

Coordinated Human Services Transportation Plan

Lake Tahoe Region



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Lake Tahoe Region

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Subject

Planning and management activities for
coordinated human service transportation

Approved by

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Develop partnerships to promote access to effective and efficient transportation for older adults, persons with disabilities, and individuals with low incomes to enhance the quality of life in the Lake Tahoe Region by improving community health outcomes and public safety to increase economic vitality and promote environmental stewardship.

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EXECUTIVE SUMMARY

The Coordinated Human Services Transportation Plan for the Tahoe Region (Plan) provides an approach to increase access, mobility, and ultimately, independence for those who are transit-dependent. During the development of this Plan, the Tahoe Transportation District (TTD) explored ways to improve specialized transportation services within the Region. The process included a review of regional transportation reports and best practices across the country, while incorporating community insight and feedback. Unmet transportation needs and gaps have been identified and local resources have been inventoried to update the Plan. Activities outlined in this Plan will continue to build relationships between human services groups and transportation providers to offer specialized transportation.

Purposes of the Plan

The Plan:

- Supports the Tahoe regional planning processes
- Builds on the successes of other transportation projects
- Fosters collaboration between transit and human service agencies
- Provides a mobility management plan to address many of the current gaps in service
- Provides a set of priorities to improve mobility and access for individuals with mobility challenges

Actions of the Plan

The Plan addresses actions that are required of coordinated human services transportation plans, including:

- Inventory of current providers and services (public, private, non-profit)
- Assessment of unmet transportation needs for older adults, individuals with disabilities, and people with low incomes
- Outline of mobility management activities to address identified gaps in service
- Prioritize the implementation of activities based on resources, time, and feasibility

The development of this Plan included community discussions, agency interviews, and stakeholder meetings. A summary of findings includes:

1. Consistent information and community awareness

Many of the transportation services offered in the Region are seasonal and dependent on resort activities, which depend on snowfall. Providing accurate year-round information is challenging. Seasonal updates should be widely promoted to ensure the community receives accurate and current information. Regardless of the avenue (e.g., universal website, phone number or print reference), the information must be well-known and easy to access for all populations. Currently, there are multiple providers within the Region with various brochures, rider guides, and websites which can be overwhelming and confusing to riders.

2. Importance of a passenger-centered approach

Specialized transportation services must accommodate the unique circumstances of many passengers. Certain age-related impairments and conditions must be considered when assisting older adults. Other passengers may require long distance transportation to receive life-sustaining medical care, introducing additional considerations. Many members of the developmentally disabled population do not have family to provide transportation to medical/dental appointments, so they rely on transportation providers. Services must focus on individuals and their specific needs.

3. Regional connections and collaboration

Oftentimes, a single trip includes multiple purposes, including shopping, medical visits, social services or other activities. Many common destinations are outside of the Tahoe region and passengers may have several stops during a single trip. Improving regional connections will greatly assist the transit-dependent population.

This Plan is intended to improve the mobility of individuals who are disabled, elderly, or those of low-income status. The Lake Tahoe Region should be universally accessible to all populations and a coordinated effort to improve mobility will demonstrate regional awareness and dedication to serve as a welcoming area.

CHAPTER 1: INTRODUCTION

1.1 Background

Coordinated transportation is essential to keep people linked to social networks, employment, healthcare, education, social services and recreation. Reliable transportation can present a challenge to those with limited mobility and some segments of the population are more vulnerable, such as those with limited means, people with disabilities, and older adults. For these groups, a coordinated transportation plan is necessary to improve access, efficiency, and promote independence. This plan addresses areas of need within the Tahoe Basin, as well as opportunities for service and coordination among existing transportation providers. Strategies have been identified to address regional transportation needs, with a focus on methods that benefit the health, economy, environment, and overall quality of life for the residents and visitors of Lake Tahoe.

While there is currently a range of transportation services available in the Region, gaps in service remain due to geography, limitations in fixed-route and demand response services, program/funding constraints, non-emergency medical transportation, eligibility limitations, and training. Coordination between transit agencies, private companies, and non-profit organizations will potentially help create and unify human and social transportation services.

The Plan reviews public, private, and non-profit transportation providers, including community groups that provide transportation services. The description of transportation providers and services discussed are drawn from discussions with transportation and human services staff, stakeholder interviews, public input, and workshops. The Plan was developed by the TTD, with support from the Tahoe Metropolitan Planning Organization (TMPO). Technical assistance was also provided by TransitPlus, Inc. and LSC Transportation Consultants, Inc.

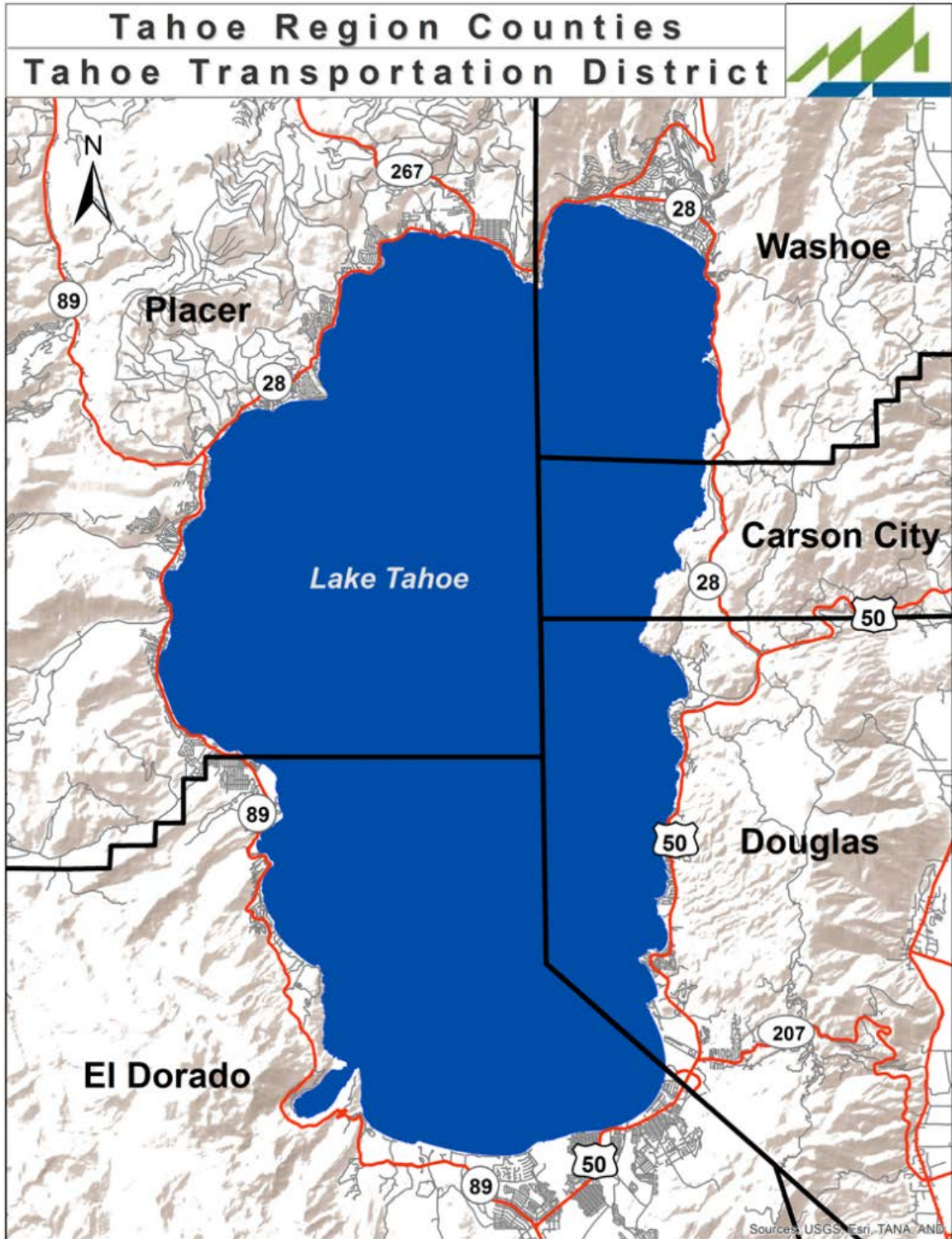
1.2 Regional Context

The Tahoe Region is on the border of California and Nevada, between the Sierra Crest and the Carson Mountain Range. Approximately two-thirds of the Region is located in California and one-third in Nevada, with 80 percent publicly owned as National Forest and seven percent as State Parks land. The Tahoe Region contains an area of about 501 square miles, of which approximately 191 square miles comprise the surface waters of Lake Tahoe. The Lake dominates the features of the Region and is the primary focus of local environmental regulations to protect its exceptional water clarity.

The Tahoe Region encompasses two states, five counties, and one incorporated municipality, as shown in Figure 1. Located within the California portion of the Tahoe Region is the incorporated City of South Lake Tahoe, and portions of El Dorado County and Placer County. The Nevada side includes portions of Washoe and Douglas counties and the undeveloped area of Carson City.

The resident population of the Tahoe Region is approximately 55,995 (2010 U.S. Census Bureau); of which an estimated 41,176 people reside within the California portion.

Figure 1



Managing human service transportation in the Tahoe Region is often challenging. It requires an alignment of funding and coordination of programs across multiple jurisdictions. All county seats are located in the more populated areas of the county and separated from the Region by mountain ranges. Many governmental services are located in these county seats and accessing these services presents a unique challenge for many residents.

The Lake Tahoe Region provides a major recreation and vacation destination for residents of the surrounding states. The primary market for recreation at Lake Tahoe is from Northern California, largely the Sacramento and San Francisco Bay areas. Since 2001, there has been an increase in visitors arriving by means of the Reno-Tahoe International and Sacramento International Airports. It is estimated that three million visitors travel to Lake Tahoe annually. Like many mountain resort destinations, Lake Tahoe experiences transit ridership fluctuations depending on the season. These fluctuations are the result of not only visitors for the summer and winter activities, but also seasonal workers that live in the area during peak seasons. The cost of living in the Region is high and these jobs are often low paying and depend on weather and hotel occupancy rates, so the employees frequently rely on public transit.

South Shore of Lake Tahoe

The South shore of Lake Tahoe includes El Dorado County, the City of South Lake Tahoe, Douglas County and Carson City. Currently, El Dorado County is encountering slow growth in the Region due to a multitude of second home ownerships in the Tahoe Region. El Dorado County includes the City of South Lake Tahoe and communities such as Meyers, Meeks Bay, Echo Summit, and Christmas Valley.

In Douglas County, there are many small communities dispersed along the Carson Mountain Range and the areas of service include Glenbrook, Stateline, Zephyr Cove, and Kingsbury. The rural boundary of Carson City extends to the Eastern shore of Lake Tahoe; however, there is nonresidential population in that area.

North Shore of Lake Tahoe

The portion of Placer County in the Tahoe Basin includes the communities of Tahoe City, Carnelian Bay, Tahoe Vista, and Kings Beach, which lie along the North shore of Lake Tahoe; and Sunnyside, Tahoe Pines, and Homewood along the West shore. Additionally, the communities of Meeks Bay, Rubicon Bay, and southern portion of Tahoma are part of the West shore, but are located within El Dorado County. Washoe County is located in western Nevada along the North shore. The county seat is Reno, which lies outside of the Tahoe Region, but is important as a regional connection to health and social services. Incline Village and Crystal Bay are the only populated areas of Washoe County within the Region.

Transit Services

Public transit is provided on the North shore by Tahoe Area Regional Transit (TART), operated by the County of Placer, Department of Public Works. The Regional Transportation Commission (RTC) of Washoe County assists with funding, as TART provides services to Crystal Bay and

Incline Village. TART does not provide night-time service, but the Truckee North Tahoe Transportation Management Association (TNT-TMA) manages the Night Rider transportation program for North shore residents after TART service hours during the winter and summer seasons.

Transit service on the South shore is provided by TTD. TTD offers fixed route and winter ski area shuttle services. The South shore fixed routes operate day and night. ADA demand response service is provided in the City of South Lake Tahoe, northern El Dorado County and western Douglas County TTD also provides commuter service between the South Shore and Carson City and Minden/Gardnerville areas during peak periods with limited stops.

Regional bus service is provided by Amtrak and Greyhound. The Amtrak Capital Corridor Service connects South Lake Tahoe, California and Stateline, Nevada to Placerville and Sacramento. This is a Thruway service and is operated by bus that departs the Tahoe Region in the afternoon daily. The Amtrak California Zephyr connects Reno, Nevada to Truckee, California and continues to the San Francisco Bay area. The service departs daily from Reno. Greyhound also has a stop in Truckee, which has two eastbound departures to Reno and two westbound departures to Sacramento daily.

Sacramento International and Reno-Tahoe International Airports are the closest airports providing commercial service. South Lake Tahoe and Truckee have public, noncommercial airports.

1.3 Lake Tahoe Region Transportation Planning Institutional and Jurisdictional Structure

In 1969, California and Nevada legislators agreed to a unique Compact, entitled the Tahoe Regional Planning Compact, for sharing Lake Tahoe resources/responsibilities. The two states and the U.S. Congress amended the Compact in 1980 with Public Law 96-551. The Lake Tahoe Region has a number of federal, state, and local transportation planning authorities that are not always aligned, due to various institutional and policy limitations. The Region's unique complexity requires added flexibility and collaboration among transportation planning partners. The following section describes the transportation planning authorities responsible for regional transportation planning and transportation-related stakeholders who have a role in the policy and decision-making process.

Tahoe Regional Planning Agency (TRPA)

TRPA is governed by a fourteen member Governing Board, with a non-voting federal representative as the fifteenth member. Each state has seven representatives, with each local jurisdiction within the Region also being represented. TRPA is unique due to its responsibilities under the Lake Tahoe Planning Compact for land use planning, transportation planning, project review and approval, enforcement of TRPA ordinances, and the achievement of environmental thresholds.

TRPA is statutorily designated by the State of California as a Regional Transportation Planning Agency (RTPA) for the Tahoe Region. As a RTPA, TRPA must fulfill various requirements, including those of the Transportation Development Act, coordination with Caltrans on the development of Regional Transportation Plan and Regional Transportation Improvement Programs, as well as other project related activities.

Tahoe Metropolitan Planning Organization (TMPO)

The TMPO was created by the Governors of California and Nevada as designated under the authority provided in federal regulations. The TMPO Governing Board is comprised of the TRPA Governing Board, with the addition of a United States Forest Service - Lake Tahoe Basin Management Unit representative. The TMPO is responsible for taking the required actions under federal regulations regarding metropolitan planning organizations. The TMPO area is concurrent of the TRPA area.

Tahoe Transportation District (TTD)

In 1980, when the Tahoe Regional Planning Compact was amended, the TTD was established. The agency is responsible for facilitating and implementing safe, environmentally positive, multimodal transportation plans, as well as programs and projects for the Lake Tahoe Region, including transit operations. TTD may acquire, own, and operate public transportation systems and parking facilities serving the Tahoe Region and provide access to convenient transportation terminals outside of the Region. The TTD also has the ability to receive specific tax revenue to support transit and transportation facilities. The TTD is governed by a Board of Directors representing the counties within the Region; the City of South Lake Tahoe; two Transportation Management Associations; an at-large member representing transit providers; any special transit districts formed under California law; and including the California Department of Transportation (Caltrans) and the Nevada Department of Transportation (NDOT) as ex-officio members.

Tahoe Transportation Commission (TTC)

The Tahoe Transportation Commission was designed as part of the metropolitan planning process to provide TMPO and TRPA with technical transportation planning and policy recommendations. In addition, the TTC offers proactive public participation through their meeting noticing requirements.

A complete description of the transportation planning partners is included in Appendix A.

CHAPTER 2: PUBLIC INVOLVEMENT AND OUTREACH

2.1 Development of a Regional Coordinating Council (RCC)

To understand the unmet transportation needs and coordinate efforts, agencies from the Region's five counties were asked to be involved in a Regional Coordinating Council (RCC). Representatives from health and human service agencies, transportation providers, medical centers, senior centers, organizations representing people with disabilities, and various other groups were identified and invited to participate in the RCC. The RCC focuses on ways to improve the mobility and independence of the most vulnerable populations in the community. A complete list of regional stakeholders is included in Appendix B and an inventory of existing health and social service agencies in Appendix C.

Several techniques have been developed to gather community information from North and South Shore transportation providers and human service advocates, including in-person interviews, surveys, outreach meetings, and focus groups. Community meetings are held in public venues accessible by transit and representatives from the target populations are encouraged to attend. Attending other organizational meetings also provides additional information and broadens the exposure of the RCC. Participation from North shore organizations has been limited and efforts are underway to stimulate involvement. The RCC will continually accept new members to incorporate recommendations throughout the implementation of the program. The Plan will be adapted to reflect new information and when coordination efforts augment existing services.

CHAPTER 3: SUMMARY OF EXISTING DOCUMENTS

Based on the Tahoe area institutional and jurisdictional structure, a review of existing literature was necessary to gain a better understanding of the Region’s complex transportation needs, and to effectively develop a comprehensive foundation for the Plan. Below are annotated summaries of the conclusions of each document.

3.1 Lake Tahoe Basin Transit Needs Assessment (March 2012)

Many Tahoe residents require specialized services and non-emergency medical transportation (e.g., dialysis or chemotherapy) to facilities outside of the area (e.g., Truckee, Carson City or Reno). The majority of Washoe County social and health services are located in Reno and staff at the adult services program indicates only a few Incline Village residents travel to the Reno office to meet with their case worker or receive treatment at the Health Center. All Douglas County social services are located in Gardnerville, which is accessible to East shore residents via the Lake and Valley Express route.

Expansion of the current service area and coordination of providers were identified as the primary recommendations. Specifically, the recommendations consisted of support for vanpool programs for commuters to the Reno/Sparks area; continued support for connections from South shore to Minden/Gardnerville and Carson City; and continued support to the Tahoe Area Rapid Transit (TART) service that connects portions of the North shore to Incline Village and Crystal Bay.

3.2 Nevada Coordinated Human Services Transportation Plan (March 2008)

Douglas County is a large geographical area and it is often challenging to serve with limited funding. Improved communication and connectivity between providers was outlined as a need. Increased service to outlying areas was identified, including intraregional service between South and North shores, South shore and Sacramento, and a fixed route to Meyers. Douglas Area Rapid Transit (DART) has limited hours and service on evenings and weekends. Additional community interests include additional local buses and enhanced Dial-A-Ride services.

3.3 Lake Tahoe Basin Coordinated Human Services Transportation Plan (May 2008)

Reaching medical appointments in Reno, Carson City, and Minden/Gardnerville were identified as one of the greatest unmet needs for individuals who rely on public transit or demand response services. Demand response services require advanced scheduling and clients may experience long wait times for remote areas. Fixed-route transit services often have limited service hours and areas, so transit dependent individuals who work nontraditional shifts may not have access. If there is a need to transfer, ride times can become excessive due to limited coordination between providers across geographic boundaries. Volunteer driver programs were

identified as a low cost approach to improve mobility for older adults and individuals with disabilities.

3.4 Town of Truckee Mobility Needs Assessment Report (June 2012)

Current Dial-A-Ride services are not reliable and there is no eligibility process in place. Paratransit and fixed route services on State Route 267 between Truckee and Kings Beach were areas identified as needing improvement. Out-of-area transportation to Auburn, Nevada City, Reno, and Sacramento is needed for medical and County Seat services. Early morning and late evening service between Tahoe City and Truckee would help accommodate nontraditional work schedules.

3.5 Community Collaborative of Tahoe Truckee (CCTT): Transportation Group Recommendations (November 2010)

Several transportation issues were outline by the Collaborative.

- 1) Year-round transportation on State Route 267 was identified as a need. Currently, this service is only offered in the winter months and many essential medical services are located in Truckee.
- 2) Many residents must travel out of the area for essential medical or county services. Families who do not have adequate transportation often miss critical appointments.
- 3) Outreach and resource sharing is needed to discuss social service transportation for Tahoe Truckee residents.
- 4) There is a lack of transportation to school sites at North Tahoe Middle and High Schools. This impacts participation in after school and extracurricular programs. Additional service to Sierra College in Truckee has been requested.
- 5) Community members and seniors have difficulty accessing services at the Rideout Community Center and the senior apartments in Truckee through a fixed route.

3.6 Social Services Transportation Advisory Council (SSTAC) (2013)

The purpose of the SSTAC is to solicit the input of transit dependent and transit disadvantaged persons within the El Dorado and Placer Counties in the Tahoe Region. There are 10 members appointed to the SSTAC representing a specific social category for a term of three years. The SSTAC participates in identifying transit needs within the Region and annually reviews and recommends action on those transit needs. The primary 2013 transit needs are:

1. There is a need for regional transit connectivity and affordability on and off the hill
2. Year-round fixed route bus access on Highway 267 from Kings Beach to Truckee
3. Address out of area transportation issues
4. Explore transportation options for youth, senior, and other community members to access “hard to reach places”
5. Explore frequency and hours of fixed route transit systems

6. Drivers are needed for the City of South Lake Tahoe senior van
7. There is a need for additional transportation services in the rural areas of eastern El Dorado County and Alpine County
8. Transit service from South Lake Tahoe to Placerville is needed
9. Overbooking of BlueGo On-call services
10. Establish a fixed route from Meyers to the “Y” transit center
11. Extend the bus route to the El Dorado County, Officer of Education, Child Development Programs and Services building at 1286 Kyburz, South Lake Tahoe
12. Non-emergency medical transportation seems to be the primary area of transit need

In addition to the needs identified in the existing reports listed above, gaps in service were further expounded through communication between transportation providers and human service agencies, as well as demographic information from the 2000 and 2010 U.S. Census. A transportation needs chart is summarized in Appendix D, along with the passenger and provider profiles in Appendix E and F. Insight from human service providers was particularly beneficial, as these individuals observe gaps in service firsthand. A focus group was held with participants from the local community clinic, hospital, and commission on aging to discuss the areas of need specific to the populations served by these agencies. Human service community meetings provide an opportunity to engage these groups and learn how transportation impacts individual agencies.

The most prevalent and frequently requested service is out-of-area transportation for medical, dental, and social appointments. All communities in the Tahoe Region have expressed this as a primary transportation need, as specialty services are limited in the Region.

CHAPTER 4: GAPS ANALYSIS

Stakeholder meetings and the review of existing regional reports, strategic plans, and other documents identified three overarching gaps in service:

- 1) Non-Emergency Medical Transportation and Access to Resources and Services Outside of the Region:** Many specialized medical or social services are not available in the Lake Tahoe Region and greater coordination is needed between agencies. There is also the need to develop more strategic partnerships to obtain available funding.

There are several structural limitations involved in coordinating regional human service transportation. As of 2012, there were seventy-three Federal programs authorized to incorporate transportation as an eligible expense to support program goals; however transportation is not the primary mission of these Federal programs. Differences in eligibility, safety standards, and other programmatic requirements limit the programs' ability to share transportation resources. This is also experienced with state and local programs, especially when working amongst counties. Multiple county programs list transportation as a benefit, but are frequently not county-wide. Additionally, services available in one county may not be available in the adjacent county. Some assistance programs purchase bus passes for beneficiaries. While this is helpful in their immediate area, it does not help with regional or out of area transportation to specialized services. These inconsistencies create a challenge when developing regional connectivity.

Accessing Health and Human Service (HHS) funds for transportation is especially ambiguous. The California County Based Medi-Cal Administrative Activities (CMAA) program is a federal program that reimburses eligible administrative activities necessary for the proper and efficient administration of the Medicaid program. Transportation characterized as "Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medical Covered Service" is reimbursable through the program. The CMAA program is largely unknown and underutilized by most transit agencies and requires coordination with the County local government agency (LGA) who administers the program. The TTD is currently working with El Dorado County to implement this reimbursement program.

The Administration on Aging (AoA) provides funding under the Older Americans Act for home and community-based services, including transportation, to adults over 60 years of age. The AoA authorizes service programs through a national network of State agencies on aging and area agencies on aging, however, the agencies do not all operate the same. Placer and Nevada counties are part of Area 4 Agency on Aging (A4AA). A4AA contracts with providers to deliver services, including transportation. El Dorado County's Area Agency on Aging (AAA) provides most services directly and does not contract with transportation providers in South Lake Tahoe. Fiscal year 2014 was the first year that El Dorado County AAA funded transportation, but in a very limited amount to provide bus passes or assist transportation by one of the AAA home

health agencies. Under El Dorado County's AAA current structure, funding would need to be reallocated to fund transportation for older adults.

Coordination between public programs and transit providers will increase the ability to leverage funds from multiple sources and improve the connectivity of transportation for the transportation disadvantaged. AAA transportation funds are available for each county and do not consider Regional Transportation Planning Agency (RTPA) jurisdictions when awarding funds. Some programs receive funding from A4AA and match funding from the RTPA, which creates inconsistent services and programs when there are two RTPA's in the same County.

At a local level, transit-dependent populations are impacted by the lack of non-emergency medical transportation; consequently, many postpone or avoid treatment. Dialysis patients who are transit-dependent present a unique situation, as there is no dialysis center in the Tahoe Region. Many patients travel via the Lake and Valley Express route to Carson City or Gardnerville three times a week to receive treatment. Patients residing in North shore must travel to Reno for treatment, but public transit is not an option. On-time arrival is imperative for patients to make their appointment and the return trip may be difficult, as they are often weak and may require additional assistance. Ideally, drivers should be trained to respond to adverse events that could occur after a dialysis treatment. The TTD Lake and Valley Express routes also provide transportation to other medical appointments in the Carson Valley, such as the Carson Tahoe Regional Medical Center.

While there is a cancer center in Truckee, , many patients still have to travel to Reno, Davis, or even San Francisco to receive care that is beyond the scope of the services provided at Tahoe Forest. Even traveling to Truckee can be difficult, as there are no year-round services between Kings Beach and Truckee, or South and North shores.

The nearest Veteran's Affairs (VA) clinic to South Lake Tahoe residents is located in the Carson Valley, but provides very limited services. The VA hospital in Reno is the closest facility that provides comprehensive services. Currently, there are VA sponsored vans that transport veterans to Reno once or twice weekly from Grass Valley and Auburn; however volunteer drivers are not always available. There is no service for veterans living in the North shore communities.

Individuals with Medi-Cal and Medicaid often encounter additional obstacles to access services. It may be easier for California Medi-Cal residents to travel medical providers in Nevada, but most Medi-Cal providers are located in California. The same is true for Nevada residents with Medicaid. Currently in South Lake Tahoe, there are no dentists accepting adults with Medi-Cal, one dentist does accept children with Medi-Cal. There is a Tooth Travelers mobile dental unit provided by serving the area intermittently. On the North shore, the Placer County Medical Clinic in Kings Beach accepts adults with Medi-Cal dental coverage. There is no public transportation to this location from South shore.

Many government resources (e.g., Social Security office) are located in the county seats and the distances between the Region and the county seats range between 20 to 100 miles, creating a significant barrier for those who are transit-dependent. Residents of El Dorado County must travel to Placerville; those in Placer County must travel to Auburn; Washoe County residents must travel to Reno; and those in Douglas County travel to Carson City to access governmental services.

Amtrak provides service once daily to the Region. Individuals who chose to take the Capital Corridor or Thruway service cannot return the same day by bus. Unfortunately, this is not a viable option for those receiving medical treatment outside the Region.

Currently, there are no private companies providing year-round non-emergency medical transportation. Providers in Reno or Sacramento may provide variable services only during the summer months. If an individual requires transportation to a medical appointment, they can apply for assistance through a non-profit organization or recruit friends or family to drive them.

2) Demand Response Service: Lack of regional demand response services.

There are two demand response services offered in the Region: TTD provides the South Shore Transit service and TART provides a taxi voucher service. TTD offers next-day demand response service for those unable to use fixed routes. Significant numbers of seniors and persons with disabilities use this service, which has been offered for many years. Intellectually impaired riders regularly use the demand response service for work and to attend day programs. The service also supports independence and a connection to the community for residents of Kelly Ridge at Lake Tahoe, Sky Forest Acres, and Tahoe Senior Plaza apartment complexes. The demand response service is utilized by some individuals who work non-traditional hours and may request rides late at night, which is not cost effective for the service. The vehicles currently used are cutaway buses, which are not efficient or economical when transporting only one or two passengers.

The TART service offers ADA paratransit services through a taxi voucher program serving areas of the North and West shores and portions of Truckee. An annual contract is established with a local taxi company. Advanced scheduling is required and the service is offered to individuals with disabilities within $\frac{3}{4}$ mile of the fixed route. This service may not be suitable for all clients, for example, those individuals with intellectual impairments or developmental disabilities, as it may require a higher level of functioning and independence or older adults who may be apprehensive of alternative forms of transportation. Bus operators frequently receive training to appropriately respond to many passenger sensitivities, where cab drivers may not have this same type of training or experience. In these situations, the service introduces a challenge for those who are paratransit dependent and reside in the North Lake Tahoe area.

3) Fixed Route Transit: Lack of year-round fixed route services between residential areas and major employers.

Both North and South shores of Lake Tahoe are served by fixed route transit services, but there is a gap in connectivity between shores. Closing the gap and promoting regional connections will expand employment and educational opportunities. Older drivers and those who are less familiar with driving in winter weather may choose to take public transit when the road conditions are unfavorable. More people are also choosing alternative forms of transportation to avoid high fuel prices, improve public health, and positively impact the environment.

Northern Nevada Aging and Disabilities Services Division created four Regional Planning Groups to develop, coordinate, and deliver comprehensive support services to allow older Nevadans and those with disabilities to lead independent lives. Regional Planning Groups Three and Four, which include Carson City, Washoe and Douglas counties, are focused on coordinating specialty transportation. Transportation was initially identified as a priority and subcommittees have been formed to develop strategies to increase regional coordination.

A regionally integrated transportation system will respond to each of the aforementioned gaps in service. The Tahoe region is in close proximity to several major population centers in Northern California and Nevada and a planned multi-modal network, which also includes bike paths and water-based services, will improve intra and interregional connectivity. Increased connectivity will enable those with limited mobility to safely travel between communities and have access to more employment opportunities, enrichment programs, resources, and services. Ultimately, a collective vision and a regional system will produce a stronger community, improving access, economic development, and enhanced well-being. Quality of life is a regional priority and transportation improvements will sustain and enhance this virtue.

4.1 Demographics:

A passenger-centered approach is essential to meet the needs of target populations and make practical accommodations for these groups. Efforts are focused on three segments of the population who are most transportation dependent:

- Older adults: Individuals over 65 years of age
- Individuals with disabilities: Defined as ‘persons with a physical or mental impairment which substantially limits one or more major life activities’
- Individuals with limited means or low-incomes: Persons below U.S. Census Bureau’s 2012 Poverty Thresholds by size of family and number of children

The table below lists the census tracts that comprise the Tahoe Region. Census tract information is listed for both 2010 and 2000, as the 2010 disability data had not been released. The population and percentage for each segment are listed.

Figure 2

Tahoe Region Population Statistics by Census Tract								
County	2010 Census Tracts	Area	Population Below Poverty	Percent Below Poverty	Population Over 65	Percent over 65	Population with a Disability	Percent with a Disability
El Dorado	316	City of South Lake Tahoe	798	21.5%	105	2.8%	846	20.6%
El Dorado	302	City of South Lake Tahoe	1368	27.4%	436	8.7%	1006	19.8%
El Dorado	303.02	City of South Lake Tahoe	279	9.6%	355	12.2%	1006	19.8%
El Dorado	303.01	City of South Lake Tahoe	112	31.4%	18	5.0%	1026	17.7%
El Dorado	304.01	City of South Lake Tahoe	402	9.8%	717	17.4%	761	17.9%
El Dorado	304.02	City of South Lake Tahoe	638	18.7%	509	14.9%	836	20.1%
El Dorado	305.04	City of South Lake Tahoe	260	10.0%	347	13.3%	629	10.2%
El Dorado	305.02	Meyers	152	5.5%	259	9.4%	388	12.7%
El Dorado	305.05	Luther Pass - Heavenly	337	17.4%	254	13.1%	629	10.2%
El Dorado	320	Tahoma - West Shore	34	5.1%	48	7.2%	160	13.8%
Placer	223	Homewood	118	15.2%	122	15.8%	101	12.5%
Placer	221	Tahoe Pines- Sunnyside	32	4.1%	70	9.0%	118	10.9%
Placer	222	Tahoe City	48	4.7%	87	8.4%	93	8.8%
Placer	201.04	Lake Forest - Dollarhill	82	7.4%	211	10.9%	226	12.5%
Placer	201.05	Carnelian Bay	52	4.0%	254	19.8%	242	14.3%
Placer	201.06	Tahoe Vista	62	4.0%	112	7.2%	348	18.0%
Placer	201.07	Kings Beach - Brockway	396	13.4%	38	1.3%	674	17.9%
Douglas	16	Zephyr Cove - East Shore	114	14.4%	210	26.5%	297	15.8%
Douglas	17	Round Hill	99	6.1%	314	19.4%	402	19.5%
Douglas	18	Kingsbury	132	8.1%	204	12.6%	394	15.6%
Washoe	33.05	Central Incline Village	37	2.8%	133	10.0%	636	15.1%
Washoe	33.06	Central Incline Village	109	7.2%	158	10.5%	636	15.1%
Washoe	33.07	Central Incline Village	52	5.7%	126	13.9%	598	11.4%
Washoe	33.08	Crystal Bay/Outlying Incline Village	83	4.5%	361	19.6%	598	11.4%
Washoe	33.09	Incline East Shore	179	6.5%	460	17.3%	598	11.4%
Carson City	3	Carson City	147	3.5%	970	22.9%	646	19.0%

The following maps illustrate the census tracts for 2000 and 2010. Please note, the full census tract figures are shown and many of the tracts extend beyond the basin boundary.

Figure 3

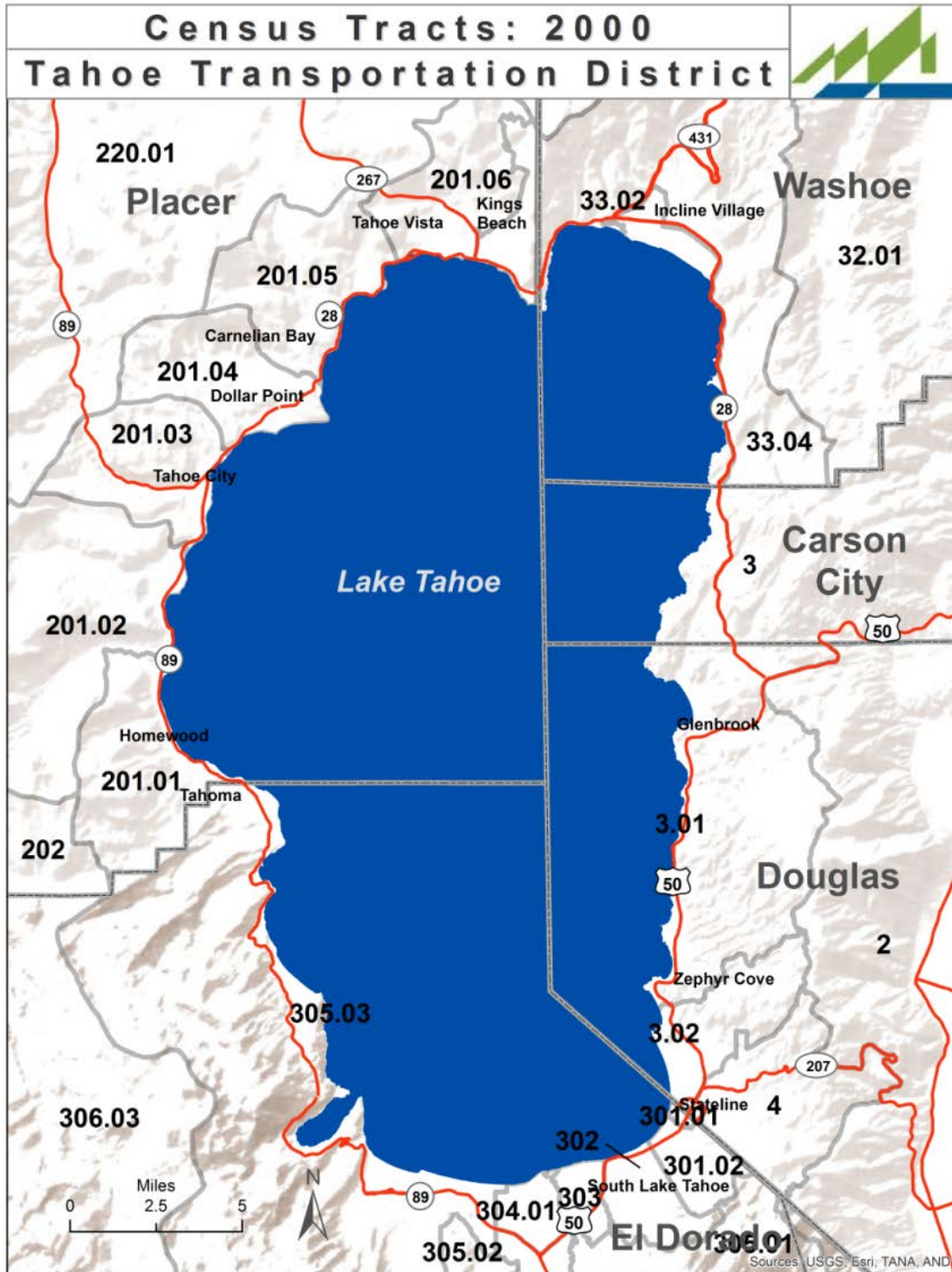
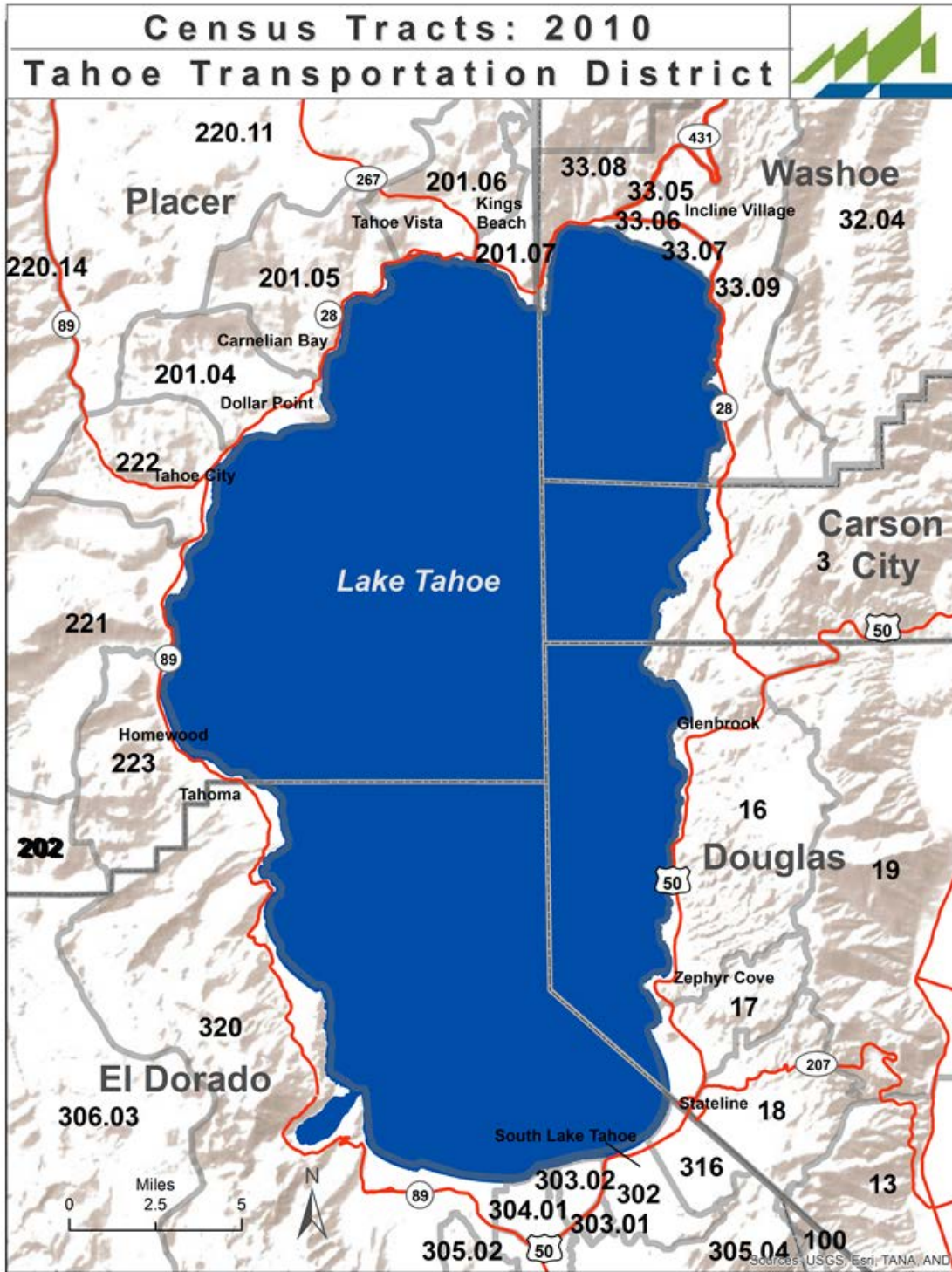


Figure 4



Older Adults

Seniors who understand how to utilize alternative transportation feel much more comfortable when retiring from driving. Familiarizing older adults with transportation options reduces the apprehension associated with taking public transportation. If the available services are well-known, regardless of whether they are taking advantage of them or not, it becomes more familiar in their lives. As age-related impairments impact their driving abilities it may be easier to consider utilizing the public transportation.

Predictably, the transit-dependent population is increasing as advancements in medicine allow people to live longer and ultimately outlive their driving abilities. According to the AoA, many older adults are living with multiple chronic diseases and have higher rates of disability. Those over 80 years of age are the fastest growing segment of the older population, adding significantly to the transit-dependent population, as their needs frequently require specialized transportation services. Door-through-door service is an example of a more specialized service where the bus operator assists the passenger through the threshold of their destination. Where door-through-door service is not available, the need of a personal care assistant is needed if the rider has severe mobility challenges or cognitive impairments, such as dementia.

The following figures depict the percent of persons over 65 years of age in various communities in the Lake Tahoe Region and surrounding areas.

Figure 5



The percentage of persons over 65 years of age in Incline Village ranges between 9 and 25 percent.

Figure 6



The communities between Glenbrook and the northern regions of Zephyr Cove have significantly higher percentages (25 to 50 percent) of adults over 65 years of age; whereas, Stateline ranges between 9 to 15 percent.

Figure 7



South Lake Tahoe currently has a younger population, with only zero to 15 percent of the population over 65 in the majority of the region and only a small area ranging between 15 to 25 percent.

Figure 8



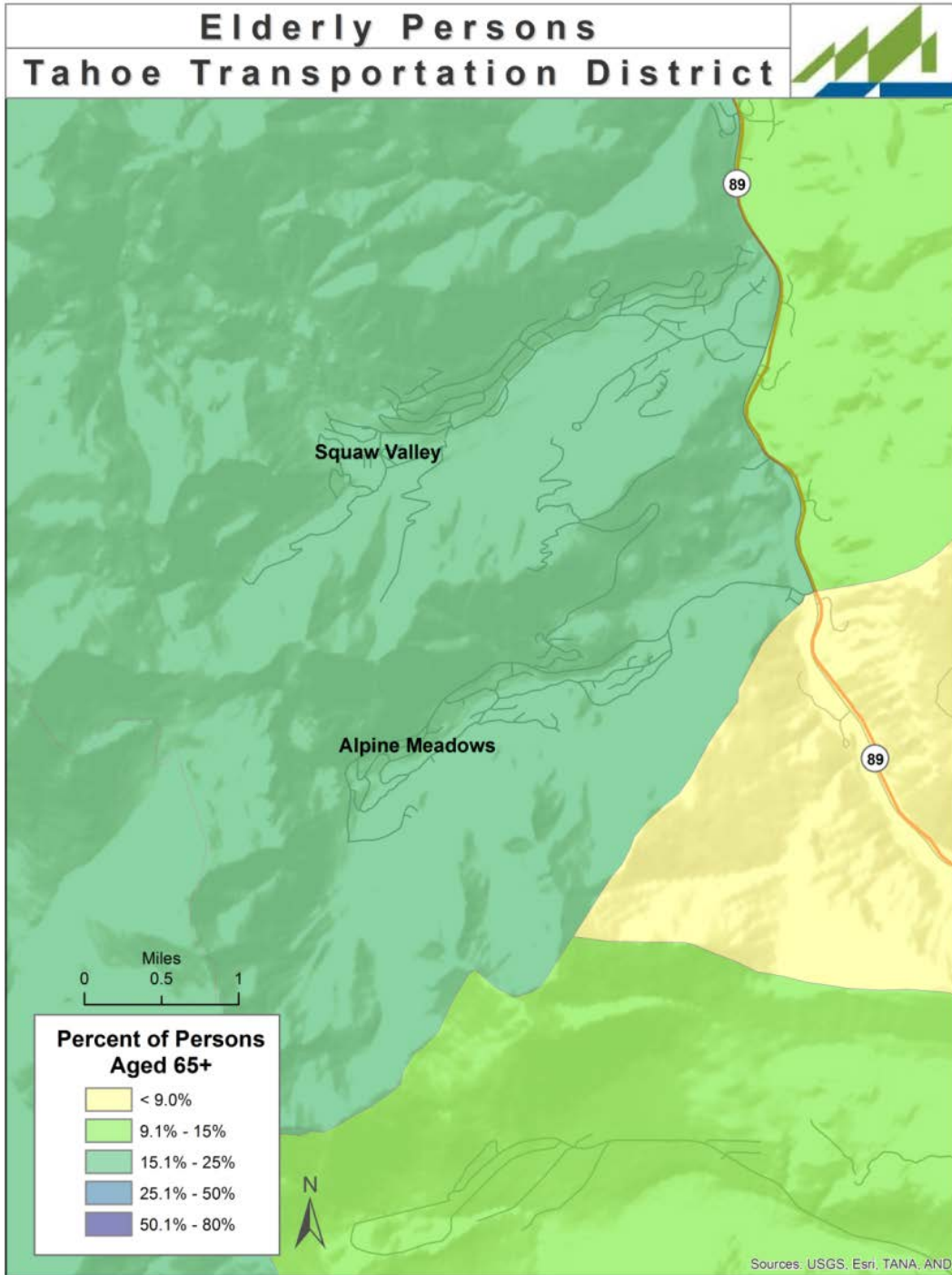
The southwestern portion of the Region has less residents in general. Tahoma and Meeks Bay communities have between zero to nine percent older adults and the percentage in Homewood ranges between 15 to 25.

Figure 9



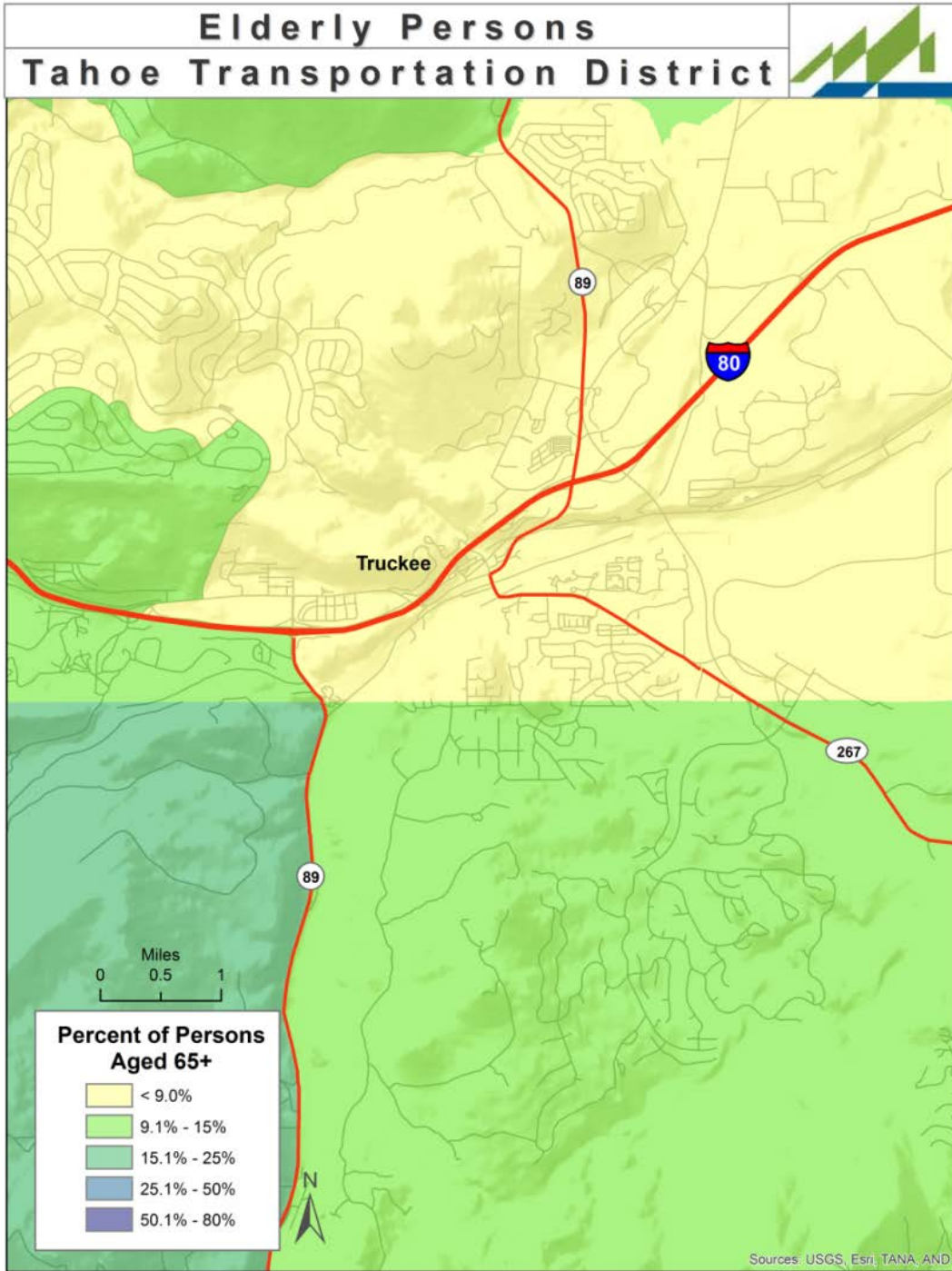
The North Shore communities of Tahoe City, Tahoe Vista, and Kings Beach all have low percentages of older adults (zero to nine percent), whereas the communities of Dollar Point and Carnelian Bay have slightly higher proportions (15 to 25 percent).

Figure 10



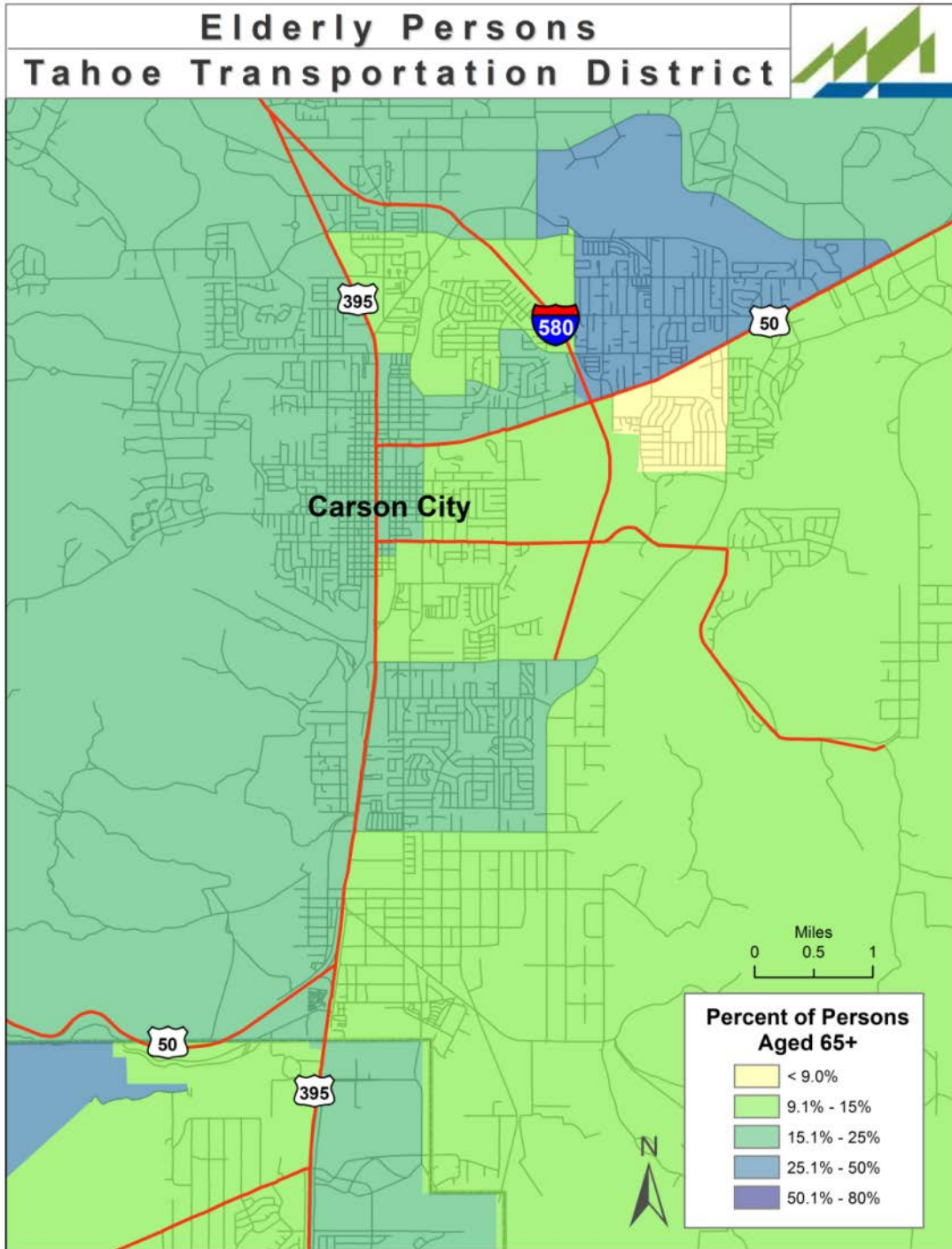
Although, Alpine Meadows and Squaw Valley are outside of the Region, these areas are common destinations and are important to understand the larger transportation situation. These communities have 15 to 25 percent of residents over 65.

Figure 11



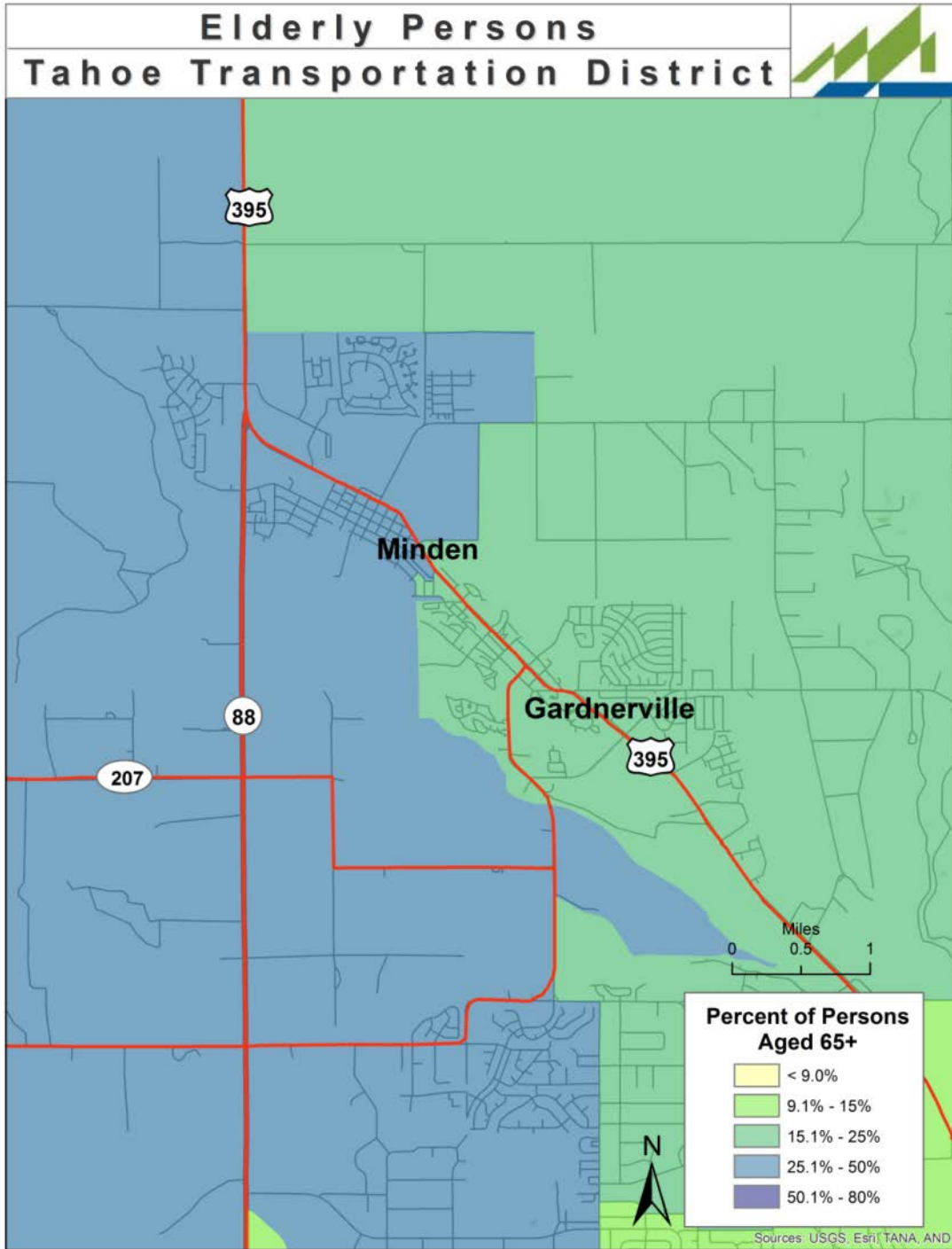
Truckee is another common destination and the majority of the region has low proportions of older adults. The exception being the southwest region that reported an elderly population between 15 to 25 percent.

Figure 12



Carson City has varying percentages of older adults, ranging from zero to 50 percent.

Figure 13



Minden and Gardnerville have the highest percentages of elderly persons in the communities surrounding Lake Tahoe, with between 15 to 50 percent.

Individuals with Disabilities

The inclement weather and topography of the Lake Tahoe Region make accessibility a challenge. There are many incomplete sidewalks, which are not routinely cleared of snow and ice in the winter. Improvements are being made to remove the physical impediments impacting accessibility, but it is an extensive area and these types of infrastructure changes take time.

Demand response service is commonly utilized by individuals with disabilities, but these services require advanced scheduling and may involve transfers. It is often difficult for individuals with disabilities to acquire adequate transportation to medical or social services or to seek and obtain employment. According to the 2000 U.S. Census, only sixty percent of people with disabilities were employed. Favorable employment opportunities are often impacted by access to transportation and the transit-dependent population must plan around provider service hours, typically fixed routes. Non-traditional shifts (late nights and early mornings) are common in resort or hospitality industries and if an individual does not have reliable transportation, it may impact their chances of getting a job or fulfilling the requirements once they have been hired.

The 2010 Census did not include disability information. The following maps are based on disability data from the 2000 U.S. Census. Most communities in the Tahoe Region are very rural, so the percentage of persons with disabilities may appear high due to the low overall population. The 2000 U.S. Census classified individuals with a disability if any of the following three conditions was true:

1. They were 5 years old and over and reported a long-lasting sensory, physical, mental or self-care disability;
2. They were 16 years old and over and reported difficulty going outside the home because of a physical, mental, or emotional condition lasting six months or more; or
3. They were 16 to 64 years old and reported difficulty working at a job or business because of a physical, mental, or emotional condition lasting six months or more.

Figure 14



The percentage of persons with disabilities in Incline Village is between 10 to 20 percent.

Figure 15



East Shore communities report between 10 to 20 percent persons with a disability.

Figure 16



The majority of South Lake Tahoe has between 10 to 20 percent persons with a disability, but two areas have higher percentages, between 20 and 25 percent.

Figure 17



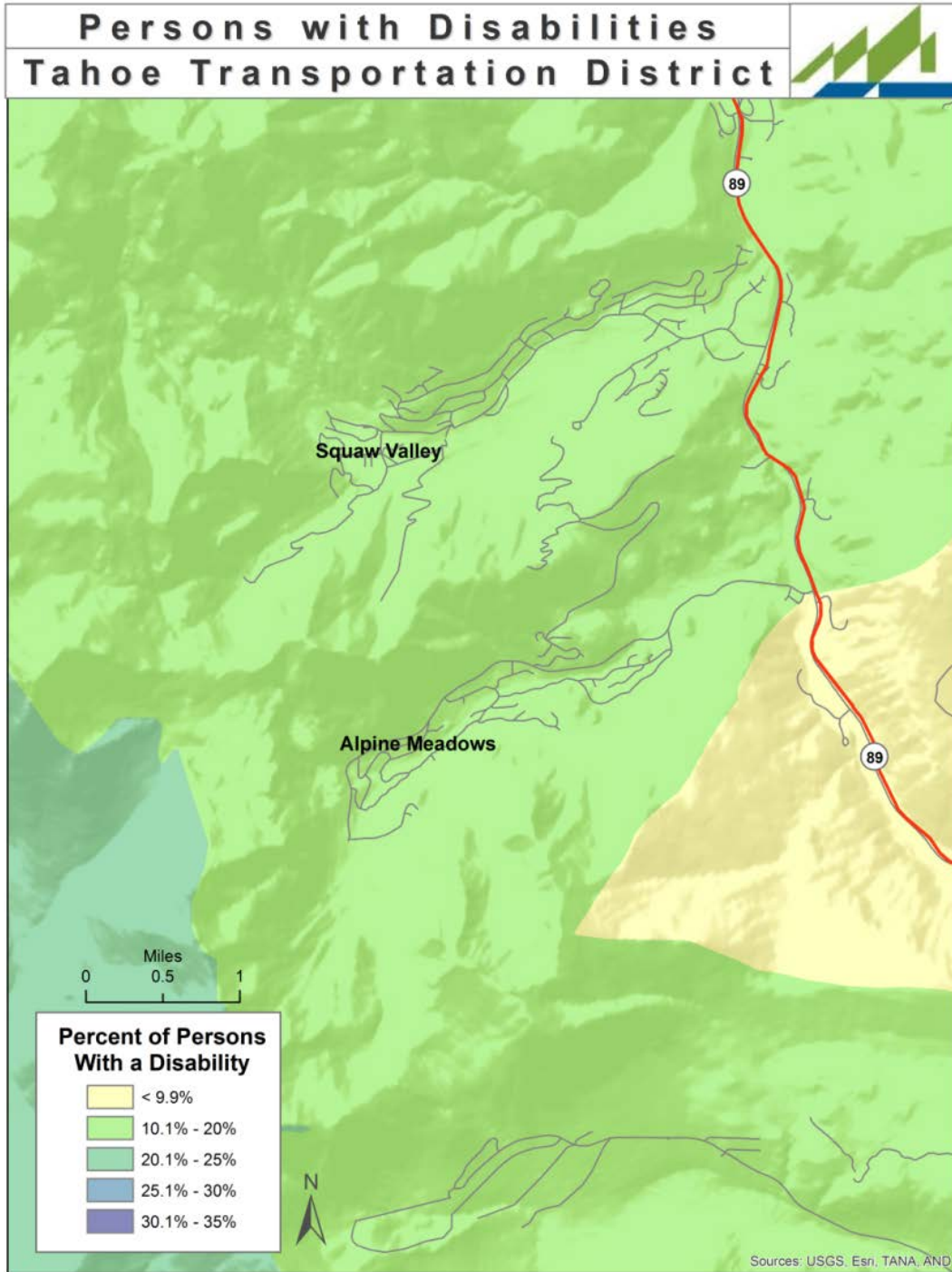
The West Shore communities have similar percentages of persons with a disability ranging between 10 and 20 percent.

Figure 18



The North Shore communities have a percentage of persons with disability between 10 and 20 percent, with the exception of Tahoe City which has less than 9.9 percent.

Figure 19



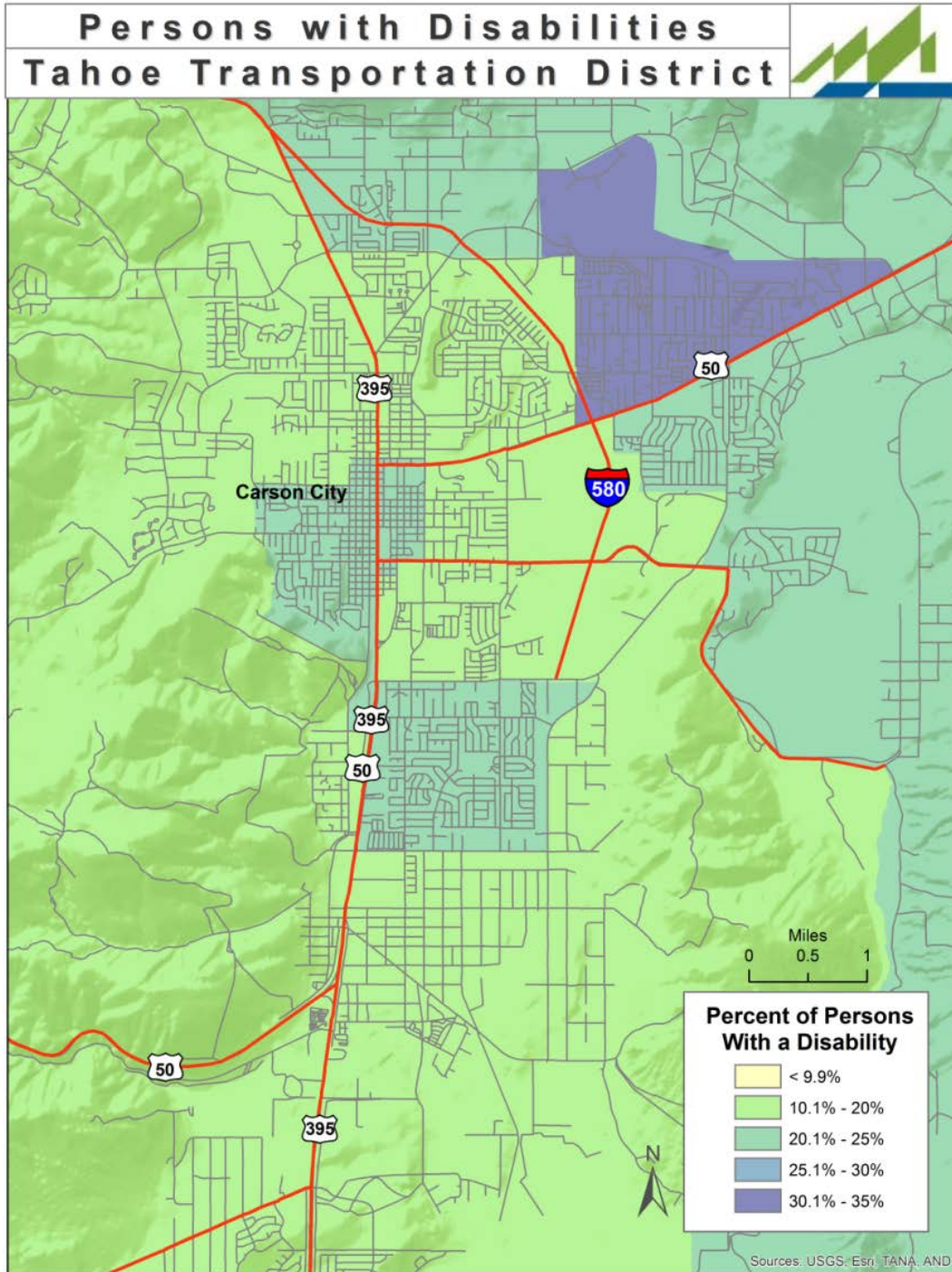
The communities of Alpine Meadows and Squaw Valley have percentages of persons with disabilities consistent with the rest of the Region (10 to 20 percent).

Figure 20



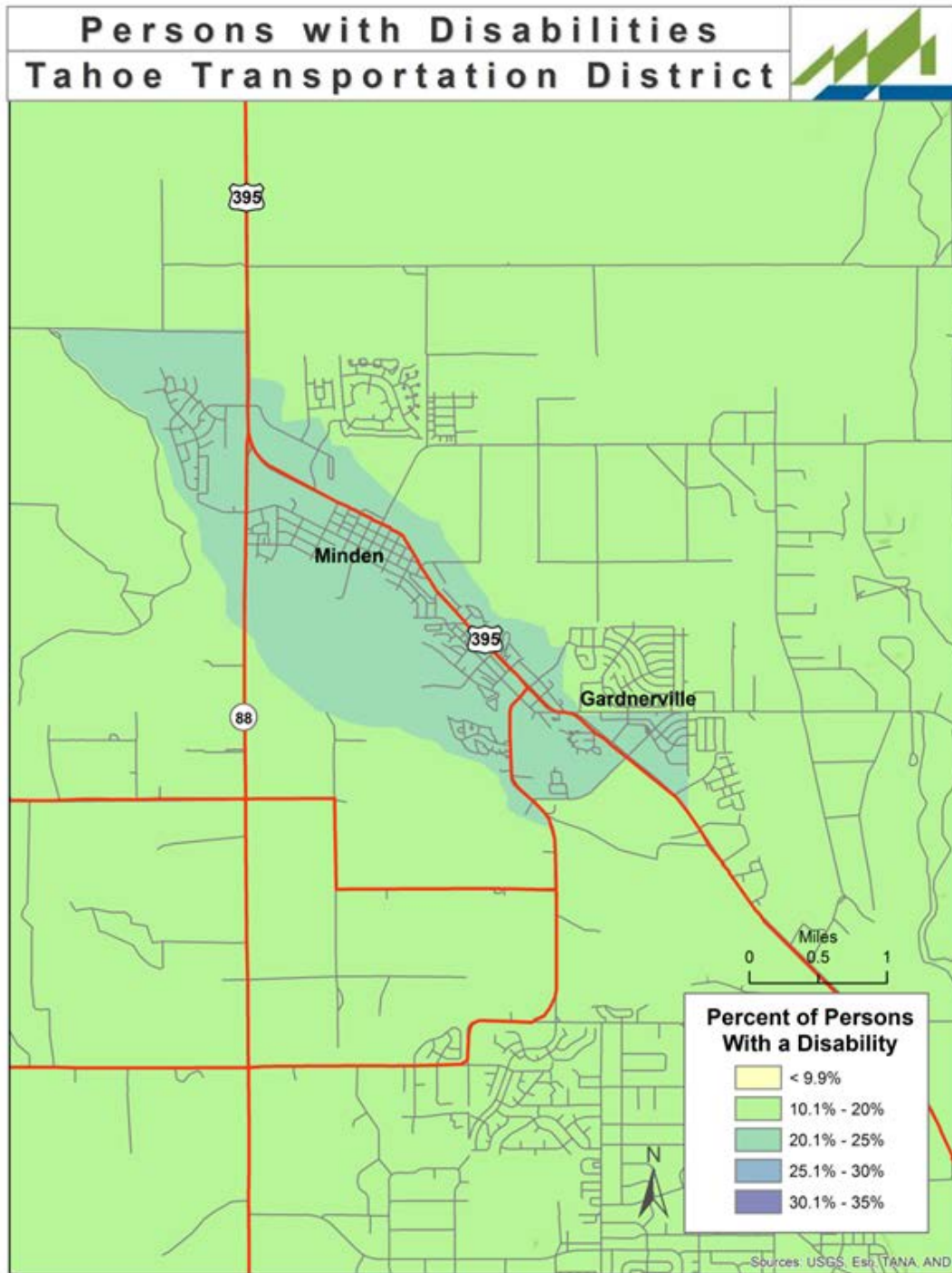
The northern areas of Truckee have a percentage of persons with disabilities below 9.9 percent. The southern areas have slightly higher percentages between 10 and 20 percent.

Figure 21



The Carson City area has higher percentages of persons with disabilities, ranging between 10 and 35 percent.

Figure 22



The Minden/Gardnerville areas report percentages between 10 and 25 percent.

Low Income Individuals

Individuals with limited means may be physically ambulatory and able to utilize public transportation, but traveling to assistance programs can be challenging, when traveling with children or if the program is located outside of the Region. Additionally, many individuals ride bicycles to connect to public transit. It is important to consider the best ways to accommodate residents and visitors using multimodal transportation approaches.

For the purposes of this document, the low income maps were developed based on the U.S. Census Bureau's 2010 Poverty Thresholds by size of family and number of children.

Figure 23



Incline Village ranges between zero and 13 percent of persons below the poverty level, with only a small geographical pocket between 7 and 13 percent.

Figure 24



*Glenbrook and the northern regions of Zephyr Cove have between 13 and 22 percent of persons below the poverty level. Stateline and the southern regions of Zephyr Cove range between zero to 13 percent of persons below the poverty level.***Figure 25**



The City of South Lake Tahoe has various incomes levels, as illustrated here. Most of the City has between 7 and 22 percent of persons below poverty level; however, one area has up to 35 percent.

Figure 26



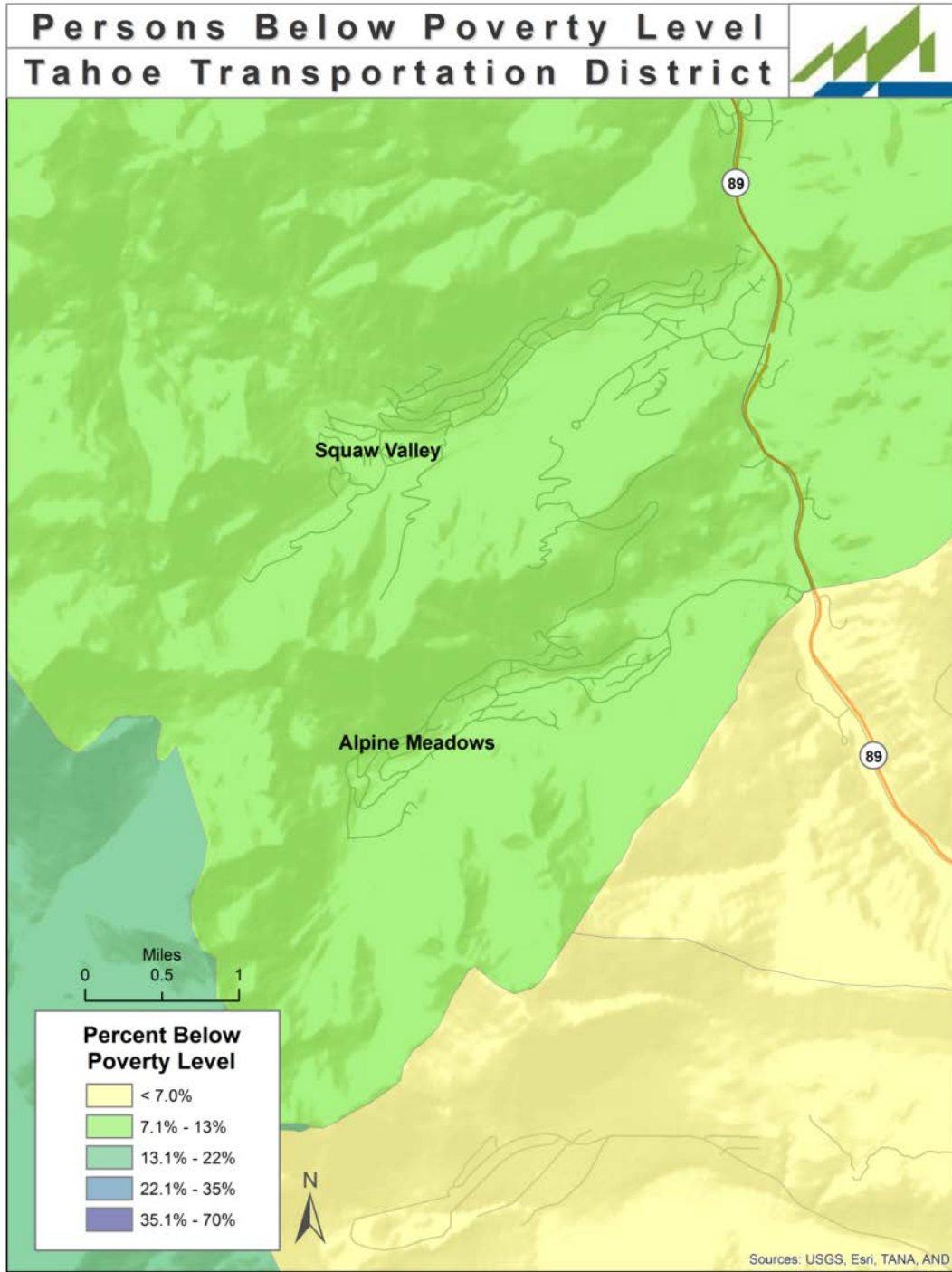
Tahoma and Meeks Bay have very low poverty levels (zero to 7 percent); whereas, the poverty level in Homewood ranges between 13 and 22 percent.

Figure 27



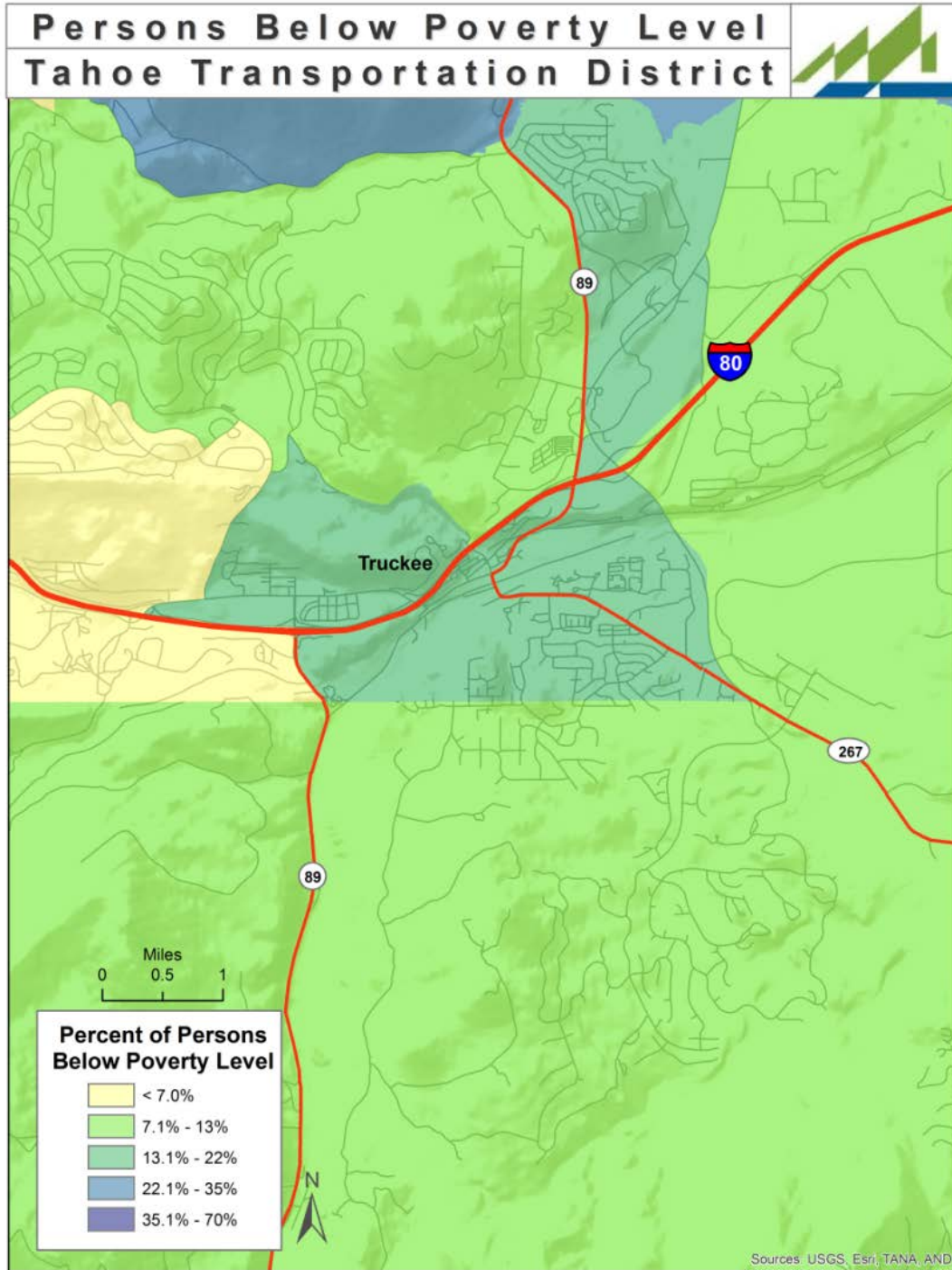
Tahoe City, Carnelian Bay, and Tahoe Vista all have very low percentages of persons below the poverty level (zero to 7 percent); whereas, Dollar Point reports between 7 and 13 percent and Kings Beach 13 to 22 percent.

Figure 28



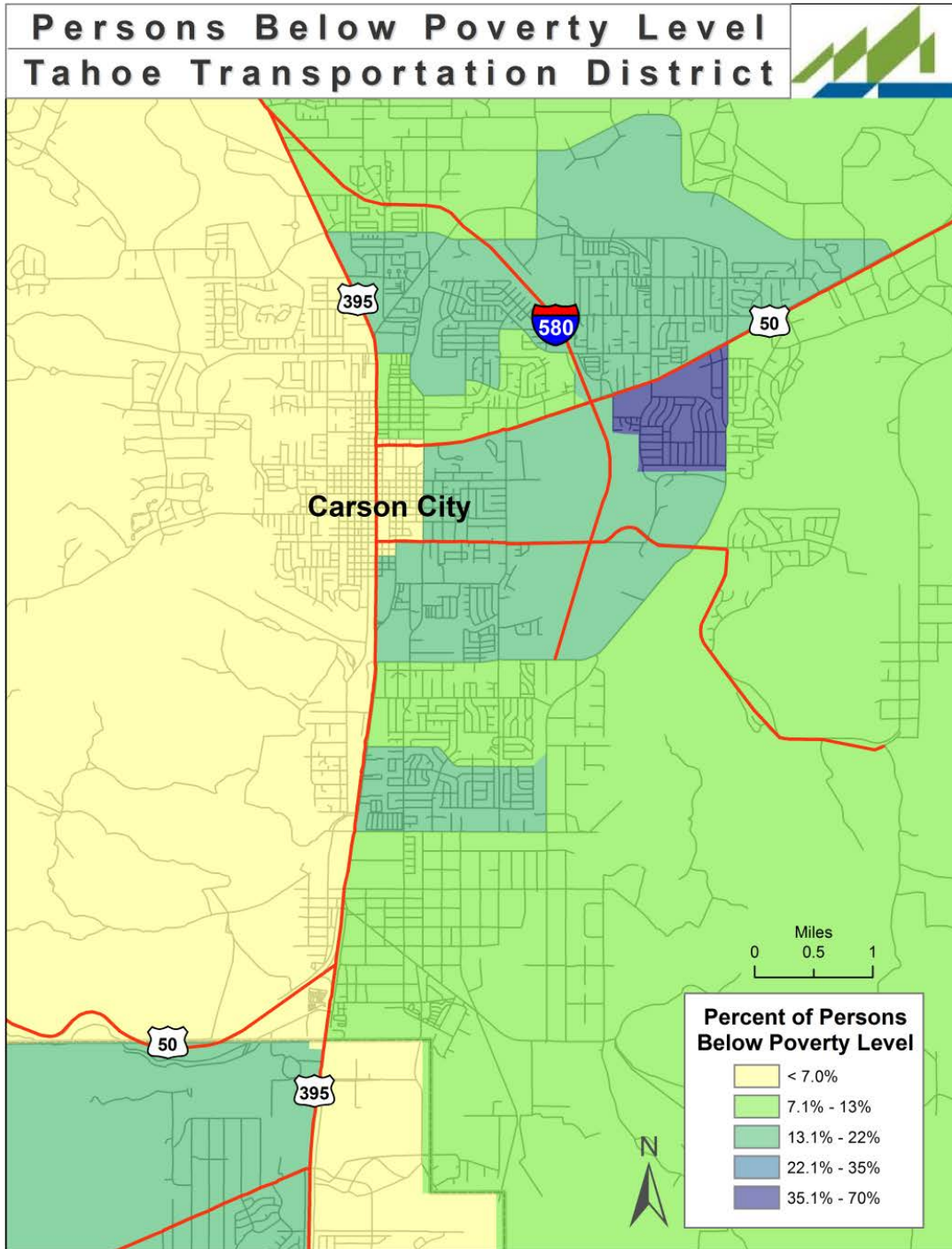
The percentage of persons below the poverty level in Squaw Valley and Alpine Meadows is 7 to 13 percent.

Figure 29



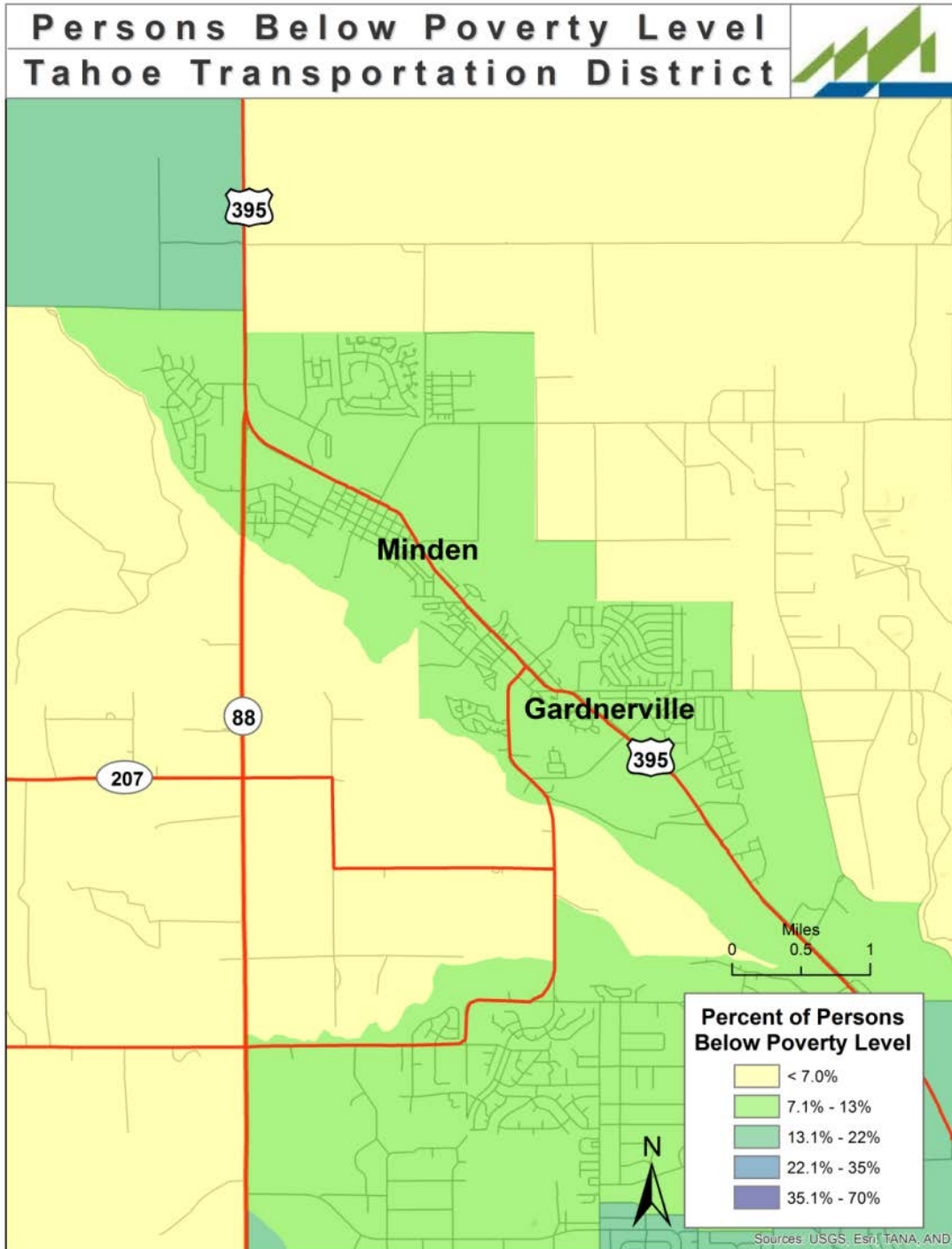
The central region of Truckee has a significant percentage of persons below the poverty level (13 to 22 percent) and surrounding areas range between zero and 13 percent.

Figure 30



One area of Carson City reports up to 70 percent of persons below the poverty level, while the surrounding tracts have lower levels of poverty.

Figure 31



The communities of Minden and Gardnerville have similar poverty levels (7 to 13 percent), while the less developed areas surrounding report lower levels

CHAPTER 5: MOBILITY MANAGEMENT PLAN

Transit-dependent populations require safe, reliable, and competitive travel times to employment, healthcare, and social service destinations, which is challenging in the Lake Tahoe area. The mountainous terrain, inclement weather, broken sidewalks, and isolated regions all make the area difficult for individuals with limited mobility. Although there are multiple providers in the Region, transportation services and information is often lacking or dated, resulting in a fragmented network with services concentrated in small geographical pockets. Transportation needs in the Region are very unique and require creative approaches to bridge existing gaps. Recognizing the transportation need and the importance of human service transportation in the Region, the TTD created a Mobility Manager position. Mobility management has different interpretations and approaches depending on community need. The applicable description of TTD's Mobility Manager is described in *American Recovery and Reinvestment Act of 2009: Opportunities for Public Transit and Mobility Management* by Easter Seals Project Action (2010):

“Mobility Managers provide the connection between community partners and transportation providers. They disseminate information on what transportation services are available, collaborate with workforce development and human service professionals about their customers’ and clients’ needs, facilitate travel training and orientation for individuals, and feed data on unmet needs into the transportation planning process.”

To respond to the needs outlined in the Gaps Analysis section, the Tahoe Regional Mobility Management Program will focus on the coordinated delivery of transportation services to older adults, persons with disabilities, and individuals with low incomes. As these populations often have overlapping needs, an interagency approach has the capability of accomplishing multiple objectives concurrently. Objectives and strategies were refined based on feedback from various community stakeholders.

This section describes the mobility management plan that includes service needs, which can be divided into two sections:

- **Coordination of Planning and Services**
- **Incorporate Technology to Improve Service**

The mobility management plan will be implemented over several years. All actions will be executed dependent upon funding and regional priorities.

5.1 COORDINATION OF PLANNING AND SERVICES

Objective 1: Engage Stakeholders and Develop a Regional Coordinating Council (RCC)

- Coordinate with representatives from common out of area destinations
- Pursue interstate coordination where applicable

The Mobility Manager will facilitate discussions between transit service providers and health and human service organizations to create a multi-disciplinary Regional Coordinating Council (RCC) that supports a passenger-centered approach to transportation, by coordinating transportation resources and selecting the most appropriate service for each individual. To ensure interdisciplinary and regional representation from all areas, individuals from the following will be invited to participate in the RCC (Attachments B and C):

- Medical groups
- Social service agencies
- Faith-based institutions
- School districts
- Non-profit organizations
- Colleges
- Area general improvement districts
- Local government
- Resort associations/chamber
- Transportation providers
- Affiliated groups, including the Social Service Transportation Advisory Council (SSTAC)

To keep members active and engaged, the RCC will target efforts that are universally beneficial to stakeholders, while facilitating the completion of individual agency and participant goals. As transportation is integral to most community programs, the achievement of goals identified through the RCC and the regional coordinating process will contribute to the mission and success of individual member agencies. The RCC also provides an opportunity for groups that may not typically meet to discuss transportation and develop partnerships.

Facilitation of non-emergency medical transportation (NEMT) services must be coordinated to create flexible travel for those who require specialized services outside of the Lake Tahoe Region. Examples of the benefits of expanding geographical service coverage and coordinating delivery of services include flexible provider (multiple option) trips to Truckee, Reno, Carson City, and Sacramento. Individuals traveling to these destinations are often receiving advanced medical care and should not be subjected to multiple transfers or wait times between transit providers. Collaborating with common destination medical centers (e.g. dialysis clinics) and other facilities may also promote ridesharing among individuals with appointments at the location and eliminate the need to transfer between providers. Researching other transportation programs that cross state lines may provide new practices for approaching the

bi-state situation in the Tahoe Region. Increased coordination between counties and states will expand options for residents of the Region.

Benefits:

- Encourages input from transportation agencies and community groups
- Allows participants to exchange information and identify coordination strategies
- Develops intra-agency partnerships
- Promotes regional transportation options
- Supports connections to transit agencies external to the Region

Development:

- Inter- and intra-regional agencies must meet to discuss coordination
- Timing: One to three years

Objective 2: Increase Public Awareness

- Ten meetings with RCC
- TTD website updates reflecting developments and accomplishments
- Public outreach to promote program and encourage public participation

Public awareness is critical for community understanding and appreciation for the goals, opportunities, and positive impacts of mobility management. The RCC will hold at least ten public meetings in the first year with future meeting frequency to be determined. Individuals from the target populations will be encouraged to attend. A webpage will be created on the TTD website to increase public awareness of the mobility management program and RCC. The webpage will be updated to reflect current functions and activities of the RCC and mobility management program. The program will be promoted to encourage members of the community to participate. Meetings will be held at different venues throughout the Region (Tahoe City, South Lake Tahoe, Incline Village, Carson City, etc.) at locations close to public transportation to obtain information from various communities. Program accomplishments and developments will be announced as they occur. Educational and promotional materials (brochures, fliers etc.) will be designed and distributed to increase awareness and understanding of the transportation choices and overall program. Encouraging transparency among transportation service providers will increase public involvement and overall success of the program.

Benefits:

- Prompts community member involvement and feedback
- Encourages communication with community and regional decision makers, possibly increasing local support
- Promotes a foundation for regional transit services

Development:

- Mobility Manager facilitates RCC meetings and develops promotional materials
- Participants determine the day and time for meetings
- Community group meetings to identify the transportation needs that agencies face
- Timing: One to three years

Objective 3: Identify Resources and Develop a Single Point of Contact System

- Create a database of current providers and services
- Develop client intake process
- Consider a centralized phone number
- Explore brokerage system

Provider profiles are used to inventory existing vehicles and program capacity, identify service parameters, document emerging needs, and establish coordination and improvement options. Trip pattern data and other characteristics collected from the client intake process and provider profiles will make trip-sharing opportunities more apparent. Ultimately, this information will lead to reduced travel time through direct services and coordinated trips. It is anticipated that additional trip-sharing opportunities will transpire from RCC collaboration and duplication of services could be minimized, facilitating the most appropriate cost-effective transportation possible with available resources. A referral database will aid in providing consistent and accurate information.

Collecting information during the client intake processes helps to identify rider characteristics (e.g. most appropriate type of transit, accessibility, etc.) and other trip information (e.g. frequent destinations, standing appointments, etc.) to assist in coordinated trip planning and improve the quality and consistency of service across providers. Eligibility will also be identified to match riders with appropriate providers and support accurate reimbursement. There are several software programs available to aid in standardizing the intake process. One example is Simpli Transport, which was implemented by TTD to assist in scheduling demand response services. The software enables trip characteristics and general client information to be saved for easy reference and future scheduling. Such programs are increasingly inexpensive and easily implemented.

A single point of contact system includes ‘One Call-One Click’ centers that allow passengers to gain transportation or program information from a single telephone number or website. Single point of contact systems can be very basic (telephone operator with printed information) to very complex operations (joint computerized scheduling and dispatching). The development of this system will be an incremental process, beginning in a very simple fashion, but evolving to meet the regional needs and technological capacity. A centralized toll-free number will be considered to increase public awareness and eliminate referral information from multiple agencies.

A brokerage system will be considered, to connect providers, passengers, and funding agencies, while standardizing all processes, providing clients with the most efficient and appropriate mode of transportation and ensuring reimbursement.

Benefits:

- Identifies and catalogs provider services
- Promotes appropriate and individualized transportation
- Streamlines reimbursement

Development:

- Develop client and provider profiles
- Identify funding for Single Point of Contact system
- Explore interdisciplinary agreements to determine each agency’s responsibility
- Timing: Two to five years

Objective 4: Improve Ease of Use Among Riders

- Facilitate community travel training, including travel buddies
- Utilize common real time passenger information system

Utilizing public transportation can be an intimidating experience and improving the ease of use for passengers will enhance the overall rider experience. To reduce the anxiety, travel training and transit orientation will be provided. Volunteers or “travel buddies” may also be trained to accompany novice riders and incentives will be offered to encourage participation. Community training curriculums will also be developed and delivered to interested audiences. Demand response riders who are able to use fixed route system will be encouraged to use the fixed route system, eliminating the need for advanced scheduling and promoting same day use, while also opening up new mobility options for these customers.

Incorporating a common real time passenger information system throughout the Region would allow passengers to plan travel, stay on schedule, and avoid missing the bus. This type of system could be particularly beneficial in the Tahoe Region due to weather, road construction, and traffic-related delays. Many of the Region’s visitors are from San Francisco, Sacramento, and other urban areas where this type of system is already in place and they are accustomed to using the system. The software is also compatible with smartphone applications, offering visitors and residents the ability to stay easily connected with arrivals and departures.

Benefits:

- Travel training promotes mobility, independence, and ridership
- Real time passenger information will simplify rider’s transit planning
- Creating a uniform experience has the potential to encourage ridership and limit frustration

Development:

- Identify community groups that could benefit from public outreach and education
- Develop and deliver training curriculum to individuals and community audiences
- Transportation providers interested in coordinating should meet to discuss consistent marketing and other coordination strategies
- Real time passenger information systems should be considered by transit agencies
- Timing: One to four years

Objective 5: Improve Efficiency and Decrease Unit Cost

- Explore a taxi program
- Coordinated use of available resources
- Cooperative purchasing agreements

Encouraging passengers to utilize fixed route options instead of demand response services will improve efficiency. A taxi program may be used to augment demand response services routinely delivered late at night to very few passengers. Vehicles currently not in operation or those that are underused will be considered for additional use or vehicle sharing. Multiple providers make several trips per week to outlying areas that have common destinations, such as a hospital, medical facility, or government office (maps of Activity Centers are included in Appendix G). These duplicated services provide the opportunity to merge trips and use one provider or resource to deliver multiple passengers. Creating a consortium of volunteer drivers will also be explored to provide operators for the underused vehicles. Information identified through provider profiles will allow the RCC to pursue opportunities to consolidate services.

Increasing existing capacity throughout the Region has the potential to provide low cost options for improving the entire transportation situation through the effective re-deployment of otherwise idle or duplicate resources. Additional emphasis can be placed on reducing the unit cost to provide transportation services. As it implies, by decreasing the unit cost, the number of units provided increases.

Consolidating support and services, such as trip-sharing, offers a great opportunity to decrease cost and improve efficiency. Cooperative purchasing agreements utilize economies of scale to negotiate reduced pricing on the purchase of bulk products or services, e.g., vehicles, insurance, fuel, auto parts, training, and maintenance. Communicating health and human service-related funding information and sharing grant opportunities will benefit RCC stakeholders, as well as the greater mobility management program.

Benefit:

- Reduction in overall local capital outlay
- Cost savings can be used for equipment or operations
- Positive environmental impact

Development:

- Identify underused resources and trip-sharing opportunities
- Administrative oversight to recruit, screen, train, and coordinate volunteers
- Encourage stakeholders to explore cooperative purchasing and shared grant opportunities
- Timing: One to four years

Objective 6: Deliver Safe, Consistent, and Quality Service

- Explore additional fixed route services
- Develop consistent external marketing
- Explore a universal fare media
- Ensure passenger comfort
- Develop uniform standards and protocols

A passenger-centered approach is fundamental to accommodate the needs of transit-dependent groups and provide services that are safe, reliable, and easy to access. The rider experience should be welcoming, consistent, and comparable across providers. Expanding the transportation service area, coverage of service providers and the RCC as a whole improves opportunities for employment and access to specialized medical or social services for all people residing within the affected areas. Existing service limitations will be established through the provider profiles. Enhancing the fixed route services between residential areas and locations of major employers will help reduce the barrier to work for transit-dependent populations. Service hours may also need to be expanded to accommodate employees working non-traditional shifts, i.e. late nights or early mornings.

The referral database of clients and providers will record ridership information to assist in trip planning and coordinating transfers. Clear transfer information will be included in the referral and consistent external marketing, e.g. loading zone design and signage will increase passenger recognition and make transfers between providers transparent.

Currently, as both the TART and the TTD transit systems use GFI fare boxes, the consistency is helpful for riders using both systems. When regional connections are more frequent, a common pass will benefit riders transferring between systems. Incorporating a universal fare media would also eliminate the inconvenience of purchasing multiple passes for a single trip. One example of standardized or universal fare media that is frequently used in larger operating environments is a 'smart card'. A smart card makes transferring between service providers easier. It is also more difficult to replicate a smart card than a paper pass, mitigating fraud. Cards record ridership data, allow passengers to re-load fare payments, and register cards for security. Individuals eligible for reduced fares could also receive a smart card, enabling tracking of trip characteristics and ultimately assisting with mobility management improvements.

Passenger comfort is critical, as the transit-dependent population can be particularly sensitive to unpleasant and even painful conditions, which can be heightened through the use of uncomfortable vehicles. Many vehicle applications currently used in specialized transportation are modified from a truck chassis, which generally provides a very rough ride. One strategy in improving the passenger experience is to explore the potential of standardizing vehicle fleets and/or fleet components, while identifying vehicle types with increased comfort for passengers and that are more economical to operate.

Another avenue for improving the passenger experience is in the delivery of consistent quality service throughout the Region. One opportunity to achieve consistency in service delivery is operator and support personnel training. A uniform training program could consist of customer service basics, ADA, defensive driving, first aid, CPR, and PASS (Passenger Service and Safety.) Operators who display similar behaviors and practices (welcoming, dependable, and on-time performance) will make riders more confident in the service. Additionally, operators may need to be flexible with passengers who have specialized needs.

Benefits:

- Emphasizes passenger-centered approach
- Improves public perception of the transit system
- Potential to increase ridership
- Increases regional marketability

Development:

- Augment existing training programs
- Universal fare media and uniform training curriculum should be considered by transit agencies
- Timing: Two to five years

5.2 INCORPORATE TECHNOLOGY TO IMPROVE SERVICE

Objective 1: Establish Web-Based Applications

- Enable riders to register online
- Send electronic reservation requests to providers
- Allow providers to review trip details
- Send electronic trip confirmation to clients
- Explore mobile applications

As technology progresses and more individuals rely on the internet as a transportation resource, additional advancements for web-based applications will be implemented to meet the needs of the user. Riders will have the option to register online and apply for reduced-fares. Passenger information will be in an accessible web-based system, which will allow reservationists to create and edit documents online in real-time. The system will store client

information securely and only reservationists with heightened privileges will have access to confidential information and editing.

Uniformity among providers facilitates online referrals, so clients can send reservation requests electronically. Providers will be able to review trip details, including ADA eligibility or reimbursement information and accept each request electronically. If there are static and recurring requests, i.e. individual has a standing appointment every Friday, a provider would have the opportunity to accept the ongoing reservation or subscription service. Clients would receive a call or electronic message indicating the name of the provider who accepted the reservation and trip detail confirmation, facilitating smooth transitions between providers and routes.

The web-based systems' level of complexity will be user or client dependent. For example, clients may elect to only register online, but prefer to use the centralized number to make reservations. Ultimately, web-based applications will expand to include mobile phone applications and integrated trip planning features.

Benefit:

- Aligns transit agencies for technological progression
- Securely saves client information
- Allows bus operators to receive real-time updates
- Reduces personnel time
- Enables reservations to be made outside of business hours
- Provides efficient rider reporting information for the transit agencies

Development:

- Agencies must meet with software vendors to determine the preferred equipment
- Transition to electronic system
- Technical support for providers and clients
- Timing: Three to five years

5.3 IMPLEMENTATION PLAN

Four initial action items were identified as having the greatest likelihood of reducing transportation gaps for the least amount of money.

Action Item 1: Ongoing Facilitation of a Regional Coordinating Council

Engaging stakeholders and developing a RCC is the first priority. The RCC is fundamental to increase public awareness, encourage community involvement, and promote program activities. Provider information will be compiled to offer referrals, identify opportunities to consolidate services, utilize idle resources, and support subsequent action items.

Action Item 2: Transit Orientation and Travel Training

Transit orientation and travel training develop client profiles and advance the passenger-centered approach to transit. The Mobility Manager will provide these activities to community groups and individuals through outlets identified by the RCC. Community outreach also presents an opportunity to explain and promote the mobility management program.

Action Item 3: Joint Grant Applications

Executing many of the strategies outlined in the plan require operating support or local match funds. Many funding agencies restrict eligibility to non-profit organizations and exclude government entities, such as TTD. Shared grant opportunities can be formed between RCC individual member organizations. Partnering agencies are able to share knowledge and reduce the amount of time each agency would spend on developing a proposal.

Action Item 4: Volunteer Driver Consortium

Volunteer drivers are commonly used in the Region to expand mobility options. Programs use volunteer drivers with private vehicles to transport individuals to medical, dental, or other essential needs appointments out of the area. Some programs provide vehicles or mileage reimbursements for those who use their personal vehicles. Volunteer driver programs can be the most cost effective and efficient option to reach individuals in more rural areas. Successful volunteer driver programs require a high degree of administrative oversight, not currently feasible by any one organization within the RCC. However, the RCC is in a great position to help recruit volunteers through the various member agencies and refer potential volunteers to various programs. Rather than establishing a new volunteer driver program, the RCC will help recruit volunteers for existing programs.

Figure 32

**Tahoe Transportation District (TTD)
Mobility Management Logic Model**

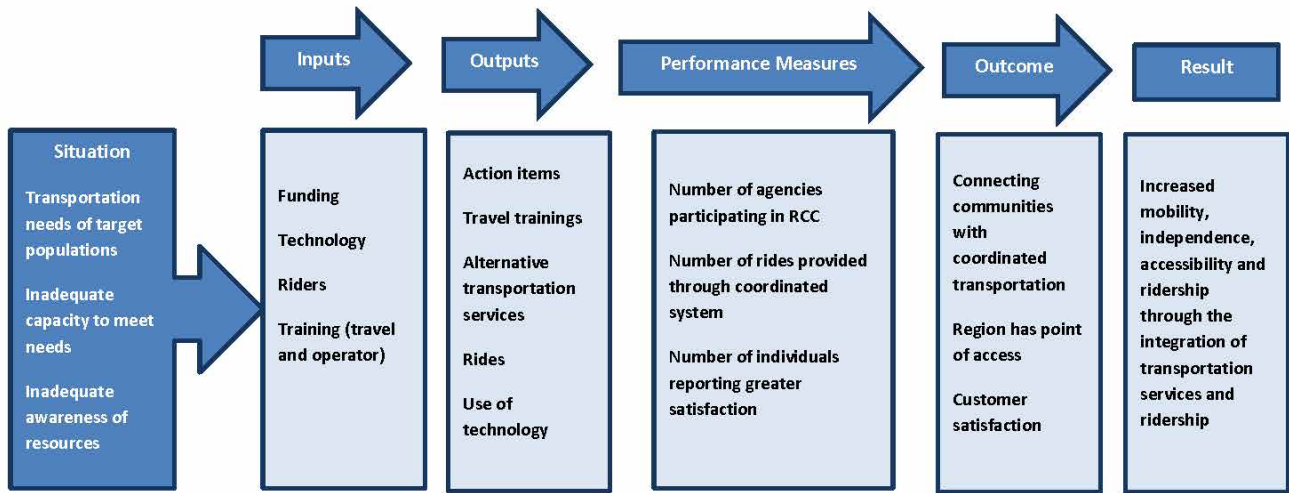


Figure 33

Service Needs	Objectives	Strategies																										
		Coordinate with common out-of-area destinations	Pursue interstate coordination	Ten meetings with RCC	TTD website updates	Ongoing media campaign	Create database of current providers and services	Develop standardized client intake process	Consider a centralized phone number	Explore brokerage system	Explore additional fixed routes and vanpools	Ensure passenger comfort	Develop uniform standards and protocol	Facilitate community travel training	Develop consistent external marketing	Utilize common realtime passenger info system	Explore a universal fare media	Explore taxi voucher program	Coordinated use of available resources	Cooperative purchasing agreements	Enable riders to register online	Secure online system	Send electronic reservation requests	Allow providers to review trip details	Send electronic trip confirmation	Explore mobile applications		
Coordination of Planning and Services	Engage Stakeholders and Develop a Regional Coordinating Council	✓	✓	✓	✓	✓							✓					✓										
	Increase Public Awareness	✓		✓	✓	✓	✓	✓	✓				✓	✓														
	Develop a Single Point of Contact System	✓					✓	✓	✓										✓									
	Identify Resources and Develop Referral System	✓					✓	✓	✓										✓									
	Deliver Safe, Consistent, and Quality Service		✓				✓	✓	✓		✓	✓		✓	✓	✓												
	Improve Ease of Use Among Riders	✓	✓				✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								
	Improve Efficiency and Decrease Unit Cost			✓				✓	✓	✓				✓				✓	✓	✓	✓							
Incorporate Technology to Improve	Establish Web-Based Applications						✓	✓										✓			✓	✓	✓	✓	✓	✓	✓	

CHAPTER 6: FUNDING

Human service transportation in Tahoe is funded from a variety of federal, state, and local sources. Current funding sources are listed below and related funding information can be found in Appendices H through J.

6.1 Federal Transit Administration (FTA)

On July 6, 2012, President Obama signed into law the new surface transportation bill, Moving Ahead for Progress in the 21st Century (MAP-21). This replaced the previous law titled SAFETEA-LU, which had been extended for 1,000 days and caused much debate. MAP-21 includes two years of funding with increases in formula funds for transit and transportation for older adults and people with disabilities, as the New Freedom and Job Access and Reverse Commute programs being consolidated into formula funds. The law favors formula based funding concepts and avoids discretionary models. Three main topics emerge from the plan:

- Consolidation of highway and transit programs
- Emphasis on promoting transit safety
- Emphasis on performance and accountability

Coordination with human services is a requirement of transportation planning. Mobility management is an eligible capital cost under Section 5310 Formula Grants for the Transportation of Seniors and Persons with Disabilities, 5311 Rural Transit Formula Grants, and 5339 Bus and Bus Facility Formula Grants (see Funding Table in Appendix H).

Safety (5329)

Under MAP-21, the FTA will develop safety performance criteria for all modes of public transportation, including minimum performance standard for vehicles not regulated by other Federal agencies. A public transportation safety certification training program will also be developed by the FTA for those in transit safety. All recipients of FTA funding must develop a safety plan; for rural recipients, the plan may be drafted by the state. This plan must be incorporated into metropolitan and statewide transportation plans. States will receive support for safety plans from FTA formula funding. The FTA will also have more oversight and authority to investigate and enforce safety provisions.

State of Good Repairs Grant (5337)

To ensure transportation systems are in a state of good repair, MAP-21 establishes a maintenance program. Projects are limited to rehabilitation and replacement, or capital projects that keep public transportation systems in a state of good repair. Funding is intended for fixed guideway systems and high intensity buses.

Asset Management Provisions (5326)

The term 'state of good repair' must be defined by the FTA and standards for measuring conditions must be developed. Performance measures must also be implemented, so all FTA grantees and sub recipients are required to establish transit asset management plans. Each recipient must report on the condition of the system and any change in the condition, while FTA will provide technical assistance. There are no grants established under this section. It establishes cross-cutting requirements across FTA's grant programs.

Bus and Bus Facilities Program (5339)

A capital program providing funds to rehabilitate, replace, or purchase related equipment for buses or bus facilities.

Emergency Relief (5324)

This program funds states and transportation systems when a disaster or state of emergency is declared. It provides funding to repair or replace equipment or facilities and also funds transit operations due to evacuation, rescue, or other activities during, or after an emergency in an area directly impacted. Funding covers expenses not already covered by the Federal Emergency Management Agency (FEMA) and will be appropriated by Congress.

The following programs have been consolidated.**Urbanized Area Formula Grants (5307)**

This program provides grants to urbanized areas for public transportation. The program is formula funded based on population and population density, and number of low-income individuals.

MAP-21 now allows operating costs as an eligible activity in areas with fewer than 200,000 in population. Funds are also set aside to support passenger ferries.

Rural Area Formula Grants (5311)

To support public transportation in rural areas (less than 50,000 residents), this program provides capital, planning, and operating assistance. Formula funding is based on population, land area, and transit service. Similar activities under the former Job Access and Reverse Commute (JARC) program are now included in the Rural Area Formula program and low-income populations in rural areas is now a factor in the formula for funding.

Enhanced Mobility of Seniors and Individuals with Disabilities (5310)

This program is intended to enhance mobility for seniors and persons with disabilities by providing funds for programs to serve the special needs of transit-dependent populations beyond traditional public transportation services and Americans with Disabilities Act (ADA) complementary paratransit services. Funds are available for areas under 200,000 in population. Under the new program, operating assistance is now available and it is optional for projects to be included in a locally developed, coordinated public transit-human services transportation

plan. The New Freedom Program and Elderly and Disabled Program (5317) were consolidated into this program.

To improve efficiency of grant program operations, MAP-21 consolidates certain programs and repeals others.

6.2 State

State of California Public Transportation Account

Public Transportation Account (PTA) revenues accrue from retail sales and use taxes on diesel fuel, receipts from the federal government, transfers from the State Highway Account and the Aeronautics Account into the State Transportation Fund. Fifty percent of all PTA revenues from diesel fuel tax go to the State Transit Assistance (STA) Program, which provides funds for public transit operations and for regional transit projects.

State of California Transportation Development Act

The Transportation Development Act (TDA) provides two funding sources. Local Transportation Fund (LTF), which is derived from a ¼ cent of the general sales tax collected statewide, and the State Transit Assistance fund (STA), which is derived from the statewide sales tax on diesel fuel. LTF funds are distributed to each county based upon the amount collected within that county. STA funds are allocated to the Region based upon two factors: (1) 50 percent based on population and (2) 50 percent based on operator revenues from the prior fiscal year. The regional transportation planning agency distributes the funds to the individual jurisdictions based on proportion of population.

State of California Transportation Improvement Program (STIP)

Every even numbered year, the California Transportation Commission programs fund a variety of projects that relieve congestion on state highways and local streets, including transit construction projects. Seventy-five percent of STIP funds go to the Regional Transportation Improvement Program (RTIP) and are distributed by formula to the counties. The remaining 25 percent is allocated to the Interregional Transportation Improvement Program (ITIP).

California's Proposition 1B

Approved by the voters in the November 2006 general elections, Proposition 1B enacted the Highway Safety, Traffic Reduction, Air Quality, and Port Security Bond Act of 2006. This proposition directed \$3.6 billion of the state's roughly \$20 billion available for Transportation to transit operators over a ten year period. These funds may be used for transit rehabilitation, safety or modernization improvements, capital service enhancements or expansions, new capital projects, bus rapid transit improvements, or rolling stock (buses and rail cars) procurement, rehabilitation or replacement.

6.3 Local and Other Funding Sources

Various funding partners in the Lake Tahoe Region provide support for public transit services. This funding consists of private donations, grants, and contributions. Some examples are listed below:

- Ski Resorts
- Private Funds
- Douglas County – Transient Occupancy Tax (TOT)
- Rental Car Mitigation Fees
- South Tahoe Public Utility District

CHAPTER 7: CONCLUSION

Transportation needs within the Tahoe Region are very unique and require creative approaches to bridge existing gaps. Regional partners must consider the individual rider, the type of trip needed, and what improvements could be made to bring all of these factors together to best serve the Region. Bringing active partners together to incrementally develop coordinated projects and plans will support specialized transportation for older adults, persons with low incomes, and individuals with disabilities. These populations are diverse, yet often have overlapping needs, so an interagency approach has the capability of accomplishing multiple objectives concurrently.

Numerous health and human service groups are eager to assist in improving mobility, as transportation is a lifeline for many of their clients. Obtaining reliable and affordable transportation is often a barrier between an individuals' ability to achieve economic and personal independence. The RCC will promote communication between groups that typically do not meet to collaborate. These meetings will guide the activities of the Mobility Manager through developing partnerships and utilizing existing resources. Given the size and institutional composition of the Region, the Mobility Manager will serve as a liaison between transportation providers and health and social service agencies to improve access to transportation for the target populations.

The Plan has identified a significant need to address mobility issues for seniors, persons with disabilities, and those with lower incomes in the Region. The Mobility Management Program has outlined strategies and tasks to address these needs. Coordinated planning and interagency collaboration will enhance the quality of life for the target populations by improving community health outcomes and public safety, increasing economic vitality and promoting environmental conservation. Both short and long range strategies will be executed with priorities based on feasibility, resources, and timelines.

APPENDICES

APPENDIX A: Transportation Planning Partners

Tahoe Transportation District (TTD)

The TTD's South shore transit includes South shore fixed-route service, a seasonal Trolley, seasonal ski shuttles and commuter bus service to Carson City and the Carson Valley, including the Minden/Gardnerville area. The TTD also provides ADA demand response service within the City of South Lake Tahoe, northern El Dorado County and western Douglas County.

Figure 34

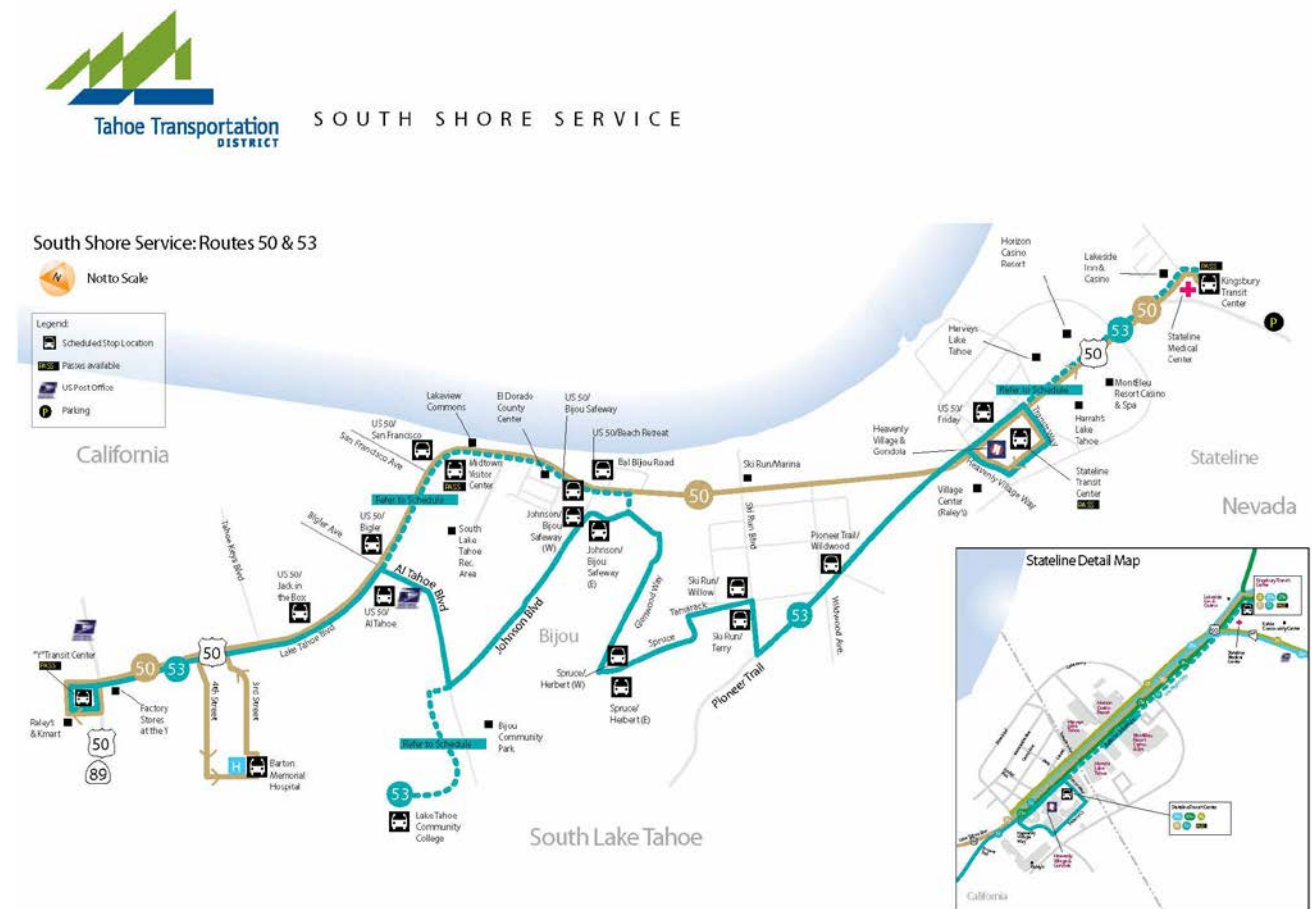
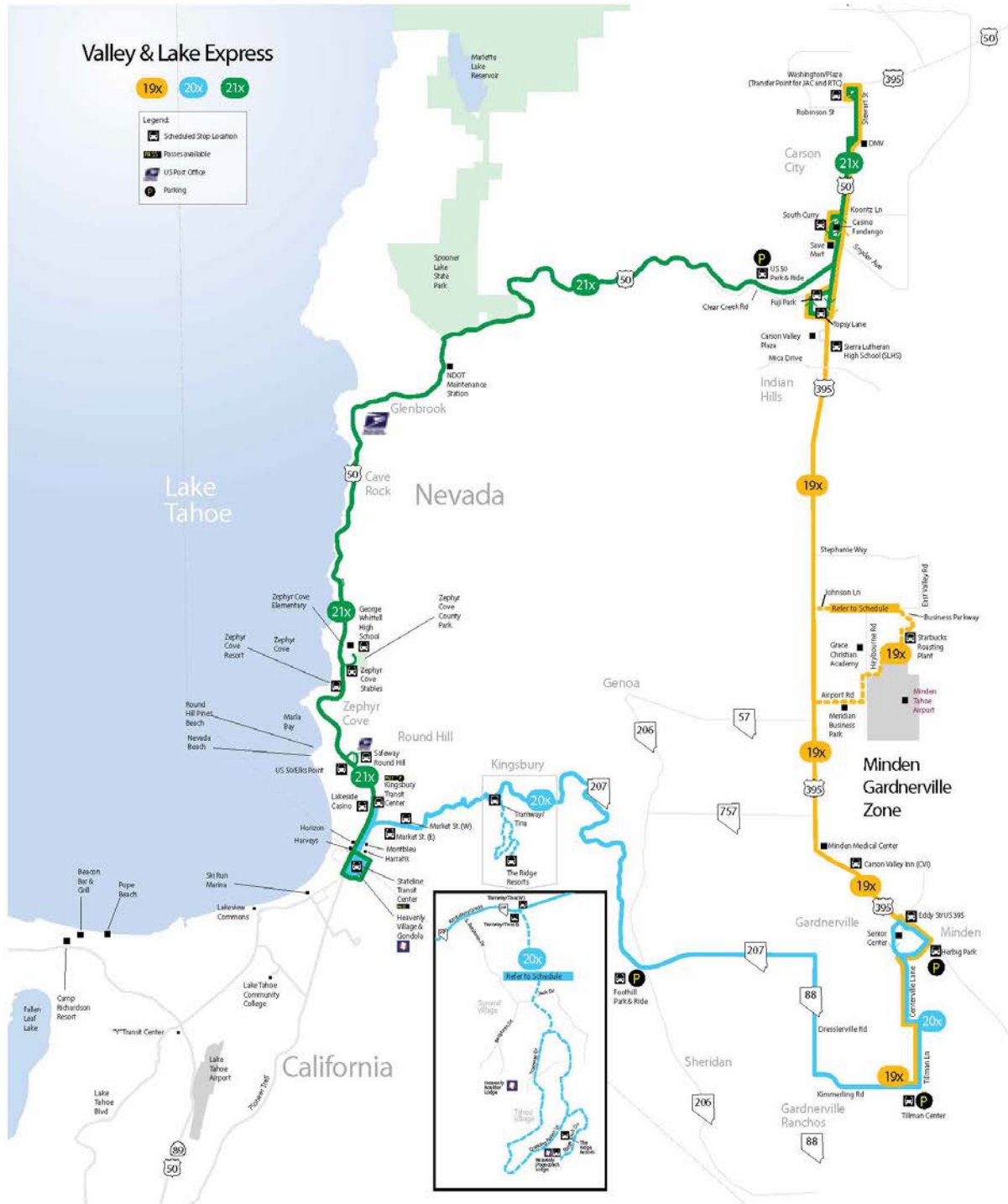


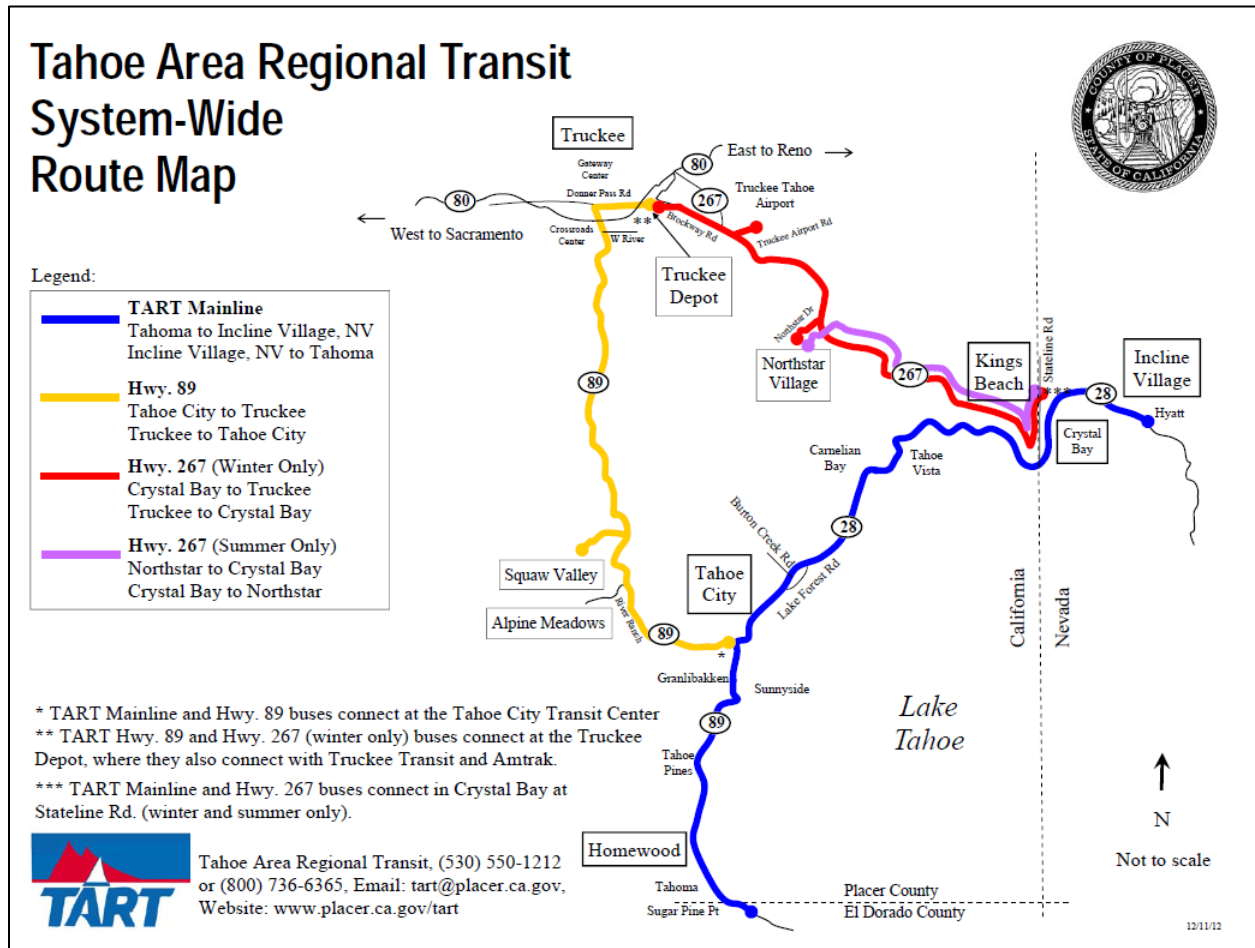
Figure 35



Placer County

Placer County owns and operates a public transit service along the North and West shores of the Lake and along SR 89 and SR 267 to Truckee called Tahoe Area Regional Transit (TART). The Placer County Transportation Planning Agency (PCTPA) also works in conjunction with TRPA to coordinate transit planning and unmet needs.

Figure 36



Washoe County Regional Transportation Commission (RTC)

Within the Region, RTC contracts with Placer County for the provision of TART services

Tahoe Douglas Transportation District (TDTD)

TDTD coordinates development of the Douglas County five-year Transportation Improvement Plan and approves expenditures of county transient occupancy tax revenues for transportation purposes at Lake Tahoe.

Jump Around Carson (JAC)

JAC (Jump Around Carson) is Carson City, Nevada’s public transit system. JAC began operating in October 2005 and is governed by the Carson City Regional Transportation Commission. The JAC system features the JAC fixed route system as well as JAC Assist, a curb-to-curb program that provides transportation for eligible persons with disabilities.

Figure 37



Douglas Area Rural Transit (DART)

Douglas Area Rural Transit (DART) provides transportation to the residents of Douglas County. There are two distinct options for those who choose DART for their transportation needs. For the general public, there is the DART Express route. This route is specifically designed for those needing access to Minden, Gardnerville and the Gardnerville Ranchos.

DART Dial-A-Ride requires requests for eligibility for seniors age 60 or older and disabled riders who seek curb to curb service. DART Dial-A-Ride provides scheduled rides for shopping, medical appointments, recreation, Senior Center and much more.

Resort Triangle Transportation Vision Coalition (RTTVC)

RTTVC assists in the coordination and review of transportation planning activities, programs, and projects. RTTVC monitors major land use issues and projects for effects on the transportation system.

The RTTVC membership includes three Regional Transportation Planning Agencies and two Metropolitan Planning Organizations, including TRPA, Placer County Transportation Planning Agency, Nevada County Transportation Commission, Washoe County Regional Transportation Commission, and TMPO. Other partners include the Town of Truckee and the Truckee North Tahoe Transportation Management Association. A collection of implementing agencies and citizen advisory groups will provide technical assistance to the RTTVC as necessary.

North Lake Tahoe Resort Association (NLTRA)

NLTRA is responsible for overseeing planning and implementation of tourist-based infrastructure projects. NLTRA projects are funded through an allocation of Transient Occupancy Tax (TOT) revenues generated in the Placer County portion of the Region.

TRPA Transportation

The TRPA staff provides staffing resources to each of these organizations or bodies. This provides for a single point of contact for transportation issues and reduces administrative overhead. The Lake Tahoe Transportation Planning Overall Work Plan serves as the universal document for staff direction to fulfill the needs and requirements of the TRPA and TMPO. There are continued efforts contained in the 2014 OWP that support transit planning.

Transportation Management Associations (TMA)

The Tahoe Region has two TMAs that serve areas of the Region. The Truckee North Tahoe TMA (TNT-TMA) serves the North shore and the Truckee North Tahoe "Resort Triangle." The South Shore TMA (SS-TMA) serves the greater South shore area. They were established as community based non-profit organizations designed to foster public outreach and solicit community input on transportation and air quality issues, and to encourage and facilitate the public private partnerships necessary to implement project solutions.

State and Federal Requirements for Coordination

The California State Transportation Development Act (TDA) is administered by the California Department of Transportation (Caltrans) within the State of California and provides two major sources of funding for public transportation. The TDA funds a wide variety of transportation programs, including planning and program activities; pedestrian and bicycle facilities; community transit/special needs transport services; public transportation; and bus and rail projects. The TDA requires that transit operators coordinate their services so that transit services are not duplicative and use the limited funds available in the most efficient way possible.

The Federal Transit Administration has defined coordination of transportation services as, "... a process in which two or more organizations interact to jointly accomplish their transportation objectives." (US DOT, FTA, Planning Guidelines for Coordinated State and Local Specialized Transportation Services (WA, D.C. FTA, 2004)). The TMPO Plan is a direct result of the 2004 Executive Order: Human Service Transportation Coordination furthered by federal and state directives and the Executive Order calls for human service agencies within the Department of Health and Human Services and providers of transportation funded through the Federal Transit Administration to:

- Promote interagency cooperation and minimize duplication and overlap of services,
- Determine the most appropriate, cost-effective transportation services within existing resources, and
- Improve the availability of transportation services to the people who need them.

APPENDIX B: Regional Stakeholders

The following agencies have been identified as regional stakeholders. Agencies in bold are participating or have been invited to participate in the Regional Coordinating Council.

- **ALTA Regional**
- **Area 4 Agency on Aging**
- **Barton Community Health Center**
- **Barton Foundation (Health and Skilled Nursing Facility)**
- **California Department of Motor Vehicles**
- **Casinos**
- **CHOICES Transitional Program**
- **City of South Lake Tahoe**
- **Community Collaborative of Tahoe Truckee (CCTT)**
- **Douglas Area Rural Transit (DART)**
- **El Dorado County Commission on Aging**
- **El Dorado County Department of Health and Human Services- Mental Health**
- **El Dorado County Office on Education- Head Start**
- **Elder Options**
- **Family Resource Centers (Kings Beach and South Lake Tahoe)**
- **Incline Village General Improvement District (IVGID) Senior Programs**
- **Jump Around Carson (JAC)**
- **Kelly Ridge Senior Housing**
- **Lake Tahoe Bicycle Coalition**
- **Lake Tahoe Community College**
- **Law Enforcement**
- **National Alliance on Mental Illness (NAMI)**
- Nevada Department of Motor Vehicles
- **Nevada Rural Counties RSVP**
- **North Lake Tahoe Resort Association (NLTRA)**
- **North Tahoe Family Support Team**
- **NV Aging and Disability Services**
- **NV Department of Employment, Training, and Rehabilitation- Carson City**
- **OPEN: (Ordinary People meeting Extraordinary Needs)**
- **Placer and Nevada County Department of Health and Human Services**
- **Placer Department of Rehabilitation (Employment, Independence & Equality)**
- **Project MANA (Making Adequate Nutrition Available)**
- **Sierra College**
- **Sierra Nevada College**
- **Sierra Senior Services**
- **South Lake Tahoe Cancer League**

- **South Lake Tahoe Department of Rehabilitation (Employment, Independence & Equality)**
- **South Lake Tahoe Senior Center**
- **Tahoe Area Coordinating Council for the Disabled (TACCD)**
- **Tahoe Basin Senior Citizens Center Inc. (TBSCC)**
- **Tahoe Douglas Senior Center**
- **Tahoe Forest Health System**
- **Tahoe Metropolitan Planning Organization (TMPO)**
- **Tahoe Regional Planning Agency (TRPA)**
- **Tahoe Truckee Unified School District**
- **Tahoe Unified School District**
- **Taxi Companies**
- **Tooth Travelers**
- **Town of Truckee**
- **Truckee North Tahoe Transportation Management Association (TNT-TMA)**
- **Veterans Affairs Sierra Nevada Health Care System**

APPENDIX C: Inventory of Existing Health and Social Agencies

Agency and Address	Agency Only Clients	Older Adults	Disabled	Low Income	Transportation Needs
ALTA California Regional: South Lake Tahoe			X		Fixed route service to Meyers; out of the area transportation for medical, dental, social and housing placement services.
ALTA California Regional: Truckee			X		Truckee Dial-a-Ride serves some clients, but many have to rely on family or friends for transportation.
Barton Health					The Barton Community Health Needs Assessment outlined access, including transportation as a need. Some patients require care at Sutter Medical Center in Sacramento or Marshall Medical Center in Placerville. Patients must travel to Placerville for a dentist or podiatrist who accept Medi-Cal.
CHOICES Transitional Program: South Lake Tahoe			X		Fixed route service to Choices location; currently served by on-call, but many clients could use fixed route.
City of South Lake Tahoe Department of Community Services Parks & Rec, Streets/Facilities					Senior center van is an idle resource and should be put to use for regional and out of area travel for seniors and individuals with disabilities.
Community Collaborative of Tahoe Truckee		X	X	X	Various needs of Collaborative agencies; need for transportation out of the area to Auburn, Nevada City, Grass Valley, Sacramento, Reno, Roseville, Truckee from North shore, and San Francisco for specialists.
El Dorado County Commission on Aging		X			Older adults who are homebound and need improved mobility/independence; seniors need to go to Placerville.
El Dorado County Health and Human Services Agency		X	X	X	Improve out of area transportation for clients. Improve mobility for older adults.
El Dorado County Mental Health- Wellness Program	X				Improve transportation to Placerville. Wellness program meetings in SLT; transportation program is needed for clients to visit dentist, Social Security office, and affordable shopping.
El Dorado County Office of Education Child Development Programs and Services (Head Start)					Clients need transportation to Head Start facility located at 1286 Kyburz Avenue.
Elder Options		X			Provides rides to clients for many purposes.
Family Resource Center-South Lake Tahoe					Accessing medical and dental appointments where Medi-Cal is accepted in Diamond Springs.
Incline Village General Improvement District (IVGID) Senior Programs		X			Provide senior transportation program for local and regional (Carson City and Reno) travel.
Kelly Ridge		X			Residents request fixed route service to Kelly Ridge. Residents find it difficult to call in advance to schedule demand response services.
Lake Tahoe Collaborative		X	X	X	Various needs of Collaborative agencies.
Lake Tahoe Department of Rehabilitation (Employment, Independence & Equality)	X				Problems with out of area transportation; recently noticed an increase in veterans who need services.
Lake Tahoe Unified School District			X	X	Provide support with travel training students with special needs.
My Rides		X	X	X	Pilot program funded by PCTPA and Seniors First. The First Five portion of the program includes mileage reimbursement for all of the Tahoe/Truckee regions of Placer County. The mileage reimbursement program for older adults and individuals with disabilities does not extend into the Basin, as Placer County LTF is divided into Basin and non-Basin funds.
National Alliance on Mental Illness (NAMI) SLT	X				For many clients, reduced fare is still too expensive. Clients frequently need transportation to Placerville
North Tahoe Family Resource Center		X	X	X	Clients need year-round transportation over 267 and out of area transportation (Auburn).
North Tahoe Family Support Team		X	X	X	Clients need year-round transportation over 267 and out of area transportation (Auburn)
NV Aging and Disability Services- Carson City		X	X		The ADSD ensures the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful and dignified lives.
OPEN: (Ordinary People meeting Extraordinary Needs)		X	X	X	Provides transportation for those needing specialty medical services out of the Region; need for additional volunteer drivers.
Placer and Nevada County HHS		X	X	X	Child Protective Services: purchase bus passes or County employee drives clients to Auburn. Adult Protective Services representative only comes to the lake if there is an issue. Many trips to Auburn (tooth infection cannot be handled in Kings Beach clinic).
Placer County Clinic- Kings Beach		X	X	X	Only provider within 70 miles; more patients choose to go to Kings Beach, as there is a three month wait at the Auburn clinic. Need for transportation to Kings Beach clinic.
Road to Recovery (American Cancer Society- CA Division)	X				Need for more volunteer drivers. Feedback that 7-10 day advanced scheduling is difficult for patients; a more straightforward service would be preferred in the Tahoe Region (similar to the SLT Cancer League); R2R coordinates with Gene Upshaw Cancer Center.
Sierra Mental Wellness Group	X				Substantial older adult and low income populations; SMW purchases bus passes and vouchers for clients; TART service is hourly which creates scheduling problems; there is not a stop on Lake Forest- limited walkability; many cancellations due to poor weather. Limited connectivity with other bus lines (i.e. to Truckee); no year-round service over 267.
Sierra Senior Services		X	X		Provide nutritional services to many homebound seniors- confirmed need for transportation. When possible, SSS has provided rides for medical appointments.
SLT Meals on Wheels		X	X		Provide nutritional services to many homebound seniors.
South Lake Tahoe Cancer League	X				Provide transportation to cancer treatment.
South Lake Tahoe Senior Center		X	X		Senior center van is currently an idle resource.
Tahoe Area Coordinating Council for the Disabled (TACCD)		X	X		Find advanced demand response scheduling difficult. Need for out of area transportation. Request fixed route to Meyers, Choices, Sky Forest, and Kelly Ridge.
Tahoe Douglas Senior Center		X			Center has two vehicles that are mostly idle. Service is NV residents only.
Tahoe Family Solutions		X	X	X	Clients must go to Reno for Medicaid and prenatal care (only emergency Medicaid services locally). TFS purchases TART bus passes.
Tahoe Forest Health System		X	X	X	Improve transportation to the TFMG Cancer Center. Need year-round transportation between Truckee and Kings Beach over 267; frequently patients go home by taxi over 267. Homeless have to take taxi to Reno. No transportation for dialysis patients from North shore or Truckee.
Veterans Affairs- Auburn to Reno (Placer County)	X				Van operates Monday- Friday, but only stops in Colfax, not wheelchair accessible. Drivers are employees and service is for veterans and caregivers only.
Veterans Affairs-Grass Valley to Reno (Nevada County)	X				Van runs Tuesday and Wednesdays and will pick up veterans in Truckee near Interstate 80. The vehicle is not wheelchair accessible. Need for volunteer drivers. Service is for veterans and caregivers only.

APPENDIX D: Transportation Needs Chart

Target Population	Transportation Needs	Potential Solutions
Persons of Low Income	<ul style="list-style-type: none"> • Access to transportation information • Fare subsidies (i.e. vouchers or passes) • Parents traveling with children • Service reliability 	<ul style="list-style-type: none"> • Increase public awareness (general public and case managers) • Travel training (bi-lingual) • Creative fare options for health and human service groups; passes available for job seekers or training programs • Train-the-trainer for case managers; work towards a single point of contact
Individuals with Disabilities	<ul style="list-style-type: none"> • May require door-thru-door assistance • Driver’s sensitivity • Service reliability 	<ul style="list-style-type: none"> • Door-thru-door service • Driver education to passenger conditions, sensitivities and service performance • Train-the-trainer for case managers; work towards a single point of contact • Individualized trip planning
Older Adults	<ul style="list-style-type: none"> • May require door-thru-door assistance • Driver’s sensitivity • On-time performance is critical • Unaware of resources • Concerns about shared transportation 	<ul style="list-style-type: none"> • Increase public awareness; work towards single point of contact • Travel training before it is needed; travel escorts • Individualized trip planning • Driver education to passenger conditions, sensitivities and service performance • Mileage reimbursement for volunteer drivers • Availability of door-thru-door assistance

APPENDIX E: Passenger Profile

SPECIAL TRANSPORTATION PASSENGER INTAKE FORM

PASSENGER INFORMATION

Name of Passenger: Click here to enter text.			
Physical Home Address: Click here to enter text.			
Mailing Address: Click here to enter text.			
Primary Telephone: Click here to enter text.	Alternate Telephone: Click here to enter text.		
Email Address: Click here to enter text.			
Date of Birth: Click here to enter text.	Age: Click here to enter text.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mobility Device(s):			
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Cane	<input type="checkbox"/> Walker	<input type="checkbox"/> Power/electric wheelchair
<input type="checkbox"/> Other (specify: Click here to enter text.)	<input type="checkbox"/> N/A		
Please Indicate If Applicable:			
<input type="checkbox"/> Service Animal	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Legally Blind	<input type="checkbox"/> Cognitively Impaired
<input type="checkbox"/> Portable Oxygen Tank	<input type="checkbox"/> Require Personal Care Attendant (PCA)		
Eligible for ADA Paratransit? <input type="checkbox"/> Yes* <input type="checkbox"/> No			
*Please complete reduced fare identification card application form.			

PERSON COMPLETING FORM

Name: Click here to enter text.	Position: Click here to enter text.
Agency: Click here to enter text.	Telephone: Click here to enter text.
Email: Click here to enter text.	Fax: Click here to enter text.

FUNDING ELIGIBILITY

Medicaid/Medi-Cal Recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Veteran or Active Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Transportation Funding? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify: Click here to enter text.)	

EMERGENCY CONTACT

Name: Click here to enter text.	Telephone: Click here to enter text.
Address: Click here to enter text.	

PRIVACY NOTICE:

This message, together with any attachments, is intended only for the use of the individual or entity to which it is addressed. It may contain information that is confidential and prohibited from disclosure. If you are not the intended recipient, you are hereby notified that any dissemination or copying of this message or any attachment is strictly prohibited. If you have received this message in error, please notify the original sender immediately by telephone or by return e-mail and delete this message, along with any attachments, from your computer.

Please complete both sides of the form.

TRIP INFORMATION

Typical Originating Location (e.g. home and address): [Click here to enter text.](#)

Common Destination Addresses:

1) [Click here to enter text.](#)

2) [Click here to enter text.](#)

3) [Click here to enter text.](#)

Typical Time of Travel:

Early Morning: 6-9 a.m.

Morning: 9-11 a.m.

Midday: 11 a.m. -1 p.m.

Afternoon: 1-4 p.m.

Early Evening: 4-6 p.m.

Evening: 6-8 p.m.

Purpose of Trips:

Medical/Dental Location and Frequency: [Click here to enter text.](#)

Social Service Location and Frequency: [Click here to enter text.](#)

Shopping Location and Frequency: [Click here to enter text.](#)

Leisure Location and Frequency: [Click here to enter text.](#)

TRAVEL TRAINING

Select Previous Travel Training(s):

Group Training

Travel Escort

Rider Handbook

Personalized Training

Select Preferred Method of Travel Training(s):

Group Training

Travel Escort

Rider Handbook

Personalized Training

Please provide a narrative description of the rider’s transportation needs or specific trip instructions.

[Click here to enter text.](#)

APPENDIX F: Transportation Provider Profile

Transportation Provider Profile

Organization Information

Name of Agency: [Click here to enter text.](#)

Type of Agency: Public Private Nonprofit

Name of Transportation Program: [Click here to enter text.](#)

Physical Address: [Click here to enter text.](#)

Mailing Address: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#) **TTY:** [Click here to enter text.](#) **Fax:** [Click here to enter text.](#)

Website: [Click here to enter text.](#)

Contact: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Schedules: Published Rider Guides Online

Recorded Information Number: [Click here to enter text.](#)

Schedule Updates (e.g. inclement weather): [Click here to enter text.](#)

Membership: Local Chamber of Commerce Better Business Bureau

Professional Organization (e.g. CTAA, TLPA, APTA)

Funding: Federal State Local Private

Service Characteristics

Service Area: Local Long Distance Commuter/Express Shuttle/Feeder Route

Areas Served in Region: [Click here to enter text.](#)

Days/Hours of Operation: Mon: [Click here to enter text.](#) Tues: [Click here to enter text.](#)

Wed: [Click here to enter text.](#) Thurs: [Click here to enter text.](#) Fri: [Click here to enter text.](#)

Sat: [Click here to enter text.](#) Sun: [Click here to enter text.](#) Holidays: [Click here to enter text.](#)

ADA Complementary Service? Yes No

Type of Route: Fixed Route Deviated Fixed Route Demand-Response Flexible Route
 Shuttle/Circulator Other (please specify): [Click here to enter text.](#)

Type of Schedule: Fixed Stop Demand-Response Scheduling

Type of Service: Transit Stop Door-thru-Door Door-to-Door Curb-to-Curb

Service Fee: Sliding Scale \$ [Click here to enter text.](#) Flat Rate \$ [Click here to enter text.](#)

Mileage Rate \$ [Click here to enter text.](#) Discounts Available Complementary

Donations Accepted In-Kind Payment Other: [Click here to enter text.](#)

Form of Payments Accepted: Cash Token Only Transfer Coupon Voucher Transit Pass

ID Only (e.g. military, employer ID) Contract Only Direct Billing to Agency

Reservations: Not Required Same Day Service

Schedule in Advance (hours/days in advance): [Click here to enter text.](#)

Cancellation Policy: [Click here to enter text.](#)

Fixed-Route Vehicles

Average age of Fleet: [Click here to enter text.](#) **Size of Fleet:** [Click here to enter text.](#)

Insurance? Yes No

State/Local Certification? Yes No

Type of Vehicles: Bus (capacity: [Click here to enter text.](#)) Van (capacity: [Click here to enter text.](#))

Minivan (capacity: [Click here to enter text.](#)) Taxi Autos Private Vehicle

Other (please specify: [Click here to enter text.](#))

Features: Low Floor Talking Signs Wheelchair Ramp Bike Rack Seat Belts

Visual Display 4WD Wheelchair Left (weight limit: [Click here to enter text.](#))

Wheelchair Securement Accommodates Scooters and Oversized Wheelchairs

of Wheelchair Spaces: [Click here to enter text.](#) Other: [Click here to enter text.](#)

Paratransit Vehicles

Average age of Fleet: [Click here to enter text.](#) **Size of Fleet:** [Click here to enter text.](#)

Insurance? Yes No

State/Local Certification? Yes No

Head Start Compliant? Yes No

Type of Vehicles: Bus (capacity: [Click here to enter text.](#)) Van (capacity: [Click here to enter text.](#))

Minivan (capacity: [Click here to enter text.](#)) Taxi Autos Private Vehicle

Other (please specify: [Click here to enter text.](#))

Features: Low Floor Talking Signs Wheelchair Ramp Bike Rack Seat Belts

Visual Display 4WD Wheelchair Left (weight limit: [Click here to enter text.](#))

Wheelchair Securement Accommodates Scooters and Oversized Wheelchairs

of Wheelchair Spaces: [Click here to enter text.](#) **Other:** [Click here to enter text.](#)

Drivers

Type of Drivers: Paid, Regular Employees Volunteer

Driver Training: First Aid/CPR Wheelchair Securement CDL Medical Emergency Procedures

Sensitivity Awareness Training PASS (Passenger Service and Safety) Child Passenger Safety

Defensive Driving

Driver Testing: Drug/Alcohol Motor Vehicle Record Criminal Background

Other (please specify): [Click here to enter text.](#)

Languages spoken (including ASL): [Click here to enter text.](#)

Riders

Riders Served: General Public People with Disabilities Adults Only Teens Children

Adults over 65 Veterans Other (please specify): [Click here to enter text.](#)

Rider Eligibility Criteria: [Click here to enter text.](#)

Purpose of Rides: Medical/Social Services Employment Childcare Shopping

Faith-based Events Social/Recreational Activities Volunteer Activities Any Purpose

Escorts: Provided NOT Provided Rides Complementary Pays Fare Click here to enter text.

Policy on Service Animals: Click here to enter text.

Scheduling

Telephone Scheduling Scheduling Software (please specify): Click here to enter text.

Other Features

Travel Orientation Travel Training Guaranteed Ride Home Program

Client Database Other (please specify): Click here to enter text.

Unmet Needs

Please Specify: Click here to enter text.

Agency Goals

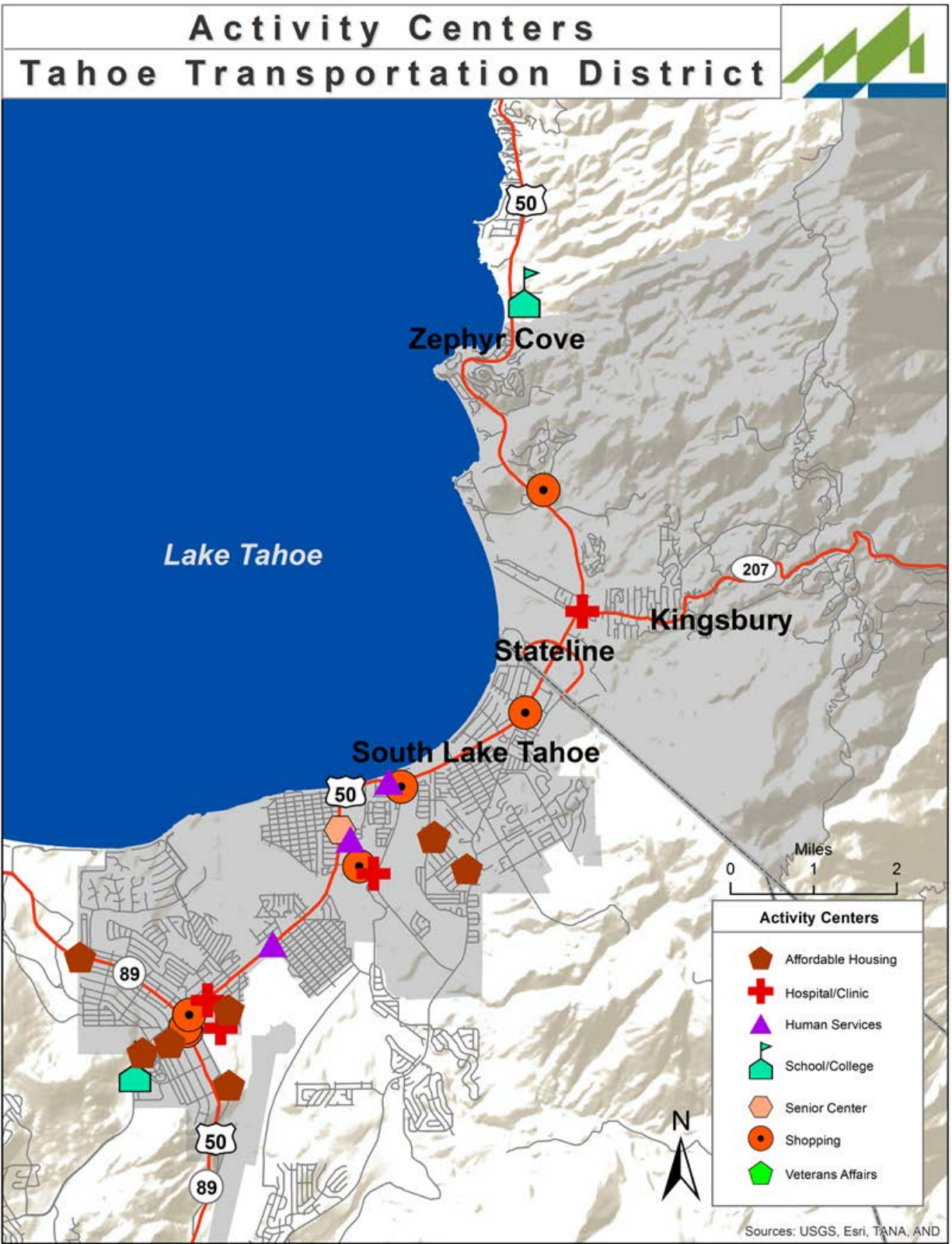
Please Specify: Click here to enter text.

APPENDIX G: Activity Centers



Activity Centers Tahoe Transportation District



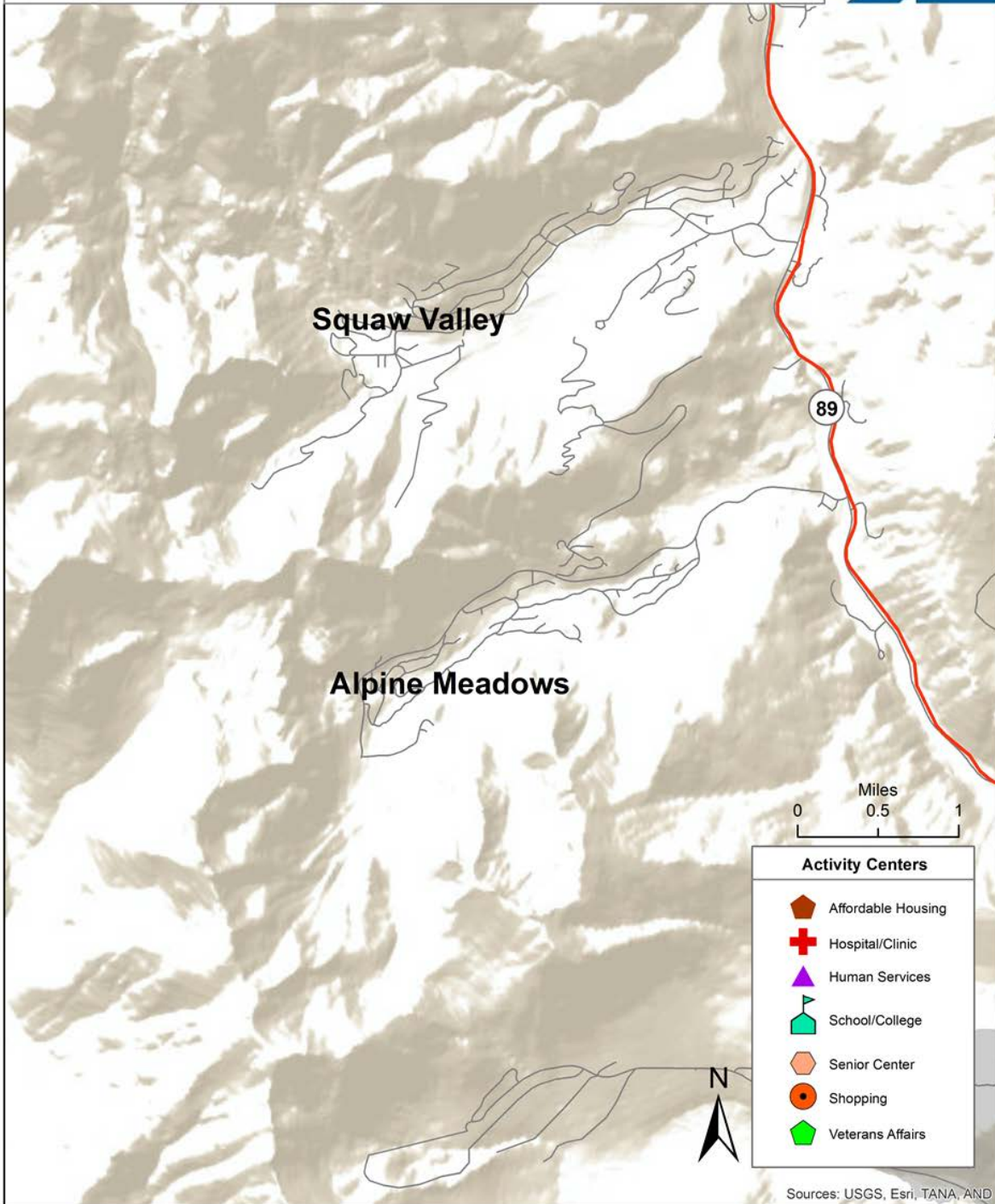


Activity Centers Tahoe Transportation District

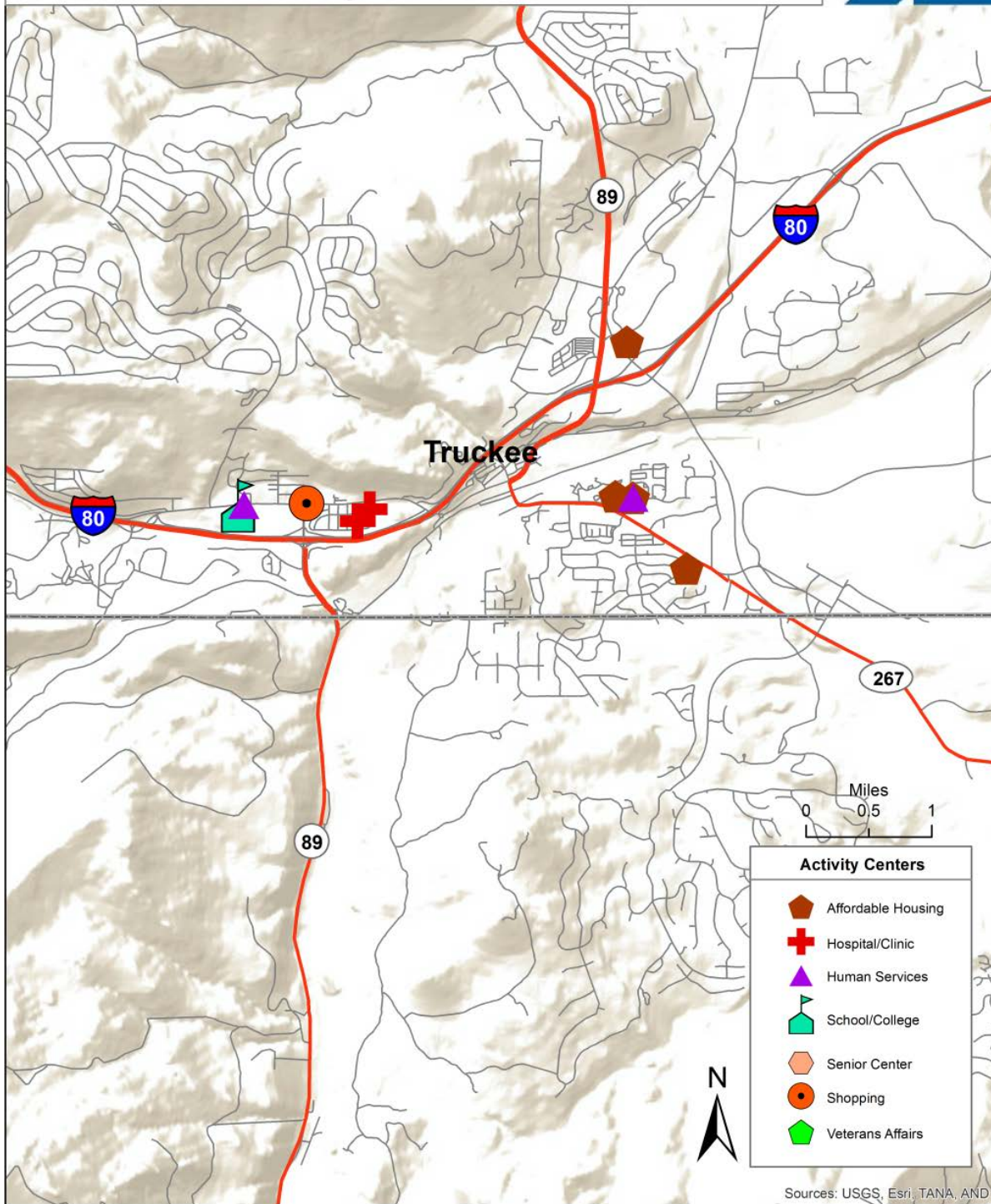




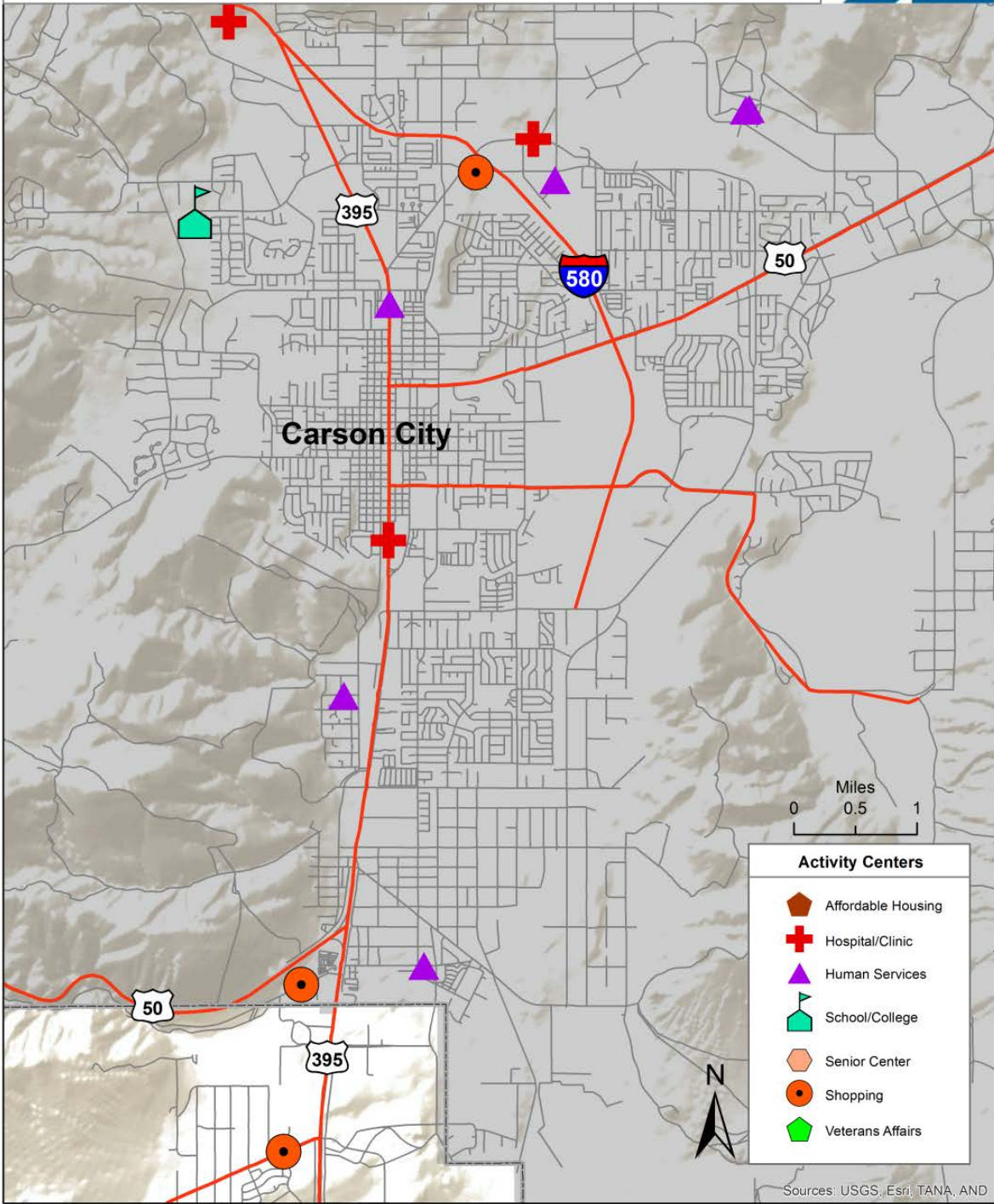
Activity Centers Tahoe Transportation District

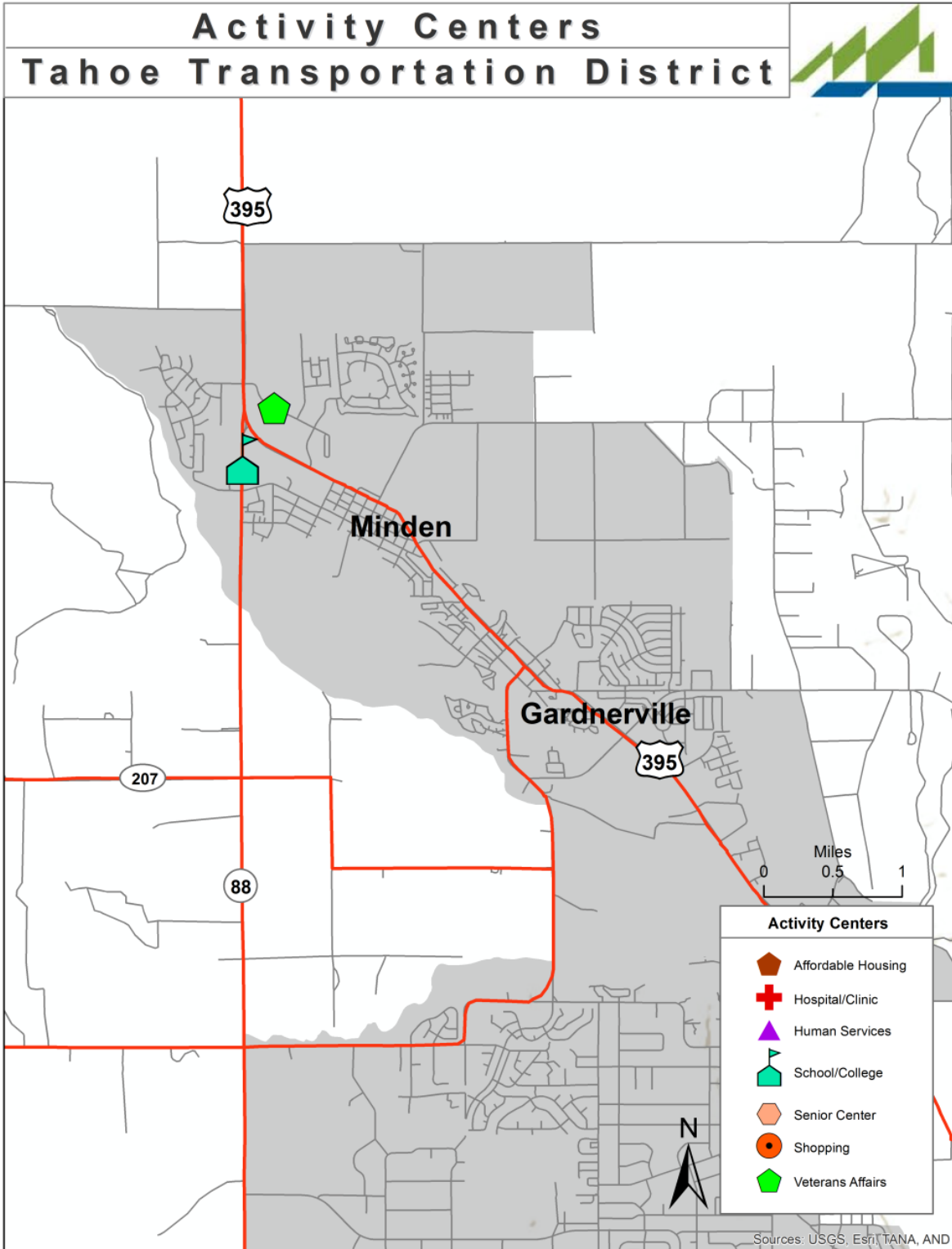


Activity Centers Tahoe Transportation District



Activity Centers Tahoe Transportation District

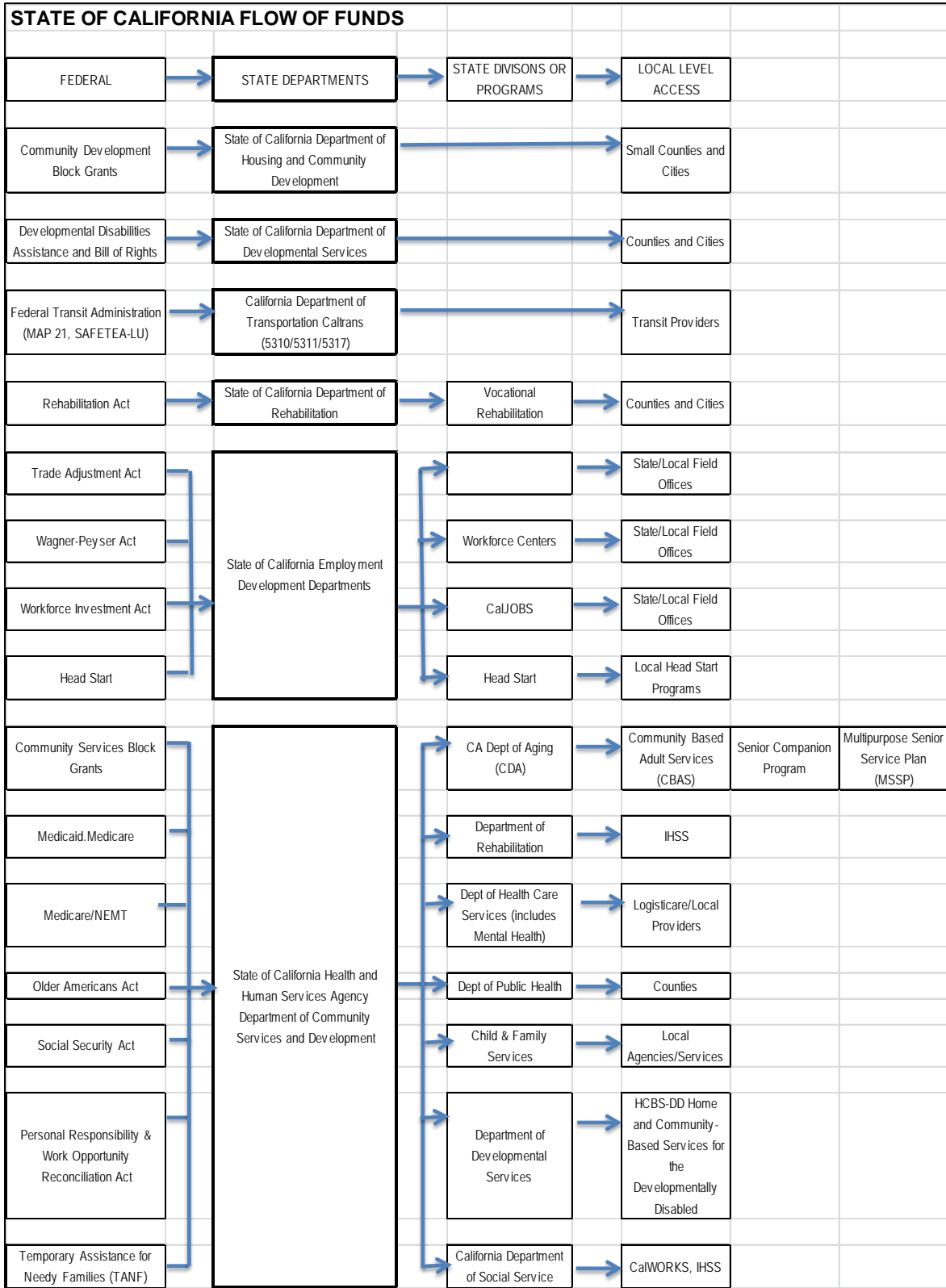




Appendix H: Funding Table

Program	Section		Funds Available For	Designated Recipient	Funding Replaces
	Urban	Rural			
Public Transit – Formula Funds	5307	5311	Rural: operating and capital. Urban: limits on operating funds; largest can only use funds for capital.	Rural: Caltrans; NDOT Urban: Transit Operators	JARC (5316)
Transportation for Elderly and Persons with Disabilities	5310		Capital and mobility management activities	Rural: Caltrans; NDOT Urban: Transit Operators	New Freedom (5317)
Asset Management	5326		Maintaining capital and assets	Rural: Caltrans; NDOT Urban: Transit Operators	New Program
Safety Authority	5329		Maintaining safety performance standards	Rural: Caltrans; NDOT Urban: Transit Operators	New Program
State of Good Repairs	5337		Capital and mobility management activities	Rural: Caltrans; NDOT Urban: Transit Operators	New Program
Bus and Facilities Formula Grants	5339		Capital and mobility management activities	Rural: Caltrans; NDOT Urban: Transit Operators	5309

Appendix I: State of California Flow of Funds



Appendix J: State of Nevada Flow of Funds

