agency purchases under a service contract	6	76	12
Walk	8	90	12
Use private auto	47	655	14
Use other transportation service	2	24	11
Use other means; specify	2	18	9
Total estimated clients per day	73	1,089	15
Total Respondents: 17			

#	USE TRANSPORTATION YOUR AGENCY PROVIDES	DATE
1	450	6/19/2017 8:43 AM
2	33	6/15/2017 2:11 PM
3	0	6/12/2017 12:54 PM
4	0	6/7/2017 9:33 AM
5	0	6/6/2017 2:06 PM
6	0	6/5/2017 9:52 AM
7	7	6/2/2017 1:09 PM
8	800	6/1/2017 2:16 PM

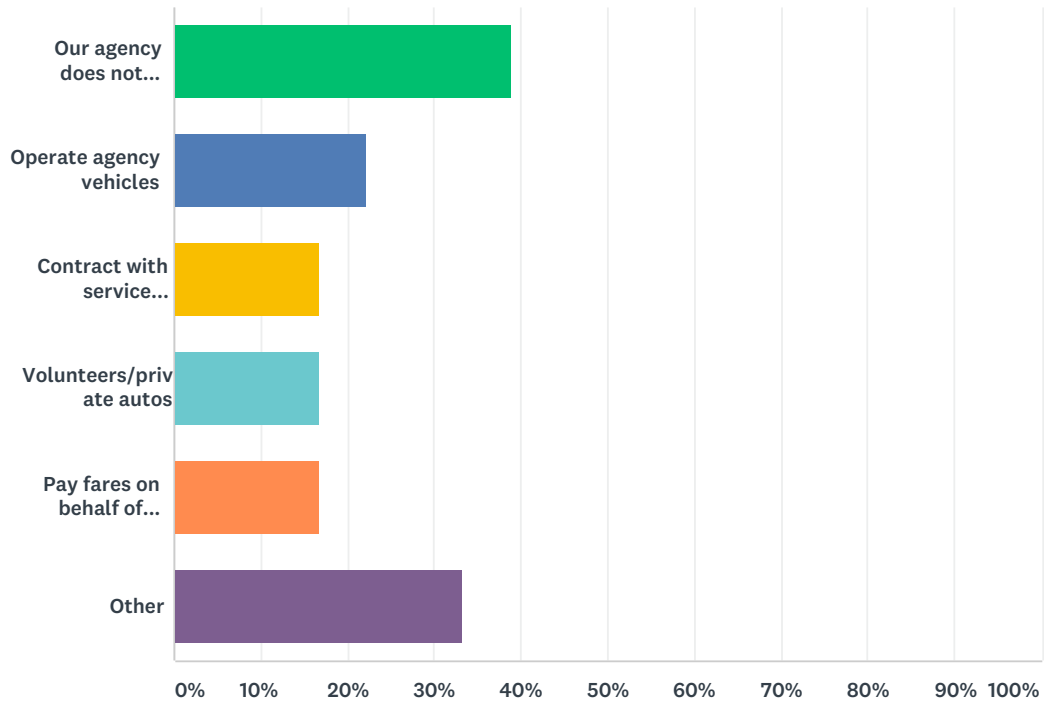
9	0	6/1/2017 11:39 AM
10	0	6/1/2017 11:05 AM
11	0	6/1/2017 10:59 AM
12	0	5/30/2017 1:00 PM
13	1	5/30/2017 8:23 AM
14	175	5/25/2017 3:45 PM
15	5	5/25/2017 3:38 PM
#	USE TRANSPORTATION YOUR AGENCY PURCHASES UNDER A SERVICE CONTRACT	DATE
1	27	6/15/2017 2:11 PM
2	0	6/12/2017 12:54 PM
3	8	6/7/2017 9:33 AM
4	0	6/6/2017 2:06 PM
5	0	6/5/2017 9:52 AM
6	26	6/2/2017 1:09 PM
7	0	6/1/2017 2:16 PM
8	0	6/1/2017 11:05 AM
9	0	6/1/2017 10:59 AM
10	0	5/30/2017 1:00 PM
11	5	5/30/2017 8:23 AM
12	10	5/25/2017 3:38 PM
#	WALK	DATE
1	0	6/15/2017 2:11 PM
2	0	6/12/2017 12:54 PM
3	2	6/8/2017 12:55 PM
4	2	6/8/2017 8:26 AM
5	3	6/7/2017 9:33 AM
6	0	6/6/2017 2:06 PM
7	25	6/5/2017 9:52 AM
8	50	6/1/2017 2:16 PM
9	2	6/1/2017 11:05 AM
10	2	6/1/2017 10:59 AM
11	3	5/30/2017 1:00 PM
12	1	5/30/2017 8:23 AM
#	USE PRIVATE AUTO	DATE
1	100	6/19/2017 8:43 AM
2	15	6/15/2017 2:11 PM
3	0	6/12/2017 12:54 PM
4	40	6/8/2017 12:55 PM
5	5	6/8/2017 8:26 AM
6	15	6/7/2017 9:33 AM
7	10	6/6/2017 2:06 PM

8	150	6/5/2017 9:52 AM
9	15	6/1/2017 11:39 AM
10	12	6/1/2017 11:05 AM
11	53	6/1/2017 10:59 AM
12	200	5/30/2017 1:00 PM
13	20	5/30/2017 8:23 AM
14	20	5/25/2017 3:38 PM
#	USE OTHER TRANSPORTATION SERVICE	DATE
1	0	6/15/2017 2:11 PM
2	0	6/12/2017 12:54 PM
3	3	6/8/2017 12:55 PM
4	1	6/8/2017 8:26 AM
5	2	6/7/2017 9:33 AM
6	0	6/6/2017 2:06 PM
7	0	6/5/2017 9:52 AM
8	5	6/1/2017 11:05 AM
9	5	6/1/2017 10:59 AM
10	5	5/30/2017 1:00 PM
11	3	5/30/2017 8:23 AM
#	USE OTHER MEANS; SPECIFY	DATE
1	0	6/15/2017 2:11 PM
2	0	6/12/2017 12:54 PM
3	0	6/7/2017 9:33 AM
4	0	6/6/2017 2:06 PM
5	5	6/5/2017 9:52 AM
6	1	6/1/2017 11:05 AM
7	0	6/1/2017 10:59 AM
8	5	5/30/2017 8:23 AM
9	7	5/25/2017 3:38 PM
#	TOTAL ESTIMATED CLIENTS PER DAY	DATE
1	550	6/19/2017 8:43 AM
2	75	6/15/2017 2:11 PM
3	0	6/12/2017 12:54 PM
4	45	6/8/2017 12:55 PM
5	8	6/8/2017 8:26 AM
6	28	6/7/2017 9:33 AM
7	10	6/6/2017 2:06 PM
8	30	6/5/2017 9:52 AM
9	33	6/2/2017 1:09 PM
10	15	6/1/2017 11:39 AM
11	20	6/1/2017 11:05 AM

12	60	6/1/2017 10:59 AM
13	35	5/30/2017 8:23 AM
14	175	5/25/2017 3:45 PM
15	5	5/25/2017 3:38 PM

Q2 How do you provide transportation for your clients?

Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
Our agency does not provide transportation for our clients	38.89%	7
Operate agency vehicles	22.22%	4
Contract with service provider	16.67%	3
Volunteers/private autos	16.67%	3
Pay fares on behalf of clients	16.67%	3
Other	33.33%	6
Total Respondents: 18		

Q3 What percentage of your clients require special equipment or assistance for transportation (wheelchair lift, guide animal, personal care attendant)

Answered: 18 Skipped: 0

#	RESPONSES	DATE
1	10%	6/19/2017 8:43 AM
2	6%	6/15/2017 2:11 PM
3	N/A	6/12/2017 12:54 PM
4	0	6/8/2017 12:55 PM
5	0	6/8/2017 8:26 AM
6	0	6/7/2017 9:33 AM
7	0	6/6/2017 2:06 PM
8	0	6/5/2017 9:52 AM
9	25%	6/2/2017 1:09 PM
10	< 5%	6/1/2017 2:16 PM
11	25%	6/1/2017 12:45 PM
12	1%	6/1/2017 11:39 AM
13	Less than 5% require special equipment or assistance but 100% require parent/legal guardian to be with them	6/1/2017 11:05 AM
14	2%	6/1/2017 10:59 AM
15	5	5/30/2017 1:00 PM
16	None	5/30/2017 8:23 AM
17	15	5/25/2017 3:45 PM
18	2%	5/25/2017 3:38 PM

Q4 How many agency vehicles do you operate?

Answered: 17 Skipped: 1

#	RESPONSES	DATE
1	66	6/19/2017 8:43 AM
2	27	6/15/2017 2:11 PM
3	0	6/12/2017 12:54 PM
4	0	6/8/2017 12:55 PM
5	0	6/8/2017 8:26 AM
6	0	6/7/2017 9:33 AM
7	0	6/6/2017 2:06 PM
8	0	6/5/2017 9:52 AM
9	5	6/2/2017 1:09 PM
10	47	6/1/2017 2:16 PM
11	0	6/1/2017 12:45 PM
12	0	6/1/2017 11:39 AM
13	0	6/1/2017 11:05 AM
14	0	6/1/2017 10:59 AM
15	0	5/30/2017 1:00 PM
16	None	5/30/2017 8:23 AM
17	0	5/25/2017 3:38 PM

Q5 How do you maintain agency vehicles (perform in house, contract with provider, etc)?

Answered: 15 Skipped: 3

#	RESPONSES	DATE
1	Outside vendors	6/19/2017 8:43 AM
2	local repair shops	6/15/2017 2:11 PM
3	0	6/12/2017 12:54 PM
4	N/A	6/8/2017 12:55 PM
5	N/A	6/8/2017 8:26 AM
6	N/A	6/7/2017 9:33 AM
7	0	6/6/2017 2:06 PM
8	none	6/5/2017 9:52 AM
9	contract with provider	6/2/2017 1:09 PM
10	Perform in house	6/1/2017 2:16 PM
11	N/A	6/1/2017 11:39 AM
12	0	6/1/2017 11:05 AM
13	0	6/1/2017 10:59 AM
14	No agency vehicles to maintain	5/30/2017 8:23 AM
15	N/A	5/25/2017 3:38 PM

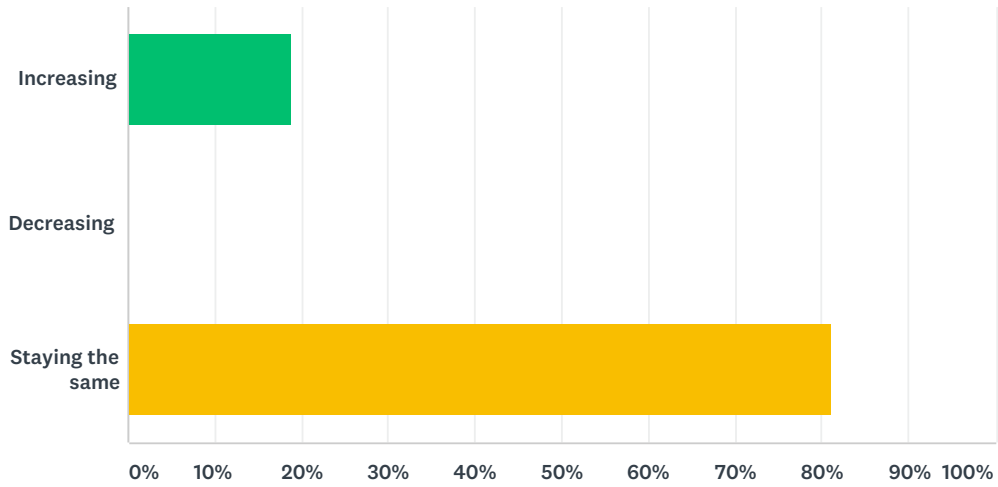
Q6 What is your annual expenditure for transportation for clients?

Answered: 16 Skipped: 2

#	RESPONSES	DATE
1	\$650K	6/19/2017 8:43 AM
2	\$20,000	6/15/2017 2:11 PM
3	0	6/12/2017 12:54 PM
4	N/A	6/8/2017 12:55 PM
5	0	6/8/2017 8:26 AM
6	?? STATE CONTRACT	6/7/2017 9:33 AM
7	3,000	6/6/2017 2:06 PM
8	none	6/5/2017 9:52 AM
9	approximately \$64,422.98	6/2/2017 1:09 PM
10	DNK	6/1/2017 2:16 PM
11	\$500	6/1/2017 11:39 AM
12	0	6/1/2017 11:05 AM
13	0	6/1/2017 10:59 AM
14	unknown	5/30/2017 1:00 PM
15	25,000.00	5/30/2017 8:23 AM
16	\$2.000	5/25/2017 3:38 PM

Q7 Looking forward to the next 5 years, do you see your agency's funding for transportation:

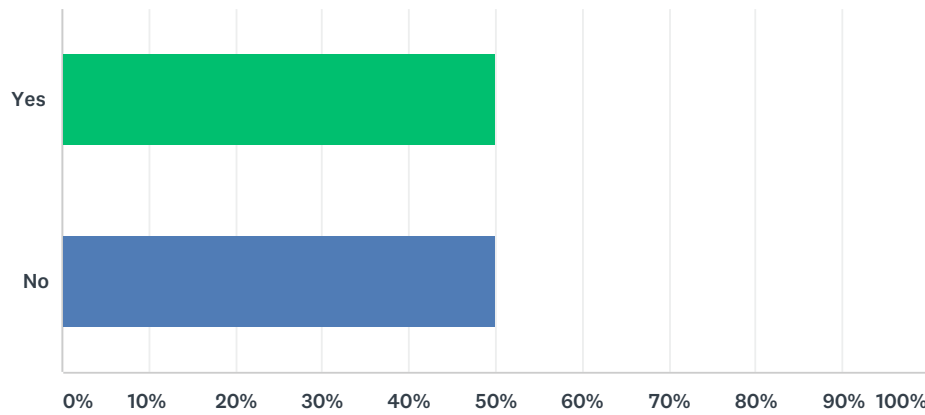
Answered: 16 Skipped: 2



ANSWER CHOICES	RESPONSES
Increasing	18.75% 3
Decreasing	0.00% 0
Staying the same	81.25% 13
TOTAL	16

Q8 Do your clients routinely have transportation needs that you cannot serve?

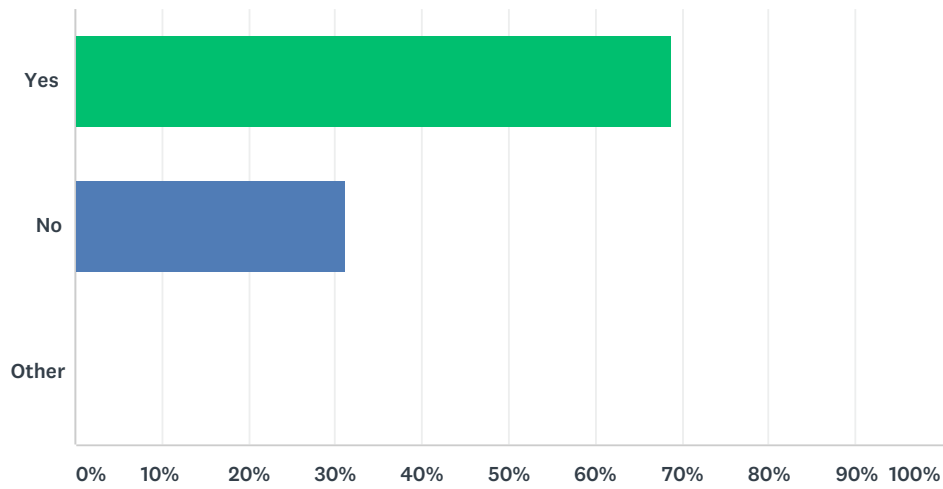
Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	50.00% 9
No	50.00% 9
TOTAL	18

Q9 Would your agency be interested in learning about ways to expand transportation access for your clients?

Answered: 16 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	68.75%	11
No	31.25%	5
Other	0.00%	0
TOTAL		16

Public Transit-Human Services Coordinated Transportation Plan
 NACOLG Transit Steering Committee HSCTP Review
 Sign In Sheet

20-Apr-17

18-Apr-17

NAME	ADDRESS	PHONE NUMBER	EMAIL	Representing
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Shaker S. Roberts	110 S. College St. Suite 1 Florence AL 36830 Florence Housing Authority	256-740-5211	S.Roberts@FlorenceAg	Florence Housing Authority

6-Jun-17

Northwest Alabama Council of Local Governments
 CEDS/RPO/HSCPT
 Sign In Sheet

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NACOLG

6/7/17

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