



**Coordinated Human Service
Public Transportation Plan**

Draft Plan

February 4, 2019

Wake Transit Plan

GO FORWARD
A COMMUNITY INVESTMENT IN TRANSIT

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1. Introduction

OVERVIEW

The Raleigh Urbanized Area 2018 Coordinated Human Services Transportation Plan (CHSTP) Update sets regional priorities for transportation investments and initiatives for human services and public transit coordination. This plan will guide funding and service development for transportation projects supporting older adults, people with disabilities and individuals with low incomes. It also serves as a federally required update to the 2013 Coordinated Human Services Transportation Plan. The plan was completed in concert with the Wake Bus Plan, a larger effort designed to guide transit service and capital investments associated with the Wake Transit Plan.

The CHSTP Update was prepared with involvement of a Human Service Transportation Working Group, a sub-committee of the Wake Bus Plan Core Technical Team. The Working Group was comprised of regional stakeholders, including regional public transportation operators (GoRaleigh, GoCary, GoTriangle and GoWake Access), a representative from Johnston County Area Transit System (JCATS) and the Capital Area Metropolitan Planning Organization (CAMPO).

WAKE TRANSIT PLAN

In November 2016, voters in Wake County approved a half-cent sales tax, which will be paired with other federal, state and local revenues to fund transit improvements in Wake County. The combined investment strategy, branded as the Wake Transit Plan, reflects a vision for transit service development articulated as “Four Big Moves”. The Four Big Moves include:

- **Connect Regionally:** Create cross-county connections by developing a combination of regional rail and bus investments. The investment plan reflects a Durham-Wake commuter rail project as well as a series of regional express routes.
- **Connect All Wake County Communities:** Connect all 12 municipalities in Wake County plus the Research Triangle Park (RTP) and Raleigh-Durham International Airport (RDU). This investment will include a combination of regional and express bus routes.
- **Frequent, Reliable Urban Mobility:** Develop a frequent transit network in Wake County’s urban core. The frequent transit network will include development of bus rapid transit services, plus high frequency bus services along major corridors in the County’s most developed communities.
- **Enhanced Access to Transit:** Directs investment to existing fixed-route services to make service more convenient. The investments include expanding transit operating hours including providing more service on weekend days and increasing the frequency of service on many routes. The Transit Plan also recommends improving local transit services through the Community Funding Areas Program and increasing funds for demand response service operated by GoWake Access service in urbanized Wake County.

The Wake Transit Plan through the Four Big Moves balances needs for urban mobility with improving mobility in smaller communities and rural areas. The Wake Transit Plan also has an emphasis on accessibility and, by design, is intended to make transit easier and more convenient for more people. By focusing on these goals, the Wake Transit Plan made a clear commitment to expand access transit for as many Wake County residents as possible. These strategies are expected to have a direct benefit on the human service transportation network and the availability of transportation to members of the target populations of older adults, persons with disabilities and individuals with low incomes.

COORDINATED HUMAN SERVICE TRANSPORTATION PLANNING

In Wake County, as in many locales, multiple federal, state and local programs such as the Departments of Agriculture, Education, Health and Human Services Veterans Affairs, etc. fund or support transportation services for their clients. Many of these “human service transportation” funding programs are entirely separate and distinct from transportation funding and service provided by the U.S. Department of Transportation and Federal Transit Administration (FTA). Due to a variety of differing rules, regulations, and processes, human service and public transportation programs are not always mutually supportive or coordinated. The lack of coordination means some systems and programs are duplicative, overly complex, expensive, and difficult to understand and use. The goal of coordination planning is to untangle the separate systems and encourage them to complement each other and work towards an accessible, easy to use system.

The Raleigh UZA has been and continues to be a fast growing region. The region has responded to this growth with a variety of transportation investments, including the Wake Transit Plan. A critical goal of the Wake County / Raleigh UZA Coordinated Human Service Transportation Plan Update, therefore, is to inventory and evaluate how the planned investments in public transportation will impact local and regional human service transportation. As part of understanding these changes and their impacts on human service transportation needs, the CHSTP Update will focus on identifying strategies to address remaining gaps.

An important component of improving mobility options for Raleigh UZA residents, even within the context of new local resources, involves coordinating human service transportation programs with the new public transit services implemented as part of the Wake Transit Plan. In addition, the FTA requires that urbanized areas develop Coordinated Human Service Transportation Plans (CHSTP) to access certain FTA grant programs. Accordingly, a CHSTP is being prepared to align with the Wake Bus Plan as part of planning and programming bus service changes.

The CHSTP focuses on the Raleigh UZA and set out to:

- Create a 5-year strategic plan to meet non-Medicaid human service transportation needs.
- Identify human service transportation needs and service gaps in the context of an expanded regional transit network.
- Identify transportation options and coordination strategies that will meet rural and human service transportation needs.
- Develop strategies and recommendations that are coordinated with, and complementary to, the Wake Transit Plan.
- Meet the federal requirements to access FTA funding programs.

While each goal is important, the ultimate objective of a coordinated plan is to create a seamless system, which maximizes mobility for individuals, eliminates barriers for travelers and achieves operational efficiency.

Scope of Work

Coordinated human service public transit planning is a mandated process and follows a prescribed format built around four main tasks:

- Task 1: Inventory Assessment and Gap Analysis
- Task 2: Identify Strategies to Address Service Gaps and Improve Efficiency
- Task 3: Stakeholder and Community Input
- Task 4: Draft and Final Coordinated Human Service Transportation Plan

This technical memo compiles all the work completed through the initial task to and through the development of recommendations and implementation. The CHSTP is being developed in conjunction with the Wake Bus Plan and is generally following a similar planning timeframe. Most of the technical work was completed in (Tasks 1 and 2); stakeholder and community input was collected over the fall of 2018 with draft final recommendations submitted in late 2018. A final round of stakeholder outreach will be conducted in January 2019. The recommendations will be incorporated into the overall Coordinated Human Service Transportation Plan, which is slated to be finalized by early 2019.

CHSTP Working Group

The Wake County Transit Planning Advisory Committee (TPAC) is overseeing development of the Wake Transit Bus Plan with hands on management and direction provided through a subsidiary of the TPAC, the Wake Transit Bus Plan Core Technical Team (CTT). The Bus Plan CTT, in turn, delegated development of the CHSTP process to a working group. The TPAC approved the creation of a working group as a sub-committee of the Wake Transit Bus Plan Core Technical Team to guide the development of the Coordinated Human Services Transportation Plan in February 2018.

2. Coordinated Human Service Transportation Planning

OVERVIEW

Federal and state governments have long been interested in coordinating transportation funding across human service and public transit agencies. By coordinating planning and collaborating on service delivery, the goal is to increase the amount of service available to individuals and maximize service and operation efficiency.

The federal government's interest in coordinated public transit – human service transportation has been consistent for more than thirty years. The rules, regulations and requirements have evolved, but the goals remain the same – increase mobility and lower costs. The evolution of coordinated planning is highlighted by a series of federal directives:

- 1986 Joint Department of Health and Human Services and Department of Transportation Coordinating Council on Human Service Transportation established.
- 1998 Transportation Equity Act for the 21st Century (TEA-21) required funding for Job Access Reverse Commute to be part of a coordinated public transit – human service transportation planning process.
- 2004 Executive Order created multi-department Coordinating Council on Access and Mobility (CCAM).
- 2005 Safe, Accountable, Flexible, Efficient, and Transportation Equity Act (SAFE-TEA) required local coordination plan to be eligible for three programs: Elderly Individuals and Individual with Disabilities, Job Access Reverse Commute and New Freedom.

Under the most recent federal transportation law, Fixing America's Surface Transportation (FAST) Act of 2015, projects funded by the Enhanced Mobility of Seniors and People with Disabilities (FTA Section 5310) must be "included in a locally developed coordinated public transit – human services transportation plan"¹. The plan must be "developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private and nonprofit transportation and human service providers and other members of the public"².

¹ Federal Transit Administration Coordinated Public Transit Human Services Transportation Plans (www.transit.dot.gov/funding/grants/coordinated-public-transit-human-services-transportation-plans)

² Federal Transit Administration Coordinated Public Transit Human Services Transportation Plans(www.transit.dot.gov/funding/grants/coordinated-public-transit-human-services-transportation-plans)

The FTA provides guidance for the coordinated public transit – human service transportation planning process. This process involves six main steps:

1. Assess transportation needs
2. Inventory available services and identify service gaps and redundancies
3. Develop strategies to address the identified gaps in service
4. Identify coordination actions to eliminate or reduce duplication in services and develop strategies for more efficient utilization of resources
5. Collect input from stakeholders and members of the public
6. Prioritize and recommend strategies for implementation

FEDERAL FUNDING

The Federal Transit Administration (FTA) administers funding programs for public transportation. FTA funding pertinent to human service and rural transportation programs include FTA Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities (“5310”) and FTA Section 5311 Formula Grants for Rural Areas (“5311”). The North Carolina Department of Transportation (NCDOT) administers Section 5311 funding for all rural transit in the State and the City of Raleigh administers Section 5310 funds for distribution in Wake County. More information on each of these programs is provided in the following sections.

The vast majority of funds made available to human service and rural transportation providers will be from Section 5310 and 5311, GoCary, GoRaleigh, GoTriangle and GoWake Access also directly receive funding from FTA funding programs directed at urban areas, including Section 5307 Urbanized Area Formula Grants and Section 5339 Capital Investment Grants. These grant programs are relevant to the Coordinated Human Service Transportation Plan because the fixed route transit operators (GoTriangle and GoRaleigh) use them to help fund ADA paratransit services. GoWake Access is also direct recipient of FTA 5307 and 5309 funding; however, GoWake Access did not receive either 5309 or 5339 funding in 2016 or 2017.

FTA Section 5310 – Enhanced Mobility for Seniors and Individuals with Disabilities

The FTA’s Section 5310 - Enhanced Mobility of Seniors and Individuals with Disabilities program is designed to help private nonprofit groups meet the transportation needs of older adults and people with disabilities. Funds are distributed based on a formula that reflects each state’s and urbanized area’s population of older adults and people with disabilities. Eligible activities include traditional capital investments such as the purchase of vehicles, technology systems or service contracts. At least 55 percent of the funding must be used for these traditional projects. Nontraditional activities include capital and operating projects and range from travel training and volunteer driver programs to building accessible paths and the incremental cost of same day service. Federal funds can be used for up to 80 percent of the costs of a capital project and up to 50 percent of the cost of operating projects.

In Fiscal Year 2018 (FY18), nearly \$600,000 in funding was made available for use in the Raleigh UZA from the FTA Section 5310 program. Funding has increased slowly over the past few years (see Figure 2-1). The City of Raleigh (GoRaleigh) is the designated recipient of FTA funding for the Raleigh UZA. GoRaleigh works with the Capital Area Metropolitan Planning Organization (CAMPO) to administer the Section 5310 funds through a program management plan. In the past few years, funding was awarded to public and nonprofit organizations to support their transportation programs, including GoRaleigh and GoWake

Access, as well as the Arc of the Triangle, the Center for Volunteer Caregiving and the Alliance of Disability Advocates.

Figure 2-1 Annual Funding: FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program

	FY14	FY15	FY16	FY17	FY18
5310 Funding	\$499,263	\$498,378	\$536,767	\$553,277	\$583,994

Source: FTA Section 5310 FY Funding Tables (www.transit.dot/funding/appropriations)

FTA Section 5311 – Formula Grants for Rural Areas

The FTA Section 5311: Formula Grants for Rural Areas program provides funding for designated rural areas with populations less than 50,000. Under the FAST Act, FTA Section 5311 funds are not directly included in the coordinated public transit – human service planning requirements, but they are an important transportation funding resource for rural communities and often used to support human service transportation. Section 5311 funds are distributed to states using a formula based on land area, population, revenue vehicle miles and low-income individuals in rural areas³. The funds are designated to support public transportation in rural communities and can be used for capital and operating projects. Section 5311 funds can be used to fund up to 80 percent of the cost of a capital project and up to 50 percent of the cost of an operating project.

Since part of Wake County is a designated rural area, it receives FTA Section 5311 funds. These funds are distributed by the North Carolina Department of Transportation (NCDOT); in Wake County, GoWake Access has been receiving these funds (see Figure 2-2). Johnston County is eligible for Section 5311 funds from NCDOT, but the portion of the Johnston County in the Raleigh UZA is not

Figure 2-2 Annual Funding: FTA Section 5311 Formula Grants for Rural Areas in Wake County

	FY14	FY15	FY16	FY17	FY18
Operating	n/a	\$58,998	\$58,470	\$189,061	n/a
Capital	n/a	\$15,457	\$115,360	\$98,880	n/a

Source: NCDOT Community Transportation Operating and Financial Statistics Reports

³ FTA Formula Grants for Rural Areas – 5311 (www.transit.gov/rural-formula-grants-5311)

STATE FUNDING

In addition to federal funds, NCDOT provides funding for rural and human service transportation programs. These funds are available to rural portions of both Wake and Johnston County. However, only the rural portions of Wake County are applicable to the Raleigh UZA CHSTP.

Elderly and Disabled Transportation Assistance Program (EDTAP)

In 1989, the state legislature recognized the rapidly growing population of older adults and enacted the North Carolina Elderly and Disabled Transportation Assistance Program (EDTAP), setting up the appropriation of funds on a formula basis. To be eligible for EDTAP funding, counties must have an approved Community Transportation Services Plan, a transportation advisory board that includes representation from agencies and programs that serve the transportation-disadvantaged, and coordinate services consistent with the local CTSP.

Employment Transportation Assistance Program

The Employment Transportation Assistance Program provides operating assistance for employment transportation needs. The funds help Department of Social Service (DSS) clients that transition off Work First⁴ or Temporary Assistance for Needy Families (TANF) in the last 12 months. The program also supports Workforce Development Program participants and/or the general public to travel to work, employment training and/or employment related destinations.

Rural General Public (RGP) Program

The Rural General Public (RGP) funds are available through NCDOT to community transportation systems that serve the rural populations. The program is fully funded from the state and is available to community transit systems that service the general public.

The Executive Order formalizing the coordination of health and human service transportation was not renewed during Governor Perdue's tenure from 2009-2013. Ergo, the formalities of coordination, as well as the Human Services Transportation Council are no longer active. Additionally, financial support for specialized transportation was reduced at the state level. However, the residual effects of statewide support for coordinated transportation are still in effect, including local support for Coordinated Human Services Transportation Plans.

Figure 2-3 Wake County Annual Funding: NCDOT Funds (EDTAP, ETAP and RGP) (DRAFT)

	FY14	FY15	FY16	FY17	FY18
Rural Operating Program (EDTAP, RGP)	n/a	\$962,794	\$533,370	\$547,880	n/a
Comprehensive Transportation Administration	n/a	\$270,931	\$178,205	\$47,056	n/a

Source: NCDOT Community Transportation Operating and Financial Statistics Reports

⁴ Work First is North Carolina's plan to help families stay off welfare or move off welfare and into jobs.

COORDINATED PLANNING IN WAKE COUNTY

Consistent with federal requirements, planning agencies in Wake County have maintained plans to guide public transit – human service transportation coordination. Triangle Transit Authority (now GoTriangle) prepared the first Coordinated Public Transportation Human Services Transportation Plan for the Capital Area Metropolitan Planning Organization (CAMPO) in 2007. This plan was updated in 2013 by the Wake Coordinated Transportation Services (WCTS/TRACS) (now GoWake Access) with guidance from the NCDOT PTD staff. A Steering Committee comprised of staff from the Wake County Transportation Advisory Board (TAB), WCTS/TRACS staff, NCDOT PTD staff, Wake County Planning Department Staff, and a Wake County Human Services representative helped guide the process.

The 2013 CHSTP identified a series of challenges, most of which coalesced around three primary issues or needs, including: 1) funding and financial support for services; 2) connections across jurisdictions and transportation service providers; and 3) more effective use of information and technology.

As part of developing the 2013 CHSTP, the Steering Committee developed and administered a questionnaire to understand human service transportation needs in Wake County. A total of 141 surveys were completed, prioritizing the following statements:

- Transportation should be convenient and easy to access.
- More capped or fare-free demand-response transportation throughout Wake County for residents with disabilities, older adults, and people with low incomes.
- More demand-response service available to residents who are transportation -disadvantaged.
- More door-to-door service for older adults and persons with disabilities.
- More service to fill gaps in underserved areas.
- Transportation for residents who live in the City but must travel to destinations outside of the City and where buses do not travel.

3. Existing Conditions

OVERVIEW OF SERVICE AREA

The 2019 CHSTP Update is being developed for both Wake County and the Raleigh- Cary Urbanized Area. The two areas are largely similar, but the Raleigh-Cary Urbanized Area (UZA) extends slightly into Granville, Franklin and Durham counties to the north and Harnett County to the south. A larger piece of the Raleigh-Cary Urbanized Area is located in Johnston County to the east including a portion of the Town of Clayton (Figure 3-1).

Wake County and the Raleigh Urbanized Area is a geographically expansive and rapidly growing metropolitan region. It covers over 1,000 square miles and is home to over 1 million people and some 450,000 jobs. The region includes the municipalities of Raleigh and Cary as well as the smaller urban and rural communities in Wake and Johnston Counties. It also includes a diversity of transportation providers, including GoWake Access, which provides demand response service countywide, JCATS, which provides transportation services in Johnston County, and the paratransit service provided by the transit operators (GoCary, GoRaleigh and GoTriangle) in association with their fixed-route transit services.

Key characteristics of Wake County⁵:

- **Wake County is one of the fastest growing regions in the United States.** The population has more than doubled in the past three decades with an estimated 70 people moving to the area every day.
- **Wake County is wealthier, younger and more diverse** than the State of North Carolina overall.
- **The median household income in Wake County is \$70,620**, which is significantly above the state average of \$48,256. In addition, about 9% of Wake County residents live in poverty as compared with more than 15% statewide.
- **The region is relatively young.** Just under 11% are aged 65 or older. This is lower than the state average (16%).
- **Wake County is diverse and has a similar racial makeup as the state overall.** It is slightly less white (68.5 percent as compared with 71 percent statewide) and has similar portions of people identifying as black or African American and as Hispanic or Latino as the rest of the state.
- **More people in Wake County speak a language other than English at home (17 percent) as compared with the state overall (11%).** 13 percent of Wake County residents are foreign born; this compares with 8 percent statewide.
- **Wake County has fewer people with disabilities (6%)** as compared with North Carolina (10%) and the United States overall (19 percent).

⁵ All data shown is from the U.S. Census Bureau statistics as of July 1, 2017

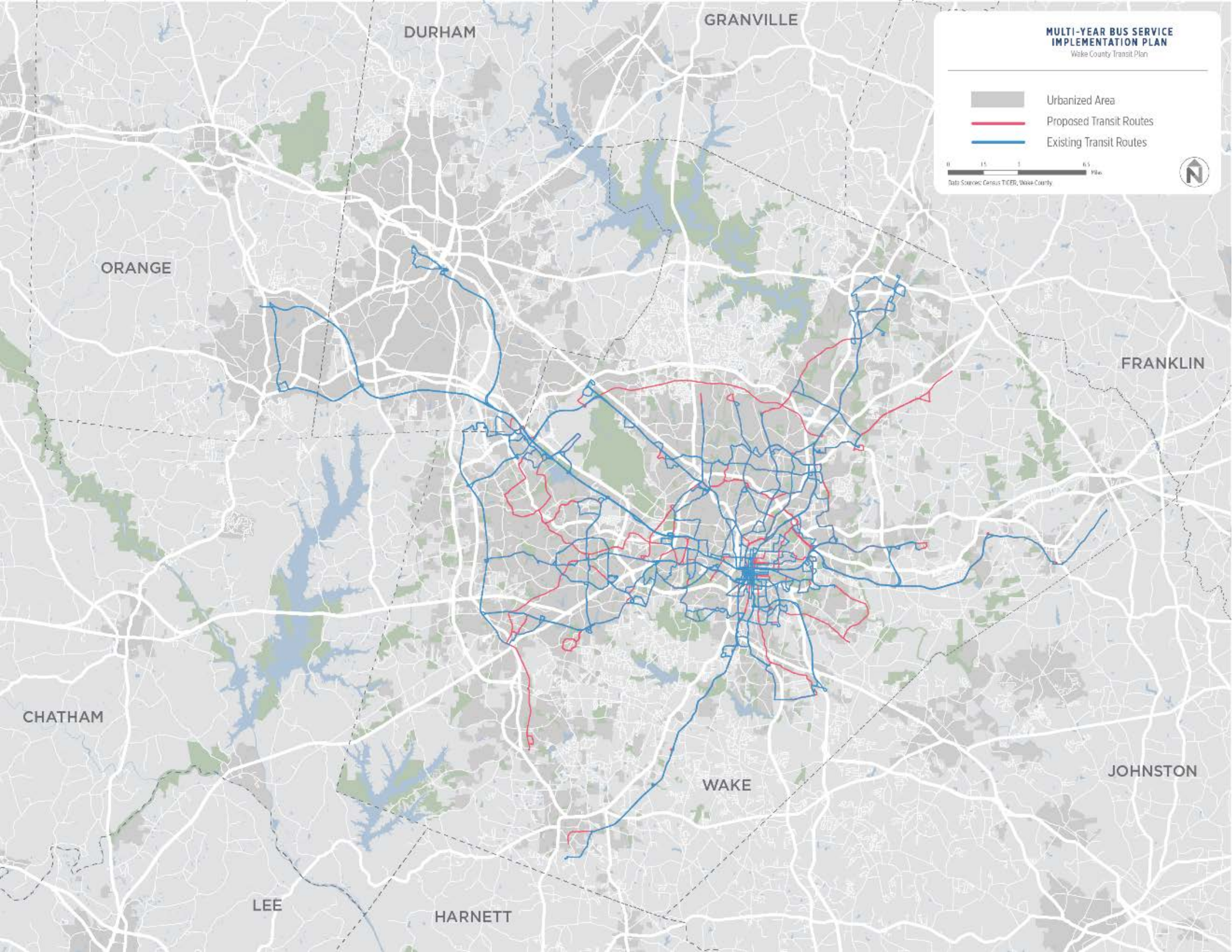
- **Wake County has about 52,900 veterans living in the county.** This represents about 5 percent of the population. There are 683,220 veterans living in North Carolina, comprising about 7 percent of the state's population.
- **Of the target markets and populations (older adults, individuals with disabilities, individuals with low incomes, veterans and minorities), most are concentrated in areas south and east of the City of Raleigh. Additionally, older adults are also concentrated in communities to the west, especially the Town of Cary.**

Johnston County, which is also part of the CHSTP Update planning area has similar characteristics⁶:

- **Johnston County is growing fast.** Johnston County more than doubled its population between 1990 and 2017 growing from 81,306 people to 196,708 by 2017. Between 2010 and 2017, the County grew by 16.5%. Growth has been particularly robust in the communities bordering Wake County. For example, the Town of Clayton, which is part of the Raleigh UZA, more than tripled in size, growing from around 5,000 people in 1990 to more than 21,000 in 2017.
- As compared with North Carolina overall, **Johnston County is younger and less diverse.** Johnston County has a slightly higher median income and a slightly higher rate of persons living in poverty.
- **In 2017, Johnston County had a median household income of \$54,610**, higher than the state average of \$48,256, but considerably lower than Wake County (\$70,620). Roughly 15% of the County population lives in poverty, this compares with 14.7% of all people in North Carolina.
- **Johnston County is less diverse than Wake County or the State of North Carolina overall.** Nearly 80% of the population is white, as compared with 71% of North Carolina overall. (68.5% of Wake county residents are white).
- **About 11% of Johnston County's population include people with disabilities.** This slightly higher than North Carolina (10%) overall.
- **Johnston County has about 13,268 veterans living in the county.** This represents about 8% of the population, nearly exactly the same as the state overall.
- **Of the target markets and populations (older adults, individuals with disabilities, individuals with low incomes, veterans and minorities), most are concentrated in eastern Johnston County, including the Town of Clayton, portions of which are part of the Raleigh UZA and included in the study area.**

⁶ All data shown is from the U.S. Census Bureau statistics as of July 1, 2017

Figure 3-1 Raleigh-Cary Urbanized Area

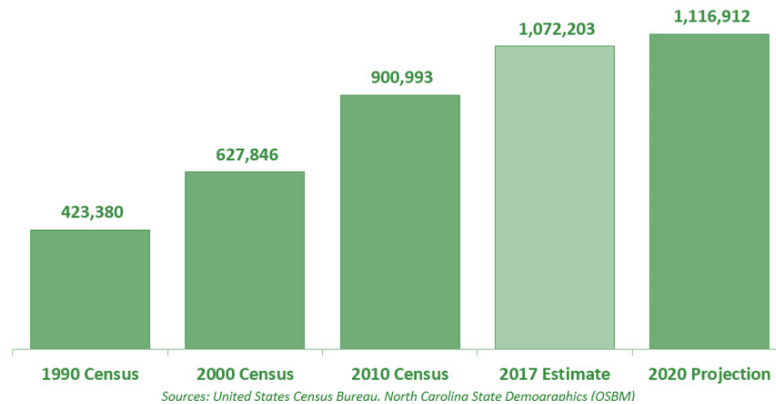


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DEMOGRAPHICS AND TRENDS

Growth in Wake County and the tri-county region inclusive of Durham, Orange and Wake Counties is well documented. The population in Wake County has more than doubled between 1990 and 2017, increasing from approximately 423,000 to 1,072,200 in the 27-year period (see Figure 3-2).

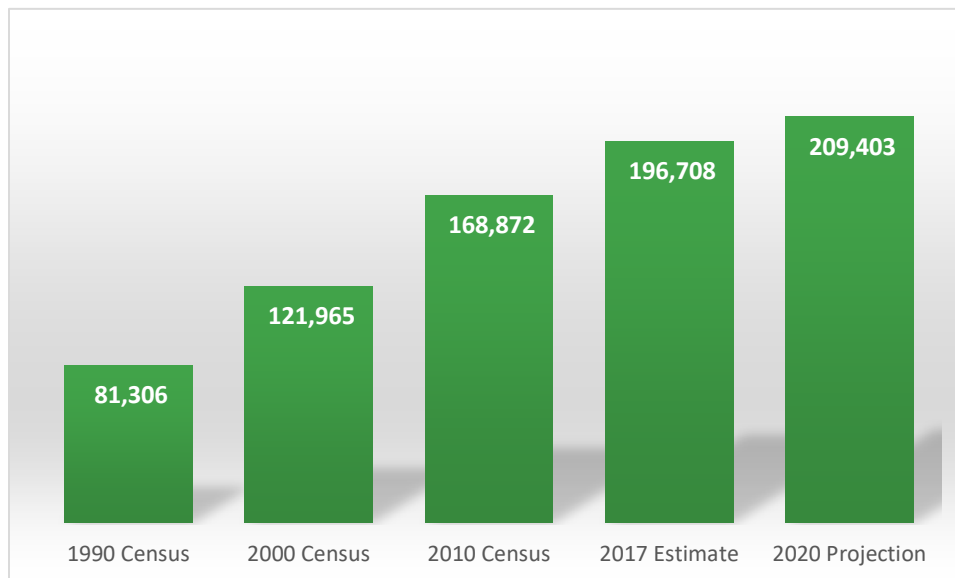
Figure 3-2 Wake County Population Growth 1990-2020



This broadly translates to the addition of 66 people a day for 27 years; growth is forecast for the next few years, albeit at a slightly slower rate. Indeed, the motivation for many residents who voted for the Wake Transit Plan reflected a desire for growth management.

Like Wake County, Johnston County has grown rapidly over the same time period, increasing from 81,306 people in 1990 to 196,708 in 2017 (see Figure 3-3). The rate of growth is only slightly slower than Wake County, but because Johnston County started from a smaller base, the impact is somewhat more muted. One of the fastest growing communities in Johnston County is the Town of Clayton, the western portion of which is included in the Raleigh UZA. The Town of Clayton has experienced significant growth over the past few decades, increasing nearly four-fold from 4,756 people in 1990 to 21,405 by 2017.

Figure 3-3 Johnston County Population Growth 1990-2017



Source: United States Census Bureau; North Carolina State Demographics

Coordinated public transit – human service planning considers the general population but focuses on the target populations of older adults and persons with disabilities, as well as veterans, minorities and people

with low incomes. However, the pace of overall growth directly relates to changes in the target population because rapid growth can influence the availability of resources in both positive and negative ways. Rapid growth, for example, led to the Wake Transit Plan, which greatly increases the availability of public transit. At the same time, negative transportation impacts, such as traffic congestion can have a disproportionate impact on the target populations. Increased congestion erodes travel times and increases travel costs, which has a direct impact on the availability of human service transportation.

Target Markets and Populations

The coordinated human service transportation planning process is specifically focused on a target group of individuals that consists of older adults and persons with disabilities as well as veterans, minorities and people with low incomes. The size and distribution of these individual populations helps determine the need for both public transit and human service transportation. The data suggests that while Wake County's overall population is growing rapidly, some segments of the targeted population are also growing rapidly (older adults, minorities, and individuals with low incomes), or growing slowly or declining (veterans and individuals with disabilities) (see Figure 3-3).

Johnston County has grown rapidly over the past several decades. With this growth, the populations of the Coordinated Plan's demographic markets has also grown (see Figure 3-4). In all cases, each of the target markets – older adults, individuals with disabilities, individuals with low incomes, veterans and minorities has increased significantly over the same time period. Changes in demographic markets shown in Figure 3-4 reflect the entirety of Johnston County, however, some of this growth has occurred in the portion of Johnston County within the Raleigh UZA.

Figure 3-3 Wake County Overall Population and Target Markets: Growth and Trends

	Overall Population	Older Adults Aged 65+	Individuals with Disabilities	Individuals with Low Incomes	Veterans	Minorities
1990	423,380	33,024	Unavailable	35,563	Unavailable	99,494
2000	627,846	46,372	50,228	47,685	51,377	173,302
2010	900,993	76,549	66,351	80,339	54,157	303,447
2017	1,072,203	114,725	62,188	98,643	52,877	428,881

Source: US Census via American Community Survey

Figure 3-4 Johnston County Overall Population and Target Markets: Growth and Trends

	Overall Population	Older Adults Aged 65+	Individuals with Disabilities	Individuals with Low Incomes	Veterans	Minorities
1990	81,306	10,570	8,537	12,277	6,260	25,204
2000	121,965	11,953	12,806	18,416	9,391	26,832
2010	168,872	21,954	17,731	25,499	13,003	43,529
2017	196,708	25,572	20,654	29,702	13,286	40,128

Source: US Census and American Community Survey

Older Adults

The population of older adults, defined as individuals aged 65 and over, has been steadily increasing from 1990 and 2017, increasing more than three-fold between 1990 and 2017 (Figure 3-3). The growth of

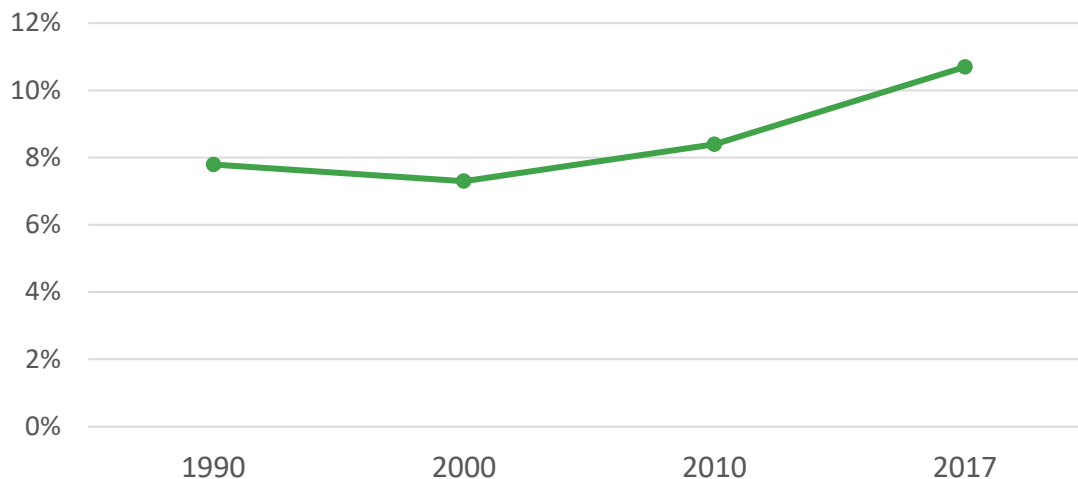
older adults has outpaced population growth in Wake County overall, so that as of 2017, adults aged 65 represent 11% of the overall population, as compared with less than 8% in 2000 (see Figure 3-4). Older adults represent about 13% of the population in Johnston County.

Spatially, older adults are distributed throughout Wake County, with sizable populations apparent in Raleigh and North Raleigh, Cary and present in several communities throughout the county (Garner, Knightdale, Wake Forest and Morrisville). There is also a cluster of Older Adults in the UZA, (see Figure 3-5).

Within the population of older adults, there are two sub-groups of particular relevance to the CHSTP Update because these characteristics are indicators of higher transit dependency: older adults who are living in poverty and the older adults aged 75 and over. According to the American Community Survey, 13% of older adults in Wake County are at or below the poverty line, and 30% have some type of disability. Based on this data, an estimated 13,000 Wake County residents are older adults that also live below the poverty line and have some type of disability. Adults aged 75 and over, represent less than 4%⁷ of Wake County residents, but represent more than 38,500 individuals. These two cohorts represent some of Wake County's most vulnerable individuals; it is also a cohort that will likely increase as the population ages.

Wake County, like much of the United States, is actively planning for an aging population. Public policy – through Medicaid and other healthcare initiatives - continues to promote strategies that keep individuals in their homes as long as possible (e.g. aging in place). This trend suggests a need for continued demand response, and flexible transportation services that specifically meet the needs of older adults.

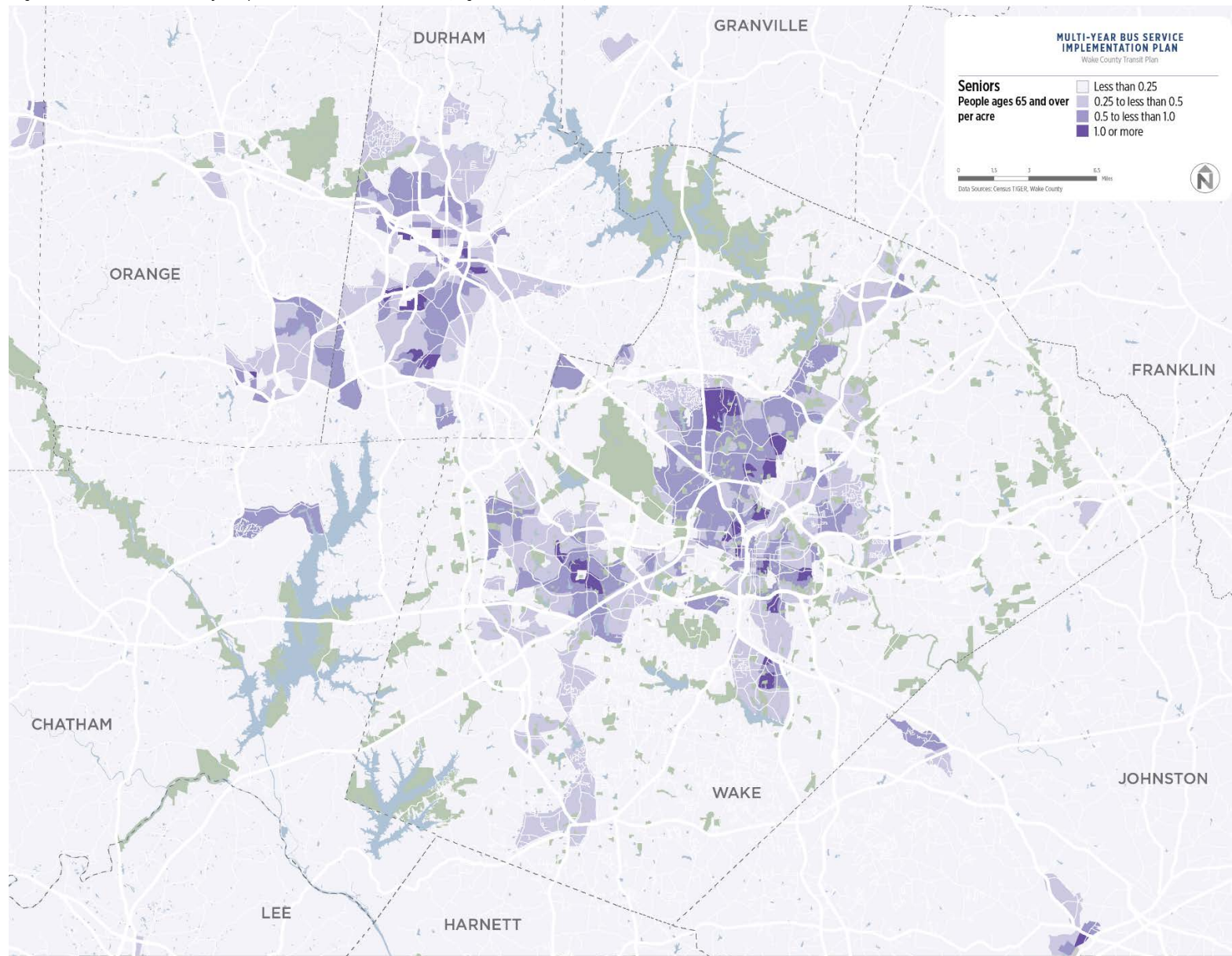
Figure 3-4 Wake County: Older Adults 65 and Over as Percentage of the Total Population



Source: US Census via American Community Survey

⁷ American Community Survey.

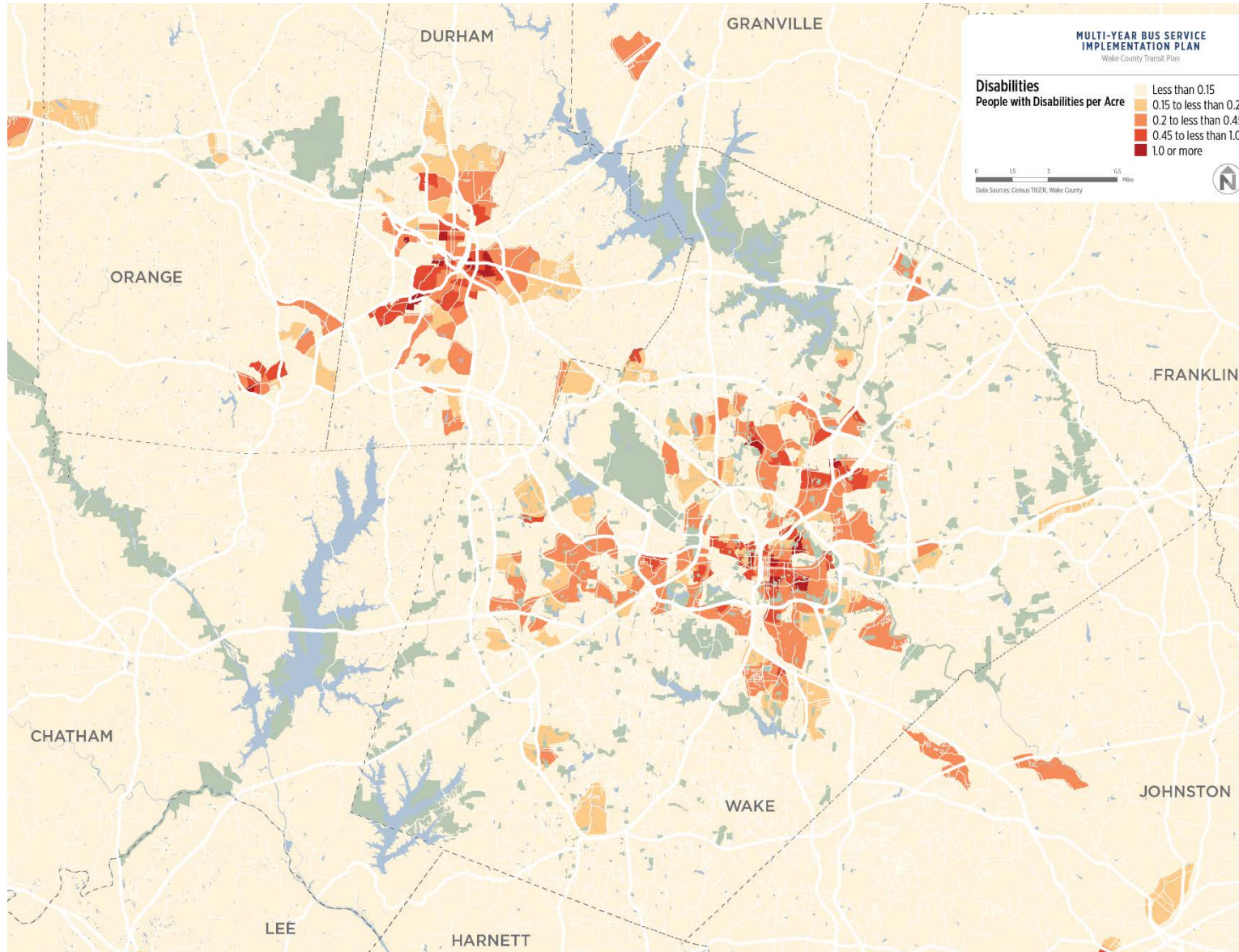
Figure 3-5 Wake County Population of Older Adults (Aged 65+) (2015)



Persons with Disabilities

In 2017, there were just over 60,000 individuals with disabilities in Wake County, representing about 6% of the total population. In Johnston County, about 10.5% of the population includes persons with disabilities, or nearly 21,000 individuals. The population of individuals with disabilities is spread throughout Wake County, with stronger numbers closer to the urban core, and to the north of Raleigh. There are also clusters of individuals with disabilities in the Johnston County portion of the Raleigh UZA (see Figure 3-6).

Figure 3-6 Wake County Population of Individuals with Disabilities (2015)



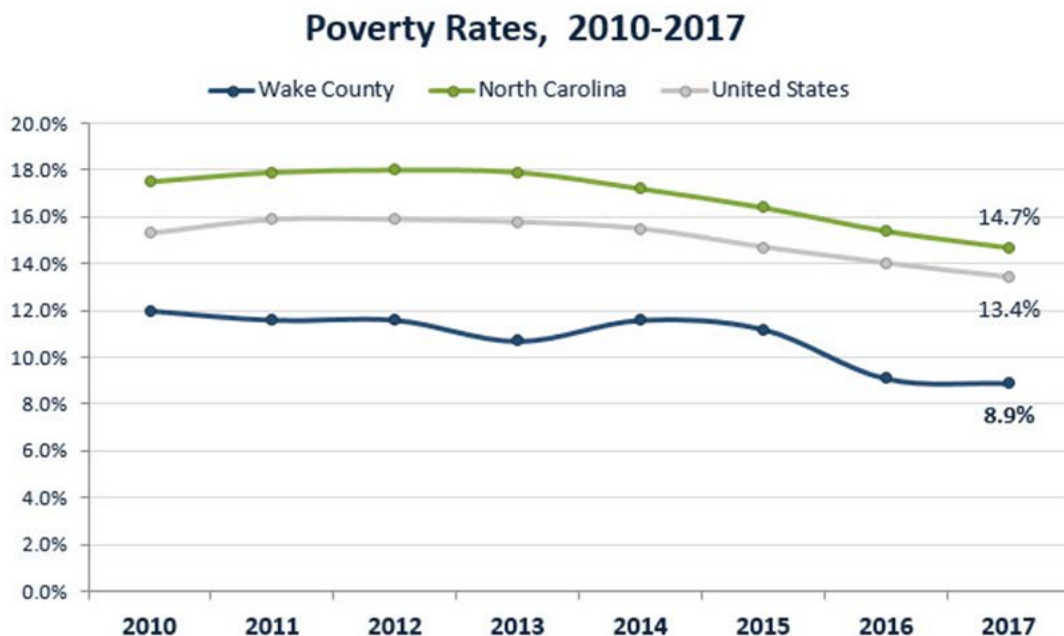
People with Low Incomes

According to the American Community Survey (ACS), “poverty status is determined by comparing annual income to a set of dollar values called poverty thresholds that vary by family size, number of children and age of householder. If a family’s income before tax is less than the dollar value of their threshold, then that family and every individual in it are considered to be in poverty. For people not living in families, poverty status is determined by comparing the individual’s income to his or her or poverty threshold.” The Wake County Affordable Housing Plan defines low-income households as those who make \$39,000 (or less) for a four-person household based on HUD’s 2015 income limits for Wake County.

Using the ACS definition of low-income, the data suggests that Wake County’s low-income population is on a downward trend. This trend is consistent with North Carolina overall as well as the United States. However, despite being a relatively small percentage, the number of people meeting the definition of low-income in Wake County is considerable, at 98,643 individuals. Johnston County, by contrast, has a higher percentage of people with low-incomes (15.1%), or about 30,000 people. In Wake County, the population of people with low-incomes is primarily concentrated in the urban area, with concentrations in southeast and southwest Raleigh. However, there are no concentrations of low-income individuals in the Johnston County portion of the UZA (see Figure 3-8).

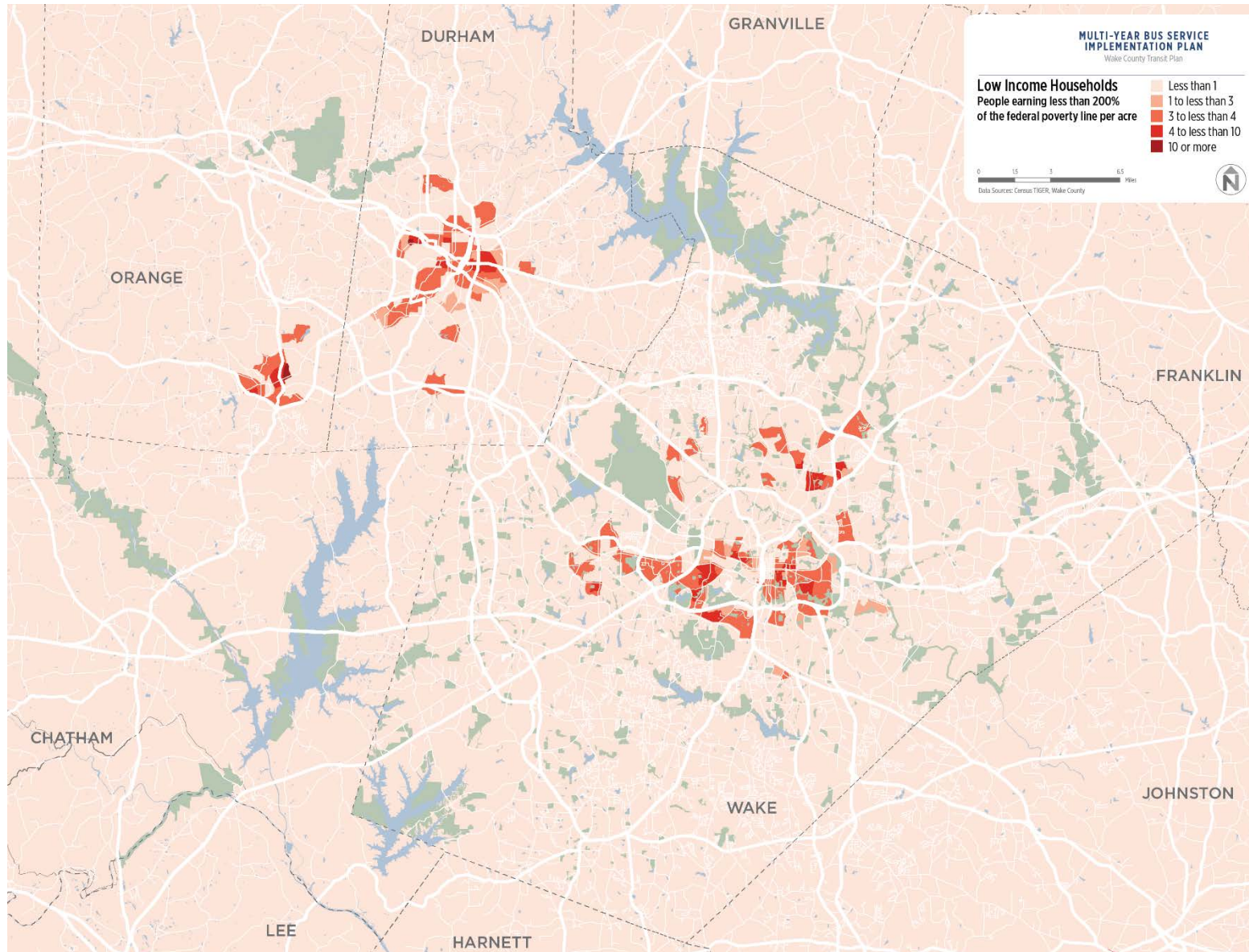
The sheer number of households below the poverty line speaks to the need for consistent transportation options for this population. Even if the household may own a car, they may not be able to afford maintenance, insurance, or fuel for the vehicle. As such, there is a great need to provide transportation options for low income populations that are safe and easily accessible.

Figure 3-7 Wake County Population of Individuals with Low Incomes (2017)



Source: US Census Bureau; ACS Selected Social Characteristics (1 year estimates)

Figure 3-8 Wake County Population: Low Income (2015)

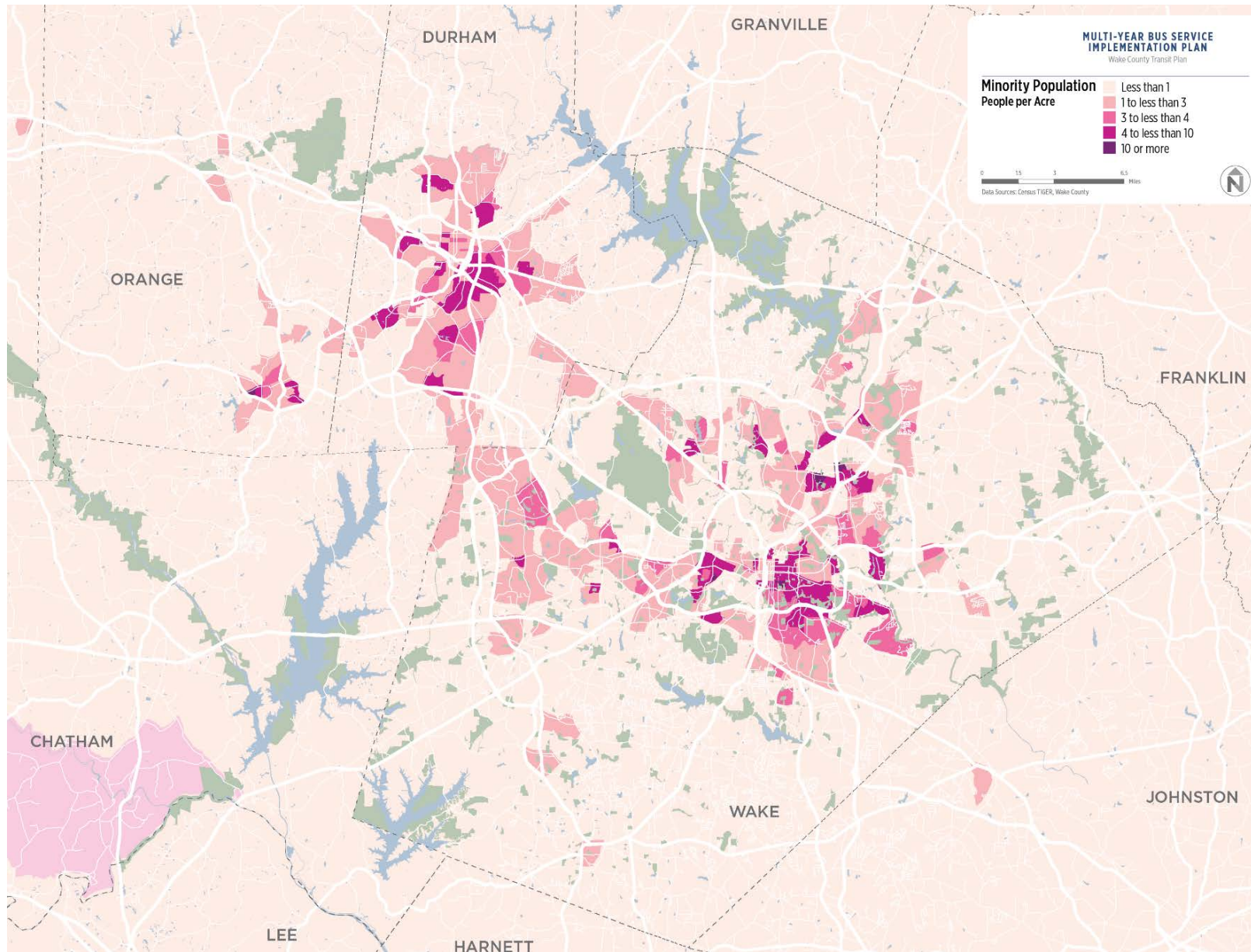


Minority Populations

The U.S. Census collects data on minority populations by asking respondents to identify their racial composition. For the purposes of this study, minority population is defined as any population other than White, non-Latino or non-Hispanic. The minority population in Wake County has more than doubled since the year 2000, growing to roughly 428,900 individuals in 2017, or about 40% of the overall population. Minority populations comprise 31% of the population in Johnston County. There is a small cluster of minorities in the Raleigh UZA near the Town of Clayton.

The minority population in Wake County is largely concentrated in Raleigh, with the strongest density of minorities in southeast Raleigh. The minority population is also strong in northeast Raleigh, in the area around North Carolina State University and in Cary and Morrisville (See Figure 3-9). The concentrations of minority population in the southeast is also closely aligned with low-income populations, which supports the needs for a strong public transit system and health and human service transportation options, especially considering the rapid growth of minority populations in Wake County.

Figure 3-9 Wake County Minority Populations (2015)

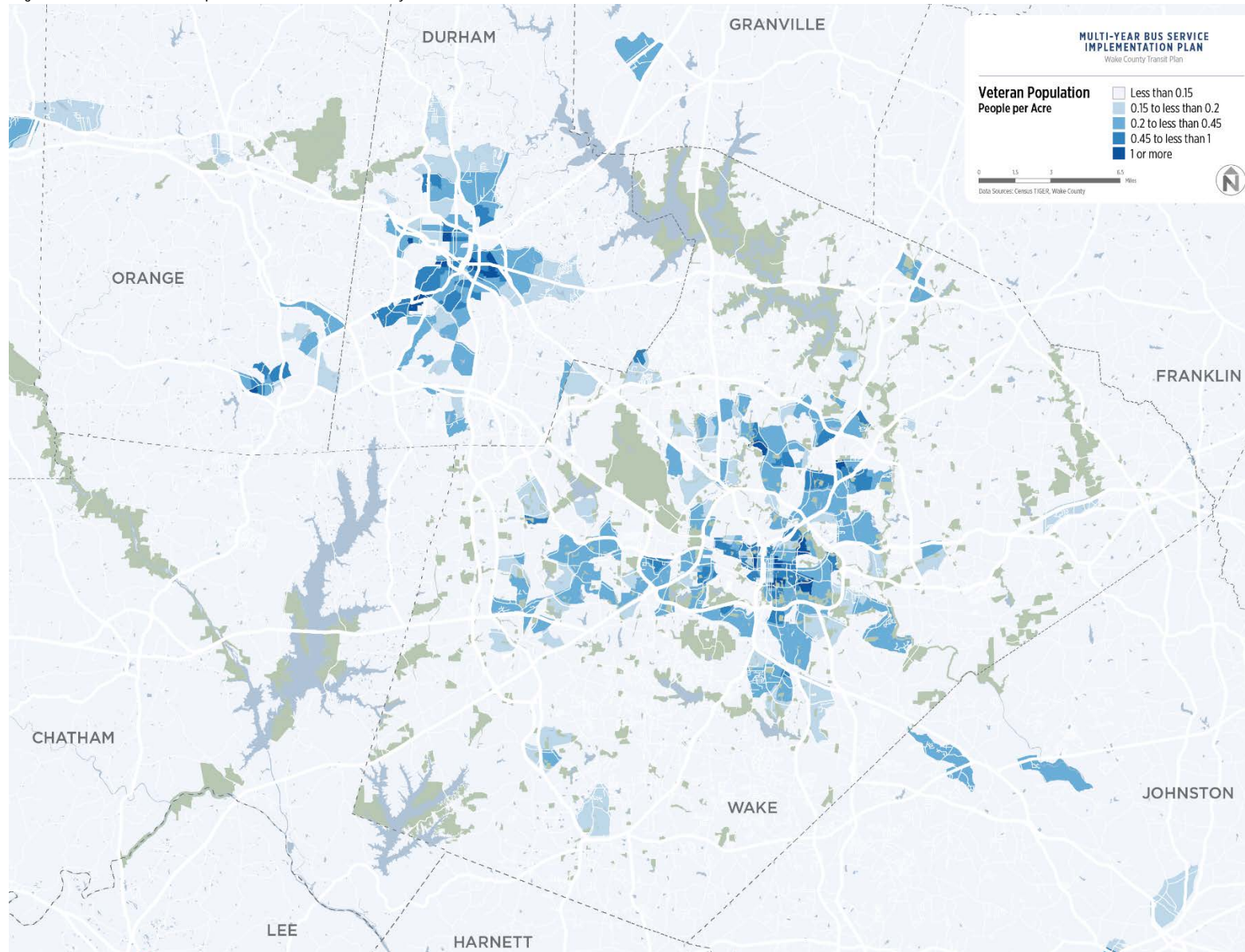


Veterans

Veterans self-report their status in the U.S. Census. The population of veterans in Wake County has decreased slightly over the last 7-years. The Census data suggests of the 50,000 veterans, about 40% fought in Vietnam or Korean Wars or World War II. The remaining 60% of veterans fought in the more recent Gulf Wars and are younger and have different transportation needs. In Johnston County, there are over 13,000 veterans, comprising 7.7% of the population. The veteran population is scattered throughout Wake County, with several located north of Raleigh. There are also clusters of veterans in Johnston County in the UZA. This particular population is also spread throughout the more rural areas, which may be challenging to serve with traditional transit services (see Figure 3-10).

There are three main facilities in Wake County that provide services for veterans, including the Raleigh VA Outpatient Center (on Sunnybrook Road), the North Carolina Department of Military and Veterans Affairs (located downtown), and the VA Outpatient Clinic in north Raleigh (at I-440 and Atlantic). The veteran population needs regular transportation access to these facilities.

Figure 3-10 Veteran Population in Wake County



4. Inventory of Services

INTRODUCTION

An initial step in coordinating transportation resources involves inventorying available services. Data included in these tables was largely compiled through a combination of interviews/conversations with the transit operators (GoCary, GoRaleigh, GoTriangle, GoWake Access and JCATS) plus information gleaned from published datasets. For purposes of this analysis, the service inventory is divided into public transit operators and human service operators.

PUBLIC TRANSIT PROVIDERS

There are four public transportation service providers in Wake County: GoTriangle, GoRaleigh, GoCary and GoWake Access, plus JCATS in Johnston County. GoTriangle, GoRaleigh and GoCary operate a combination of fixed-route services and ADA complementary paratransit services. GoWake Access and JCATS provide general public demand response services in rural areas and in support of medical and human service programs. Most transit agencies operate service seven days per week, with a minimum span of service from 7:00 am to 7:00 pm (see Figure 4-1).

The fixed-route service providers have historically operated in distinct service areas, with GoTriangle being the only fixed-route agency providing service across jurisdictional boundaries. The introduction of a countywide funding source in the form of the Wake Transit Plan funding creates more opportunity for service areas to become somewhat blurred over time. To date, however, only GoTriangle and GoWake Access operate regional service and GoRaleigh and GoCary operate within their respective communities.

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Wake County Transit Plan

Figure 4-1 Wake County / Raleigh UZA Public Transportation Summary Statistics by Operator

	GoTriangle	GoRaleigh
Service Area	Wake County (plus Durham and Orange Counties)	City of Raleigh
Service Type	Fixed-Route ADA Complementary Paratransit	Fixed-Route ADA Complementary Paratransit
Span of Service	Monday – Friday 5:50 am – 11:15 pm Saturday 6:40 am – 11:15 pm Sunday 6:40 am – 7:20 pm	Monday – Friday (Varies) 6:30 am – 12:00 am Saturday and Sunday (Varies) 7 am – 12:00 am
One-Way Adult Fares	\$2.25 ADA \$4.50	\$1.25 ADA \$2.50
2017 Annual Ridership	ADA 41,883	473,267
Cost per Trip	\$79.66	\$17.96
Demand Response Service Model	Directly Operated	Contracted

Source: Community Transportation Ridership, 2014

GoTriangle

GoTriangle provides regional transportation services in Wake County and the Triangle Region. As a regional service provider, most of GoTriangle's service consists of peak period commuter and express routes. Commuter services are exempt from ADA requirements, so GoTriangle only provides ADA paratransit service for five routes. Two of these are in Wake County: Route 100 RDU Airport - Raleigh; Route 300 Cary – Raleigh.

GoTriangle administers ADA paratransit in strict adherence to the federal requirements: service is available the same hours as fixed route and serves eligible individuals traveling within three-quarters of a mile of fixed-route. The fare is double the fixed-route or \$4.50 per one-way trip for an adult. GoTriangle operates ADA paratransit service directly with a fleet of 20 vehicles and a staff of about 23 drivers. In 2017, the agency provided just under 42,000 paratransit trips (Figure 4-2). The average cost per trip was just under \$80. Note that this data includes all of the service provided by GoTriangle and approximately 30% is associated with service implemented in Wake County.

Figure 4-2 GoTriangle ADA Paratransit Service 2013 – 2017

	2013	2014	2015	2016	2017
Ridership	28,326	34,286	34,919	41,452	41,883
Budget	\$1,245,323	\$1,500,266	\$1,741,311	\$1,903,096	\$2,088,603
Cost per Trip	\$70.23	\$69.90	\$79.66	\$73.34	\$79.66
Vehicles	15	16	15	16	20
Drivers	20	24	28	24	23

Source: GoTriangle

GoRaleigh

GoRaleigh operates fixed-route service within the City of Raleigh. As part of its fixed-route service, it operates ADA paratransit service in accordance with the federal requirements. These requirements govern the fare, which is twice the fixed route (\$2.50). ADA requirements also mean the service is available the same hours as fixed route service and is available to eligible customers traveling within three-quarters of a mile of fixed route that, due to a disability, are unable to access fixed route.

GoRaleigh operates ADA paratransit service using a mix of taxis (85%) and dedicated paratransit vehicles (15%). The taxis are independent operators that are part of a brokerage model where the vehicles are inspected, and drivers are issued operating permits by the City. Service provided via dedicated vehicles is operated under contract to GoRaleigh.

GoRaleigh contracted to provide service with over 250 taxis and 20 dedicated vehicles in FY17; combined these services deliver just over 473,000 trips (Figure 4-3). Since taxi costs are only accounted for when the vehicle is in service, compared with dedicated vehicle costs that are typically paid on an hourly rate, GoRaleigh is able to achieve a competitive cost per trip of under \$20; a rate that is significantly less than other agencies.

Figure 4-3 GoRaleigh ADA Paratransit Service 2013 – 2017

	2013	2014	2015	2016	2017
Ridership	402,081	409,341	326,801	444,351	473,267
Budget	\$8,504,001	\$7,926,210	\$7,939,26	\$8,318,634	\$8,500,000
Cost per Trip	\$21.15	\$19.36	\$24.29	\$18.72	\$17.96
Vehicles	250	250	250	250/20	225/20

Source: GoRaleigh

GoCary

GoCary is the transit provider for the Town of Cary. GoCary provides transit services via a contract with MV Transportation (the contract expires in 2021). GoCary's services include six fixed-route bus services and ADA complementary paratransit / demand response service. GoCary's demand response services are operated with three service tiers:

- **Tier 1** – offers a standard ADA paratransit level of service. Travel is limited to three quarters of a mile of fixed-route, with a one-way fare of \$3.00 (twice the fixed-route fare).
- **Tier 2** – permits travel anywhere within Cary limits and has a one-way fare of \$4.00.
- **Tier 3** – includes travel outside Cary to Apex, Morrisville, Raleigh, Durham and Chapel Hill with distance-based one-way fares ranging from \$6.00 - \$9.00.

All demand response routes offer door-to-door service. Program participants are limited to persons with disabilities plus older adults aged 60 years or more, with both groups eligible for all service tiers. Tiers II and III trips account for approximately two-thirds of the total rides. After decreasing for a couple of years, ridership on GoCary's ADA paratransit service stabilized at around 38,000 riders per year (Figure 4-4). GoCary's budget and the cost per trip have fluctuated over the 5-year period between 2013 and 2017, such that by 2017, the overall the budget is lower than it was in 2013, while the cost per trip is nearly the same (Figure 4-4). The fluctuating cost per trip likely reflects changes in use among the three service tiers.

Figure 4-4 GoCary ADA Paratransit Service 2013- 2017

	2013	2014	2015	2016	2017
Ridership	43,350	41,129	38,518	37,736	37,920
Budget	\$1,902,172	\$1,074,820	\$1,228,997	\$1,485,660	\$1,655,845
Cost per Trip	\$43.88	\$26.13	\$31.91	\$39.37	\$43.67
Vehicles	17	16	16	16	15
Drivers	38	40	39	38	51

Source: GoCary

Note: Ridership is shown for all three service tiers. No breakdown was available at the time of this report.

GoWake Access

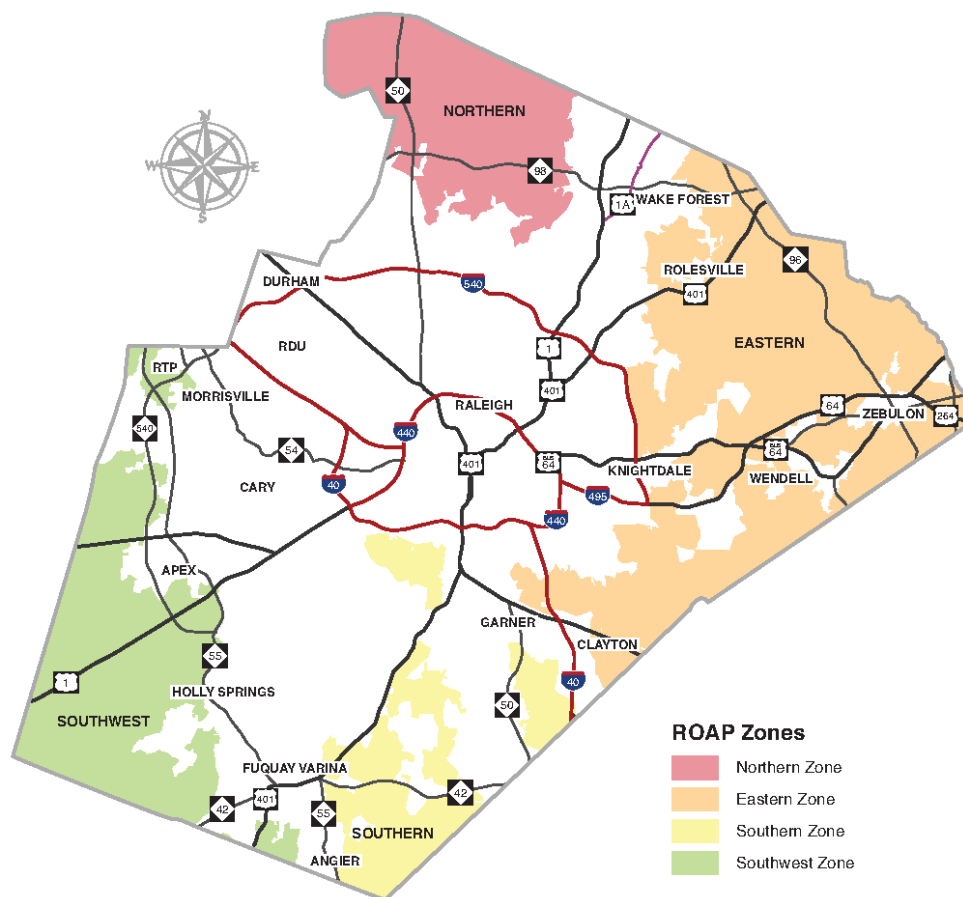
GoWake Access operates general public transportation service in Wake County's rural communities; it also has contracts with human service organizations, including Medicaid, to provide client transportation.

- Rural transportation service – door-to-door, shared ride service for individuals aged 60 or older, with a disability or need a work related trip and live in designed rural service zones in Wake County (Figure 4-5).
- Client transportation services – door-to-door, shared ride service for individuals who are clients of Wake County's Medicaid, Public Health or Work First programs.

Service for both the rural and the client based transportation services are available Monday through Saturday from 6:00 am to 6:00 pm and are operated as door-to-door, shared ride services. GoWake Access is operated under a single contract, held by MV Transportation and provides roughly 200,000 trips per year (Figure 4-6). The fleet consists of 70 vehicles, 42 owned by Wake County and 38 by MV.

Vehicles are scheduled to maximize efficiencies and thus commingle trip programs with rural general public customers riding with Medicaid customers. The majority (80 to 85 percent) of GoWake's client transportation service is used by individuals eligible for Medicaid.

Figure 4-5 GoWake Access Rural General Public Service Zones



Source: Wake County

COORDINATED HUMAN SERVICES PUBLIC TRANSPORTATION PLAN | **DRAFT**
Wake County Transit Plan

Figure 4-6 Wake County Demand Response Services 2013 – 2017

	2013	2014	2015	2016	2017
Ridership					
Total	139,312	145,766	179,407	253,814	187,200
Medicaid	94,195	101,198	132,431	202,501	139,315
Other	45,117	44,568	46,976	51,313	47,885
Annual Budget					
Total	\$3,974,571	\$3,598,962	\$4,282,445	\$5,201,377	\$5,867,919
Medicaid	\$3,179,657	\$2,879,170	\$3,425,445	\$4,161,102	\$4,694,335
Other	\$794,914	\$719,792	\$856,489	\$1,040,275	\$1,173,583
Cost					
Per Trip	\$28.53	\$24.69	\$23.87	\$20.49	\$31.41
Trip Subsidy	\$5.72	\$5.78	\$5.86	\$3.43	\$5.89
Other Statistics					
Vehicles	61	56	56	42 owned by County 38 owned by vendor	42 owned by County 38 owned by vendor

Source: Wake County

Johnston County Area Transportation Service (JCATS)

JCATS operates general public transportation service in Johnston County as well as provides transportation through contracts with human service organizations, including Medicaid.

In 2013, JCATS operating budget was \$2, 205,007 million. Funding included federal (\$328,215), state (\$198,931) and local resources (\$56,132), but the largest funding source was contracts (\$1.7 million).

JCATS participates in the Down East Express program that transports riders from Morehead City in Carteret County to the Triangle Area. Funding for this program is provided through a NCDOT grant.

Figure 4-77 JCATS Transit Services Service 2013- 2017

	2013	2014	2015	2016	2017
Ridership	106,801	102,350	97,386	87,186	93,336
Budget	\$2,205,007	\$2,340,584	\$2,483,833	\$2,190,293	\$2,387,504
Cost per Trip	\$20.65	\$22.87	\$25.51	\$25.12	\$25.58
Vehicles	31	31	31	31	31
Drivers	37	41	43	33	32

Source: JCATS

HUMAN SERVICE TRANSPORTATION PROVIDERS

The CHSTP Update collected information on transportation services provided by human service agencies. This data was collected using Wake County's 2013 CHSTP, input from the Working Group members and referrals made during the inventory process. Key contributors to the inventory included the Wake County Regional Centers, members of the Wake County Transportation Advisory Board, recipients of 5310 grants and other sources. Key findings included:

- There is no fleet of significant size for human service agencies providing county-wide service
- Human service agencies reported that they contract with GoWake Access and use the County operator MV Transportation for their clients
- Agencies which serve the developmental disabilities communities report using agency vehicles or staff personal vehicles for transportation
- Many rely on the fixed route public transit network for access for all or part of trips
- There were significant service gaps identified, trips are particularly more difficult in rural areas
- The 5310 grant recipients train customers to use public transit network, provide volunteer transportation or contract with GoWake Access for their small size programs
- Communicating transportation access options to individuals is difficult
- Human service agencies in Johnston County including Johnston County (JC) Community and Senior Services, JC Mental Health, JC Social Services, JC Industries, and JC Vocational Rehab (Voc Rehab) contract for their clients' transportation with JCATS

In all cases, human service agencies understand the time, energy and resources required to develop a transportation program and many look to either GoWake Access, JCATS or to the fixed route services to transport clients.

A constant theme throughout all interviews and conversations is the impact inadequate transportation has on the quality of life for the individuals who needed it. Structured programs such as ADA paratransit or Medicaid transportation have the benefit of clear eligibility and service delivery processes, so that if you are eligible you will receive service. Individuals who don't qualify for these programs, however, have fewer opportunities and the process of understanding how to access the services is more complicated and less reliable.

Wake County Regional Centers

Wake County delivers services, including human and community services, through one of three Regional Centers, the Northern Regional Center (NRC), Eastern Regional Center (ERC) and Southern Regional Center (SRC). The idea behind the Regional Service network is to bring County services to citizens in outlying communities and to encourage partnerships between Wake County and local, community based agencies. Wake County has been using this model since 2002, adjusting and refining the concept overtime. The Regional Centers provide the full range of County supported services, such as public health clinics, economic services such as taxes, Medicaid and Food stamps, jobs search support activities, law enforcement, and child care referrals. They do not provide transportation services. Staff at the Regional Centers were also unaware of other human service transportation providers outside of the publicly

supported transit services. Staff also suggested qualitatively that access to centers is typically done via fixed-route transit (e.g. the Wake Forest fixed route service) or transportation from family and friends, taxis, Uber, and walking.

Interviews with Regional Center staff revealed unmet needs for each of the regions. In the southern areas, concerns focused on connections to affordable housing and to commuter bus routes. In the eastern area, staff related efforts to use a church van for some local travel was curtailed by insurance issues. Unmet needs in the eastern area also highlighted challenges getting individuals to work.

Wake County 5310 Grant Recipients

The human service agency recipients of 5310 grant funding include the Center for Volunteer Caregiving, the Alliance of Disability Advocates, and the ARC of the Triangle. Each organization provides an important role in the delivery of human service transportation programs in Wake County. However, in most cases the number of individual served is small with the largest programs serving fewer than 300 individuals.

Center for Volunteer Caregiving

The Center for Volunteer Caregiving is an all-volunteer program that offers transportation services with volunteer vehicles to either medical facilities or for general-purpose trips, such as shopping. There are approximately 100 volunteers in the program and 150 persons registered to receive services. Volunteers use gas cards and their own vehicles to provide transport. The 5310 grant funds the staff coordinator and infrastructure for the program.

Alliance of Disability Advocates

The Alliance of Disability Advocates provides a variety of programs for persons with disabilities. The 5310 grant funds, which they have received, support their travel training program. Currently 16 participants are enrolled, and they have trained 80 clients in the past two years. Although they are not directly connected with public transportation agencies they do work with transit agency staff.

ARC of the Triangle

The ARC of the Triangle offers two programs funded by 5310; Supportive Retirement which includes approximately 20 persons in their retirement program and Triangle Self Advocacy Network, which has approximately 10 participants and meets twice a month. Both these programs use GoWake Access services.

Wake Enterprises

Wake Enterprises provides programs for persons with developmental disabilities at two primary sites, Raleigh and Fuquay-Varina. They have a fleet of 10 vehicles (8 minivans and 2 small buses) plus they pay staff mileage rate to drive vehicles. They transport 230-250 persons per day to workshops and activities. Many of their clients try to connect with public transportation and share rides as well as walk.

Figure 4-8 Wake Enterprises Transportation Resources 2013-2017

	2013	2014	2015	2016	2017
Ridership	50,000	50,000	50,000	50,000	50,000
Budget	Not tracked	Not tracked	Not tracked	Not tracked	Not tracked

Cost per Trip	n/a	n/a	n/a	n/a	n/a
Vehicles	10	10	10	10	10
Drivers	10	10	10	10	10

Source: Wake Enterprises

Resources for Seniors

Resources for Seniors is a private non-profit organization that serves older adults and adults with disabilities with home and community based services. Services range from adult day care, in home care, companion care and a variety of services that support aging and living in place. Resources for Seniors works with GoWake Access and MV Transportation to offer transportation to nutrition programs at four locations as well as transportation to grocery stores. Through their contract with GoWake Access and the NCDOT EDTAP program, they can ensure up to a maximum of 44 trips per month to doctor's appointments for participating seniors. They maintain a waiting list for this particular program. They recognize that demands for GoWake Access services are significant and use a separate operator, Response Transportation, for the Garner area.

TRENDS AND COORDINATION POTENTIAL

Public transit and human service transportation and the coordination between these services has changed considerably since 2013.

Public Transit – Human Service Coordination

Some of the major investments, activities and changes that have occurred in the past few years include:

- **Rebranded Wake Consolidated Transportation Services (WCTS) as GoWake Access** – the rebranding brings the rural service, GoWake Access, in line with the other “go” branded transit services in the Research Triangle region.
- **Restructured GoWake Access program** – the GoWake Access was restructured two years ago to consolidate services into a single contractor and provider. Data on the impact of this consolidation is just now being documented and analyzed.
- **Veterans Transportation Community Living Initiative Grant (VTCLI)** - Wake County and GoRaleigh successfully submitted a grant to the FTA's VTCLI program and received funding to enhance software and registration systems to improve the existing one-call, one-click access to transportation resources available to veterans.
- **GoRaleigh and GoWake Access share the former GoRaleigh bus facility for an operations and maintenance facility** for their demand response services. As of 2018, GoRaleigh has about 10 ADA vehicles stored at the facility, which also houses 80 GoWake Access vehicles. The two agencies are also collaborating on developing a new operations and maintenance facility or facility upgrades.
- **JCATS has developed plans for a new maintenance facility in Selma, and has applied for federal funds to build this, but has not been successful in receiving federal funds to date. They are currently considering the potential to fund with local resources**

Wake Transit Plan

Expanded Bus Service

As mentioned, in November 2016, voters in Wake County approved a local half-cent option sales tax that will fund public transit improvements in Wake County. The Wake Transit Plan will nearly triple the amount of bus service in Wake County as well as invest in capital projects like Bus Rapid Transit (BRT) and Commuter Rail. The geographic coverage of the bus network will improve, with new service available in Rolesville, Holly Springs, Morrisville and Garner. Other investments will increase the frequency and span of service. One of the first projects implemented in 2018 was the expansion of Sunday service on routes operated by GoRaleigh and GoCary. Over time, the span of service will also be expanded considerable, so that roughly half of the bus routes in Wake County will operate from 5:00 am to midnight.

The Wake Transit Plan is also designed to invest in projects that will make bus service more convenient and easier to use. These projects include the construction of new transfer centers, park and ride lots and bus stops as well as upgrades to existing facilities. These investments will make using fixed-route bus service easier, safer and more convenient for more people.

Community Funding Areas Program

In addition to major investments in the countywide bus network, the Wake Transit Plan set aside funding for a Community Funding Area Program (CFAP) to provide resources for communities interested in developing local public transportation programs. This program leverages Wake Transit tax revenue and local funding to develop community-based public transportation and make transit supportive investments in Wake County municipalities that otherwise will have limited fixed-route service through the Wake Transit Plan.

The CFAP provides a new funding source available to the 10 non-urban core Wake County municipalities, plus the Research Triangle Park (RTP). The Wake Transit Plan funded the CFAP with \$9.2 million to be spent over the nine-year period between 2019 and 2027. The funding schedule allocated limited funding (\$100,000) in the program's first year (Fiscal Year 2019) (Figure 4-8), but increases rapidly. The increase in funding is designed to support development and operation of transit projects, including shuttles but also pass programs, demand response services and capital investments, early in the program. The funding stream also allows for continued support throughout the 10-year life of the program.

Figure 4-9 Wake Transit Plan Estimated Community Funding Program Annual Funding Allocation

FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27
\$100k	\$310k	\$1.087M	\$1.342M	\$1.097M	\$1.244M	\$1.304M	\$1.337M	\$1.371M

Source: Wake Transit Plan

5. Gaps, Needs and Service Improvements

INTRODUCTION

An important part of the CHSTP Update process is to develop a thorough list of gaps, needs and service improvements that can then be addressed as part of developing recommendations for an actionable plan. For Wake County and the Raleigh UZA, service gaps and needs were identified through a review of previous plans, data analysis and discussions with stakeholders and agencies. The CHSTP working group played a critical role in presenting and analyzing general and specific issues regarding gaps, needs and service improvements.

SERVICE GAPS

The largest single network of public transportation service is the fixed-route transit network and the complementary ADA paratransit service operated by the combination of GoCary, GoRaleigh and GoTriangle. The existing network covers large portions of Wake County, but significant gaps in service remain. The “transit desert” maps (Figure 5-1 (existing) and Figure 5-2 (future⁸)) show the existing transit network together with the ADA paratransit zone. These maps show:

- ADA service coverage increases considerably as the Wake Transit Plan is implemented such that by 2027 the vast majority of eligible residents in Raleigh and Cary will have access to ADA services.
- Although not shown in the maps, the span of service will also substantially increase over time. The span of service will also be implemented more consistently such that in most cases will include 16-18 hours per day on weekdays and 14-16 hours on weekend days.
- Despite the increase in service, there are still large areas, including urbanized areas, in Wake County that will not have access to ADA service. These areas include southwest Wake County surrounding Holly Springs and between Holly Springs and Fuquay-Varina. Another gap in the ADA network lies in northeastern Wake County in the area surrounding Wake Forest.

Areas outside of the ADA network rely on GoWake Access and other human service agency services coverage for public transportation.

⁸ The Wake County / Raleigh UZA Transit Desert Map for 2027 does not show transit services in Durham County because both Wake and Durham Counties are preparing for commuter and light rail services. Indicative alignments for these services are not available at the time of this report (January 2019).

Figure 5-1 Wake County / Raleigh UZA Transit Desert Map (2016)

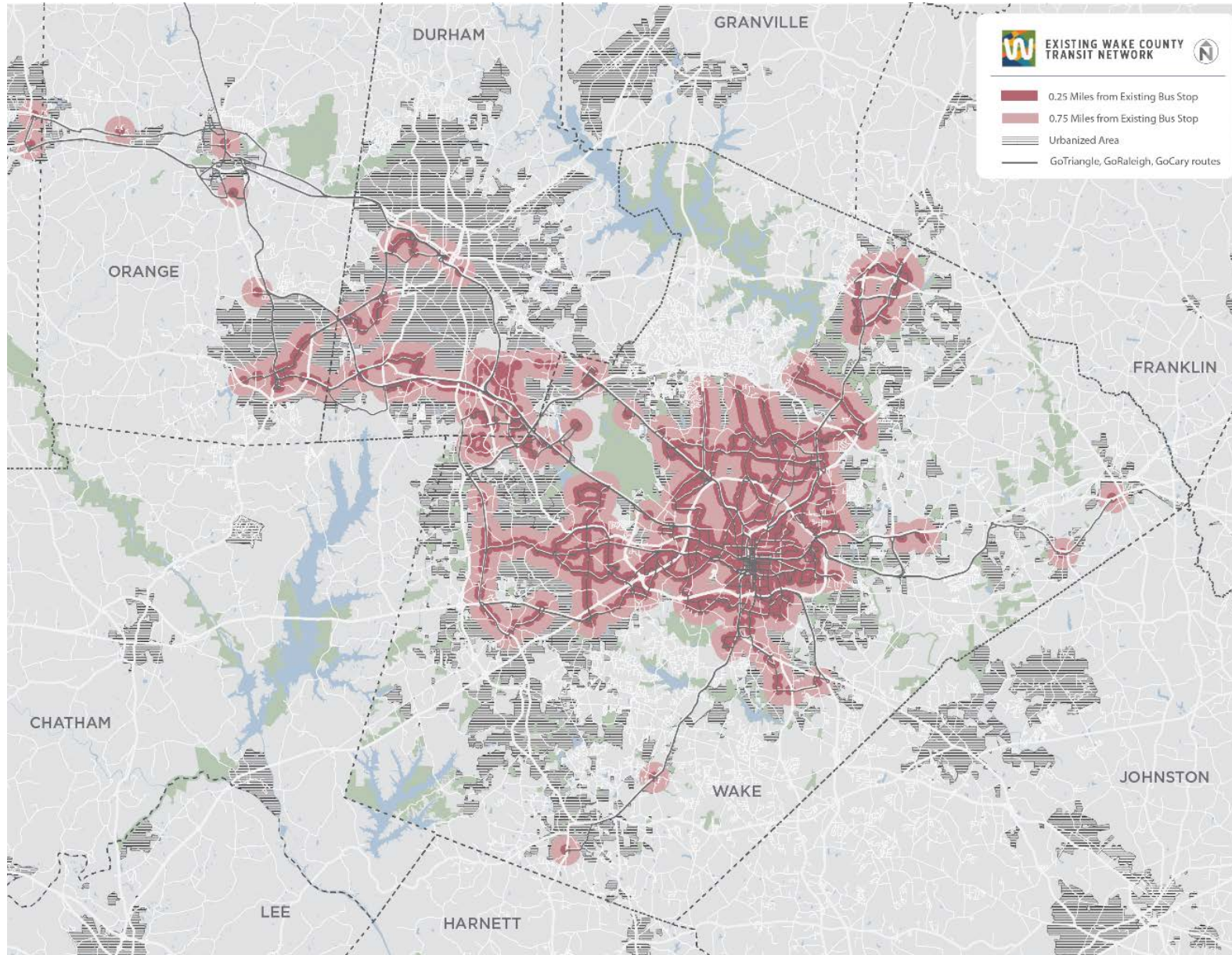
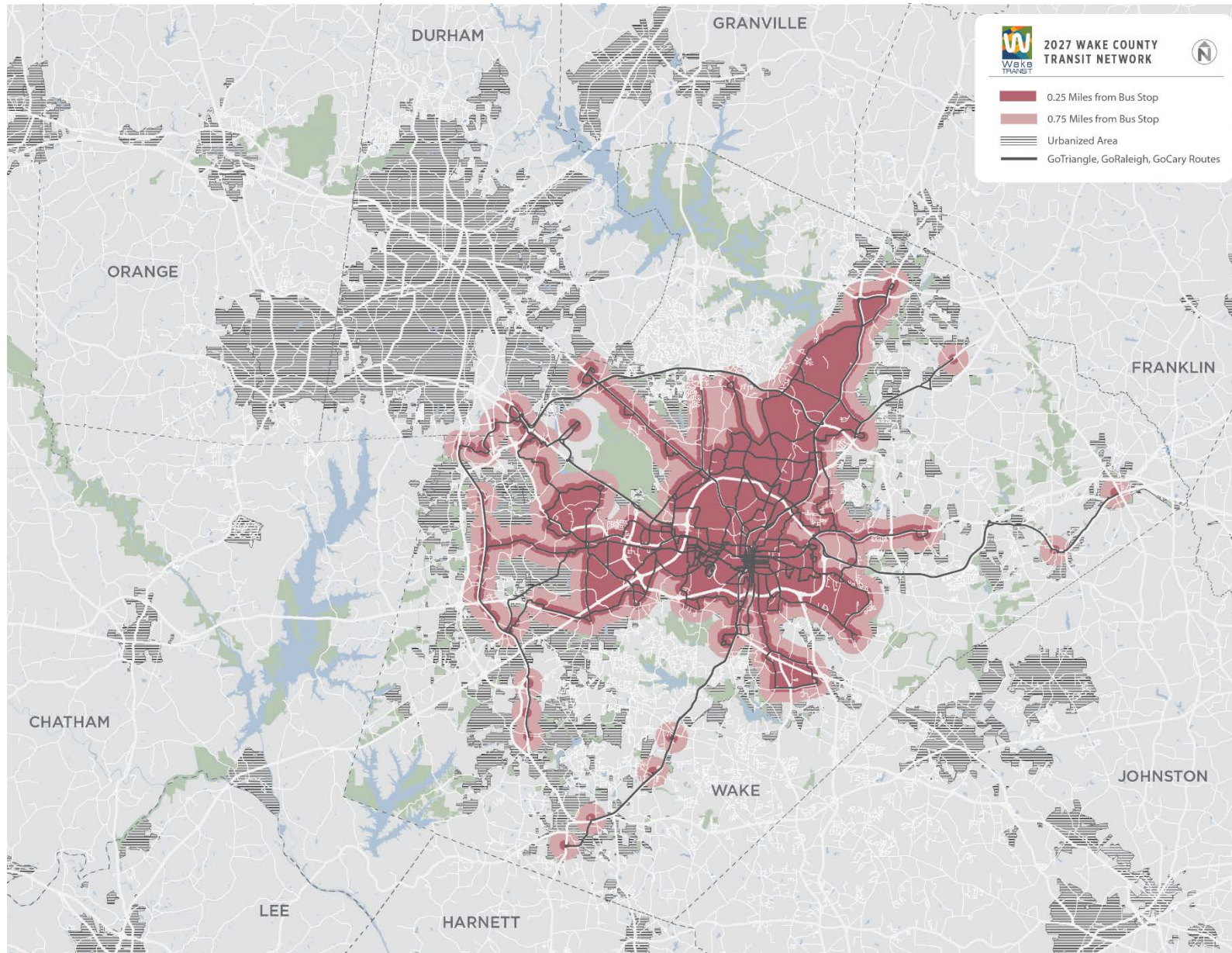


Figure 5-2 Wake County /Raleigh UZA Transit Desert May (2027)



Service Needs and Gaps

Through a combination of data analysis and input and comments from stakeholders, the CHSTP working group identified a handful of service needs. Service needs include:

- **Travel across county borders**, including between Wake and Durham Counties but also between Wake and Orange Counties; and Wake and Johnston Counties. Cross-county trips are difficult to fund, especially for riders relying on ADA paratransit service.
- **More public transit and human service generally**, especially service that is available in the evenings and weekends. Stakeholders expressed a need and an interest for more transportation service, especially door-to-door services available to individuals for quality of life trips (i.e. grocery shopping, exercise classes, etc.) as well as agency trips.
- The ability to **reserve and schedule trips** is currently limited and difficult to make especially outside of regular business hours. Most agency trips also require advance planning and do not offer enough flexibility for many riders.
- Information and reservations systems have improved, however, riders and agency representatives still expressed concern with the **eligibility and reservation systems. They said the systems are not easy for customers to use and understand.** In addition, information on new services or travel opportunities is limited.

There are also opportunities to **increase the use of technology** in Wake County's human service transportation network. Many of the public transit and human service transportation providers are using different technology systems and processes for managing traditional functions such as trip reservations, scheduling and dispatching as well as fare payment. The technology components of the public transportation industry are evolving rapidly and can be employed to improve and enhance communication internally between operators as well as externally with customers. Advancing the technology platforms could both increase access to the services and facilitate service coordination.

General Purpose Transit Needs: Rural, Older Adults and Persons with Disabilities

The Wake Bus Plan included an estimate of the general purpose transportation needs of rural residents and older adults and people with disabilities in Wake County. Ridership estimates reflect historic trends, and input from stakeholders collected as part of this study. Ridership also reflects a faster rate of growth (4% per year) between 2019 and 2022 and that slows down slightly between 2023 and 2027 as the Wake Bus Plan and Community Funding Area Programs are implemented (see Figure 5-3).

The Wake Bus Plan is dedicating funding to GoWake Access to help meet general public transportation needs of rural needs, older adults and persons with disabilities. Funding is in addition to resources already provided by federal and state grants. Meeting the general purpose needs of these populations will help meet human service transportation needs, but is not expected to meet the needs of all Wake residents.

Figure 5-3 Rural Transit and Elderly and Disabled Ridership Estimated

FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27
55,200	57,300	59,800	61,500	63,300	65,100	66,700	68,000	69,000

Source: Nelson\Nygaard Consulting Associates

EMERGING OPPORTUNITIES

Even in the face of significant challenges, there are a number of emerging opportunities that will help strengthen the coordination and availability of mobility for all Wake County residents. This section highlights the opportunities and threats facing human service transportation in Wake County and supports the recommendation framework articulated in subsequent sections.

Wake Transit Plan

Perhaps the most obvious emerging opportunity is the Wake Transit Plan. The Wake Transit Plan will triple the amount of public transit service available in the county, increasing from around 315,000 hours to over 1 million annual hours of bus service. A lot of the additional hours will be invested to improve the frequency of service and increase the span of service. While these types of investments will not dramatically increase the ADA service coverage areas, investments in frequency and span will make existing bus services easier to use and more accessible to more people, including those that have typically relied primarily on human service transportation.

In addition to service investments, the Wake Transit Plan has funded bus stop improvements to increase the number of bus stops, shelters, transfer points, and park and ride facilities that are ADA compliant. These investments will make it easier for persons with disabilities to safely access and use the fixed-route transit network. Infrastructure improvements increase the potential effectiveness of travel training and other strategies that can help individuals learn how to use fixed route bus services. There are a variety of emerging accessible transportation technologies that assist individuals with wayfinding and navigation, trip concierge services, and intersection crossing systems and make using fixed route bus service more feasible.

The Wake Transit Plan also includes investments to Wake County's suburban and rural communities. As discussed, these investments include regional bus connections so that all towns and communities have access to fixed route transit services, at least during peak commute times. The Wake Transit Plan also provides additional funding for GoWake Access to maintain demand response service levels and also includes initiation of the Community Funding Area Program. Combined, these investments improve the regional network, make it more accessible and give local communities resources to implement additional programs and services.

Integration / Coordination of ADA Services

The Wake Transit Plan is building a transit network that is increasingly interconnected and integrated. There are also opportunities to integrate ADA paratransit services, potentially including:

- **Shared Policies and Programs on the use of Non-Dedicated Service Providers for ADA Complementary Paratransit** - The scale of the GoRaleigh ADA service, with over 450,000 trips, is ten times higher than the GoCary or GoTriangle ADA services. GoRaleigh meets this need in part by working with non-dedicated service providers, like taxis. Indeed, taxis account for some 85% of all GoRaleigh ADA trips. The taxi program has been in place for a number of years and has worked well for Raleigh. However, it is a model where the drivers are not required to adhere to FTA drug and alcohol testing and other sensitivity training rules and regulations that govern directly operated or contracted operated agency service such as GoCary and GoTriangle. Interestingly, the taxi brokerage is very similar to the ride-hailing models that are being explored in other cities, like Boston, Washington DC, and Broward County, Florida. Whether that model can be expanded for added service in the County should be further reviewed.

- **Create consistent ADA policies** - The GoRaleigh program previously included a Tier 1 service that was available citywide, somewhat similar to the GoCary Tier 2 and 3 programs. Raleigh reconsidered that approach and decided to change to a service that strictly adhered to the ADA guidelines which is within $\frac{3}{4}$ of a mile of fixed route service. That type of consideration may be applicable in Cary as well.
- **Shared Brokerage Models** - The public transportation paratransit providers have a variety of service delivery models that include dedicated agency staff, contract operators and independent taxis. There are a number of models for consideration including the potential to develop some form of a brokerage with centralized eligibility and scheduling process and multiple providers serving different types of trips within the county. That brokerage could be broadened to include more human service transportation partners and create a framework for adding in inter-county and other trips. As part of this CHSTP Update, the team identified brokerage concept models for consideration and presented options to the working group for consideration (see Chapter 6).
- **Develop Common, Countywide ADA Eligibility Evaluation Process** – A strategy that would help riders, and potential transit operators would be to develop a common, consistent eligibility process for all ADA services in Wake County. GoTriangle already accepts customers that have been certified by GoCary or GoRaleigh. A common eligibility evaluation process should also encourage all ADA operators to move to an in-person eligibility process, which has proved nationally to provide more controls on ADA services provided.
- **Shared ADA and Demand Response Operations Facility** – GoRaleigh and GoWake Access currently share a demand response operations facility. There are opportunities for increased facility sharing between these two operators; there are also opportunities to share and dispatch vehicles from other transit operations facilities, including with GoTriangle and GoCary. There are challenges and costs associated with this approach, but there are also benefits including more efficient use of the fleet, vehicle deployments, maintenance staff, and technology systems.

Travel Training

Travel training programs generally fall under mobility management and are designed to teach people with disabilities, seniors, youth, veterans, and/or low-income populations to travel safely and independently on fixed-route public transportation. The Alliance of Disability Advocates currently offers travel training in Wake County. The program is small; it trains roughly 80 individuals a year to use fixed route transit over the past two years.

As the fixed route bus network in Wake County expands, travel training will become more valuable and important. The opportunity to expand this program, potentially building on Alliance for Disability Advocates travel training models, is an important part of the Wake Bus Plan and Coordinated Human Services Plan. Additional partners and resources will be needed to meet the growing opportunities for travel training in Wake County.

Transit Technology

As noted in the service gaps analysis, stakeholders identified technology as an important strategy for both coordination and improving delivery of human transportation services.

Microtransit and Transportation Network Companies (TNCs)

Transportation network companies (TNCs) and Microtransit operators offer potential to both increase travel options for riders and reduce costs. For purposes of this technical memo, TNCs are defined as

privately operated, app-based demand response services, like Uber or Lyft that have had a dramatic impact on the taxi industry. Microtransit refers to demand-driven shared ride services. Most Microtransit service is also app-based and differs from TNCs because the services are shared rides and typically require a short walk to access the route. Microtransit can be operated independently, similar to typical Lyft or Uber services, or as part of the public agency system.

For example, GoTriangle is currently in the midst of a Microtransit demonstration. It replaced the fixed-route shuttle service in Research Triangle Park (RTP) with an app-based, flexible, demand response service. The demonstration project launched on January 2, 2018 and is scheduled to continue until December 31, 2018. In other parts of the country, transit operators are working with TNCs and micro transit operators to test the effectiveness of using app-based demand response service for first and last mile connections, like GoTriangle. Some of these are operated by transit agencies, similar to GoTriangle, while some are contracted operations.

ADA Paratransit

Nationally, transit agencies are experimenting with the use of TNCs to provide ADA paratransit services. To date, most of the integration of ADA paratransit and TNCs has been to use TNCs as non-dedicated service, similar to how transit agencies work with taxi companies. This strategy has been effective in reducing the cost per trip, especially when ADA providers assign unproductive trips to TNCs and /or to alleviate operational problems (breakdowns, no shows, etc.). Some transit agencies are also experimenting with offering TNC subsidies to ADA eligible riders to encourage them to use TNCs instead of ADA paratransit services. The combination of subsidies and the availability of same day service give riders additional flexibility—they are able to use ADA or a TNC depending on their needs. Transit agencies benefit because the cost of the subsidy is lower than the cost of the ADA trip. Transit agencies, such as the Massachusetts Bay Transportation Authority (MBTA) and Washington Metropolitan Area Transit Authority (WMATA), have been successfully using TNC subsidies to help lower per trip costs, but these have also resulted in increased demand for service.

Rural Transportation

Rural transit providers and mobility managers are also exploring the use of TNCs and technologies used by TNCs to schedule and dispatch rides. Demonstration projects are underway in Georgia, southcentral Arkansas and parts of Illinois. While many of these programs are in development, they are creating new models and opportunities for delivery service.

Fare Payment Technology

Despite challenges associated with integrating TNCs and micro transit into ADA paratransit and other publicly funded demand response services, there is tremendous potential to improve service flexibility and lower trip costs. Integration of these types of services could have a major impact on the operations and the type of skills and investments needed by transportation service providers.

Identifying the technology and platforms, which could integrate fare payments as part of this coordination process is doable and has positive impact for customers. There are a number of mobile payment applications, for example, that include multiple modes and services. Dallas Area Rapid Transit (DART) is including a broad variety of transportation modes on its app. In addition, allowing customers to compare services and fares makes it easier to use public transportation.

Accessible Transportation Technologies

The FTA and Federal Highway Administration (FHWA) are leading an initiative to leverage advances in a variety of technologies to help individuals travel more independently, including using fixed route transit. Technology innovations include existing systems, like smart phones, so caregivers can track their client's travels. These same systems can help individuals navigate their transit travel. More advanced systems can connect with automatic stop announcements and remind individuals to announce bus stops or provide other cues about their journey. Other technologies include concierge services that help individuals plan trips that provide detailed information on the availability and location of ADA ramps and passenger waiting facilities (for example). As these technologies are more broadly adopted and Wake County expands its accessible infrastructure, there will be more need and opportunity to implement accessible transportation technologies.

EMERGING CHALLENGES

Even as Wake County and Raleigh UZA operators continue to make progress on coordination efforts, there are a handful of emerging challenges.

Sprawl and Suburbanization

Wake County continues to add people and, despite the fact that the region continues to add housing into its urban core, the region is sprawling. Continued sprawl will create a handful of challenges associated with meeting the needs of human service transportation. These challenges include:

- More demand for human service transportation in more places. As the service area needing coverage increases, so will the cost of the service.
- Urban sprawl and increased suburbanization may also limit Wake County's eligibility for rural transit funding.

Losing access to rural transportation funds may be problematic because there is no clear replacement for these funds, except in cases where funding is replaced by larger grants to urbanized areas. However, in general, rural federal transportation programs are more flexible and can be used for capital or operating programs. Further, in areas not served by transit districts, rural general public funds are often the only resources available for non-agency funded trips.

Medicaid

Medicaid funding is an important part of GoWake Access' service delivery model. It accounts for nearly 85% of program funding and supports some 150,000 annual trips. The ability to share trips across Medicaid and other human service transportation programs has helped GoWake Access increase the cost efficiency of its service.

Working with the Medicaid program is challenging, largely because the program is complex to oversee and manage and Health Insurance Portability and Accountability Act (HIPPA) rules require a higher level of confidentiality that can be difficult to administer. In addition, the North Carolina Department of Health and Human Services (DHHS) is in the process of transitioning its Medicaid fee for service delivery system to a managed care system. The transition has already begun and DHHS is currently targeting July 1, 2019 as its launch date for managed care, and they are anticipating that the full and final program will not be completely rolled out for five years.

The transition of the Non-Emergency Medical Transportation (NEMT) program is not immediate and the final details of the program transition and its impact on transportation service providers are still evolving (as of September 2018). The impact of the changes to this program, however, are likely to be significant on a variety of providers, including human service transportation providers, like GoWake Access, that operate Medicaid trips, but also public transit operators who provide ADA service. The ADA impact occurs when clients that are eligible for both Medicaid and ADA paratransit select ADA paratransit, which does not include Medicaid funding, thus increasing operating costs.

Transit Fares

Wake County is moving towards a transit network that will be increasingly integrated and connected and will require more riders to transfer between services and between transit operators. While this increasingly integrated transit network will strengthen travel choices and mobility options, navigating the transit network, particularly with transferring between modes and operators, will be more complex for

customers. Since transit affordability is always a consideration with respect to customer impacts, how these new services are developed and rolled out, costs for transferring between operators or modes, or subsidies associated with the new modes should be an early consideration in program development.

The Wake Bus Plan Core Technical Team is leading a study to develop scenarios and evaluate the feasibility of different fare structures and strategies, including options that will retain the systems' affordability. The findings and recommendations of this study are expected to be available in Fall, 2018; the analysis will also be followed by a consideration of different fare technologies.

Cross County Funding Models

Growth in Wake County is spilling into the surrounding communities, including Johnston County. As discussed, the Town of Clayton is one of the fastest growing communities in the region and is quickly urbanizing. Much of this growth is in response to growth and development in Wake County, and in ways more than just US Census designations, the Town of Clayton is becoming part of the Raleigh commuter shed. This means the community has transportation needs similar to other communities in eastern Wake County. Neither the Town of Clayton nor Johnston County are part of the Wake Transit Plan, therefore, neither community will directly benefit from increased investment in local and regional public transportation services. Clayton and Johnston County residents, however, can access improved services in Wake County, potentially driving to improved services, including Bus Rapid Transit (BRT) and commuter rail services operating from Garner. One question for consideration is whether any human service transportation projects in the Wake County urbanized area which extend into Johnston County should apply for federal 5310 funding.

New Service Models

New service models like TNCs and micro transit, as discussed, represent an opportunity and challenge for human service transportation in Wake County. They are an opportunity because they offer relatively low cost service delivery options that could make it easier to attract riders. However, there are challenges associated with TNCs and micro transit, including concerns about driver training, vehicle safety, insurance, use of curb space, among others, particularly if the services are operated by private vendors. Additionally, these services introduce issues related to equity, as not everyone has smart phones or credit cards, and typically these services are not easily accessible for persons with disabilities. Typically, public operators use their customer service resources to schedule trips for those that do not have smart phones and offer cash based payment options for those without credit cards.

6. Recommendations and Implementation

OVERVIEW

Coordinated Human Service Transportation planning reflects ongoing efforts to improve public transit and human service transportation programs through increased collaboration and coordination. The process recognizes that an integrated and coordinated system can be more effective and efficient than a series of individual programs. Federal requirements for regions to conduct coordinated planning processes have been sustained through several federal transportation act reauthorizations. While the rules, regulations and requirements have somewhat evolved over this time-period, the goals remain the same – increased mobility and lower costs.

The need to update the Raleigh Urbanized Area's Coordinated Human Service Transportation Plan is two-fold. The FTA requires an update to the existing plan to receive funding for some federal programs, including FTA Section 5310. The other major reason for updating the coordinated plan is investments and changes to transit services initiated as part of the Wake Transit Plan, which increases funding for transportation services and creates a more integrated and interdependent transit network. The Wake Transit Plan will support human service transportation by:

- Increasing the frequency and span of service, which will make the fixed route network more attractive and easier to use.
- Building out the regional network and ensuring all communities in Wake County have access to a peak period commuter express route.
- Investing in passenger amenities so that the overall network will be easier to use and more accessible for all riders, including older adults and persons with disabilities.
- Providing funding for Wake County communities to develop local transportation services and programs.

RECOMMENDATIONS

Findings from the CHSTP Update process underscore the need for more human service transportation and increased flexibility in how individuals access these services. As discussed, the 2018 CHSTP Update is designed to meet these needs and leverage fixed-route service investment to create a more coordinated and robust network of services for older adults, persons with disabilities and persons with low incomes. The CHSTP recommends five broad strategies for Wake County and the Raleigh UZA. These strategies are designed to increase transportation service, options and mobility in Wake County's rural areas and communities within the UZA but outside of Wake County. Strategies focus on the target populations of older adults, persons with disabilities and individuals with low incomes. The vision for regional coordination reflects five organizational and service delivery strategies:

1. Create **organizational infrastructure** to lead coordinated planning efforts in Wake County. One of the documented challenges with the regional human service transportation programs is the lack of a lead organization to coordinate service across ADA and human service transportation programs as well as design and implement new programs. Establishing an organizational infrastructure is important given implementation of the Wake Transit Plan, rapid growth in the UZA and potential changes to North Carolina's Non-Emergency Medical Transportation (NEMT) program.
2. Develop a coordinated, **consistent ADA paratransit program** in Wake County that has the same structure and process regardless of ADA service provider. Combined, Wake County's ADA paratransit services provides over 500,000 annual rides at a cost of roughly \$13.5 million per year. Ridership is expected to increase to nearly 800,000 annual rides by 2027 at a cost of nearly \$25 million (annually) by 2027. Managing these costs while ensuring adequate service is a significant concern for the region. One of the primary goals of the CHSTP Update, therefore, is to develop a plan that will improve ADA service delivery and management to benefit riders and manage costs.
3. Prepare for potential **Medicaid transportation** modifications. Medicaid programming – including health care services and transportation - is transitioning from a fee for service model (reimbursement) to a managed care (pre-paid health plan) model. The State of North Carolina is moving forward with this service delivery model. The State has committed to transitioning the program model in phases, which makes impacts to Wake County uncertain. Medicaid provides over \$4 million annually. It is GoWake Access' largest funding source, accounting for 85% of all agency resources. Changes to this funding stream will have a significant impact on its role in Wake County's transportation network. It could also impact the availability of medical transportation services in the county.
4. Create a mobility management structure for **Wake County**. The CHST planning process highlighted the need for more rural transportation, especially transportation not related to a specific medical or human service program. As discussed, the landscape of public and human service transportation in Wake County is changing. While this creates opportunities, it may make understanding what is available more complicated for individuals and human service organizations. Accordingly, the CHSTP Update recommends developing a mobility management program to help individuals and organizations navigate the available services. Mobility management is expected to be especially useful for residents in rural areas.
5. Establish a **regional mobility framework** for working with emerging mobility partners, including privately operated ride-hailing service. This framework will develop a policy framework for integrating ride-hailing services into publicly funded transportation programs and making sure they meet the federal and state requirements established by funders. The policy framework should be developed in conjunction with the ride hailing companies so it works within their capabilities and creates ways for older adults, persons with disabilities or individuals with low incomes to book and pay for ride hailing services without using smart phones or credit cards. It should also be developed in a way that actively manages administrative costs.

IMPLEMENTATION

Overview

The CHSTP Update recommends implementing recommendations incrementally so that it works towards a coordinated 'network of services' concept that is designed to maximize benefits to consumers and develop a program that operates efficiently (see Figure 6-1). This approach starts by building institutional and organizational infrastructure and then adds programs to the established framework as opportunities

and needs dictate. The CHSTP organizes recommendations around three tiers that lays out implementation across short-, medium- and longer-term timeframes.

Figure 6-1 CHSTP Update - Implementation Timeline

Timeframe	Recommendation	Level of Effort	Potential Lead Agency
Short-Term	1.1 Establish Mobility Coordination Committee	Medium	TPAC, CAMPO TCC and Executive Board (to initiate) Wake County to lead
	1.2 Create Consistent Regional UZA ADA Structure	High	Mobility Coordination Committee
	1.3 Coordinate ADA Service Delivery	High	Mobility Coordination Committee
	1.4 Monitor State Medicaid Transportation Program	Low	Wake County GoWake Access
	1.5 Initiate Rural Transportation Network	Medium	GoWake Access Mobility Coordination Committee
Medium-Term	2.1 Develop Mobility Management Program	Medium	Mobility Coordination Committee Go Wake Access
	2.2 Develop Emerging Mobility Policy	Medium	TPAC Mobility Coordination Committee
	2.3 Evaluate Brokerage Model	High	Mobility Coordination Committee
	2.4 Evaluate Medical Transportation Needs/Conduct Scenario Planning	Medium	GoWake Access Mobility Coordination Committee
Long-Term	3.1 Revise/Expand Mobility Management Program	Low	MCC TPAC
	3.2 Implement Brokerage Model	High	MCC
	3.3 Expand Emerging Mobility Options	Medium	MCC
	3.4 Evaluate Sustainability of Mobility Coordination Committee	Medium	TPAC

Source: Nelson\Nygaard Consulting Associates

Tier 1: Short Term Recommendations (2019 - 2022)

In the short-term, the CHSTP Update recommends Wake County stakeholders look at the current operations, specifically ADA and identify areas to improve customer service and increase the service efficiency. Recommendations include:

1. Identify/establish an organization to manage and guide ongoing coordination activities.
2. Create a consistent framework for Wake County's ADA services.
3. Coordinate the management and delivery of ADA services.
4. Monitor the ongoing changes in the Medicaid program.

5. Develop a Rural Mobility Management Program

1.1 Establish the Mobility Coordination Committee

The CHSTP recommends formalizing the coordinated plan Working Group into a Mobility Coordination Committee (MCC) and assigning this group responsibility for implementation of the short-term recommendations identified in this plan. This group should include a diversity of representation from across the UZA. Authority should reflect a combination of the TPAC and the CAMPO TCC and Executive Board. These two authorities (TPAC and CAMPO TCC and Executive Board) may formalize the MCC using a Memoranda of Understanding (MOU) structure to describe the committee's authority and process for working through the TPAC structure. The committee could be a "staff level" entity that reports to the TPAC and CAMPO. Membership should be reviewed periodically but is expected to include staff from the following organizations:

- GoCary
- GoRaleigh
- GoTriangle
- GoWake Access
- CAMPO
- Wake County
- JCATS
- Human Service Agencies represented through the Wake County Transportation Advisory Board (TAB) of GoWake Access

The short-term goals for the Mobility Coordination Committee (MCC) include:

- Create a consistent framework for Wake County's ADA services
- Coordinate the management and delivery of ADA services
- Monitor the ongoing changes in the Medicaid program
- Transition rural transportation programs into a mobility management framework.

Mobility management funds could be used to support the MCC, which is an allowable capital expense under several federal programs including Sections 5307, 5310, and 5311. The MCC could also apply for Wake Transit Plan funding.

1.2 Create Consistent Wake County ADA Process Structure

GoCary, GoRaleigh and GoTriangle operate ADA paratransit service in Wake County. Historically, GoCary and GoRaleigh have provided ADA services within their municipal boundaries, while GoTriangle provided ADA services across multiple jurisdictions. Currently (fall, 2018), each of the three transit providers implement their programs independently and with minor differences (see Figure 6-2). With implementation of the Wake Transit Plan, GoCary and GoRaleigh will operate fixed route services outside of their municipal borders and consequently, will be obligated to provide ADA service in these locations as well.

As the ADA service areas begin to overlap and blur, it makes sense for both passengers and transit operators to create a consistent, uniform set of policies and operational processes for their ADA programs. In most cases, because the federal government sets guidelines, program administration is similar. However, some differences remain. For example, GoTriangle and GoRaleigh require a functional assessment conducted by an independent contractor, while GoCary uses staff for their assessments.

There are also minor differences in the trip reservation process, call center operating hours, fares and fare structures and no show policies. Streamlining these program elements to create a uniform set of guidelines and rules will make navigating the system easier for riders and has potential to reduce costs.

Initial Recommendations include:

- Create a consistent ADA application and eligibility process in Wake County. All operators will need to have confidence in the process so they are willing to accept ADA eligibility certified by any of the operators. Steps in this process include:
 - Creating uniform application materials and process
 - Jointly contracting for an independent functional assessment process. Shared contract will make it easier to have the same rules and may save costs as compared with contracting individually.
- Create a common trip reservation process with consistent hours and policies (see also strategy 1.3). Common practices and process can pave the way for shared call center software so that the region moves towards a consolidated call center that serves multiple operators.
- Establish consistent definitions for late cancellations and no shows.
- Establish consistent fares, fare media, and fare outlets for ADA trips. Fares may be adjusted to reflect local and regional travel. ADA fares, however, cannot exceed twice the base fare of the fixed route services (see also Wake Bus Plan Fare Analysis).
- Create a single rider guide that explains the regional ADA system.

COORDINATED HUMAN SERVICES PUBLIC TRANSPORTATION PLAN | **DRAFT**
Wake County Transit Plan

Figure 6-2 Current (2018) Comparison of Wake County ADA programs

	GoTriangle - ACCESS	GoRaleigh - ACCESS	GoCary Door-to-Door
Eligibility Process	Apply online, in-person functional assessment, also accepts GoRaleigh and GoCary eligibility	Apply online or mail, In-person functional assessment conducted by independent contractor	Mail or fax application, In-person functional assessment conducted by staff
Eligibility Conditions	ADA, ¾ mile only along specific, non-commuter routes only	ADA ¾ mile only from fixed routes	ADA ¾ mile only from fixed routes
Trip Reservation Process	Phone only and next day	Phone, Email and Online At least 24 hours in advance	Phone or Email By 4:30 pm day before
Trip Reservation Hours	Monday – Sunday 8:00 am – 5:00 pm	Monday – Friday 8:15 am – 4:45 pm	Monday – Sunday 7:00 am – 5:00 pm
Subscription Trips	Yes – up to 7 days in advance	Yes	Yes – up to 14 days in advance
Fares	One-way trip: \$4.50 Punch Card: \$45 (11 rides) Monthly pass: \$153	One-way trip: \$2.50	One-way trip: \$3.00
Fare Media Outlets	In person and by mail	In person and by mail	In person (on the bus) or by phone, mail or fax
Late Cancellation	One hour minimum notice, 30 minute window required	One hour window, 15 minute wait for driver with additional five minutes.	Two hour minimum notice, 15 minute window required
No Shows	Must have 10 trips scheduled in a month, and be 'no show' 20% of time continued no shows have additional processes on a month by month basis	No Show is only permissible on the originating end of the trip. On the back end, there is a no strand policy thus accommodations are made	reasonable no show as determined by staff

Source: Nelson\Nygaard Consulting Associates

1.3 Coordinate ADA Service Delivery

In addition to streamlining ADA policies, Wake County ADA providers may coordinate service delivery by either centralizing systems, or coordinating service through inter-operable systems. Most of the early opportunities to share service delivery include moving trip reservation processes, trip scheduling, and trip dispatching to common platforms. Recommendations include:

- Create a centralized or inter-operable call center scheduling and dispatching service. Centralizing call centers, schedule and dispatch will make it easier to customers looking for trips or for transit agencies assigning these trips. A centralized or connected system would likely reduce administrative and management costs. A centralized or connected system could be accomplished by creating a single centralized facility and/or using technology so that the facilities are connected virtually.
- Explore opportunities to use a common scheduling software. Shared scheduling software will allow transit providers to assign trips based on cost and demand rather than transit operator. It could also help support use of zone based scheduling practices that would allow regional demand response providers to schedule trips according to predetermined geographic zones. Zone scheduling has the potential to increase sharing trips, reduce costs and improve customer satisfaction.
- Develop Wake County travel training program to encourage use of the fixed-route network. The MCC should develop and implement a regional travel training program to transition some ADA paratransit riders to the fixed route network. The potential impact of travel training will increase over time as the Wake Transit Plan expands service and increases the accessibility of the network.

1.4 Focus on Rural Transportation

The CHSTP identified a clear need to connect Wake and Johnston's rural communities with employment, service, and education. The Wake Bus Plan identified a growing need for public transportation in Wake County's rural areas. There is also a need to improve information about the availability of existing services. Growth in western Johnston County are increasing the need for transportation services and connections to Wake County. The MCC will create a forum to discuss opportunities to oversee the implementation of new services and identify opportunities to coordinate services in rural areas. The CHSTP Update recommends moving towards mobility management, but implementing this slightly later in the program. In the meantime, MCC can help build infrastructure for mobility management through improved data collection, travel training, and work with GoWake Access TAB, the Regional Centers in Wake County and the Johnston County TAB.

In the short-term, the MCC should work with GoWake Access and JCATS to

- 1) Increase information about the availability of service The MCC should consider reviewing the ways in which information is provided to stakeholders and individuals and develop a strategy to improve communication overall. The MCC, potentially through GoWake Access and their TAB, and JCATS and their TAB should also provide outreach assistance to the Regional Centers to keep them informed of relevant Wake Transit Plan projects, including implementation of new services but also capital projects, such as park and ride lots, transit centers and bus stop improvements.
- 2) Expand travel training programs with a focus on rural transportation. As the region expands and improves fixed route transit, more people will be able to use the fixed route network. People living in communities that are getting service for the first time will likely benefit from travel training. The MCC

may expand its travel training program and bring it to areas (rural and suburban) that are getting new or expanded services, like Holly Springs, Rolesville, Garner and Morrisville.

- 3) Track and report transportation demand in rural communities, including trip assignments, requests, denials and costs. GoWake Access already measures most of this information but examining it in more detail and with a broader group of stakeholders can help create a deeper understanding of what needs to be done and at the same time, build momentum and infrastructure for new programs and options that directly address those needs. This will be a first step in working towards a mobility management approach to coordinate resources and increase mobility (see Strategy 2.3).

1.5 Monitor and Evaluate Medicaid Non-Emergency Medical Transportation (NEMT)

As discussed, North Carolina's Medicaid transportation program is in flux. At the federal level, the Department of Health and Human Service (DHHS) has approved waivers that eliminate the long-standing requirement to provide transportation for Medicaid recipients. In addition, the DHHS 2019 budget may make transportation for Non-Emergency Medical Transportation optional. At the state level, however, the North Carolina Department of Health and Human Services has indicated a continued commitment to offering transportation as a benefit.

The current state plan envisions a multi-year process to transition from a fee for service model to a managed care model, which will be rolled out over a five-year period. Published materials suggest that the first wave of change will include one urban area, either Wake or Mecklenburg Counties, and one rural area. The selected areas and recommended programs are being developed through a statewide RFP process.

Changes made at the State to Medicaid transportation programs are expected to impact GoWake Access before they impact Johnston County. North Carolina has committed to continuing offering transportation as a benefit. Managed care models, however, limit allocate funding for transportation by allocating funds based on a capitated benefit rather than actual need (like a fee for service model). In practice, national experience suggests that managed care NEMT programs have potential to reduce access to the NEMT benefit. Accordingly, the MCC should monitor national experience and develop plans to prepare the Wake County for eventual changes in NEMT. The MCC should work with partner agencies and associations, including NCDOT and the North Carolina Public Transportation Association (NCPTA) by participating in established working group that monitors Medicaid transportation.

Tier 2: Medium-Term Recommendations (2023-2025)

In the medium-term, the MCC will focus on developing programs, policies and institutional structures for delivering human service transportation in Wake County. This includes an emerging mobility policy that outlines Wake County's approach to working with private mobility services in a way that is reliable, safe and cost effective. Medium-term recommendations also involve exploring mobility management and brokerage models as potential strategies to increase the accessibility of service and manage costs.

Medium-term recommendations are scheduled for the three-year period between 2023 and 2025. This schedule reflects expected implementation timeframes required for the strategies and programs prioritized for the short-term. The MCC can adjust the timeframe, however, based on progress and interest.

2.1 Develop Mobility Management Program

Mobility management provides a "case worker" approach to solving transportation needs by helping individuals (or organizations) understand their options and how to access transportation services (see Figure 6-3). It helps coordinate public transit and human service transportation because the case worker has access to the full set of transportation services and works with individuals to match needs with available travel options. The CHSTP Update recommends developing a mobility management program with a focus on western Johnston County and Wake County's rural and small town communities.

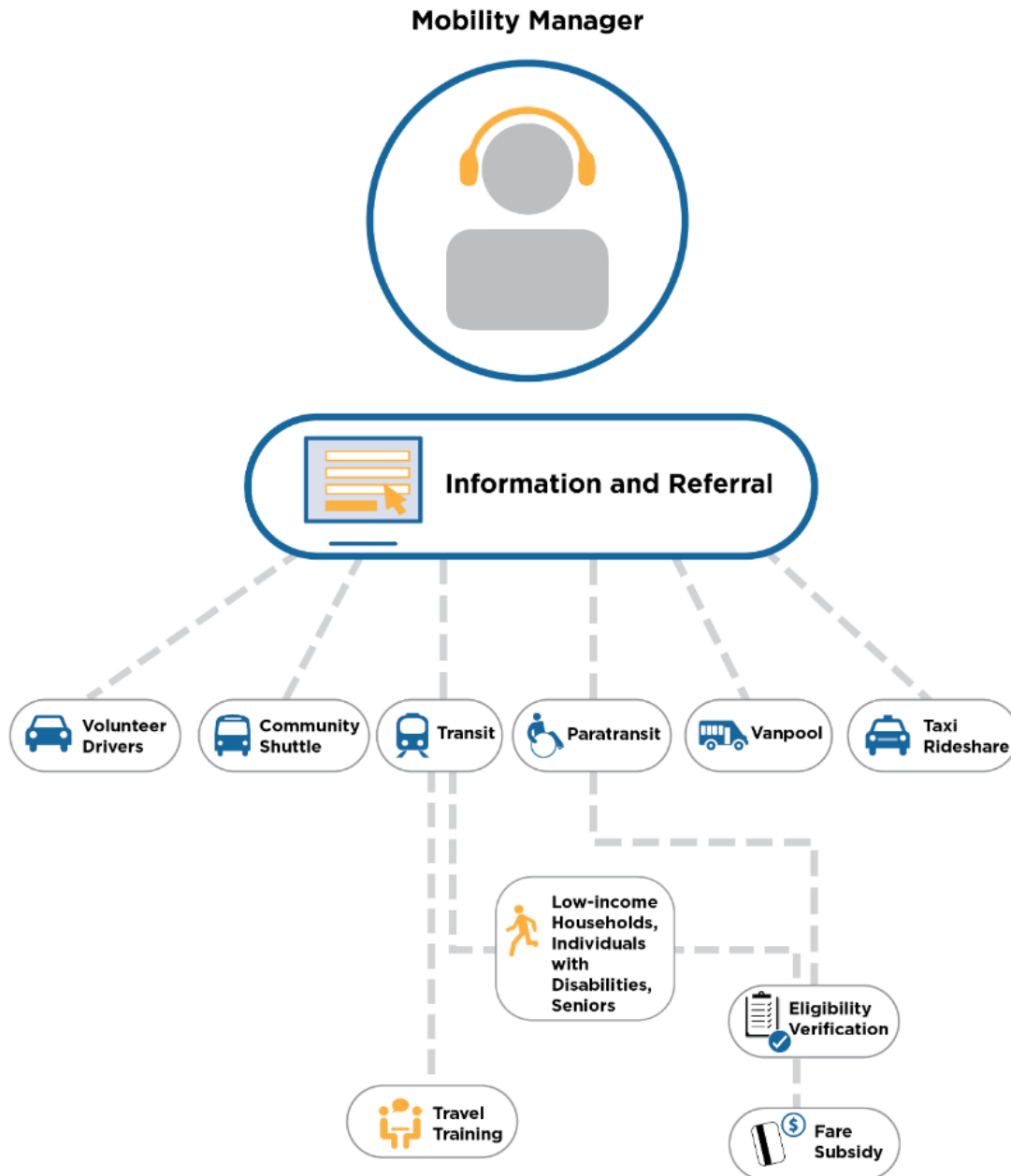
A mobility management program will help address gaps identified in the CHSTP Update that demonstrated a need for more and more accessible transportation in Wake's rural communities and areas in western Johnston County, including the Town of Clayton. The mobility manager program will also be able to collect data on needs to help influence other human service transportation programs and services. A mobility management program can be developed quickly and efficiently with the MCC using funding from the Wake Transit Plan or FTA 5310 funding. Key steps to program development include:

- Confirm mobility management program goals and prepare a program budget and organizational location for staff. Hire mobility manager(s).
- Work with stakeholders to advertise services and encourage them to refer clients to mobility manager. Develop referral infrastructure as needed.
- Evaluate program at six-month intervals at least for the first 18 months of program implementation. Adjust and refine program based on evaluation findings.
- Consider alternatives to address human service inter-county transportation needs and demands

Once developed, the mobility management program can also assist with a variety of other rural transportation programs in Wake and Johnston Counties. In Wake County, mobility management program staff could collaborate with Regional Center staff to help clients find transportation and potentially work with town staff to develop Community Funding Area Programs. Regional Center staff could also work with a mobility management program to develop and support zone based transportation scheduling, so that trips are coordinated and scheduled regionally. In Johnston County, mobility management staff could work with Johnston County staff to help streamline and improve the referral and trip referral processes, as well as increase ride sharing to reduce the cost per trip. Finally, the mobility management program would also represent rural residents in conversations about emerging mobility and implementation of programs, like travel training but also accessible technologies. Combined, there are numerous ways and opportunities for the mobility management program in Wake and Johnston Counties to become a critical part of the network of resources linking travelers, towns/cities, human service agencies and the Wake

Transit Plan investments. There are a handful of concerns with this approach, including identifying a lead agency, developing a structure to share costs and ensuring the program's administration costs are effectively managed.

Figure 6-3 Potential Mobility Management Services



Source: MTC Coordinated Plan

2.2 Develop Emerging Mobility Policy

Emerging mobility options, such as ride-hailing services (Uber and Lyft, etc.), have the potential to augment traditional public transportation services including ADA and human services transportation. In other markets, ride-hailing services have been able to offer increased flexibility at lower costs, especially outside of traditional service hours (i.e. early morning and late evening). There are challenges with using

these modes as part of publicly sponsored services, the most significant of which is differences in safety standards requirements for drivers (drug testing and background checks). In most cases, the federal government has more stringent standards as compared with private ride hailing services. Other challenges include developing systems to dispatch trips to new providers using existing systems and technologies and creating systems to ensure affordability and access for individuals without smart phones and credit cards and to ensure services to persons with disabilities.

Despite challenges, other transit agencies in the United States have successfully integrated ride-hailing services into their demand response service networks. The CHSTP Update recommends that the Wake County transit providers through the MCC jointly examine and consider how to integrate ride-hailing services into their service portfolios. Steps include:

- Use the MCC forum to discuss concerns with the integration of ride-hailing technologies into publicly funded programs.
- Review the experience of other regions and transit agencies that have integrated ride-hailing into demand response programs, like ADA, but also HST networks. The peer review should collect data on actual costs of service and guiding policies and protocols related to meeting federal driver checks and methods for dispatching / assigning trips. The goal is to identify best practices and ideas to guide implementation in Wake County. Johnston County may or may not opt into this strategy.
- Develop concept paper for integrating ride-hailing modes. Concept should highlight benefits and costs associated with ride-hailing services. Share with MCC stakeholders, including human service agencies and ride hailing organizations and use the conversations to develop the concept paper into an Emerging Mobility strategy.
- Use analysis and input to develop regional Emerging Mobility strategy, including policies and protocols for working with private ride-hailing service providers.
- Initiate implementation with a pilot project working with a limited number of ride-hailing partners, potentially also limited in geographic scope. Update Emerging Mobility strategy based on experience with pilot.
- Integrate ride-hailing modes into regional transit services as recommended based on pilot and discussions.
- Develop programs that can address allocation of public resources such as curb space and publicly funded bus shelters and mobility hubs.

2.3 Evaluate Brokerage Model

As the Raleigh UZA human services transportation network becomes increasingly coordinated and efficient, the region should evaluate the potential of a brokerage model. Brokerage models can be structured in a variety of ways, but in all cases, are designed to create network efficiencies by combining resources where appropriate. This may, for example, involve creating a single regional call center that combines trip reservation, schedule and dispatch systems. Brokers ideally have access to the full range of transportation services available so they can assign trips to service providers based on criteria related to safety, reliability and cost. Brokers can also play a mobility management function and work with individuals and organizations to help solve individual needs (see strategy 2.3).

Brokerage models are effective because they can assign trips requested across all providers and are able to maximize ride sharing. By assigning trips countywide, a brokerage may also accommodate strategies

such as zone based scheduling. By separating out different functions of the demand response service, brokers are able to avoid conflicts of interest. Brokers can be private or public entities and often work under contracts. The functions assigned to a broker can include 1) administrative functions (eligibility, reservations and scheduling); 2) mobility management (finding transportation services); 3) financial functions (paying operators) and 4) monitoring and oversight of the program.

The advantages of the model include:

- Separating out the brokerage functions from the service delivery functions helps ensure there are no conflicts with respect to service assignments
- Matching trip requests with the appropriate vendors which should result in ensuring the right trip assignments and lower per trip costs where appropriate

The MCC can explore the potential application of a brokerage model in Wake County – and potentially Johnston County - based on stakeholder interest and willingness to consolidate different aspects of service delivery. The brokerage model should also be designed to be inclusive to allow for increased participation from providers and partners. The CHSTP Update recommends exploring brokerage models at this juncture, after the MCC has experience collaborating on ADA services. In addition, streamlining and coordinating policies governing the services makes implementation of a brokerage model easier. The MCC will also gain other helpful experience that will influence brokerage model development, such as technology, communication, and cost allocation models.

2.4 Evaluate Medical Transportation Needs

As discussed, the State of North Carolina is exploring structural changes to the way Medicaid transportation programs are funded and delivered statewide. These changes represent an emerging threat and opportunity for GoWake Access, the Wake Transit Plan and JCATS. Threats reflect the potential loss of a significant funding source for medical transportation while opportunities reflect the potential to redeploy resources to meet other county transportation needs. Wake County will potentially be impacted by changes to the Medicaid program first in part because the State of North Carolina expects to develop pilots for one urban and one rural county. As one of only two large urban counties, the likelihood of Wake being selected early in the process is significantly higher.

The MCC, GoWake Access and JCATS should continue to monitor local and national changes to Medicaid transportation and specifically non-emergency medical transportation and anticipate changes in Wake County. The MCC can work with GoWake Access to conduct scenario analysis to understand 1) how GoWake Access will be impacted by changes in Medicaid transportation funding; and 2) opportunities to respond to these changes and the associated impacts on transportation needs, funding, and use of GoWake Access/ JCATS resources. Scenario planning should also consider progress the MCC has made with other strategies and programs (brokerage models, mobility management) and develop an action plan.

Tier 3 (2026-2027)

The first two phases of the CHSTP are intended to develop institutional and organizational infrastructure to move the region towards a coordinated, efficient human service transportation network. Once the framework is established, the MCC can improve and strengthen it by expanding and refining program elements to better meet customer needs and further improve operating efficiency. This process may involve adding more human service agency partners, incorporating new modes and offering new services. Strategies and products are less well developed for the longer-term phase, but are expected to include:

- Refine/expand mobility management program
- Implement a brokerage/lead agency system model
- Expand use of emerging mobility partners and services, as appropriate
- Develop policies and processes to further sustain the program

3.1 Refine/expand mobility management program

The CHSTP Update calls for implementation of the mobility management program in the medium-term. The recommendations outlined in this plan are both broad and deep. Consequently, actual implementation of the program may fulfill a variety of functions and services. With some experience using mobility management programs, it will likely be appropriate to revisit the function, program effectiveness and cost efficiency to determine if the program is meeting its goals. The MCC could lead this evaluation, together with the TPAC and CAMPO, to ensure transportation is improving in Wake County's rural communities.

3.2 Implement a brokerage model

Depending on the findings and results of the brokerage model evaluation (Strategy 2.3), the MCC can lead Wake County, and potentially JCATS towards a brokerage model. The brokerage model may also be expanded to accommodate more agency partners (additional human service agencies), increasing services included in the brokerage model, and adding new service providers. The goal for initiating and expanding the brokerage model is to balance the ability of participants to retain some autonomy and still be included as part of the system concept with consistent and standardized processes.

3.3 Expand Integration of Emerging Mobility

Connected to the development of a brokerage model would be to continue outreach to areas and agencies regarding participation in the program, including understanding the various operating and capital costs and the sharing of resources. Enhanced services could include demand responsive service zones, new emerging mobility partners and potentially expanding emerging mobility networks to include volunteer driver services. The new mobility partners could be employed through the coordinated system to provide service to areas currently underserved. This tier would likely explore the full range of coordination alternatives from the perspective of maximizing service to customers through minimizing non-essential activities, such as infrastructure duplication.

3.4 Evaluate Sustainability of MCC

If the MCC is successful with the short-term and medium-term strategies, they will have developed an administrative structure for the human service transportation network that streamlines transportation services that are consistent, efficient and easy to manage for funders, service providers and users. Once these objectives are realized, the MCC will need to evaluate its internal sustainability within the context of

the current transportation network and structure. This may include continuing in the combined role of program development and regional oversight, or it may transition away from the role as the lead agency for coordination in the Raleigh UZA.

APPENDIX A

Inventory of Services

Appendix A: Inventory of Services

Public Transportation Providers

The information below describes the services provided by the public transportation operators, which has been updated from similar information contained in the 2013 CHSTP document.

GoTriangle Access
5201 Nelson Rd. Contact: Vinson Hines Jr., Transit Manager, vhines@triangletransit.org
Type of organization: Regional Transportation Authority
Type of transportation service provided: Curb-to-curb with a door-to-door option, demand responsive (flexibly routed) service using paid drivers
Is an assistant provided to travel with passenger if needed? No, but a passenger is permitted to bring a personal care attendant (PCA) as approved through the eligibility process. The PCA does not have to pay fare when travelling with the certified passenger.
Persons eligible for transportation services: A person who is certified with having a disability that prevents them from using fixed route service
Other organizations for whom transportation services are provided: None
Geographic service area: Raleigh, Chapel Hill, and Durham
Service days and hours: Monday – Friday: 5:50am - 11:15pm Saturday: 6:40am – 11:15pm Sunday: 6:40am - 7:20pm
Fare or donation policy: Access fare is \$4.50 for one-way trip, which is double the cost of the base fare of our fixed route service.
Eligible trip purposes: All trips, provided they are within ¾ miles of fixed route regional bus network
Annual one-way passenger trips provided: <ul style="list-style-type: none"> FY 2016 - 41,452 FY 2017 - 41,883
Vehicle fleet description: All Access vehicles are wheelchair accessible with lifts. We have a total of 20 vehicles in our fleet: fourteen 20 FT light transit vehicles (LTVs), and six 25 FT LTVs.

GoRaleigh (previously Capital Area Transit)
4104 Poole Rd, Raleigh North Carolina Contact: David Eatman, 919-996-3030
Type of organization: City Government
Type of transportation service provided: Fixed route bus using paid drivers

COORDINATED HUMAN SERVICES PUBLIC TRANSPORTATION PLAN | DRAFT
Wake County Transit Plan

Is an assistant provided to travel with passenger if needed? No
<p>Persons eligible for transportation services:</p> <p>Persons who can access the bus and board without operator assistance</p> <p>All buses are equipped with ramps or lifts to enable those who use mobility devices to ride</p> <p>The operator will operate the lift or ramp</p> <p>The operator will secure the mobility device once the passenger has entered the bus</p>
Other services provided include: R-Line downtown circulator
Geographic service area: City of Raleigh and contracted areas
<p>Service Days and Hours:</p> <p>Weekdays</p> <ul style="list-style-type: none"> ▪ Minimum service: 6:30 AM – 7:00 PM ▪ Some routes operate 4:30 AM – midnight ▪ Some routes have reduced service after 7 PM <p>Saturday - Sunday</p> <ul style="list-style-type: none"> ▪ Minimum service: 7:00 AM – 7:00 PM ▪ Some routes operate 5:30 AM – midnight ▪ Some routes have reduced service after 7 PM
<p>Fare or donation policy:</p> <ul style="list-style-type: none"> ▪ Full Fare - \$1.25 one way, \$2.50/ day pass ▪ Reduced Fare - \$0.60 one way, \$1.25/day pass ▪ Other pass options are available
Eligible trip purposes: Any
<p>Annual one-way passenger trips provided for the following calendar years:</p> <ul style="list-style-type: none"> ▪ 2016 - 5,466,040 ▪ 2017 - 5,241,876
<p>Vehicle fleet description:</p> <p>18 Orion 40' diesel high floor buses [9 of these are contingency fleet]</p> <p>82 Gillig diesel low floor buses</p> <p>3 Gillig BRT style hybrid low floor buses</p>
<p>GoRaleigh Access: ADA paratransit</p> <ul style="list-style-type: none"> ▪ 16 dedicated vehicles ▪ Remainder of trips (80%) provided by brokered taxi service

GoCary
<p>316 N. Academy St. Cary, NC 27513 / P.O. Box 8005, Cary, NC 27512</p> <p>Contact: Kelly Blazey, Transit Services Administrator, Email: Kelly.blazey@townofcary.org</p> <p>Phone: (919) 469-2080</p> <p>Website: www.GoCary.org</p>
Type of organization: Town Government
Service provided: Fixed Route and Door to Door Service
Is an assistant provided to travel with passenger if needed? No, but Door to Door passengers may bring a personal care attendant (PCA) who travels at no cost.
<p>Persons eligible for transportation services:</p> <ul style="list-style-type: none"> ▪ Fixed Route: General Public ▪ Door to Door Service: <ul style="list-style-type: none"> – Tier 1: Persons with disabilities that prevent them from using fixed route and Cary citizens aged 60 and over. Provides trips within ¼ mile of fixed route service. – Tier 2: Persons with Disabilities (PWD) or Cary citizens aged 60 or older traveling within Cary. Provides trips anywhere within Cary Town limits. – Tier 3: PWD or Cary citizens aged 60 or older traveling outside Cary. Tier 3 is only for approved trips purposes (employment, medical and educational) and provides trips that begin in Cary and go to Apex, Morrisville, Raleigh, Durham and Chapel Hill.
<p>Service days and hours:</p> <ul style="list-style-type: none"> ▪ Monday – Saturday: 6am-10pm ▪ Sunday: 7am-9pm
<p>Fare or donation policy:</p> <ul style="list-style-type: none"> ▪ Fixed Route: Single Trip \$1.50; Discount \$0.75; Day Pass \$3.00; Day Pass Discount \$1.50; 7 Day Pass \$14.50; & Day Pass Discount \$7.25; 31 Day Pass \$54.00; 31 Day Pass Discount \$27.00; \$25.00 Value Card \$20.00 ▪ Door to Door: Tier 1 \$3.00 per one-way trip; Tier 2 \$4.00 per one-way trip; Tier 3 Apex \$6.00 per one-way trip; Morrisville \$6.00 per one-way trip; Raleigh \$7.00 per one-way trip; Raleigh +10 miles \$8.00 per one-way trip; Raleigh +15 miles \$9.00 per one-way trip; Durham \$8.00 per one-way trip; Chapel Hill \$9.00 per one-way trip; Children 12 & Under ride free with a paying adult; Youth Age 13-18 and seniors age 60+ receive a 50% discount.
Service Type: Contracted; 16 vehicles

GoWake Access	
220 Swinburne Street, Raleigh North Carolina	
Contact: Anita Davis-Haywood, anita.davis@wakegov.com , 919 250-3829	
Type of organization: County Government	
Type of transportation service provided: door-to- door, demand responsive (flexibly routed) service using contracted paid drivers	
Is an assistant provided to travel with passenger if needed? No, but passengers may bring a personal care attendant who travels at no cost.	
Persons eligible for transportation services: Persons aged 60 or over; Persons with disabilities; Persons who reside in the rural part of county; Persons who are transportation disadvantaged and need work-related transportation	
Other organizations for whom transportation services are provided include: Non-emergency Medicaid transportation, Resources for Seniors, NC Services for the Blind, Work First, Wake Enterprises, Health Department, Regional Centers, and Mental Health programs currently purchase service from WCTS/TRACS.	
Geographic service area: All of Wake County and destinations within Orange and Durham Counties as needed.	
Service days and hours: <ul style="list-style-type: none"> ▪ Monday through Saturday: 4:30 am to 9 pm ▪ Some Sundays and holidays 	
Fare or donation policy: \$2 fare is collected from passengers using the Rural General Public program as this provides local match for a state grant that supports the program. Other WCTS/TRACS passengers ride fare free.	
Eligible trip purposes: <ul style="list-style-type: none"> ▪ Health/medical ▪ Nutrition (e.g. trips to nutrition site) ▪ Social (e.g. visits to friends/relatives) ▪ Recreation (e.g. trips to cultural or athletic events) ▪ Education/training (e.g. trips to training centers, schools) ▪ Employment (e.g. trips to job interviews or places of employment) ▪ Shopping/personal needs ▪ Social services (e.g. trips to social service centers, adult daycare, training) 	
Annual one-way passenger trips for the following calendar years: <ul style="list-style-type: none"> ▪ 2016 - 253,814 ▪ 2017 - 180,955 	
Vehicle fleet description: The fleet includes 67 lift-equipped and conversion vans	

Johnston County Area Transit Service (JCATS)	
1050 W NO W Noble Street, Selma, NC 27578 Contact: Neal Davis neal@cssjohnston.org	
Type of organization: Private Non-Profit (part of Community and Senior Services of Johnston County)	
Type of transportation service provided: door-to- door, demand responsive (flexibly routed) service using JCATS employed drivers	
Is an assistant provided to travel with passenger if needed? No, but passengers may bring a personal care attendant who travels at no cost.	
Persons eligible for transportation services: Residents of Johnston County, plus non-emergency medical transportation and human service agency clients	
Other organizations for whom transportation services are provided include: Non-emergency Medicaid transportation, Johnston County Community and Senior Services, Mental Health, Social Services, and Industries, North Carolina Department of Vocational Rehabilitation.	
Geographic service area: Pick-ups anywhere inside Johnston County; Drop-offs anywhere inside Johnston County, plus portion of surrounding areas (Chapel Hill, Dunn, Durham, Fuquay-Varina, Goldsboro, Greenville, Kinston, Newton Grove, Wilson and Raleigh).	
Service days and hours:	
<ul style="list-style-type: none"> ▪ Monday through Friday: 4:30 am to 9 pm ▪ Saturday: 4:30 am to 5:00 pm 	
Fare or donation policy: \$5 fare per ride (in county only, using the Rural General Public program). Human service and NEMT clients may ride for free or reduced cost.	
Eligible trip purposes:	
<ul style="list-style-type: none"> ▪ General public – no restrictions 	▪
Annual one-way passenger trips for the following calendar years:	
<ul style="list-style-type: none"> ▪ 2016 - 87,186 ▪ 2017 -93,336 	
Vehicle fleet description: The fleet includes 31 ADA compliant vans and buses	

APPENDIX B

Summary of Stakeholder and Community Engagement (January 2019)

OVERVIEW

As a final step in the planning process, the study team held “drop-in” table events at four regional centers in the Raleigh UZA. The table events include discussion with both administrative staff and the persons that currently use human service transportation.

Drop-In Meeting Events

Johnston County Clayton Active Adults Senior Center, 303 Dairy Road, Clayton, NC

Discussants: Neal Davis, JCATS, Haley Williford, Community Services Specialist- Interim Director Johnston County Active Adults Senior Center, Beverly Doxie, Receptionist, Johnston County Active Adults Senior Center, and 12 individuals at the center

North Regional Center 350 East Holding Avenue, Wake Forest, NC

Discussants: Ross Yeager, Director, Kim Voeller, Operations manager, Barbara Smith, WIC, Eموke Andersen, Customer Service representative and also 20 program attendees.

South Regional Center 130 N Judd Avenue, Fuquay Varina NC

Discussants: Eboni Williams, Richard Hayner, Exec Director, Felicia Smith Downing, Operations Manager, Christine Campbell Stewart, and Essence, an intern as well as 20 program participants.

East Regional Center, 1002 Dogwood Drive, Zebulon, NC

Discussants: Darryl Blevins, Director, Sue Blazon, Wake County dental clinic, Tawana Evans, customer Service rep in addition to 18 other individuals at the center.

Summary Comments

General observations include:

- Other than GoWake Access there were no other public sector human service transportation services mentioned. Many persons accessing the Wake County Centers had negative perceptions about GoWake Access. Also, there appears to be a lack of knowledge about the availability of transportation options in general, and the resources that were being communicated by the centers was out of date.
- There was concurrence that transportation access is a significant issue. Access to medical services and to employment services are significantly impacted due to lack of transportation options. While local communities do have general medical services available, specialty medical services are all located in Raleigh or in Durham thus hard to access on a consistent basis. While approximately 50% of the individuals spoken with did have a car available, it was noted often that consistent financial resources to use the car was a problem and people learn to do without.
- Johnson County residents expressed some concerns with JCATS intra county service and indicated that inter county connections were especially difficult. However, JCATS staff noted that to apply for 5310 funding would require them to bifurcate intra and inter county services which would create additional issues.
- For the Northern Regional Center, Wake Forest has funded a local loop service which includes a stop at the center and this local service also connects to a Park and Ride facility with service to Raleigh which operates during peak periods. However, the same general access issues are present at the Northern Regional Center, which is that while there are some medical services in Wake Forest, any medical specialists are located either in Raleigh or Durham and without access

to a car are difficult to reach. In addition, the VA which serves Wake County is located in Durham, which presents transportation challenges. WIC staff noted a high percentage of individuals do not meet appointments due to lack of transportation. No one mentioned using GoWake Access.

- For the Southern Regional Center, in addition to this area being more rural, access to employment transportation opportunities was indicated to be as difficult as access to health and human services. Unlike the North, there were many anecdotal complaints regarding GoWake Access.
- At the East Regional Center, information regarding the Wake County Dental Clinic program was communicated including issues regarding reliability of GoWake Access. Information gathered at this location indicates that 70% of the program participants expressed that lack of transportation is a significant barrier to employment as well as to health and human service activities.
- Access to transportation is significant issue to the point that people were communicating that their lives are negatively affected to the point for example, that one person stated that “being a senior requires you to have to give up a lot”.

Implications for the Final Report

These engagements confirmed the value of developing a regional human service approach for Wake County and underscored the significant lack of transportation which is available now. The lack of public transportation especially in rural areas impacts both access to human service activities as well as jobs access and quality of life opportunities. The plan should highlight the importance of communication of any services and opportunities which result from the implementation activities of the Wake Transit Plan.