


**THE GATEWAY REGION / REGION
IX TRANSPORTATION
COORDINATION PLAN**

FINAL REPORT

**PREPARED FOR THE REGION IX
PLANNING AND DEVELOPMENT
COUNCIL AND THE HAGERSTOWN-
EASTERN PANHANDLE
METROPOLITAN PLANNING
ORGANIZATION**



JANUARY 10, 2007



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I. INTRODUCTION

This Gateway Region/Region IX Coordinated Public Transit – Human Services Transportation Plan document contains all information, analyses, and findings compiled for this project, an evaluation of community characteristics, a stakeholder assessment and an inventory of existing transportation services. It also provides a description of the unmet transportation needs in the Gateway Region as determined by using various methods such as agency surveys, demographic research, and ongoing stakeholder input. There is also a series of recommendations to address unmet needs over the next four (4) years and guide local decision-makers as they consider advances in the coordination of transportation services within the three (3) county study area (Berkeley, Jefferson and Morgan Counties, West Virginia). These recommendations are based on the information and feedback generated during the data analysis portion of this project. This Coordinated Public Transit – Human Services Transportation Plan document also meets all the requirements for the Federal Transit Administration’s (FTA) coordinated transportation plan as set forth in the Safe, Accountable, Flexible, Efficient, Transportation, Equity Act: A Legacy for Users (SAFETEA-LU) guidelines.

This Coordinated Plan was undertaken by the West Virginia Region IX Planning and Development Council, a body responsible for assisting local governments in resolving their common problems, engaging in area-wide comprehensive and functional planning, pursuing and administering certain federal and state grants, and providing a regional focus in regard to multiple programs undertaken on an area-wide basis.

Region IX is a council, set up by the State of West Virginia, comprising of representatives (both elected and appointed) from the three-county study area: Jefferson County, Berkeley County & Morgan County and the municipalities of Berkeley Springs (Bath), Bolivar, Charles Town, Harpers Ferry, Hedgesville, Martinsburg, Paw Paw, Ranson and Shepherdstown.

Working in concert with the Region IX Planning and Development Council is the Hagerstown-Eastern Panhandle Metropolitan Planning Organization (HEPMPO). HEPMPO is the federal and state designated regional transportation planning organization that serves as a forum for cooperative decision making in the three-county region of Berkeley and Jefferson Counties in West Virginia and Washington County, Maryland.

WHY A COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN?

In August of 2005, Congress passed the Safe, Accountable, Flexible, Efficient, Transportation, Equity Act: A Legacy for Users (SAFETEA-LU), reauthorizing the surface transportation act. As part of this reauthorization, grantees under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC) (Section 5316), and New Freedom Initiative (Section 5317) grant programs must meet certain requirements in order to receive funding for fiscal 2007 (October 1, 2006) and beyond.

One of the SAFETEA-LU requirements is that projects from the programs listed above must be part of a “locally developed Coordinated Public Transit-Human Services Transportation Plan.” This Coordinated Plan is required to be developed through a process that includes representatives of public, private, and non-profit transportation services, human services providers, and the general public.

Transportation coordination has been occurring across the nation because the benefits of coordination are clear. According to the Federal Coordinating Council on Access and Mobility’s United We Ride information on its website, nationally, \$700 million could be saved if transportation providers would coordinate. This is a conservative estimate based on a study conducted by the National Academy of Science’s Transportation Research Board (TRB) but it highlights that transportation resources (funding, people, vehicles, services) could be more effectively used to provide more transportation for our communities.

Transportation is the vital link to jobs, medical care and community support services. Without it, citizens cannot be productive because they cannot reach employment centers, health care becomes more expensive as citizens end up in the hospital with serious health problems because they could not travel to preventative care appointments, etc. The lack of affordable and useable transportation options frustrates the ability of many citizens to achieve economic and personal independence (CCAM, 2006). Transportation coordination can help to provide more trips for agency clients and the general public and link them to life-supporting employment and services.

Transportation coordination, while making sense from an efficiency and resource utilization standpoint, is also becoming a national mandate. During the last few years, the Federal Transit Administration and the Federal Coordinating Council on Access and Mobility have developed a national campaign entitled “United We Ride” to help promote transportation coordination. A “United We Ride” website has been posted

WHY A COORDINATED PUBLIC HUMAN SERVICES TRANSPORTATION PLAN?

**WHY A COORDINATED
PUBLIC HUMAN
SERVICES
TRANSPORTATION
PLAN?**

which contains the “A Framework for Action” for local communities and state governments, a coordination planning tool, along with a multitude of coordination resources. State “United We Ride” grants have also been awarded to encourage transportation coordination planning at the state level.

As indicated above, the U.S. Congress is also getting into the “coordination game” with the passage of SAFETEA-LU and coordination is now a requirement for the following FTA funding programs:

- *Transportation for Elderly Persons and Persons with Disabilities (Section 5310)* - This program (49 U.S.C. 5310) provides formula funding to States for the purpose of assisting private nonprofit groups in meeting the transportation needs of the elderly and persons with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs. States apply for funds on behalf of local private non-profit agencies and certain public bodies. Capital projects are eligible for funding. Most funds are used to purchase vehicles, but acquisition of transportation services under contract, lease or other arrangements and state program administration are also eligible expenses.
- *Job Access and Reverse Commute (JARC) Program (Section 5316)* - The purpose of this grant program is to develop transportation services designed to transport welfare recipients and low income individuals to and from jobs and to develop transportation services for residents of urban centers and rural and suburban areas to suburban employment opportunities. Emphasis is placed on projects that use mass transportation services. Job Access grants are intended to provide new transit service to assist welfare recipients and other low-income individuals in getting to jobs, training, and child care. Reverse Commute grants are designed to develop transit services to transport workers to suburban job sites. Eligible recipients include local governmental authorities, agencies and non-profit entities. Eligible activities for Job Access grants include capital and operating costs of equipment, facilities, and associated capital maintenance items related to providing access to jobs. Also included are the costs of promoting the use of transit by workers with nontraditional work schedules, promoting the use of transit vouchers, and promoting the use of employer-provided transportation including the transit benefits. For Reverse Commute grants, the following activities are eligible: operating costs, capital costs and other costs associated with reverse commute by bus, train, carpool, vans or other transit service.
- *New Freedom Program (Section 5317)* – A new funding program for 2006, New Freedom is designed to encourage services and facility

improvements to address the transportation needs of persons with disabilities that go beyond those required by the Americans with Disabilities Act. The FTA is still in the process of finalizing program specifics, but as of the date of this plan, the New Freedom formula grant program is being designed to expand the transportation mobility options available to persons with disabilities beyond the requirements of the ADA. Examples of projects and activities that might be funded under the program include, but are not limited to:

- Purchasing vehicles and supporting accessible taxi, ride-sharing, and vanpooling programs.
- Providing paratransit services beyond minimum requirements (3/4 mile to either side of a fixed route), including for routes that run seasonally.
- Making accessibility improvements to transit and intermodal stations not designated as key stations.
- Supporting voucher programs for transportation services offered by human service providers.
- Supporting volunteer driver and aide programs.
- Supporting mobility management and coordination programs among public transportation providers and other human service agencies providing transportation

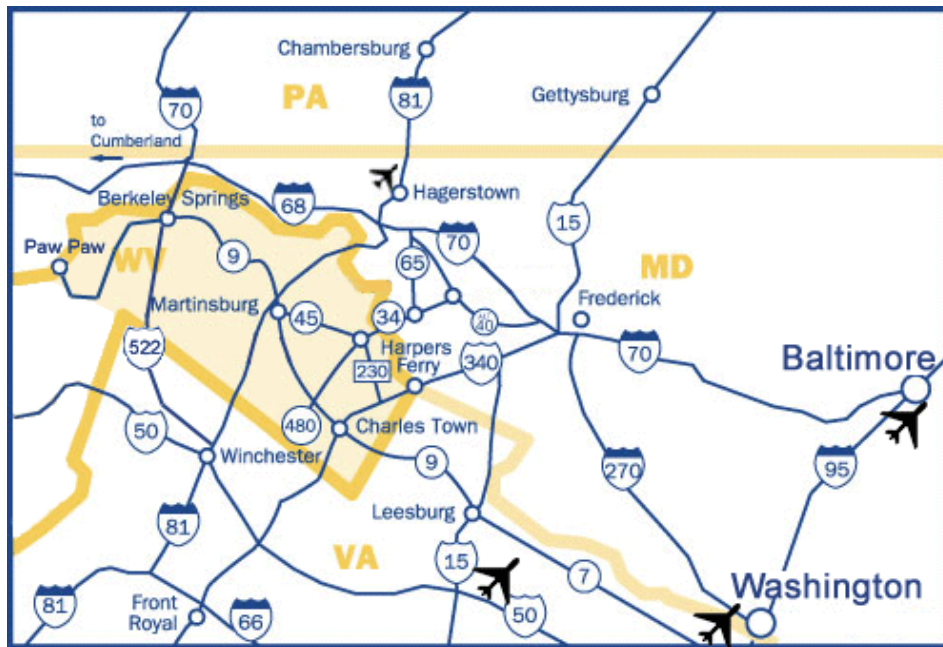
**WHY A COORDINATED
PUBLIC HUMAN
SERVICES
TRANSPORTATION
PLAN?**

II. OVERVIEW OF COORDINATION PLAN

PLAN STUDY AREA/PLAN PARTICIPANTS

The Hagerstown-Eastern Panhandle Metropolitan Planning Organization has taken the lead for developing this Coordinated Plan for the Gateway Region (Region IX) of the State of West Virginia. The Gateway Region includes Berkeley, Jefferson, and Morgan Counties in the eastern panhandle of West Virginia. A map of this region is found in Exhibit II.1 below:

**Exhibit II.1
Map of Gateway Region/Region IX**



Relevant information concerning participants in this project and project funding sources is found below:

- The primary participants are the Region IX Planning and Development Council (comprised of elected and appointed officials from the three-county study area), the Hagerstown-Eastern Panhandle Metropolitan Planning Organization, officials from PanTran, the region's public transit system, representatives from the Regional Education Service Agency VIII (RESA VIII) Head Start and Senior Services representatives from each of the three counties.
- The following agencies in the region have been identified as receiving Federal Transit Administration (FTA) program funding:

- Eastern Panhandle Transportation Authority (PanTran)
 - Section 5307, Section 5310
 - Berkeley Senior Services
 - Section 5310
 - Jefferson County Council on Aging
 - Section 5310
 - Eastridge Health Systems
 - Section 5310
 - Senior Life Services of Morgan County
 - Section 5310
 - Maryland Transit Administration
 - Hagerstown-Eastern Panhandle MPO
- This final Coordinated Plan will be adopted by the Region IX Planning and Development Council.

REGIONAL DEMOGRAPHICS OVERVIEW

Any transportation assessment or Coordinated Plan must contain a description of the potential users of transportation services, where they reside, and where they want to go. According to information gathered during the 2000 census, the population of the Gateway Region is 133,038 persons with Berkeley County having the largest population of 75,905 persons, Jefferson County the next largest of 42,190 and Morgan County the smallest population of 14,943.

The Gateway Region has a relatively younger population than the State of West Virginia and the United States. The region has a total senior (age 65 and older) population of 15,665 persons or 11.8% of the region's population. The highest density of residents aged 65 and older are in the cities of Martinsburg, Berkeley Springs, and Charles Town. Areas of moderately high and moderate density of senior citizens are found in Shepherdstown, Harpers Ferry, and Paw Paw. The remainder of the region has low to very low elderly population density. The relatively low percentage of seniors in the region is most likely due to the changing nature of the region from a rural area to part of the commuting "shed" of the Washington, D.C. area. More working age people are moving to the region to escape the Washington area and thus, the senior share of the population is shrinking.

Using two different methods of estimation which are described in this report, it is estimated that the number of persons with disabilities in the Gateway Region is 5,636. This is 4.2% of the total population of the region. This population is expected to grow to 6,508 persons in 2005

(15.5% growth) and 7,471 persons in 2010 (14.8% growth rate, 2005-2010).

The U.S. Census Bureau reported in 2000 that there were 51,879 total households in the Gateway Region. Of those households, approximately 5,785 households (11.2%) were living below the Federal poverty level. The areas with the highest density of households below the poverty level were found in Berkeley County with 11.6%.

There are 3,568 households in the Gateway Region that have no available vehicle. This is 6.9% of all the households in the region which is a relatively low percentage compared to the percentage of zero-vehicle households for the State of West Virginia (10.8%).

The region's average commute time is higher than the State of West Virginia (26.2 minutes) and the United States (25.5 minutes). This most likely reflects the fact that there are a significant number of commuters who are traveling outside the region to Rockville and Silver Springs, Maryland and to the Washington, D.C. areas.

There are 24,754 (34%) regional residents who commute to another state for work. This is a very significant number which underscores the state of the region – a rapidly growing rural area attracting workers who work in larger urban areas in Pennsylvania, Maryland, Washington, D.C., and parts of Northern Virginia.

OUTREACH EFFORTS OVERVIEW

In order to solicit as much input as possible for this Coordinated Plan, the following outreach efforts were conducted by the Hagerstown-Eastern Panhandle MPO, Region IX Planning and Development Council, and its project consultant, RLS and Associates, Inc.:

- A Plan kick-off meeting was held in October of 2006 at the Region IX Planning and Development Council offices in Martinsburg, West Virginia. Approximately eighty (80) agencies were sent invitations to this meeting along with a letter explaining transportation coordination and the new federal coordination planning requirements;
- A detailed stakeholder survey was mailed to over seventy (70) stakeholder agencies and e-mailed to twenty-five (25) agencies in the region to gather information on transportation coordination resources, opinions and barriers; and
- A letter was sent to all identified stakeholders who were not at the kick-off meeting to generate additional input into the Coordinated Plan. This letter explained the importance and potential

REGIONAL DEMOGRAPHICS OVERVIEW

OUTREACH EFFORTS OVERVIEW

requirements of participation and encouraged recipients to contact Region IX, HEPMPO, or RLS and Associates for information on participation.

STAKEHOLDER ASSESSMENT OVERVIEW

As a result of the stakeholder assessment, outreach efforts, demographic analysis, transit demand analysis and analysis of existing transportation services, the following issues and challenges were identified:

- Community awareness of transportation services and transportation coordination and the public’s perception of existing transportation services;
- Lack of transportation providers in Morgan County;
- Need for a weekly route from Berkeley Springs to Martinsburg;
- Significant demand exists in the region for transit services;
- More service and additional operating funding is needed in all three counties;
- Need for out-of-state transportation to Pennsylvania, Virginia and Maryland;
- Lack of local leadership support for transportation coordination;
- Driver recruitment;
- Mechanical failure of vehicles;
- Mechanical failure of lift equipment;
- Lack of reputable maintenance vendors;
- Limited service area for public transportation;
- 24-hour advance notice for PanTran trips; and
- Limited passenger capacity on vehicles.

These issues will be addressed in detail later on in this Coordinated Plan.

REGIONAL DEMOGRAPHICS OVERVIEW

STAKEHOLDER ASSESSMENT OVERVIEW

III. POPULATION DATA AND TRIP INFORMATION

Any transportation assessment or Coordinated Plan must contain a description of where the potential users of transportation reside and where they want to go. In the Gateway Region, the majority of the population resides in Berkeley County (57.1%) which is where the largest city in the region, Martinsburg, is located. Martinsburg’s population of 14,972 persons is 11.3% of the region’s total population. The next two largest areas of population concentration are Charles Town and Ranson with 2,907 persons and 2,951 persons, respectively.

POPULATION GROWTH

According to information from the West Virginia University Regional Research Institute (West Virginia’s official representative in the U.S. Census Bureau’s Federal-State Program for Population Estimation and Projections) the total population of the Gateway Region in 2000 was 133,038 persons. This is significantly higher than the area’s 1990 population of 107,307. This means the region grew 24% between 1990 and 2000. Exhibit III.I on the following page illustrates the population density per square mile for the Gateway Region. As illustrated, the Martinsburg, Charles Town, and Berkeley Springs areas have the highest population per square mile.

The WVU Regional Research Institute projects the region’s 2005 population at 141,247, a 6.2% increase over the year 2000. The Institute is projecting another 5.4% in growth for the region for the next five (5) years as the projected population for 2010 is 148,911. Exhibit III.2 shows total population change between 1990-2000 for each county in West Virginia.

It is noted that the counties in the Gateway Region were some of the fastest growing counties in the state. Exhibit III.3 illustrates the historical and projected population trends for the Gateway Region through the year 2025.

**Exhibit III.3
Historical and Projected Population Trends for the Gateway Region
1990-2025**

County	1990	2000	2005	2010	2015	2020	2025
Berkeley	59,253	75,905	81,382	86,495	91,191	95,458	99,207
Jefferson	35,926	42,190	44,092	45,836	47,500	49,076	50,549
Morgan	12,128	14,943	15,773	16,580	17,372	18,105	18,770
Total	107,307	133,038	141,247	148,911	156,063	162,639	168,526

PERSONS WITH DISABILITIES

Definition of the Disabled Population

Enumeration of the disabled population in any community presents challenges. First, there is a complex and lengthy definition in the

POPULATION GROWTH

**PERSONS WITH
DISABILITIES**

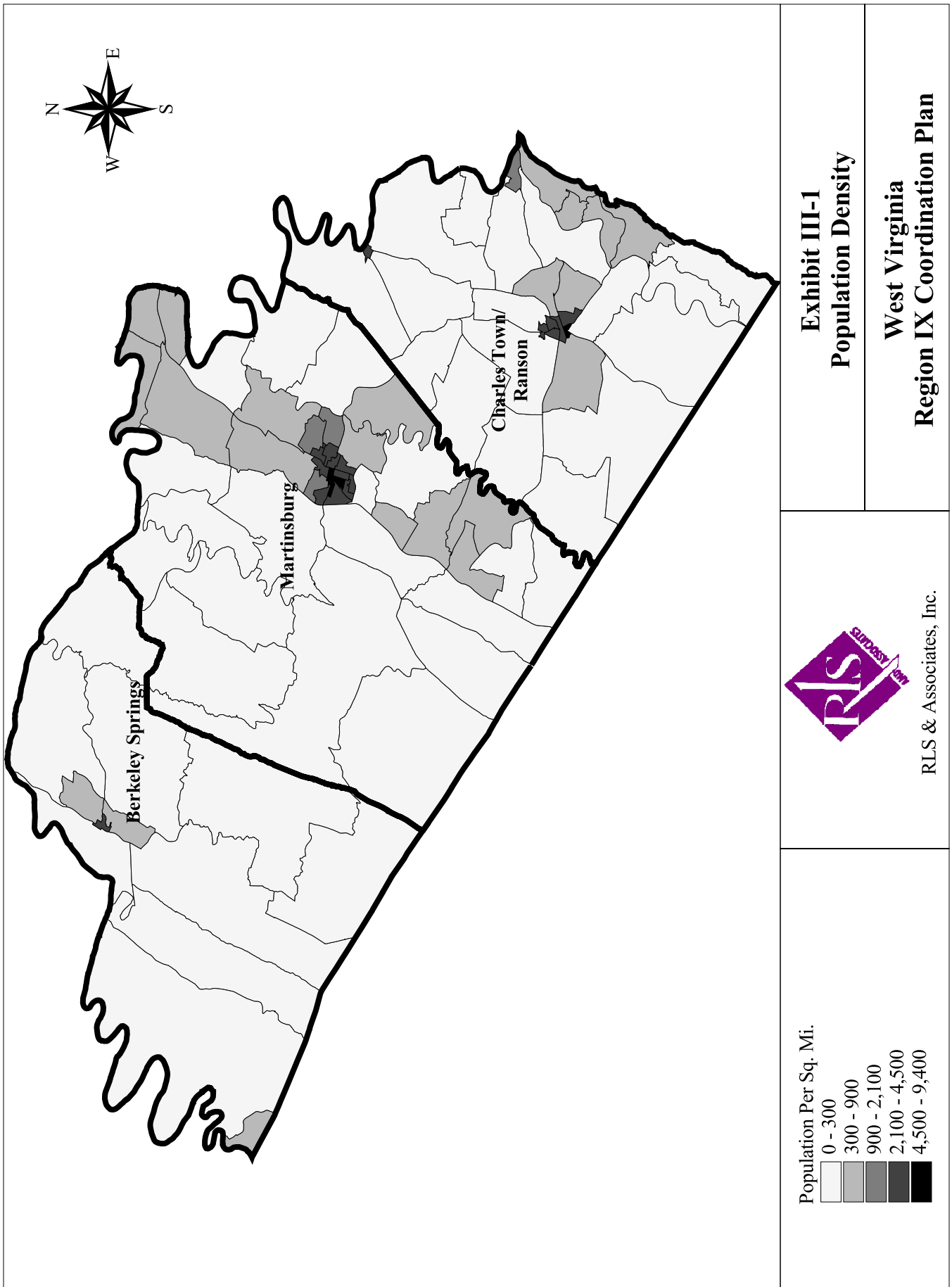
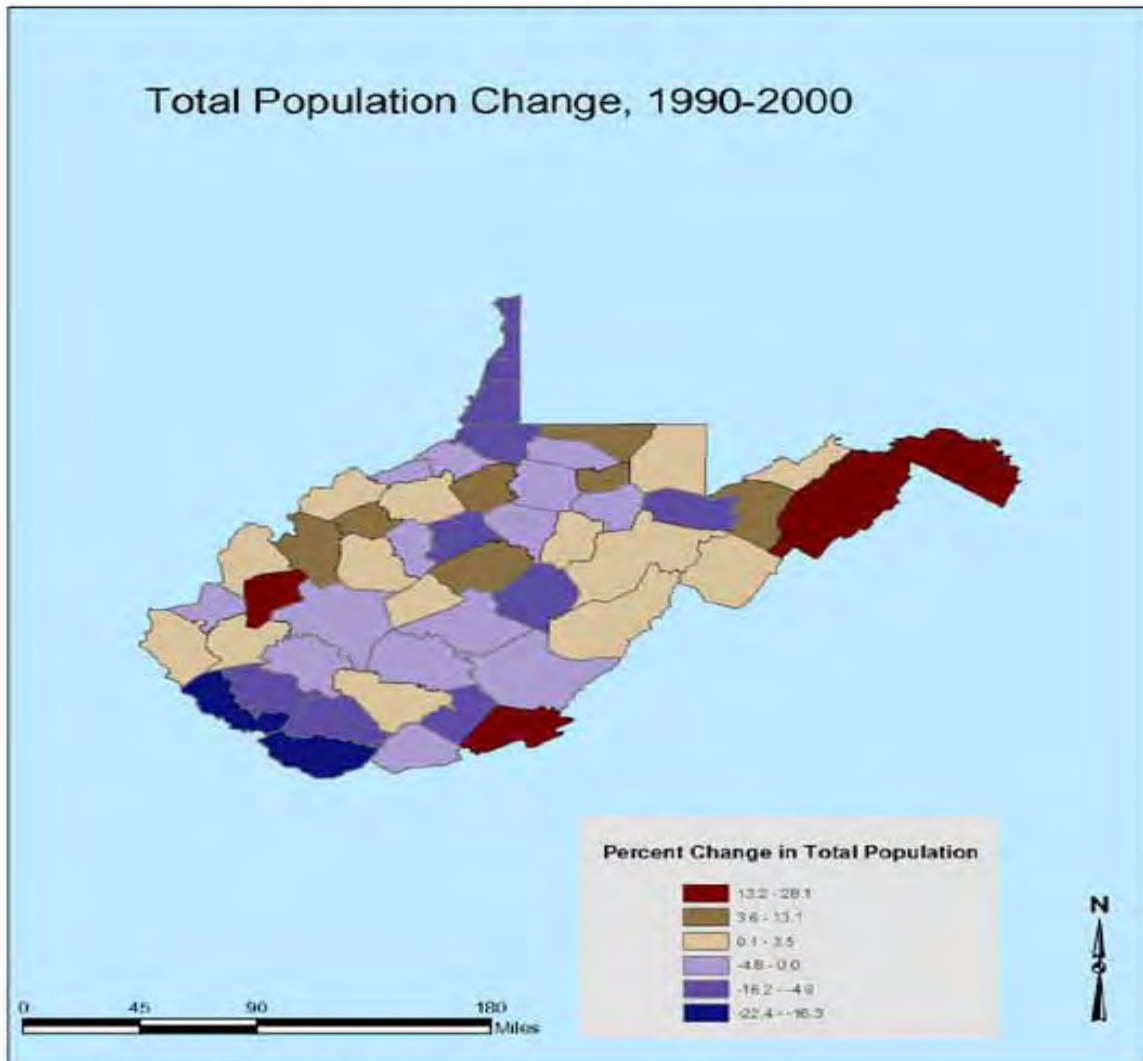


Exhibit III.2
Total Population Change for West Virginia Counties, 1990-2000



Source of Data: U.S. Census Bureau

implementing regulations. The definition of the disabled is found in 49 CFR Part 37.3. The definition of disability reads:

Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

**PERSONS WITH
DISABILITIES**

1. *The phrase physical or mental impairment means:*
 - (i) *Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine;*
 - (ii) *Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities;*
 - (iii) *The term physical or mental impairment includes, but is not limited to, such contagious or non-contagious diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism;*
 - (iv) *The phrase physical or mental impairment does not include homosexuality or bisexuality.*
2. *The phrase major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and work.*
3. *The phrase "has a record of such an impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.*
4. *The phrase "is regarded as having such an impairment" means:*
 - (i) *Has a physical or mental impairment that does not substantially limit major life activities, but which is treated by a public or private entity as constituting such a limitation;*

- (ii) *Has a physical or mental impairment that substantially limits a major life activity only as a result of the attitudes of others toward such an impairment; or*
- (iii) *Has none of the impairments defined in paragraph (1) of this definition but is treated by a public or private entity as having such an impairment.*

5. *The term disability does not include:*

- (i) *Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders;*
- (ii) *Compulsive gambling, kleptomania, or pyromania;*
- (iii) *Psychoactive substance abuse disorders resulting from the current illegal use of drugs.*

The definition, when applied to public transportation applications, is designed to permit a *functional* approach to disability determination rather than a strict *categorical* definition. In a functional approach, the mere presence of a condition that is typically thought to be disabling give way to consideration of an individual's abilities to perform various life functions. In short, an individual's capabilities, rather than the mere presence of a medical condition, determines transportation disability.

SOURCES OF DATA ON THE DISABLED POPULATION

The United States Bureau of the Census provides data on disability based on three (3) primary sources. Only one of these sources directly enumerates the disabled population in the Gateway Region.

Decennial Census of the Population

The long-form questionnaire used in the Decennial Census of the Population has included questions on "disability" since 1970. The questions have changed and evolved with each decade. In 1970, questions were asked about "work disability". In 1980, questions about work disability and the ability to use public transportation were included. In 1990, questions about work disability, the ability to go outside the home alone and the ability to take care of personal needs were posed. Finally, Census 2000 posed the most extensive set of questions, with some focus on issues that enable some interpretation as to the number of individuals that may or may not meet the definition included in 49 CFR Part 37.3.

As can be seen with the changes that have occurred from census to census, there are issues in compatibility with each decade. This is one inherent

**SOURCES OF DATA ON
THE DISABLED
POPULATION**

disadvantage with the use of this data source. Second, the tables reporting results on disability do not take into account multi-domains. In other words, the categories are not mutually exclusive. For example, an individual can have both a “going outside the home” disability as well as an “employment” disability. This can result in overestimation of the disabled population.

Current Population Survey (CPS)

The Current Population Survey (CPS) identifies persons who are out of the labor force because of a disability and, in each March survey since 1980, identifies persons who have a health problem that “prevents them from working or limits the kind or amount of work they can do.”

Survey of Income and Program Participation (SIPP)

The Survey of Income and Program Participation (SIPP) is a national household survey that began in 1984. The SIPP is characterized by an extensive set of disability questions; generally, the SIPP is the preferred source for examining most disability issues. The reason for this preference is the similarities between questions posed on the SIPP survey and the ADA definition of disability.

The Americans with Disabilities Act of 1990 (ADA) defines disability as a “physical or mental impairment that substantially limits one or more of the major life activities”. For persons 15 years old and over, the SIPP disability questions cover limitations in functional activities (seeing, hearing, speaking, lifting and carrying, using stairs, and walking); in Activities of Daily Living (ADL) such as getting around inside the home, getting in or out of a bed or chair, bathing, dressing, eating and toileting; and in Instrumental Activities of Daily Living (IADL) such as going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone. The SIPP also obtains information on the use of wheelchairs and crutches, canes, or walkers; the presence of certain conditions related to mental functioning, the presence of a work disability, and the disability status of children.

In summary, the CPS provides information only on work disability. The Decennial Census of Population relates to only a few components of disability and there is difficulty determining a specific count or enumeration of individuals within a given census tract or block group. The SIPP provides extensive data and, more importantly, addresses multi-dimensional elements of disability. The major drawback is the fact that despite the sample is drawn from more than 32,000 households, the Bureau cautions users who apply the various incidence rates of disability to levels of geography below the regional level. Use of SIPP data may or

may not generate statistical confidence levels of 0.90 or greater when applied to the county or urban level.

Enumeration Methodology

Two methodologies using different data sources were used in the development of an estimated count of disabled persons for the planning horizon 2007-2010. The process will result in two (2) estimates, or a range, of the disabled population.

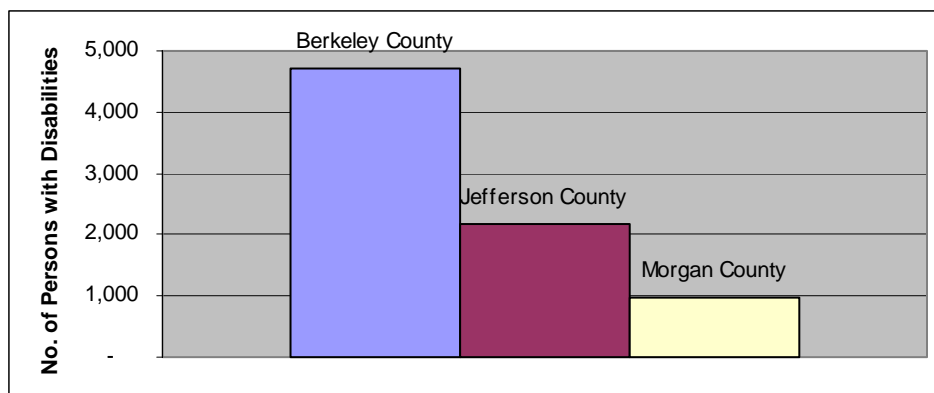
Census-Based Approach

Direct tabulations of data from tables in the 2000 Census Summary File 3 on disability are reported. When available, this total is reported by age cohort. Census-based age breakdowns generally distinguish between working age adults and seniors. Census data, based on the 2000 Decennial Census of Population have been tabulated for the region in Exhibit III.4.

As noted previously, Census 2000 data provides an enumeration of a specific type of problem, but due to the prospect of multiple disabilities, there is no cumulative number that can be developed from this source. Generally speaking, the category of “outside the home disability” tends to be the single best factor in looking at persons with disabilities who may need public transportation service or complementary paratransit service (transit service for those disabled persons who are unable to use fixed route services). Based on Exhibit III.4, there are a total of 7,849 persons in this category.

Using the “outside the home disability” figures noted in Exhibit III.4 for each county in the Gateway Region, Exhibit III.5 illustrates disability incidence by County.

**Exhibit III.5:
Disability Incidence by County, 2000**



Source: U.S. Census 2000

**Exhibit III-4
Enumeration of the Disabled Population in Region IX, 2000**

Geographic Area	Total Population	Ages 5-15			Ages 16-64			Ages 65+								
		Sensory Disability	Physical Disability	Mental Disability	Self-Care Disability	Sensory Disability	Physical Disability	Mental Disability	Self-Care Disability	Sensory Disability	Physical Disability	Mental Disability	Self-Care Disability	Outside Home Disability		
Berkeley County	75,905	173	152	745	91	1,596	4,406	2,425	1,049	3,138	6,871	1,300	2,356	842	634	1,570
Jefferson County	42,190	48	55	264	54	707	1,973	873	462	1,247	2,782	636	1,221	508	395	926
Morgan County	14,943	26	24	121	30	316	851	438	228	526	1,294	393	686	288	265	442
Total Service Area	133,038	247	231	1,130	175	2,619	7,230	3,736	1,739	4,911	10,947	2,329	4,263	1,638	1,294	2,938

Notes:

- (1) Sensory disability means blindness, deafness, or a severe vision or hearing impairment.
- (2) Physical disability means a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying.
- (3) Mental disability means having difficulties in learning, remembering or concentrating.
- (4) Self-care disability means having difficulties in dressing, bathing, or getting around inside the home.
- (5) Outside the home disability means having difficulties going outside the home alone to shop or visit a doctor's office.
- (6) Employment disability means having difficulties working at a job or business.
- (7) Disability categories in any age cohort are not mutually exclusive.

Source: U.S. Census Bureau, 2000.

The density of reported disabilities in the three-county region is shown in Exhibit III.6 below. The areas with the highest densities of reported disabilities are Martinsburg, Charles Town, and Berkeley Springs.

Imputed Approach

Using the indices or incidence rates for specific disabilities derived from the SIPP (2002), an imputed estimate of the number of individuals, by age cohort, has been calculated for each county and the Gateway Region. These estimates are found in Exhibit III.4 earlier in this chapter.

Data collected in the SIPP do permit consideration of persons with multiple disabilities. Moreover, the definitions employed can be directly related to the concepts in 49 CFR Part 37.3 definitions with respect to “activities of daily life.”

Exhibit III.4 also provides a summary of the number of persons with one or more activities of daily living or instrumental activities of daily living for which assistance was needed. Using the criteria that only one major limitation in activities of daily life is necessary to trigger ADA eligibility for complementary paratransit services and that it is also a strong indicator of transit dependency, this procedure yields an estimate of 5,636 ADA eligible individuals for the Gateway Region/Region IX as illustrated in Exhibit III.7.

PROJECTIONS OF THE DISABLED POPULATION, 2005-2010

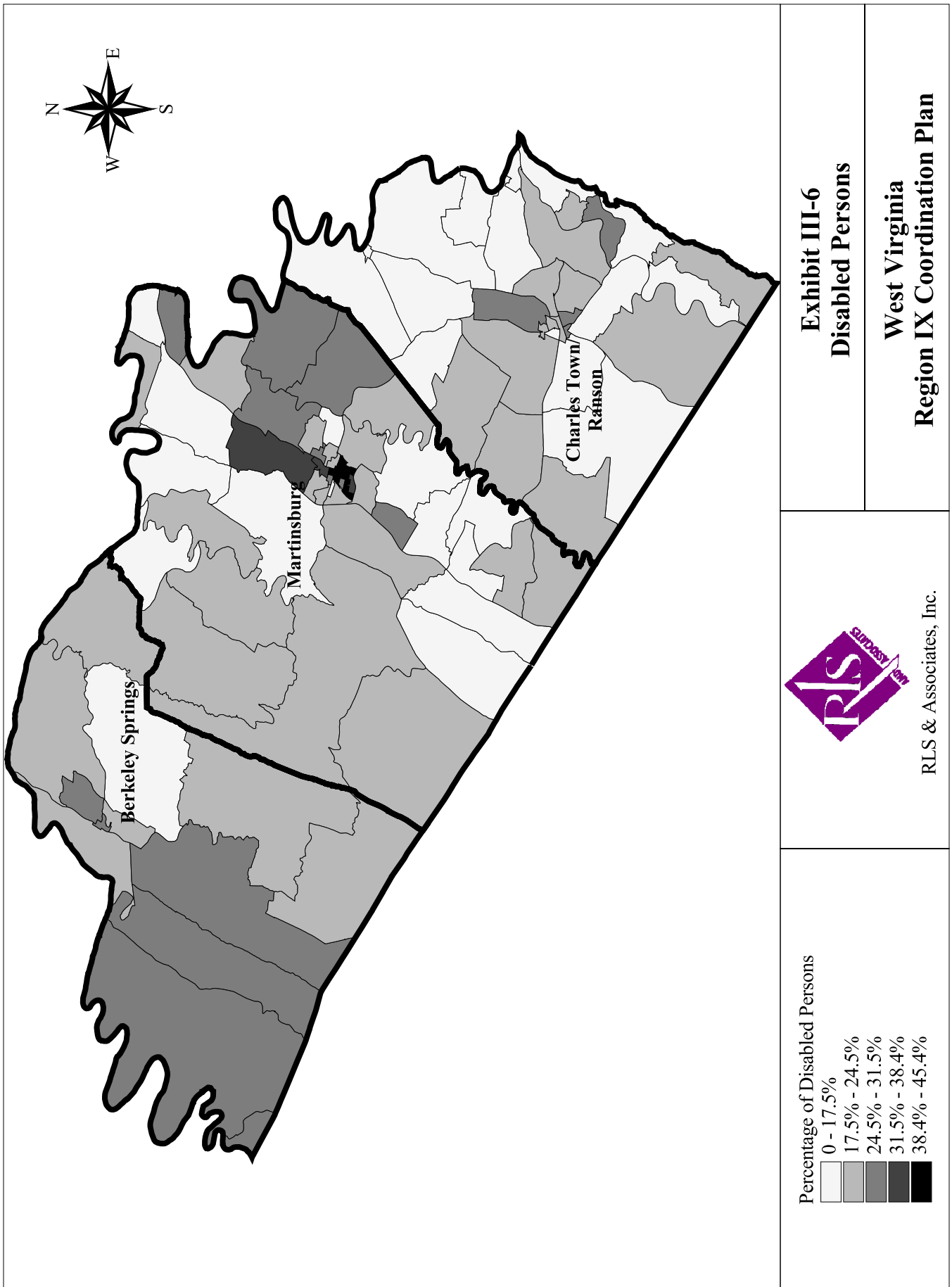
There are no known existing data sources that enumerate the existing disabled population and project the growth or decline of this population into the future for the Gateway Region area. Generally, the overall population is projected and then some assessment of the future incidence rates of various disabilities is used to generate an estimate of the disabled population.

As noted above, population projections (2005-2050) of the total population for each county in the Gateway Region were obtained from the West Virginia University Regional Research Institute. These long-term projections were prepared using the Year 2000 average birth and death rates and averages of the 1985-1990, 1990-1995 and 1995-2000 immigration and outmigration rates.

Given the limited availability of age-specific population projections, the methodology employed in this report required the development of age specific data for both 2005 and 2010.

SOURCES OF DATA ON THE DISABLED POPULATION

PROJECTIONS OF THE DISABLED POPULATION, 2005 - 2010



**Exhibit III-7
Estimated Count of the ADA Eligible Population in Region IX, 2000**

Disability Status	Ages 15-24 Years		Ages 25-64 Years		Ages 65 Years and Over		Ages 15-24 Yrs. 25-64 Yrs. 65+ Yrs.		Total Region				
	Percent	County	Percent	County	Percent	County	Percent	County	Percent	County			
Total Population	9631	6054	1557	41658	23202	8126	8434	4718	2465	17242	72986	15617	106845
Disability Status													
With a Disability	0.208	1259	324	6790	3782	1325	4411	2468	1289	3586	11897	8168	23651
Severe	0.137	829	213	4499	2506	878	3112	1741	910	2362	7882	5763	16007
Not Severe	0.07	674	109	2291	1276	447	1299	727	380	1207	4014	2405	7626
Seeing/Hearing Disability													
With a Disability	0.067	406	104	2000	1114	390	1729	967	505	1155	3503	3201	7860
Severe	0.014	85	22	375	209	73	0.044	371	108	241	657	687	1585
Not Severe	0.053	510	83	1625	905	317	0.161	1358	397	914	2846	2514	6275
Walking/Using Stairs													
With a Disability	0.114	1098	177	3333	1856	650	3222	1802	942	1966	5839	5966	13770
Severe	0.059	568	92	1500	835	293	1864	1043	545	1017	2627	3451	7096
Not Severe	0.055	530	86	1833	1021	358	1358	760	397	948	3211	2514	6674
Had Difficulty Walking	0.094	905	146	2708	1508	528	2682	1500	784	1621	4744	4966	11331
Severe	0.051	491	79	1291	719	252	1645	920	481	879	2263	3045	6187
Not Severe	0.043	414	67	1416	789	276	1037	580	303	741	2482	1921	5144
Had Difficulty Using Stairs	0.092	886	143	2708	1508	528	2631	1472	769	1586	4744	4873	11203
Severe	0.031	299	188	750	418	146	1004	561	293	535	1314	1858	3707
Not Severe	0.061	587	95	1916	1067	374	1628	911	476	1052	3357	3014	7423
Used a Wheelchair	0.012	116	19	292	162	57	380	212	111	207	511	703	1421
Used a Cane/Crutches/Walker	0.041	395	64	916	510	179	1425	797	417	707	1606	2639	4952
With an Activities of Daily Life Limitation	0.036	347	56	1041	580	203	1037	580	303	621	1825	1921	4366
Needed Personal Assistance	0.02	193	31	542	302	106	599	335	175	345	949	1109	2402
Did not Need Personal Assistance	0.016	154	25	500	278	98	439	245	128	276	876	812	1964
Number of ADLs or IADLs for which assistance was needed													
One or more	0.048	462	75	1291	719	252	1375	769	402	828	2263	2546	5636

**PROJECTIONS OF THE
DISABLED
POPULATION, 2005 -
2010**

Two (2) significant factors dictate this data need. First, Census 2000 data clearly reflect an increasing incidence of disability (all types) by age. Thus, any estimate of the disabled population must take the age characteristics of the population into account. Second, there are significant trends occurring in the United States relating to the aging of the population. For example, nationally, the two (2) age cohorts with the largest percentage of growth over the last decade were the 50-54 year old cohort and the 45-49 year old cohort. People in these two (2) age groups were primarily born during the post-WWII “baby boom,” defined by the Census Bureau as persons born from 1946 through 1964. As communities approach the year 2010, these baby boomers will begin turning 65 years of age. Indeed, it is projected that the number of older adults will be more than double than their current numbers.

Further, the Administration on Aging (U.S. Department of Health and Human Services) reports that, based on a comprehensive survey of older adults, longevity is increasing and younger seniors are healthier than in all previously measured time in our history. Quality of life issues and an individual’s desire to live independently will put increasing pressure on existing transit services to provide mobility to this population. This has great significance on the potential need to provide public transit and complementary paratransit services.

Methodology

To accomplish the task of projecting the number of persons with disabilities for 2005 and 2010, the consultant used current (Year 2000) age cohort data to “age” the population through the end of the planning horizon, 2010. This data was adjusted to reflect the overall population projections for the Gateway Region from WVU. The number of births was held constant at the 2001 level for each year throughout the ten-year interval.

Based on this analysis, the number of individuals in the Gateway Region area who are projected to be disabled, defined as an individual with at least one activity of daily living for which assistance is required, is expected to grow to 6,508 persons in 2005, up from 5,636 persons in 2000 (15.5% growth). The growth rate remains fairly constant from 2005 to 2010 with the total number of individuals needing assistance with at least one activity of daily living projected at 7,471 persons (14.8% growth rate, 2005-2010). Exhibits III.8 provides the population projections by age cohort for each county and the estimates of the disabled population for 2005 and 2010, respectively.

**Exhibit III.8
Population Projections by Age for the Gateway Region, 2000-2010**

Geographic Area	2000	2005	2010
Berkeley County	75,905	81,382	86,495
0-14 Years	16,182	15,918	15,747
15-24 Years	9631	10,951	11,391
25-64 Years	41658	43,570	45,272
65 Years and Over	8434	10,943	14,085
Jefferson County	42,190	44,092	45,836
0-14 Years	8,216	8,109	8,100
15-24 Years	6054	6,033	5,566
25-64 Years	23202	24,078	24,719
65 Years and Over	4718	5,872	7,451
Morgan County	14,943	15,773	16,580
0-14 Years	2795	2,653	2,480
15-24 Years	1557	1,799	1,973
25-64 Years	8126	8,160	8,294
65 Years and Over	2465	3,161	3,833

**PROJECTIONS OF THE
DISABLED
POPULATION, 2005 -
2010**

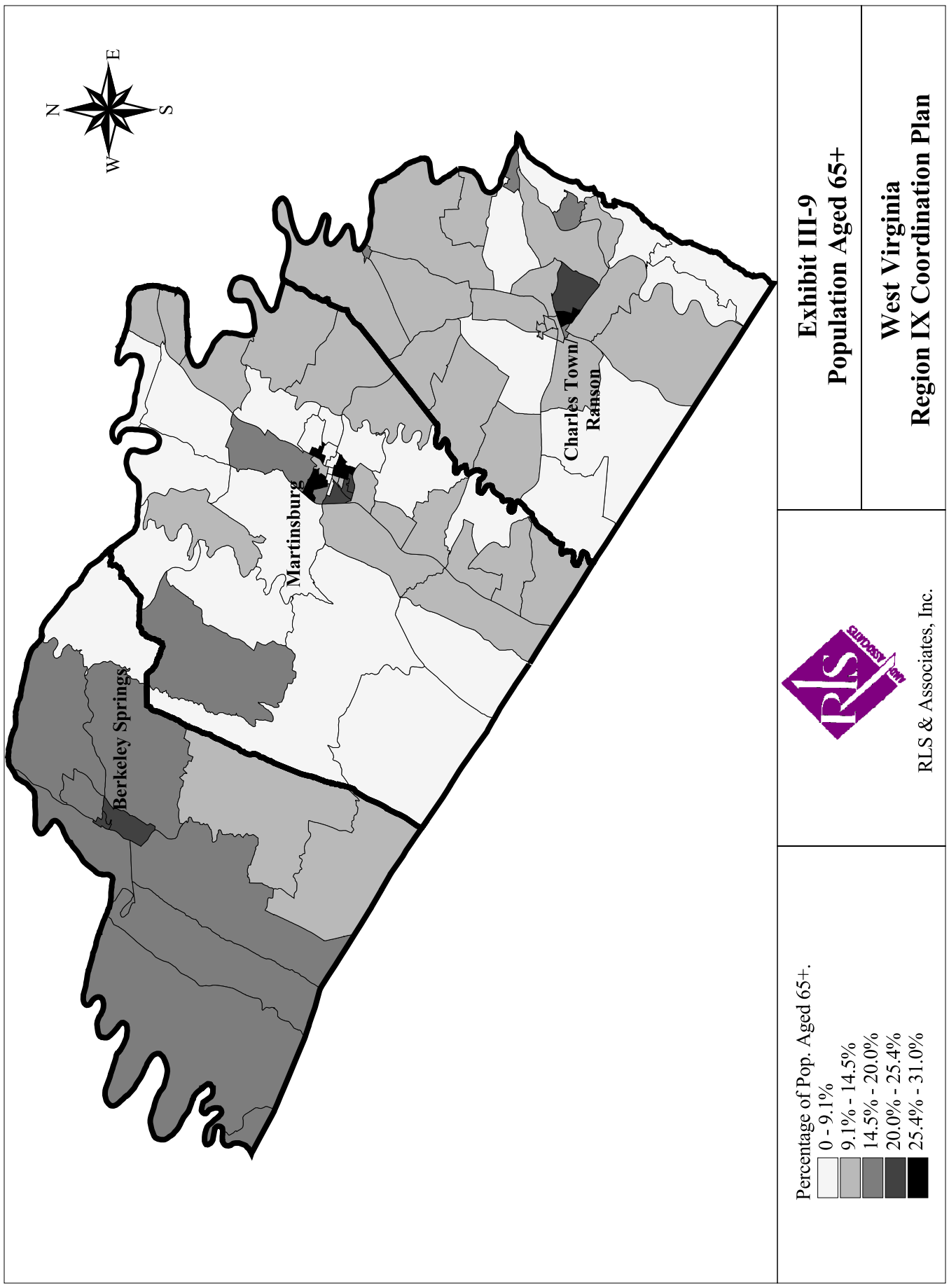
ADULTS AGE 65 AND OLDER

The Gateway Region has a relatively younger population than the State of West Virginia and the United States. The region has a total senior (age 65 and older) population of 15,665 persons or 11.8% of the region’s population. This is compared to a senior population of 15.3% for the State of West Virginia and 12.4% for the United States.

**ADULTS AGE 65 AND
OLDER**

Exhibit III.9 on the following page illustrates the density of persons aged 65 and older by Census block group for the Gateway Region. The block groups with the highest density of residents aged 65 and older are in the cities of Martinsburg and Berkeley Springs. The remainder of the region has low to very low elderly population density.

Of significant note are the population projections by age found in Exhibit III.8. The population aged 65 years and older shows considerable growth between 2000 and 2010 for all three (3) counties in the region. All three (3) counties show their senior populations increasing between 55.5%-67% (between 2000 and 2010) by the end of the planning horizon, 2010. As mentioned previously in this section, as the number of older adults increases, longevity increases, and the desire to remain independent remains strong, increasing pressure will be placed on the region’s transportation providers to meet an increase in demand for trips from seniors.



HOUSEHOLDS BELOW POVERTY LEVEL

The U.S. Census Bureau reported in 2000 that there were 51,879 total households in the Gateway Region. Of those households, approximately 5,785 households (11.2%) were living below the Federal poverty level. Exhibit III.10 illustrates the density of households below the poverty level per square mile. Areas having a high density (11.6%) of households below the poverty level were found in Berkeley County. Areas of moderate density of households below the poverty level (9.3%) exist in Jefferson County. The remainder of the region had low to very low densities of households below the poverty level.

**HOUSEHOLDS BELOW
POVERTY LEVEL**

ZERO VEHICLE HOUSEHOLDS

The number of vehicles available to a housing unit also is used as an indicator of demand for transit service. There are 3,568 households in the Gateway Region that have no available vehicle. This is 6.9% of all the households in the region which is a relatively low percentage compared to the percentage of zero-vehicle households for the State of West Virginia (10.8%). A large percentage of the Region's households with no automobile are occupied by seniors (1,507 households or 42.2%).

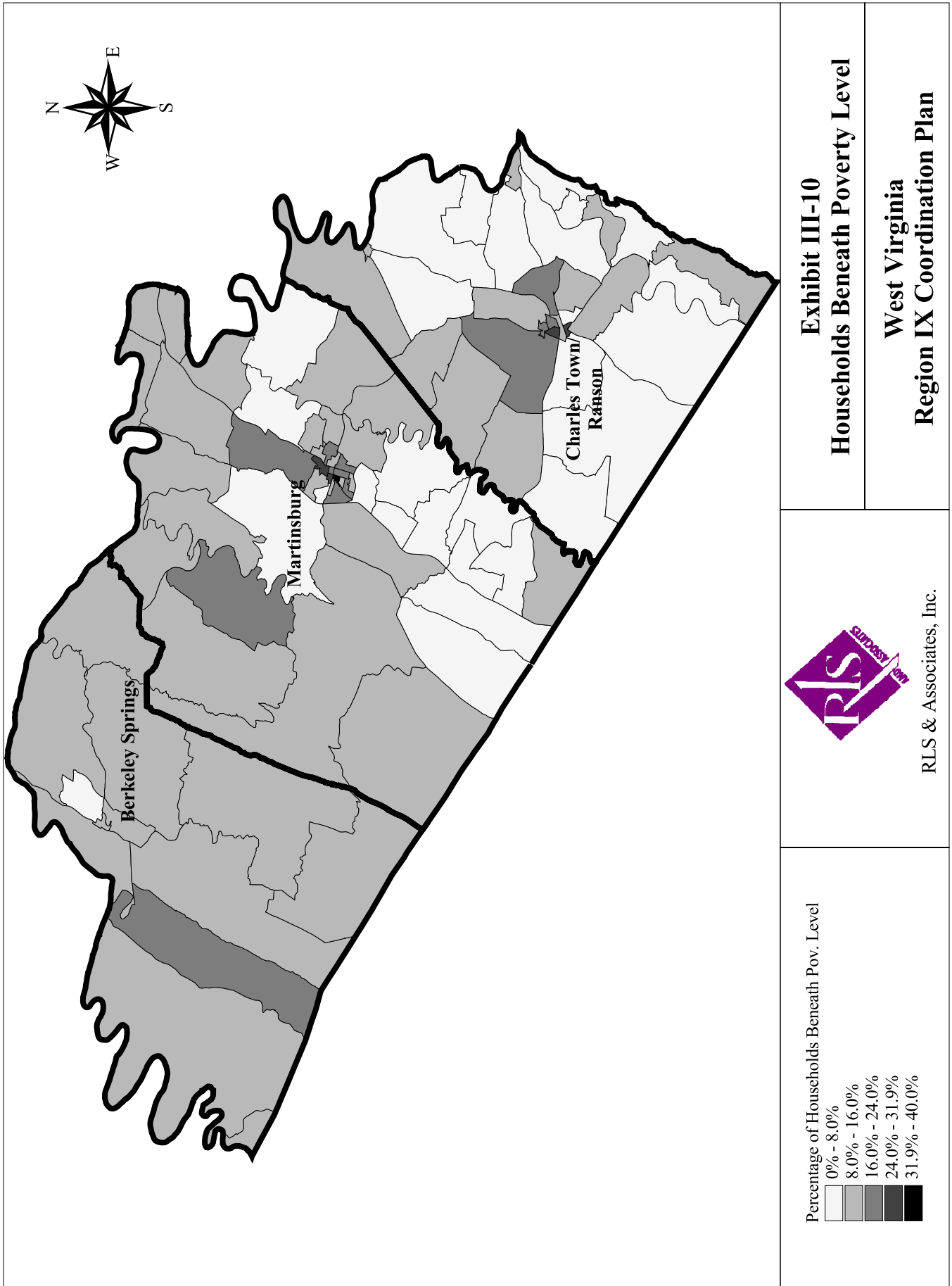
**ZERO-VEHICLE
HOUSEHOLDS**

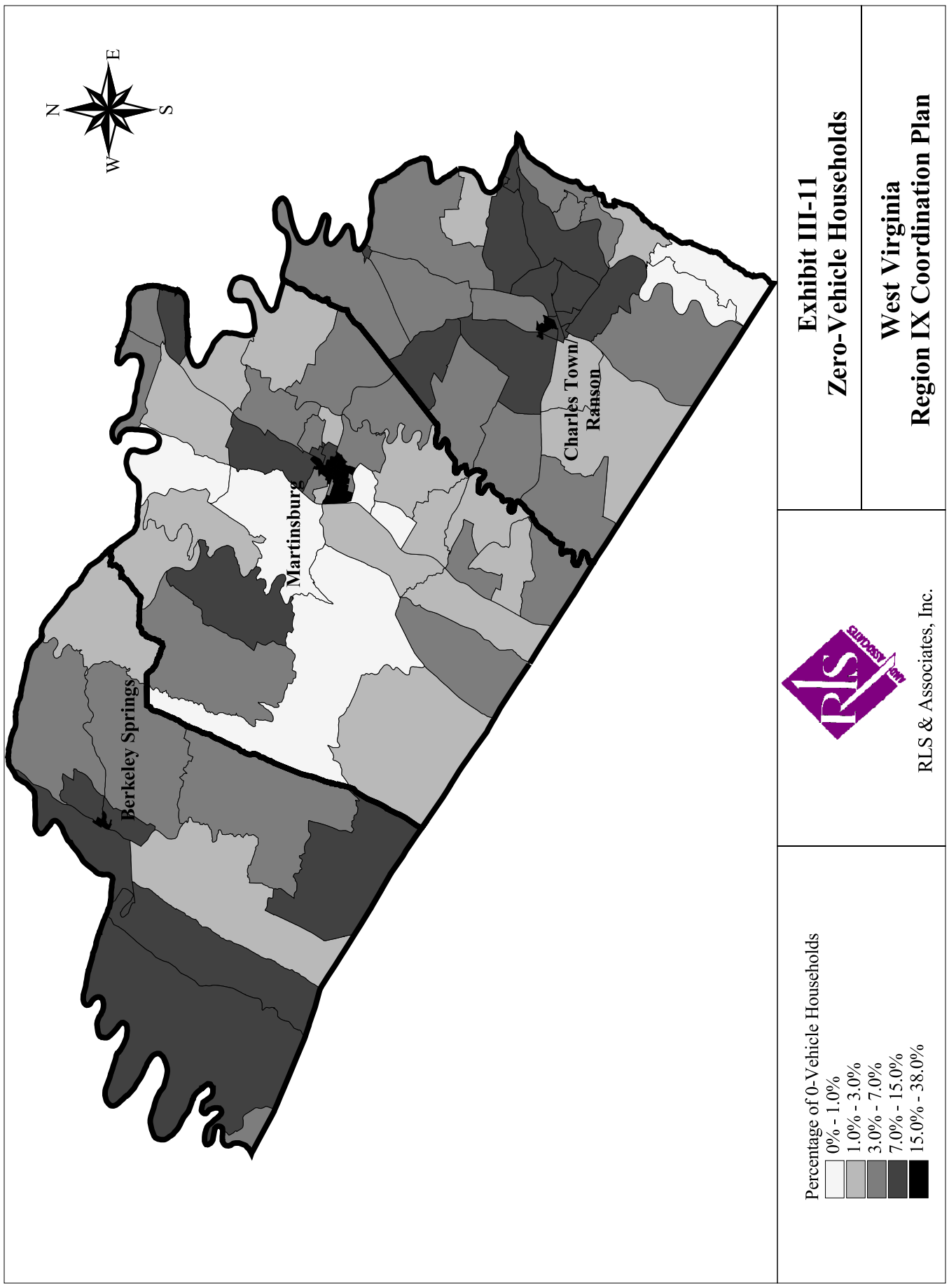
Exhibit III.11 illustrates the distribution of housing units per square mile that have no available vehicle, according to U.S. Census 2000 data. The block groups with the darkest shading have the highest percentage of housing units with no available vehicles.

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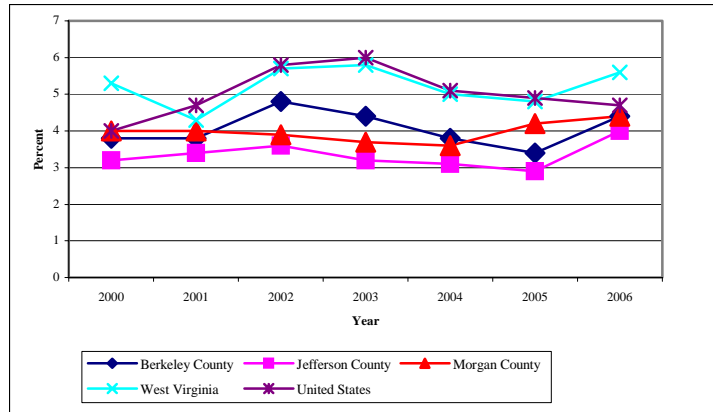
The August 2006 Gateway Region labor force consisted of 76,910 individuals according to WORKFORCE West Virginia's Research, Information and Analysis Division. The unemployment rate in the Gateway Region is rated by WORKFORCE West Virginia as "better than average" compared to the overall unemployment rate for the State of West Virginia. In August of 2006, the unemployment rates for Berkeley, Jefferson and Morgan Counties were 4.4%, 4.0% and 4.4%, respectively, while the rate for the State of West Virginia was 5.6%. Unemployment rates have increased in all three (3) counties since August of 2005. At that time, the unemployment rates for Berkeley, Jefferson and Morgan Counties were 3.4%, 2.9% and 4.2%. Exhibit III.12 illustrates a comparison of historic unemployment rates between the counties in the Gateway Region, the State of West Virginia, and the United States. It is noted that the region's unemployment rates are consistently lower than the rate for West Virginia and the United States.

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**Exhibit III.12
Historic Regional, State and National Unemployment Rates
August 2000- August 2006**



Source: WORKFORCE West Virginia, Department of Commerce, State of West Virginia

Major Employers

Exhibit III.13 is a list of the top ten (10) major employers in each county in the Gateway Region, according to information provided by WORKFORCE West Virginia, a division of the West Virginia Department of Commerce.

**Exhibit III.13
Major Employers in the Gateway Region**

- Berkeley County Top 10 Employers
 - Berkeley County Board of Education
 - Veterans Administration Center
 - City Hospital, Inc.
 - Quad/Graphics, Inc.
 - U.S. Department of the Treasury
 - Wal-Mart Stores, Inc.
 - Aerotek, Inc.
 - Quebecor World Fairfield, Inc.
 - General Motors Corporation
 - Orgill, Inc.
- Jefferson County Top 10 Employers
 - Jefferson County Board of Education
 - PNGI Charles Town Gaming
 - Shepherd College
 - AB & C Group, Inc.

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- Wal-Mart Stores, Inc.
- Jefferson Memorial Hospital
- Royal Vendors, Inc.
- National Park Service
- Clarion Hotel and Conference Center
- Jefferson County Commissioners
- Morgan County Top 10 Employers
 - Morgan County Board of Education
 - U.S. Silica Co.
 - Morgan County War Memorial Hospital
 - West Virginia Division of Natural Resources
 - Dayspring, Inc.
 - Caperton Furnitureworks, LLC
 - Morgan County Commissioners
 - Citizens National Bank of Berkeley Springs
 - Food Lion
 - Country Inn at Berkeley Springs

Of significant note are the following employers who most likely would have employees who would need transportation services based on the wage levels and types of jobs found at each:

- Veterans Administration Center – Berkeley County
- City Hospital, Inc. – Berkeley County
- Wal-Mart Stores, Inc. – Berkeley County
- PNGI Charles Town Gaming – Jefferson County
- Shepherd College – Jefferson County
- Wal-Mart Stores, Inc. – Jefferson County
- Jefferson Memorial Hospital – Jefferson County
- Clarion Hotel and Conference Center – Jefferson County
- Morgan County War Memorial Hospital – Morgan County
- Dayspring, Inc. – Morgan County
- Caperton Furnitureworks, LLC – Morgan County
- Food Lion – Morgan County
- Country Inn at Berkeley Springs – Morgan County

Journey to Work

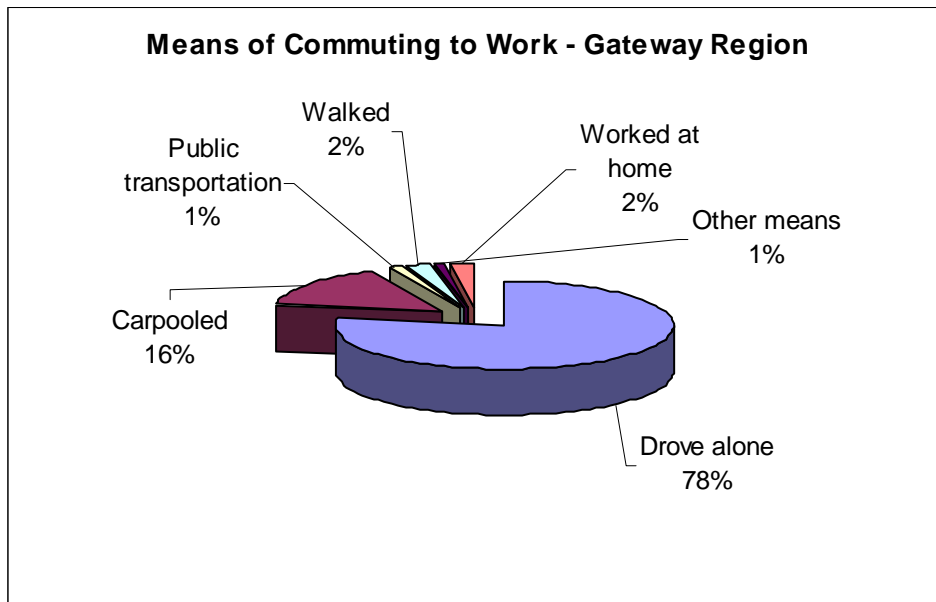
The mean travel times to work for Berkeley County, Jefferson County and Morgan County residents were 28.8 minutes, 36.8 minutes and 36.3 minutes, respectively. The region’s average commute time is higher than the State of West Virginia (26.2 minutes) and the United States (25.5 minutes). This most likely reflects the fact that there are a significant number of commuters who are traveling outside the region to Rockville and Silver Springs, Maryland and to the Washington, D.C. areas. It was noted in the recently completed comprehensive plan for Berkeley County

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(<http://www.berkeleycompplan.net>) that one of the key issues for the County is the fact that “many residents are commuting outside of Berkeley County to their place of employment, which is having a significant impact on the transportation system.” The comprehensive plan also stated that there are approximately 487 commuters in the Region who board MARC trains each day to travel to Washington, Rockville and Silver Springs. The plan also discusses placing emphasis on extending the MARC train’s service to Hancock, WV which is in Morgan County.

Exhibit III.14 indicates the commuting characteristics of Gateway Region residents. It is noted that approximately 78% of the labor force in the Region drove alone to work, 16% carpooled, while only 1% used public transportation.

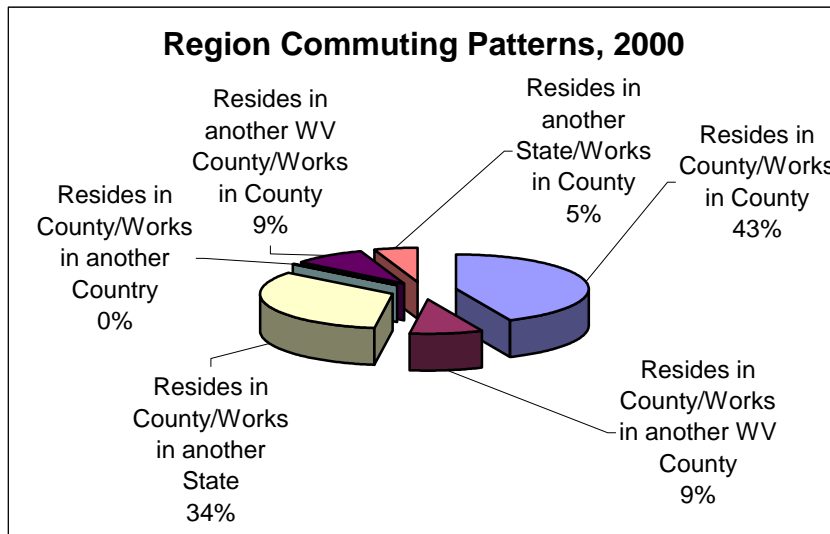
**Exhibit III.14
Means of Commuting to Work**



Source: U.S. Census, 2000

Additional data was collected regarding how many residents of the Gateway Region are commuting outside of the Region to work, shown below in Exhibit III.15. In this regard, there are 24,754 (34%) region residents who commute to another state for work. This is a very significant number which underscores the state of the region – a rapidly growing rural area attracting workers who work in larger urban areas in Pennsylvania, Maryland and Washington, D.C.

**Exhibit III.15
Regional Commuting Patterns, 2000**



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MAJOR TRIP GENERATORS/ORIGINS AND DESTINATIONS

The term “trip generators” is used to indicate where a large number of trips originate or end. These trip generators include residential facilities, medical facilities, employment centers, commercial business centers, educational institutions, and other important trip destinations.

**MAJOR TRIP
GENERATORS / ORIGINS
AND DESTINATIONS**

Medical Facilities

Medical facilities both within and outside of the Region are another of the key destinations for residents. Those facilities include the following:

- West Virginia University Robert C. Byrd Health Sciences Center Eastern Division
- City Hospital (Martinsburg)
- Jefferson Memorial Hospital (Ranson)
- War Memorial Hospital
- Veterans Affairs Medical Center
- Autumn Acres Personal Care (Berkeley Springs)
- Canterbury Center (Shepherdstown)
- Heartland of Martinsburg
- Eastern Panhandle Free Clinic

Educational Facilities

The Gateway Region is home to a wealth of higher educational facilities which are another major destination for transit users. Those facilities include the following institutions:

- James Rumsey Technical Institute – a vocational and technical school that offers courses to high school students, as well as post-secondary students from a four-state region (PA, MD, VA, and WV).
- Shepherd University – a university with approximately 4,800 students. The University offers bachelor degrees in over 75 fields including education and the sciences. It also offers non-credit continuing education programs in art, music, theater and athletics to local residents.
- Community and Technical College of Shepherd
- West Virginia University Robert C. Byrd Health Sciences Center (Kearneysville)
- Mountain State University (Martinsburg)
- Valley College of Technology (Martinsburg)
- American Public University System?

Other Government and Commercial Centers

According to a passenger survey conducted for the 2005 PanTran Transit Service Evaluation, the following government and commercial centers are also common trip origins/destinations:

- Martinsburg Mall
- Unemployment Plaza

Typical Destinations Outside the Service Area

As noted in other places in this report, there are a significant number of people traveling outside the region to different states (Maryland, Virginia, Pennsylvania), especially for employment purposes. Representatives from stakeholder agencies serving seniors also commented that travel out-of-state is a definite need, most likely for medical trips to out-of-state medical facilities.

IV. STAKEHOLDER ASSESSMENT

Stakeholder involvement is the key to successful coordinated transportation planning. Identifying and engaging the appropriate organizations and individuals in planning efforts is critical to identifying the needs of the target populations, the needs of the community/region, the transportation services available, and the identification of new solutions. The stakeholder checklist provided by the WVDOT/DPT was used to ensure that a wide range of stakeholders was involved in this assessment.

Stakeholder input was used a number of ways in this Coordinated Plan. Identifying and contacting as many stakeholders in the area provided a good foundation for establishing the existing services currently being provided, any unmet needs for these services, any duplication of services, and any issues or challenges that might be addressed by coordination.

OUTREACH EFFORTS

OUTREACH EFFORTS

Efforts were made to contact various agencies in an attempt to solicit input and active participation in the coordination planning process. A summary of those attempts is listed below:

September 28, 2006

An introduction letter was drafted and forwarded to approximately 80 agencies identified as probable and potential stakeholders. The letter introduced the coordinated planning efforts being undertaken by the Region IX Planning and Development Commission and the Hagerstown-Eastern Panhandle Metropolitan Planning Organization (HEPMPO).

An invitation was extended to each recipient encouraging attendance to an October 17, 2006 kick-off meeting conducted at the Region IX offices in Martinsburg, West Virginia. Two (2) of the agencies invited responded to the request for an RSVP.

October 17, 2006

A Public Transit-Human Services Coordination Plan kick-off meeting was held to introduce the planning process to stakeholders and allow for input and participation. Invitations were distributed to the list of approximately seventy (70) stakeholders noted below. A copy of the invitation letter is included in the Appendices of this Plan. The following transportation stakeholders were in attendance:

OUTREACH EFFORTS

- Mr. Robert Gordon, Director, Region IX Planning and Development Council/Hagerstown-Eastern Panhandle Metropolitan Planning Organization
- Ms. Vicki Lambert, Executive Director, Jefferson County Council on Aging
- Ms. Lynn Walker, Director, PanTran
- Ms. Linda Holtzapple, Executive Director, Berkeley Senior Services
- Ms. Linda Ruppert, Transportation Director, Senior Life Services of Morgan County
- Ms. Diane Ansari, Executive Director, RESA VIII Head Start.

The project kick-off meeting focused on the need for coordinated transportation as not only a required element under SAFETEA-LU, but as a need for individual mobility, cost effective transit operations and improved overall transportation services. Many issues regarding transportation coordination and the strengths and weaknesses of existing transportation services in the region were discussed:

- Area Strengths
 - One-on-one customer service (Morgan County)
 - Flexibility (Jefferson County)
 - Non-transportation coordinated services (Morgan County)
 - Good vehicle fleet/dependable vehicles (Berkeley County)
 - Dependable service (PanTran)
 - Training (RESA VIII)
 - Specialized vehicles to transport children with disabilities (RESA VIII)
 - Large service area (RESA VIII, PanTran)
 - Affordable fare structure (PanTran)
 - Door-to-door service (Morgan County)
- Area Weaknesses
 - Lack of operating funding
 - Driver recruitment
 - Mechanical failure of vehicles
 - Mechanical failure of lift equipment
 - Lack of reputable maintenance vendors
 - Public transit has limited service area
 - Public perception
 - Leadership support
 - 24-hour advance notice
 - Limited passenger capacity on vehicles

The stakeholders in attendance also began to identify the following coordination possibilities:

- Supplement senior services transportation with public transit.
- Purchase PanTran vouchers from senior services agencies.
- Expand the potential reach of senior services programs.
- Combine training efforts.
- Cooperative procurements.
- Joint advocacy for transportation to local, state and federal officials.
- Resource and referral.
- Networking.

October 20, 2006

A letter of explanation and blank survey were forwarded to each identified stakeholder noted in the list below that was not in attendance during the October 17 kick-off meeting. The letter gave a brief summary of the meeting, explained the importance and potential requirements of participation, and encouraged the completion of the enclosed survey. Ten (10) agencies responded to the letter with completed or partially completed surveys.

The survey of transportation/coordination resources, opinions and barriers to coordination was distributed to the following organizations within Region IX:

- City Hospital, Inc.
- Center for Diabetes, Endocrinology and Metabolism
- Shenandoah Valley Medical Center
- Jefferson County Health Department
- Bureau for Children and Families – Jefferson County
- Jefferson County Development
- Morgan County Commissioners
- Berkeley County Office of Emergency Services
- Fair Shake Network Office
- Berkeley County Schools Central Office
- VA Capitol Health Care Network – Martinsburg
- Eastern Panhandle Free Clinic
- Mountaineer Community Health Center, Inc.
- Morgan County Health Department
- Bureau for Children and Families – Morgan County
- Mountain State University

OUTREACH EFFORTS

OUTREACH EFFORTS

- Jefferson County Commissioners
- Jefferson County Office of Emergency Services
- United Way of the Eastern Panhandle
- Family Resource Network in the Panhandle, Inc.
- Shenandoah Valley Family Health Center
- Berkeley County Health Department
- Bureau for Children and Families – Berkeley County
- Morgan County Development Authority
- Berkeley County Commissioners
- Workforce West Virginia
- Outlook Point at Martinsburg
- Berkeley County Development Authority
- Berkeley County DHHR
- Jefferson County DHHR
- Regional Resource Connection
- Boys and Girls Club of America – Martinsburg
- Berkeley County American Red Cross
- Common Purpose of the Panhandle
- Gabriel Project of West Virginia, Inc.
- Good Shepherd Interfaith Volunteer Caregivers
- A Brighter Tomorrow LLC Counseling Center
- Heartland of Martinsburg
- Canterbury Center
- Morgan County DHHR
- Shepherdstown Day Care Center, Inc.
- The Children’s Tree House
- American Red Cross – Kearneysville
- Community Networks
- Panhandle Home Health, Inc.
- Racetrack Chaplaincy of America
- Silver Age Services
- Blue Ridge Care and Rehabilitation
- American Red Cross – Berkeley Springs
- Salvation Army
- Starting Points
- First in Your Family
- CCAP/Loaves and Fishes
- Shenandoah Women’s Center
- Friends in Action of Jefferson County
- REM West Virginia, Inc.
- Care Haven Center
- Shenandoah Health Village Center
- American Red Cross – Martinsburg
- West Virginia Health and Human Resources Department – Charles Town
- The Grenich Care Home

- Morgan County Area Schools
- City Hospital – Martinsburg
- NAR Roberts, Jr. Apartments
- Eastern Panhandle Transit Authority
- Berkeley Senior Services
- RESA VIII Head Start
- Jefferson County Council on Aging, Inc.
- Senior Life Services of Morgan County

OUTREACH EFFORTS

November 15, 2006

A third letter was mailed to each of the identified stakeholders who had not responded to any previous communications. The letter explained the importance and potential requirements of participation and encouraged recipients to contact Region IX, HEPMPO, or RLS and Associates for information on participation. No additional respondents were generated as a result of this communication.

December 1, 2006

Stakeholder research identified approximately twenty-five (25) e-mail addresses available for potential stakeholders who had not responded to any of the previous communication attempts. The email explained the importance and potential requirements of participation and encouraged recipients to complete an attached blank survey. No additional respondents were generated as a result of this communication.

INVENTORY OF EXISTING TRANSPORTATION SERVICES

**INVENTORY OF
EXISTING
TRANSPORTATION
SERVICES**

As noted above in the stakeholder outreach efforts section of this Plan, a comprehensive survey was sent to over seventy (70) different government entities and agencies in the Gateway Region area in order to gain information on existing transportation programs and services.

Ten (10) entities/agencies responded to the survey and they are listed below. Of those responding to the survey and including known public transit providers, three (3) were transportation providers while the remainder either did not need transportation services or transportation was contracted out to other entities.

Survey Respondents:

- Eastern Panhandle Transit Authority (PanTran)
- Jefferson County Council on Aging
- Senior Life Services of Morgan County
- Bureau for Children and Families

- Eastern Panhandle Free Clinic
- Congregational Cooperative Action Project (Loaves & Fishes)
- Panhandle Home Health, Inc.
- West Virginia University Hospitals East
- RESA VIII Head Start Program
- Berkeley Senior Services

GENERAL DESCRIPTION OF AREA TRANSPORTATION PROVIDERS

Those agencies that responded to the survey and either provide transportation services in the Gateway Region or expressed a need in transportation services are described below:

Eastern Panhandle Transportation Authority (PanTran)

PanTran is the business name of the public transit system operated by the Eastern Panhandle Transit Authority and is governed by an appointed Board of Directors.

PanTran provides route-deviated bus service in Martinsburg, portions of Berkeley County, in the Charles Town/Harpers Ferry area in Jefferson County and between Shepherd University in Shepherdstown and the MARC train station. Buses will deviate off the regular route for any passenger when requested in advance.

Demand response public transportation services are provided in Inwood and Hedgesville in Berkeley County. Reservations must be made at least one day in advance. Trips are available on a first-come, first-served basis. The cost of this service is \$2.00 plus the regular fixed route fare.

The system operates between 6:00 a.m. and 10:00 p.m., Monday through Friday and 8:00 a.m. and 6:00 p.m. on Saturday.

The system has eight (8) lift-equipped buses and two (2) lift-equipped vans. PanTran carried 96,276 trips in 2005.

PanTran is currently funded via a FTA Section 5307 and Section 5310 funding programs, West Virginia Division of Public Transit funding, local County Commission funding, and fare revenues.

PanTran would be a viable, eligible recipient for Section 5316 (Job Access and Reverse Commute) and Section 5317 (New Freedoms Initiative) funding.

It is noted that PanTran has received grant funding and has initiated a program start-up relating specifically to coordination and the use of a

**INVENTORY OF
EXISTING
TRANSPORTATION
SERVICES**

**GENERAL DESCRIPTION
OF AREA
TRANSPORTATION
PROVIDERS**

Mobility Manager in their service area. Below is a portion of an article recently published outlining the program:

"[EPTA] is coordinating a panhandle car/van pool, park and ride, and MARC connections from off-site parking facilities. The greater community of Jefferson/Berkeley Counties has often mentioned ride share, park and ride needs. It has become evident that there is a real interest just by looking at various parking lots around the area that are unofficial ride share locations. It is clear that a central office to coordinate all those that would like to participate but don't know where to start is needed. We (EPTA/PanTran) are going to be that office. EPTA is currently reviewing proposals from software vendors that allow coordination of individual commuter needs. The new office will be a clearinghouse type of operation that connects individual requests and allows the creation of commuter groups. Our Board and Transit Director are actively seeking existing and future locations that would be suitable for this program."

Jefferson County Council on Aging

Jefferson County Council on Aging, located in Ranson, WV, is an organization currently providing services to the senior citizens of Jefferson County. Available services include transportation to nutrition sites, shopping, banking, medical care, and social and recreational activities.

Non-emergency Medicaid transportation services are provided for clients throughout Jefferson County Monday through Friday from 8:30 a.m. to 4:30 p.m.

Jefferson County Council on Aging currently operates 1 Jeep, 1 minivan, 1 standard van, 1 ADA lift-equipped van, and 1 truck. There were approximately 18,000 passenger trips recorded in 2005.

Jefferson County Council on Aging is currently funded via a Title III-B Federal grant, a Bureau of Senior Services State grant, and local donations from the County Commission.

As an agency with non-profit status, Jefferson County Council on Aging would be an eligible recipient for Section 5310, Section 5316 and Section 5317 funding. The Jefferson County Council on Aging has received Section 5310 funds for the purchase of vehicles in the past.

Senior Life Services of Morgan County

Senior Life Services is a community-based, private, non-profit, state-certified provider of services to the senior citizens of Morgan County. Programs are funded by various agencies, including West Virginia Department of Health and Human Resources, West Virginia Bureau of Senior Services, Upper Potomac Area Agency on Aging, United Way of

GENERAL DESCRIPTION OF AREA TRANSPORTATION PROVIDERS

**GENERAL DESCRIPTION
OF AREA
TRANSPORTATION
PROVIDERS**

Berkeley and Morgan Counties, private foundation grants, gifts and donations, and private fees based on financial resources. Income from all sources is reinvested in programs and services promoting health, well-being, and independence of the senior population of Morgan County

Non-emergency Medicaid transportation services are provided for clients throughout Morgan County Monday through Friday from 7:00 am to 4:00 pm.

Senior Life Services currently operates four (4) ADA lift-equipped vans, one (1) Suburban SUV, and one (1) minivan. There were 7,026 passenger trips recorded in 2005.

Senior Life Services of Morgan County's operations are currently funded via Non-Emergency Medicaid reimbursements, West Virginia Lottery Funds, and locally derived donations and fares.

As a non-profit organization, Senior Life Services of Morgan County would be an eligible recipient for Section 5310, Section 5316 and Section 5317 funding. Senior Life Services of Morgan County has received Section 5310 funds for the purchase of vehicles in the past.

Bureau for Children and Families

The Bureau for Children and Families provides an accessible, integrated, comprehensive quality service system for West Virginia's children, families and adults to help them achieve maximum potential and improve their quality of life.

The Bureau does not currently operate transportation services for clients or employees, but does broker transportation services through a private provider.

Bureau for Children and Families is currently funded via Non-Emergency Medicaid reimbursements and Bureau of Human Resources for Children and Families State funds. No locally derived donations are currently being received or solicited.

As a non-profit organization, the Bureau for Children and Families would be an eligible recipient for Section 5310, Section 5316 and Section 5317 funding.

Eastern Panhandle Free Clinic

The Eastern Panhandle Free Clinic is a primary care, non-urgent medical clinic. Services are provided to uninsured persons whose income is at or

**GENERAL DESCRIPTION
OF AREA
TRANSPORTATION
PROVIDERS**

below the federal poverty guidelines. The clinic is the “medical home” for 1,083 patients, with a growth rate of approximately 3-5 new patients per week.

The Clinic does not currently provide transportation services for clients or employees.

No funding information for the Eastern Panhandle Free Clinic was provided.

As a non-profit organization, the Eastern Panhandle Free Clinic would be an eligible recipient for Section 5310, Section 5316 and Section 5317 funding. However, based on the information provided regarding the primary function of this organization, it is not likely that the Clinic would pursue such funding sources.

Congregational Cooperative Action Project (Loaves & Fishes)

Loaves & Fishes is a charitable organization that provides human services to low income families in Berkeley County. It is a non-profit organization dedicated to creating diverse, healthy, and self-motivated communities. Loaves & Fishes provides support services for these individuals through education, food, counseling, and economic development programs.

CCAP does not currently provide transportation services for clients or employees.

Loaves & Fishes is funded exclusively from locally derived donations. No federal or state funding is currently utilized.

Based on the Section 501(c)(3) status currently held by Loaves & Fishes, it would be eligible to apply for Section 5310, Section 5316 and Section 5317 funding. However, based on the limited information provided regarding the primary function of this organization, it is not likely that Loaves & Fishes would pursue such funding sources.

Panhandle Home Health, Inc.

Panhandle Home Health, Inc., a locally owned and operated home health care agency serving the Eastern Panhandle of West Virginia. Panhandle Home Health focuses specialized attention designed to meet the unique needs of each patient in the privacy of their own home. Such in-home services include skilled nursing, physical therapy, speech therapy, occupational therapy, certified home health aide, and medical social services.

**GENERAL DESCRIPTION
OF AREA
TRANSPORTATION
PROVIDERS**

Panhandle Home Health does not currently provide transportation for clients or employees.

Panhandle Home Health, Inc. does not currently receive any federal or state funding. Due to its current IRS tax filing status, Panhandle Home Health would not be eligible for federal funding programs.

West Virginia University Hospitals East

West Virginia University Hospitals – East, a regional not-for-profit healthcare system, is the area’s leading healthcare provider and operates two (2) regional hospitals: City Hospital in Martinsburg and Jefferson Memorial Hospital in Ranson. Both hospitals offer a full array of health care services including cardiopulmonary services, educational programs, radiology/diagnostic imaging, emergency services, intensive care, obstetrics, and skilled nursing.

WVUH-East does not currently offer patient transportation services.

West Virginia University Hospitals East, a non-profit entity, would be an eligible recipient for Section 5310, Section 5316 and Section 5317 funding.

RESA VIII Head Start Program

RESA VIII is an organization currently offering services to the citizens of Berkeley, Jefferson, and Morgan Counties. Current services include child care partnerships, health & nutrition, family & community partnerships, early childhood development & health services, program design & management, and disability services.

Head Start student transportation services are provided throughout Jefferson, Morgan, and Berkeley Counties Tuesday through Friday from 6:30 am through 5:00 pm. Monday services are available on an as needed basis.

RESA VIII currently operates four (4) 9-24 passenger school buses and fourteen (14) 25 – 60 passenger school buses. There were 4,290 passenger trips provided in FY 2005.

RESA VIII is currently funded via federal Health and Human Services grants and local school system funding programs. As an entity created by state government, RESA VIII may be an eligible recipient of Section 5310, 5316 and 5317 funds.

Berkeley Senior Services

Berkeley Senior Services is a non-profit organization located in Martinsburg, WV currently providing services to the senior citizens of Berkeley County. Available services include congregate and home-delivered meals, SHINE (Senior Health Insurance Network), transportation, adult day care, in-home services, discount program, telephone reassurance, income tax preparation assistance, and PMAP (Prescription Medication Assistance Program).

Non-emergency Medicaid transportation services are provided for clients throughout Berkeley County Monday through Friday from 8:00 a.m. to 4:00 p.m.

Berkeley Senior Services currently operates four (4) ADA lift-equipped vans and one (1) minivan. There were 7,589 passenger trips recorded in 2005.

Berkeley Senior Services is currently funded via FTA Section 5310, Title III-B grants, Non-Emergency Medicaid Reimbursements, West Virginia Lottery Funds, Bureau of Senior Services State grant, and local charity organization grants.

As a non-profit organization, Berkeley Senior Services would be an eligible recipient for future Section 5310, Section 5316 and Section 5317 funding.

OTHER TRANSPORTATION PROVIDERS

Those agencies that are known to provide transportation in the project study area but did not respond to the survey are described as much as possible below. Information on these agencies was gathered from a variety of sources including the 2006 West Virginia Transportation Providers Directory and organization websites.

Patient Transportation

Patient Transportation is an organization located in Martinsburg, WV and currently provides transportation services to the citizens of Berkeley County.

Non-emergency Medicaid transportation services are provided for clients in Berkeley County Monday through Saturday from 6:00 a.m. – 6:00 p.m.

Patient Transportation currently operates five (5) minivans and two (2) ADA lift-equipped vans. Patient Transportation provides approximately

**GENERAL DESCRIPTION
OF AREA
TRANSPORTATION
PROVIDERS**

**OTHER
TRANSPORTATION
PROVIDERS**

5,000 trips per year with 180,00 annual revenue miles (LSC PanTran Service Evaluation, 2005).

EastRidge Health Systems

EastRidge Health Systems is an organization currently providing services to the citizens of Berkeley, Jefferson, and Morgan Counties. Available services include residential short-term substance abuse treatment (30 days or less), outpatient, and partial hospitalization/day treatment.

Non-emergency Medicaid transportation services are provided for clients 24 hours a day, 7 days a week.

EastRidge Health Systems currently operates the following vehicles:

- 1 station wagon
- 7 cars
- 9 standard vans
- 10 minivans
- 3 ADA lift equipped vans
- 2 16-24 passenger buses, one with an ADA lift

There were 49,400 passenger trips recorded in 2005.

Valley Medical Transport

Since its formation in 1988, Valley Medical Transport (VMT) has grown into a regional medical transport system geared toward meeting the needs of a wide range of patients as well as the requirements of healthcare providers such as hospitals, physicians and nursing homes.

VMT serves a broad area, which includes seventeen counties in Virginia, West Virginia and Maryland. VMT's service area includes all three (3) of the counties in Region IX. From stations strategically located throughout the region, Valley Medical Transport is able to quickly and efficiently respond to requests for medical transports. Requests for services are coordinated from the Central Dispatch Center located in Winchester, Virginia to a dispatch substation in Martinsburg, West Virginia.

Valley Medical Transport's ambulance services are covered by Medicare, Medicaid and most major health insurance carriers if the transport is medically necessary. Services are provided twenty-four (24) hours a day, seven (7) days a week.

OTHER TRANSPORTATION PROVIDERS

In 2005, VMT's vehicle fleet consisted of five (5) non-ADA vans. This organization provides approximately 1,600 trips per year with 27,300 vehicle miles traveled (LSC PanTran Service Evaluation, 2005).

Day Springs, Inc.

Day Springs, Inc. provides non-emergency Medicaid transportation for the residents of Valley View Nursing Home, which is located in Berkeley Springs, West Virginia. The service operates in Morgan County from 6:00 a.m. to 6:00 p.m., Monday through Saturday. The fleet consists of one van with a lift.

VEHICLE INVENTORY

The Gateway Region transportation service providers whose information was available to the preparers of this Plan operate a total of eighty-nine (89) vehicles. The following table in Exhibit IV.1 indicates the vehicle types currently operated by these agencies:

**Exhibit IV.1
Region IX Vehicle Inventory by Vehicle Type**

Vehicle Type	Number
Minivan	18
Standard van	15
Converted van	17
Light Transit Vehicle	10
Small School Bus	4
Large School Bus	14
SUV	3
Sedan	8
Total Vehicles	89

Vehicles have been purchased through a variety of methods: the Federal Transit Administration Section 5310 Specialized Transportation Program and 5311 Rural Transit Program, other federal programs, local funds, general revenue funds, and private donations, etc.

NUMBER OF TRIPS

The providers described above in this section provide approximately 190,000 trips per year according to trip information gathered from surveys or other sources. This is a relatively low number of trips for the amount of vehicles available in the region. There are several agencies where vehicles appear to be underutilized (Senior Life Services of Morgan County, RESA VIII Head Start, Berkeley Senior Services, Patient Transportation, Valley Medical Transport). The average vehicle in the region is only providing

**OTHER
TRANSPORTATION
PROVIDERS**

VEHICLE INVENTORY

NUMBER OF TRIPS

about 8.5 trips per day (assuming a 250-day service year). However, it is noted that many of the providers offer service on the weekend days so their service years have a greater number of days and thus are probably carrying less than 8.5 trips per day. For comparison purposes, an average rural transit system with an 8-hour operating day, averages 2.0 trips per hour or 16 passengers per day.

UNMET TRANSPORTATION NEEDS

Once existing transportation services were identified and inventoried, the next step was to identify the various types of transportation challenges and “gaps” in existing transportation services. Several methods (transit demand estimation techniques, demographic analysis, agency surveys, stakeholder meetings, and transit needs analysis) were utilized to determine the unmet need for transportation services, especially for the transportation disadvantaged (low income, seniors and persons with disabilities). Those methods and the results are described below in this section.

STAKEHOLDER MEETINGS

During the Coordinated Plan kick-off meeting, those stakeholders in attendance pointed to the following weaknesses in the region’s transportation services which could be improved through coordination:

- Lack of operating funding
- Driver recruitment
- Mechanical failure of vehicles
- Mechanical failure of lift equipment
- Lack of reputable maintenance vendors
- Public transit has limited service area
- Public perception
- Leadership support
- 24-hour advance notice for PanTran trips
- Limited passenger capacity on vehicles

PANTRAN SERVICE EVALUATION STUDY NEEDS ASSESSMENT

A Transit Service Evaluation and Short Range Transit Plan was completed for PanTran by LSC Transportation Consultants (Colorado Springs, CO) in August of 2005. This report contained a transit needs assessment for the Gateway Region/Region IX which estimated the unmet demand for transit services using a methodology developed by the Transit Cooperative Research Program (TCRP). This methodology and the results are described below in this excerpt from the Plan document:

NUMBER OF TRIPS

**UNMET
TRANSPORTATION
NEEDS**

**STAKEHOLDER
MEETINGS**

**PANTRAN SERVICE
EVALUATION STUDY
NEEDS ASSESSMENT**

An important source of information and the most recent research regarding the demand for transit services in rural areas and for persons who are elderly or disabled is the Transit Cooperative Research Program (TCRP) Project A-3: Rural Transit Demand Estimation Techniques. This study, completed by SG Associates, Inc. and LSC Transportation Consultants, Inc., represents the first substantial research into the demand for transit service in rural areas and small communities since the early 1980s. The TCRP study presents a series of formulas relating the number of participants in various types of programs in 185 transit agencies across the United States. The TCRP analytical technique uses a logit model approach to the estimation of transit demand, similar to that commonly used in urban transportation models. The model incorporates an exponential equation which relates the service quantity and the area demographics.

The TCRP analysis procedure considers transit demand in two (2) major categories:

- “program demand” which is generated by transit ridership to and from specific social service programs, and
- “non-program demand” which is generated by the other mobility needs of the elderly, disabled, and general public (including youth). Examples of non-program trips may include shopping, employment, and medical trips.

Non-Program Demand

As with any other product or service, the demand for transit services is a function of the level of supply provided. In order to use the TCRP methodology to identify a feasible maximum demand, it is necessary to assume a high supply level measured in vehicle-miles per square mile per year. The high supply level is the upper-bound “density” of similar rural services provided in the United States. The assessment of demand for the rural areas, therefore, could be considered to be the maximum potential ridership if a high level of rural service were made available throughout all of the Gateway Region. The TCRP methodology is based on the permanent population. Therefore, the TCRP methodology is a good demand method to use for Pan Tran.

A maximum level of service for PanTran would be to serve every portion of the county with four (4) round-trips (eight (8) one-way trips) daily Monday through Friday. This equates to approximately 2,400 vehicle-miles of transit service per square mile per year. This is a very high level of service for rural systems.

2005 Existing Demand Estimates

Applying the feasible maximum service density to the population in the Gateway Region yields the year 2005 estimated transit demand for the general population (including youth), elderly and disabled populations. The potential PanTran 2005 potential demand in Berkeley and Jefferson Counties for elderly transit service is 130,227 annual trips. Disabled demand is 23,900 annual trips. The general public demand is 69,000 annual trips. Using the TCRP methodology, the PanTran 2005 total estimated demand for Berkeley and Jefferson Counties is 223,500 annual trips. In Morgan County, the 2005 total estimated annual demand is 35,300. The total estimated demand for all three (3) counties is 258,874.

2010 Demand Estimates

The PanTran total non-program demand for 2010 is estimated to be 496,850 one-way annual passenger trips. Actual ridership for the region was approximately 190,000 trips for the most recent fiscal year which included program and non-program trips.

Program Demand

The methodology for forecasting demand for program-related trips involved two (2) factors: determining the number of participants in each program and applying a trip rate per participant using the TCRP methodology...using the participant numbers for different programs in the region, the existing program trip demand is approximately 159,000 trips.

Summary of TCRP Methodology

When combining the program demand estimates and non-program demand estimates using the TCRP methodology, the PanTran total existing transit demand is approximately 418,360 annual trips.

Assuming approximately 190,000 annual trips are provided, only 45% of the need is being met within the Gateway Region based on the TCRP methodology.

Greatest Transit Need Analysis (Transit Propensity Analysis)

As part of the PanTran Transit Service Evaluation and Short Range Transit Plan, LSC Consultants also conducted a “greatest transit needs analysis” or transit propensity analysis to determine what areas in the Gateway region had the highest likelihood for transit demand. The “greatest transit need” is defined as those areas in the region with the highest percentage of zero-vehicle households and elderly, disabled and below-poverty populations.

The categories used for the calculation were zero-vehicle households, elderly population, disabled population, and below-poverty population (information was obtained from the 2000 U.S. Census). Using these categories, LSC developed a “transit need index” to determine the greatest transit need. The percentage of the population for each U.S. Census block group in the region within each category was calculated, placed in numerical order, and divided into six segments. Six segments were chosen in order to reflect a reasonable range. Each segment contained an approximately equal number of U.S. Census block groups in order to provide equal representation.

The U.S. Census block groups in the segment with the lowest percentages were given a score of 1. The block groups in the segment with the next lowest percentages were given a score of 2. This process continued for the remainder of the block groups. This scoring was completed for each of the categories (zero-vehicle households, elderly population, disabled population, and below-poverty population). After each of the block groups was scored for the four (4) categories, the four (4) scores were added up to achieve an overall score. The scores ranged from four (4) (lowest need) to 24 (highest need).

Results

It was determined by LSC during PanTran’s Transit Needs Assessment that there were seven (7) block groups which fell into the “highest need” category. These seven (7) block groups were located mainly in the Martinsburg and Charles Town urban areas. The other areas of greatest transit need were in the central portion of Morgan County and along Highway 9. A map of these areas is found in Exhibit IV.2

WEST VIRGINIA TRANSIT NEEDS STUDY

A study was commissioned in 2001 (using 2000 U.S. Census data) by the West Virginia Division of Public Transit to assess the public transit services in the state to provide the basis for determining the costs to sustain or improve existing mobility. The goals of the study were to:

- assess the market for public transportation services in West Virginia in terms of demand (both presently served and unserved), and
- provide the data with which to estimate capital and operating costs required to sustain existing public transportation services, to extend existing services into adjacent unserved areas, and to establish new operations in remaining unserved markets.

WEST VIRGINIA TRANSIT NEEDS STUDY

The results of this study were based on analysis of current and projected demographic and economic conditions in the state and an inventory of existing West Virginia public transportation services. Demand projections for public and specialized public transportation in West Virginia assessed current providers and applied a mathematical model to predict demand.

Demographic Analysis

A demographic analysis of West Virginia counties and cities established peer groups within which model transit services were identified. Once the model transit service for each area was identified, levels of service and cost of delivering that service to the counties or cities within the group was determined.

Demand Estimation for Counties

This study employed three (3) demand estimation equations for nonurbanized areas of the state. Two approaches, referred to as the APTNA equation and the Peterson & Smith model, are proportional demand equations applying trip rates to stratified population groups. These equations were based on data collected from states with relatively high levels of services with state funding. This equation represents a mid- to high-range target of citizens who will actually use the service if it is available.

A third equation applied in this study is based on a model developed under the Transit Cooperative Research Program (TCRP) of the Transportation Research Board, under contract to the Federal Transit Administration. This equation requires an established level of service indicator, in this case, annual service miles, to estimate non-program trips. Program-related trips are estimated from program populations and associated trip rates together with annual service miles.

Each of West Virginia's fifty-five (55) counties was assigned to one of six (6) peer groups, with a representative site identified for each of the peer groups. Once demand was identified for each county, the percentage of demand met by existing transit services was calculated.

The following is a list of the estimated demand for each of the study area counties based on the year 2000 population. WVDOT estimated an annual demand of 801,449 trips for Berkeley County; 191,659 trips for Jefferson County; and 65,445 trips for Morgan County. The total regional demand is estimated at 1,058,553 trips.

These figures indicate that only approximately 18% of the region's need for transportation is being met while 82% is unmet.

AGENCY SURVEY RESULTS

A comprehensive survey regarding transportation coordination was sent out to the counties and agencies/organizations in the region. A total of ten (10) surveys were returned from the following respondents:

- Eastern Panhandle Transit Authority (PanTran)
- Jefferson County Council on Aging
- Senior Life Services of Morgan County
- Bureau for Children and Families
- Eastern Panhandle Free Clinic
- Congregational Cooperative Action Project (Loaves & Fishes)
- Panhandle Home Health, Inc.
- West Virginia University Hospitals East
- RESA VIII Head Start Program
- Berkeley Senior Services

There were several questions on the survey which dealt with unmet needs and perceived barriers to transportation coordination. Responses to those questions are summarized below:

In your assessment, what enhancements are most needed to improve the coordination of public and human service transportation in your service area?

- *“Community awareness is vital.”*
- *“We need a second provider in Morgan County. Also, it would be extremely useful to have a weekly route that would take folks from Berkeley Springs to Martinsburg (i.e. VA, mall, hospitals, etc.)”*
- *“Additional funding to provide services in all three counties.”*
- *“More options and availability along with lower costs.”*
- *“There is a definite need for additional transportation services in this area at a reasonable cost and the ability to transport to Virginia or Maryland.”*
- *“An inventory or chart of actual vehicles available through all agencies which would indicate 1) number of vehicles, 2) types of vehicles, 3) federal or state regulations limiting use of each vehicle, and 4) actual availability.”*
- *“The town only has one taxi company and PanTran comes through Charles Town and Ranson several times a day. We have only one very old handicapped accessible vehicle.”*

What do you see as the greatest barrier to coordination and mobility in your service area?

**AGENCY SURVEY
RESULTS**

- *“Funding and working with the state DHHR.”*
- *“There are no other transportation agencies in the county but us.”*
- *“A lack of communication between all parties.”*
- *“A lack of available transportation services.”*

DEMOGRAPHIC ANALYSIS

Based on analysis of demographic information from the U.S. Census 2000 and other sources, the characteristics of the Gateway Region that are related to transportation need are listed below:

- The Gateway Region is growing very rapidly and the transportation system has not kept pace with demand for public transit and highway capacity. The Region is a “bedroom” community for larger urban areas in close proximity in Maryland, Pennsylvania and Washington, D.C.
- The number of persons with disabilities is expected to grow at a significant rate (14.8% growth rate, 2005-2010) during the planning horizon – there will be approximately 7,471 persons with at least one activity of daily living which requires personal assistance by 2010.
- The number of seniors in the Region is projected to grow by a very large percentage (55.5%-67%) in the next 4-5 years. There will be approximately 25,369 seniors (there is now only about 19,976 seniors) by 2010.
- There are 5,785 households in the region who are living below the Federal poverty level. There are 3,568 households with no vehicle available – 42.2% of these are senior households.
- Region residents have a longer than average commute time to work because a significant number (24,754 or 34%) are traveling outside the Region to work – only a very small percentage of these commuters used public transportation.

SUMMARY OF UNMET NEEDS

The following list is a summary of the unmet needs as described by regional stakeholders and as ascertained by various transit demand estimation techniques and demographic analysis:

- There is a need for additional operating funding for region transportation providers. Coordination opportunities should be explored which would help alleviate the need for additional funding.
- There is a need for better driver recruitment for transportation providers in the region. They need good drivers to provide good service.

AGENCY SURVEY RESULTS

DEMOGRAPHIC ANALYSIS

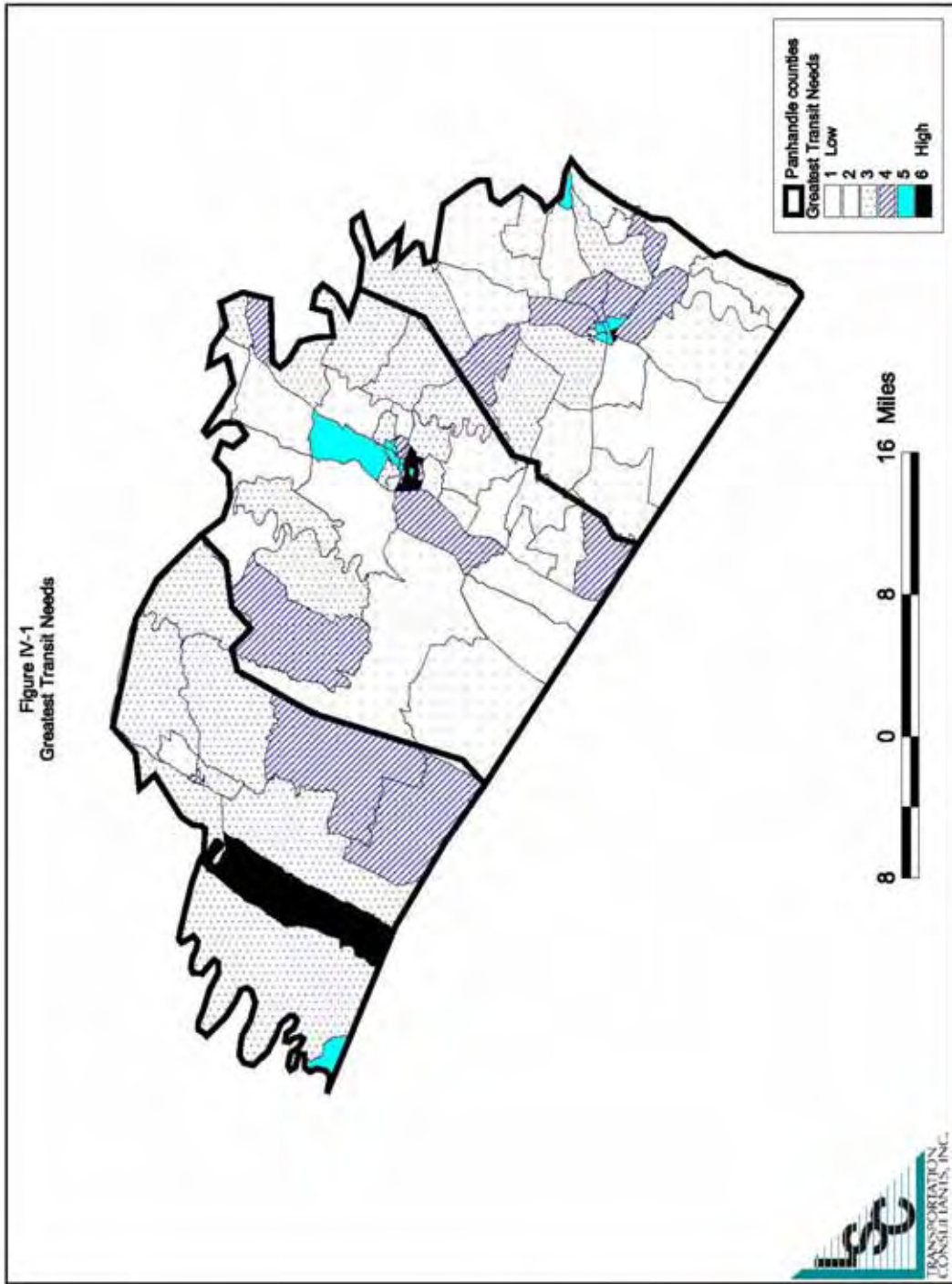
SUMMARY OF UNMET NEEDS

**SUMMARY OF UNMET
NEEDS**

- Lack of good maintenance services in the region appears to be a problem for many providers. There were several comments made throughout the planning process regarding mechanical problems with vehicles and equipment and the lack of “reputable” maintenance vendors.
- There is a need for a significantly greater amount of transportation service to be provided within the region. Transit demand estimation methodologies indicate a range of additional transit need of 228,360 trips to 868,553 trips.
- Community awareness of and public perception of coordinated and public transportation should be improved.
- There is a lack of support for transportation coordination in the region by local leaders.
- The areas in the region with the “greatest transit need” are located in the cores of the Martinsburg and Charles Town “urban” areas and in the central portion of Morgan County and along Highway 9.
- There is a need for additional transportation providers in Morgan County and for connections between Berkeley Springs and Martinsburg.
- There is a need for out-of-state trips to Virginia, Maryland, and Pennsylvania.
- There is a need for additional work to be completed regarding the inventory of vehicles in the area and the utilization of those vehicles.
- Relationships with state agencies (especially DHHR) who fund local transportation services need to be improved.
- Communication between all parties who could be involved in transportation coordination in the region needs to be improved.
- There is a need for transportation to work for the rapidly growing number of commuters who travel to larger urban areas in Maryland, Pennsylvania and Washington, D.C.
- There will be a greater need for transportation services in the near future as the number of persons with disabilities and seniors is expected to grow at a significant rate for at least the next five (5) years.
- There are several providers whose vehicle fleets are not 100% accessible to persons with disabilities.

A transit needs map illustrating the need for public transportation in the study area can be found as Exhibit IV-2 on the following page.

EXHIBIT IV-2: GREATEST TRANSIT NEEDS



V. COORDINATION STRATEGIES

Using the United We Ride Framework for Action for communities as a foundation, strategies to implement transportation coordination generally fall into five (5) basic functional areas: leadership (making things happen by working together); data collection and planning (taking stock of community needs and moving forward); customer service (putting customers first, especially people with disabilities, older adults, and low-income riders); funding (adapting funding for greater mobility); and the actual provision of transportation services (moving people efficiently). Strategies within these five (5) areas vary in each region being studied depending on the resources available, the size of the market for each strategy, the availability of existing services, and the extent to which these services are duplicated or gaps exist.

Below are the five (5) functional areas, a description of the goals and/or activities which typically are associated with successful coordination for each area and the recommended strategies in each area for Region IX. The next section (Section VI) then provides a prioritization of these strategies, who is responsible for accomplishing them, the timeframe for accomplishment of each strategy, any potential funding sources, and performance measures for each strategy.

LEADERSHIP

In order for a transportation coordination project to be successful in any community, local leaders need to be committed to supporting the delivery of coordinated transportation services. This includes elected officials, agency administrators, leaders of community groups, etc. All must have a shared vision for improving services and resource management.

Typical coordination efforts to improve leadership in a community include the following activities:

- Education and marketing efforts aimed at government officials, agency administrators, community leaders and also the general public.
- Formation of a Coordinated Transportation Advisory Group which is comprised of local elected officials, agency administrators, consumers, and transportation providers. This body will provide the forum for discussing and deciding coordination issues, an opportunity for networking and a united group to conduct advocacy efforts at the state and even national levels.
- Application for grants which fund coordination activities/services.

LEADERSHIP

- Development of written agreements or memorandums of understanding between agencies involved in the coordination project.
- Hiring of a transportation coordinator or mobility manager to oversee the coordination project.
- Ensuring transportation providers are “at the table” when government officials are making decisions regarding funding for transportation programs or programs to which clients will need transportation.

Based on the unmet needs of Region IX related to leadership noted in the section above and the current coordination efforts of PanTran, the following strategies are recommended:

Leadership Strategy #1:

Educate all transportation related agencies, government officials, and the general public on the benefits of coordination transportation planning and coordinated transportation services. This will address community awareness and public perception issues. Educational activities can include but are not limited to the following:

- Conduct presentations on public and coordinated transportation at County Commissioners’ meetings. Develop a Power Point presentation to be used during the presentations that include ridership figures, trip purposes and testimonials/comments from riders.
- Conduct open houses for local government officials and agency representatives of transportation facilities. Items on display could include brochures; pictures of vehicles, riders, employees, facilities, special events; maps of service areas; and vehicles. Demonstrations on such things as how to load a wheelchair could also be given.
- Submit informational articles on public and coordinated transportation to the local newspaper and to agency newsletters. Encourage riders/consumers to write positive letters to the editor.
- Attend agency and government meetings where networking opportunities exist and where information on transportation can be presented.
- Distribute information on public and coordinated transportation at local fairs, job fairs, employee health fairs and community events (set up booths). Possible promotional activities could include a drawing for free rides, having a vehicle on display, or offering rides to the elderly and disabled around a fair in a golf cart labeled with the coordination project’s name.

LEADERSHIP

- Make presentations on public and coordinated transportation at local civic club meetings – Lions, Rotary, Moose, Elks, Kiwanis, etc.

Leadership Strategy #2

Create a Coordinated Transportation Advisory Committee/Group for the Gateway Region with representatives from government, agencies, businesses, the disabled community, senior organizations, and public riders serving as members. This will create a leadership organization for coordination in the region and should improve communication between transportation stakeholders in the Region.

Leadership Strategy #3

PanTran has recently received funding to hire a mobility manager to help coordinate transit services, park-n-ride, etc. in its service area. This mobility manager may be able to assist with the coordination and brokerage of other transportation services in the area. This possibility should be explored by the participants in the Region’s coordination project.

Leadership Strategy #4

Develop a subcommittee from the Coordinated Transportation Advisory Committee/Group who are responsible for improving relationships with state (and federal if necessary) agency officials. This smaller subcommittee could meet with officials to discuss regulatory and reporting barriers to coordination and how those barriers could be removed.

DATA COLLECTION AND PLANNING

The gathering of data on vehicles, existing services, number of trips provided, number of employees, etc. is an essential element in the transportation coordination planning process. Existing conditions must be known so that planning on how drivers, dispatchers, vehicles and services can be brokered, shared and/or consolidated can move forward. The real “nitty-gritty” of coordination (planning on and figuring out how to work together) begins after existing conditions data is gathered and analyzed.

Typical coordination efforts to address data collection and planning include the following:

- Designation of a lead agency to head the data collection and planning processes.

LEADERSHIP

DATA COLLECTION AND PLANNING

- Incorporation of local planners (city, county, MPO) into the transportation coordination planning process.
- Utilization of the Coordinated Transportation Advisory Group/Committee to gather detailed data on existing vehicles, employees, services, technology, facilities, etc.
- Preparing and updating a coordinated transportation plan or strategic plan.
- Monitoring of successful completion of strategies in coordinated transportation plan.
- Members of the Transportation Advisory Group/Committee serve on other planning committees for local government and local social service agencies to ensure transportation coordination is a consideration in the planning process.
- Regular reporting to community leaders by representatives of the coordination project on coordination benefits and successes.

Data collection and planning strategies recommended specifically for Region IX are listed below:

Data Collection and Planning Strategy #1

Officially designate a lead agency to continue with the coordination planning process and to lead the Coordinated Transportation Advisory Group/Committee. It appears that the Region IX Planning and Development Council may be an appropriate agency to do this as their membership represents the region well. However, the appropriate agency to assume the lead agency role should be discussed among coordination project participants.

Data Collection and Planning Strategy #2

Complete additional work regarding the inventory of vehicles in the area and the utilization of those vehicles as well as a more detailed inventory of services, drivers, dispatchers, mechanics, facilities, etc. in the Region. It is noted that the data gathered as part of this Coordinated Plan process, while highlighting area needs and the underutilization of vehicles, is not sufficiently detailed to begin working on the actual coordination of services and resources.

Data Collection and Planning Strategy #3

Update this Coordinated Plan for the Region on an annual basis and monitor the successful completion of its strategies. Plans are “living” documents which should be updated periodically to reflect changes in the community.

Data Collection and Planning Strategy #4

Gather data on the successes and benefits of the coordination project and report them to local and state officials. Government support should increase as awareness of the benefits of the regional coordination project (doing more with the same resources) increases.

CUSTOMER SERVICE

Coordination projects should ensure that consumers, especially people with disabilities, older adults, and low-income persons, have a convenient and accessible means of accessing information and transportation services. Consumers should play a vital role in evaluating coordinated transportation services and identifying unmet needs in the community.

Typical strategies used by coordination projects in the area of customer service to ensure consumer access to information and transportation services include the following:

- Creating a “one stop” type of information center where consumers can obtain information about coordinated services. This could be in the form of a website, a central call number for transportation providers, or an existing “one stop” social service agency office.
- Use of a mobility manager who is the central point of contact for consumers who need information and services and the providers who operate the services.
- Development of coordination system information in accessible formats – Braille, large print, audiotape, website, etc.
- Use of technology such as a dispatching software system or an interactive website to make reserving a trip or accessing information as easy as possible for the consumer and also making the coordination of trips easy for the coordination project providers.
- There is some form of consumer education program to assist consumers with accessing and riding coordinated and public transportation services.
- Coordination of fare payment systems to make switching from one service provider to another as “painless” as possible for the consumer.
- Representation of consumers/consumer groups on the Coordinated Transportation Advisory Group/Committee.
- Creation of a suggestion and complaint procedure regarding the services of the coordinated transportation system. This could be a procedure for each individual provider or a procedure established for the whole project through a central point of contact.

DATA COLLECTION AND PLANNING

CUSTOMER SERVICE

- Development of a marketing program to promote the coordinated transportation services available to consumers and how to use them.

Coordination strategies recommended for the Region IX area are highlighted below:

Customer Service Strategy #1

Ensure that discussion of the significant transportation needs of persons with disabilities and seniors in the next five (5) years is included in transportation coordination planning discussions. These two demographic groups are typically the largest users of transportation services and their numbers will be growing dramatically over the next decade.

Customer Service Strategy #2

Discuss the potential for developing a central call number (toll-free) for information and referral and trip reservation purposes for anyone in the Gateway Region who needs transportation. There have already been discussions about this occurring at PanTran. They are proposing a central call number which would be the point of contact for PanTran's new mobility manager. The coordination project participants should explore using this central call number to coordinate other transportation services and provide a "one stop" access to services for consumers.

Customer Service Strategy #3

Explore the possibility of utilizing dispatching software that will allow all providers in the Gateway Region coordination project to share trip information and to allow for a quick and easy trip reservation process for consumers.

Customer Service Strategy #4

Standardize policies and procedures as much as possible to ensure consistency for consumers among coordination project providers. These standard policies and procedures should include the following:

- Fare policies
- No-shows
- Cancellations
- Accident/incident procedures
- Vehicle evacuation procedures
- Seatbelts

- Car seats
- Inclement weather
- Passenger behavior
- Bags, packages/parcels on board
- ADA-related policies – wheelchair assistance, oxygen transport, riding on lifts, service animals, etc.

Customer Service Strategy #5

Increase the number of accessible vehicles available for transportation service in the Gateway Region to ensure maximum access for persons with disabilities. Develop vehicle replacement schedules for those providers whose fleets are not 100% accessible – non-accessible vehicles should be replaced by accessible ones. Another way to increase the number of accessible vehicles available is to share accessible vehicles where possible. Systems are open varied hours, peak hours are not all the same, and sometimes vehicles are not being used during certain times of the year.

Customer Service Strategy #6

Ensure that all materials regarding the coordination project are available to consumers in accessible formats. This could include large print brochures, Braille brochures, audiotapes, a Bobby-compliant website, etc.

FUNDING

Funding is one of the most important considerations when planning a coordinated transportation system. Without it, services cannot be operated and vehicles and equipment cannot be purchased. There could also be regulations attached to the receipt of funding which may restrict or hinder coordination.

However, with the recent increased focus on transportation coordination at the state and federal levels, regulations are changing to allow coordination (sharing of trips and vehicles, etc.) between different agencies/funding sources and local coordination projects across the country are developing innovative ways to combine local, state and federal funds to provide transportation services.

General examples of coordination efforts related to funding include the following:

- Creation of common financial and operating data definitions so that information can be shared among participating agencies – ability to compare “apples to apples”.

CUSTOMER SERVICE

FUNDING

FUNDING

- Creation of a unified billing system among participating agencies based on a common agreed upon unit and price – per hour, per trip, per mile, etc.
- Creation of a common reporting system so that information on coordination project accomplishments can be collected for grant reporting purposes and reporting to local officials.
- Application for additional grants which support coordination activities.

Funding strategies recommended for the Region IX coordination project are listed below:

Funding Strategy #1

Explore ways to coordinate the sharing of trips (especially out-of-state trips) and increasing the usage of the region's transportation vehicles in order to provide more service with little additional financial resources.

Funding Strategy #2

Explore additional funding sources to increase the amount of service available in the region. Consideration should definitely be given to applying for Job Access Reverse Commute (Section 5316) funding to assist with transporting the large number of commuters in the Region. There should also be consideration given to applying for the Section 5317 New Freedoms Initiative Funding to help provide additional services to persons with disabilities. Agency representatives should also discuss what sources of funding are available through their respective state and federal funding agencies to support coordination activities. A funding subcommittee could be created within the Coordinated Transportation Advisory Group/Committee to explore these items.

Funding Strategy #3

Create a common data reporting system to allow for easier communication among agencies regarding operating and financial statistics. At a minimum, this means data definitions must be developed by participants in the coordination project. If computerization of the reporting is possible, it should be pursued.

Funding Strategy #4

Create a common billing system if trips, hours, miles, etc. are to be billed for between agencies involved in the coordination project. The acquisition of a computer system which allows for the electronic creation and submission of bills should be explored.

TRANSPORTATION SERVICES

Transportation coordination involves creating a seamless transportation network for consumers with multiple providers and modes. That network must also be operationally and organizationally sound for the transportation providers.

The transportation services area deals with putting service “on the street” and the support services necessary to accomplish this. In this area, discussions will focus on sharing trips, providing additional services, vehicles, drivers, dispatchers, mechanics and facilities.

Typical strategies employed by coordination project participants in the area of transportation services are the following:

- Creation of a brokerage system – a central “clearinghouse” for consumers to schedule trips with various providers – non-profit agencies, public transit systems, private taxi companies, wheelchair van services, etc.
- Coordination of essential support services for transportation providers – dispatching, maintenance, information technology, etc.
- Joint purchasing and/or leasing of facilities and equipment.
- Development of a centralized dispatch system so that agencies and mobility managers can easily schedule trips for clients with coordination project providers.
- Establishment of pick-up locations which can be used by any transportation provider which are safe and accessible and preferably out of the elements.
- Sharing of trips by multiple agency clients and general public riders, especially for long distance and out-of-state travel.

Strategies recommended for Region IX to address the transportation service issues identified in this Coordinated Plan are found below:

Transportation Services Strategy #1

Coordinate/standardize driver training and driver/mechanic hiring requirements. In this regard, if agencies need to share drivers or mechanics, everyone will have the same basic qualifications and training. This also ensures a minimum level of quality service and maintenance throughout the entire region.

A suggested list of required training is as follows:

OSHA Bloodborne Pathogens

**TRANSPORTATION
SERVICES**

Passenger sensitivity training
Customer service/dealing with difficult passengers
Wheelchair securement training
Defensive driving
Accident/incident procedures
Vehicle evacuation procedures
First aid/CPR
Pre-trip inspection procedures
Safety and security
Substance abuse awareness
Radio or cell phone procedures
HIPPA training

A suggested list of hiring requirements includes the following items:

Minimum age
Minimum number of years of driving or maintenance experience
Knowledge of English
Possesses appropriate driver license
No criminal record
Meets certain physical requirements
ASE-certified or other similar certifications (mechanic only)
Ability to perform simple math
Reasonable knowledge of service area
Ability to read basic maps
Passage of a road test given by a supervisor
Passage of a written driving skills test.

Transportation Services Strategy #2

Work with a local technical school or other educational program to develop a driver training class where students could become “certified” drivers (and could even obtain their commercial driver license) and could work for local transportation providers after certification. This type of program has been successful in other areas. It can often be funded with monies from job programs for welfare recipients or low-income individuals.

Transportation Services Strategy #3

Explore the coordination and/or consolidation of maintenance services. Lack of good maintenance services in the region appears to be a problem for many providers. Consideration should be given to agencies contracting with transportation providers who perform their own maintenance or to the development of new centralized maintenance facilities for agencies without maintenance programs. Maintenance

training programs could also be developed with local technical schools which included bus and lift maintenance so that qualified mechanics were available in the area to staff local facilities. Consideration should also be given to developing uniform preventative maintenance standards for the providers in the Gateway Region to make coordination of maintenance services easier.

Transportation Services Strategy #4

Expand capacity of existing transportation services in the area to fill existing demand for transportation services. This can be accomplished by trip sharing among agencies in the region and utilizing agency vehicles for general public or agency trips during “down time”. For example, the RESA VIII agency has a significant number of vehicles which are not utilized for a good portion of the day if they are only used for Head Start transportation. These vehicles could provide contract trips for other agencies or for the general public (if Section 5311 funds are available to subsidize this or the public pays the full cost of the trip).

Transportation Services Strategy #5

Provide general public service in Morgan County which connects to the rest of the region. Explore the possibility of senior centers providing general public transportation or PanTran expanding its service area.

Transportation Services Strategy #6

Share out-of-state agency trips with other region transportation providers to Virginia, Maryland, and Pennsylvania. This should decrease the cost of out-of-state trips for the agencies who share them.

Transportation Services Strategy #7

Coordinate with PanTran and Maryland Transit Administration (MARC Train) regarding transportation for Region IX commuters who travel to larger urban areas in Maryland, Pennsylvania and Washington, D.C. Local agencies who are interested in accessing regional, state and national transportation networks need to know what regional public transportation systems are planning to improve connectivity with local areas.

Transportation Services Strategy #8

Explore the possibilities for joint procurement of such items as fuel, office supplies, vehicle parts and supplies, etc. Often times agencies can save money when buying supplies in larger quantities.

VI. PRIORITIZATION OF STRATEGIES

After the strategies in the section above were generated, they were prioritized as High Priority (accomplished in the near term or within the next year), a Medium Priority (accomplished in the mid-term or within the next one to two years), and a Low Priority (accomplished in the longer term or within the next three to four years).

In addition, for each strategy listed, the parties responsible for the implementation of that strategy, the estimated cost for that strategy (if known), the capital requirements for that strategy, the strategy’s ridership implications, and possible performance measures to use to measure the success of that strategy are provided.

HIGH PRIORITY STRATEGIES

Leadership Strategy #1:

Educate all transportation related agencies, government officials, and the general public on the benefits of coordination transportation planning and coordinated transportation services.

Parties Responsible:	Coordination project partners.
Budget/Costs:	Staff time included in existing provider budgets. Staff involved in brochure development. Cost of printing brochures. Should print at least 5,000-10,000 brochures.
Capital Requirements:	None
Ridership Implications:	Possible increase in ridership from distribution of information or increases in contract ridership as County agencies become aware of transportation services available. Target populations also become more aware of transportation services available.
Performance Measures:	Number of presentations given. Number of local government officials reached. Number of open houses conducted.

HIGH PRIORITY STRATEGIES

HIGH PRIORITY STRATEGIES

- Number of brochures distributed.
- Number of new riders.
- Number of new agency contracts.
- Number of new coordination project partners.
- Number of articles and letters to the editor submitted and printed.
- Number of events attended.
- Number of people reached.

Leadership Strategy #2

Create a Coordinated Transportation Advisory Committee/Group for the Gateway Region with representatives from government, agencies, businesses, the disabled community, senior organizations, and public riders serving as members.

Parties Responsible:	Coordination project partners – Region IX Planning and Development Council to take the lead for creation of committee.
Budget/Costs:	Staff time involved. Possibly small copying budget for agendas and correspondence.
Capital Requirements:	None.
Ridership Implications:	Potentially an increase in ridership as TAC members become aware of services available and “spread the word” in the community. Also chance for contract service as agencies become aware of coordination project.
Performance Measures:	TAC formed. TAC meetings held at least quarterly.

Leadership Strategy #3

PanTran has recently received funding to hire a mobility manager to help coordinate transit services, park-n-ride, etc. in its service area. This mobility manager may be able to assist with the coordination and brokerage of other transportation services in the area. This possibility

should be explored by the participants in the Region’s coordination project.

Parties Responsible:	PanTran and coordination project partners.
Budget/Costs:	Staff time involved.
Capital Requirements:	None.
Ridership Implications:	Potentially an increase in ridership if a trip brokerage system can be established through the PanTran mobility manager.
Performance Measures:	Brokerage system created. Number of additional trips provided.

HIGH PRIORITY STRATEGIES

Data Collection and Planning Strategy #1

Officially designate a lead agency to continue with the coordination planning process and to lead the Coordinated Transportation Advisory Group/Committee.

Parties Responsible:	Coordinated Transportation Advisory Group/Committee members.
Budget/Costs:	Staff time involved.
Capital Requirements:	None.
Ridership Implications:	None.
Performance Measures:	Lead agency designated. Coordination process continues.

Data Collection and Planning Strategy #2

Complete additional work regarding the inventory of vehicles in the area and the utilization of those vehicles as well as a more detailed inventory of services, drivers, dispatchers, mechanics, facilities, etc. in the Region.

Parties Responsible:	Coordinated Transportation Advisory Group/Committee members.
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Budget/Costs:	Staff time involved.
Capital Requirements:	None.
Ridership Implications:	Potentially an increase in ridership as resources are identified and utilized to their fullest extent possible to provide transportation services.
Performance Measures:	Detailed inventory completed.

Customer Service Strategy #1

Ensure that discussion of the significant transportation needs of persons with disabilities and seniors in the next five (5) years is included in transportation coordination planning discussions.

Parties Responsible:	Coordination project partners.
Budget/Costs:	Staff time involved.
Capital Requirements:	None
Ridership Implications:	Potentially an increase in service for persons with disabilities and seniors as agencies plan for expansion of services or new services.
Performance Measures:	Number of meetings attended. Increase in services for the disabled and senior citizens.

Customer Service Strategy #5

Increase the number of accessible vehicles available for transportation service in the Gateway Region to ensure maximum access for persons with disabilities.

Parties Responsible:	Those coordination partners whose fleets are not 100% accessible.
Budget/Costs:	To be determined.
Capital Requirements:	To be determined.

Ridership Implications: Potentially an increase in the number of wheelchair trips for persons with disabilities in the Gateway Region.

Performance Measures: Number of wheelchair trips

Customer Service Strategy #6

Ensure that all materials regarding the coordination project are available to consumers in accessible formats. This could include large print brochures, Braille brochures, audiotapes, a Bobby-compliant website, etc.

Parties Responsible: Coordination project partners.

Budget/Costs: Staff time involved. Possibly printing budget for brochures. Budget needed for development of a website.

Capital Requirements: None.

Ridership Implications: Potentially an increase in ridership as persons with disabilities and seniors become aware of services available and “spread the word” in the community.

Performance Measures: Number of alternative formats available.
Number of brochures distributed.
Number of website “hits”.
Number of additional trips for persons with disabilities.

Funding Strategy #1

Explore ways to coordinate the sharing of trips (especially out-of-state trips) and increasing the usage of the region’s transportation vehicles in order to provide more service with little additional financial resources.

Parties Responsible: Coordination project partners.

Budget/Costs: Staff time involved.

Capital Requirements: None.

Ridership Implications: To be determined.

Performance Measures: Number of trips and vehicles shared.
Capital costs saved.

Funding Strategy #2

Explore additional funding sources to increase the amount of service available in the region.

Parties Responsible: Coordination project partners.

Budget/Costs: Staff time involved. Possible local matches for grants required.

Capital Requirements: None.

Ridership Implications: Potentially an increase in ridership if new funding sources assist in the provision of new transportation services.

Performance Measures: New funding sources secured.
Additional transportation services funded.
Increase in ridership from new service.

Funding Strategy #3

Create a common data reporting system to allow for easier communication among agencies regarding operating and financial statistics.

Parties Responsible: Coordination project partners.

Budget/Costs: Staff time involved.

Capital Requirements: None.

Ridership Implications: None.

Performance Measures: Common data definitions developed.
Reporting system developed.

Transportation Services Strategy #4

Expand capacity of existing transportation services in the area to fill existing demand for transportation services. This can be accomplished by trip sharing among agencies in the region and utilizing agency vehicles for general public or agency trips during “down time”.

- Parties Responsible: Coordination project partners.
- Budget/Costs: Staff time involved.
- Capital Requirements: None.
- Ridership Implications: To be determined.
- Performance Measures: Number of trips and vehicles shared. Capital costs saved.

Transportation Services Strategy #5

Provide general public service in Morgan County which connects to the rest of the region. Explore the possibility of senior centers providing general public transportation or PanTran expanding its service area.

- Parties Responsible: Coordination project partners.
- Budget/Costs: Fully allocated cost per additional trip into Morgan County.
- Staffing Implications: Potential for hiring new drivers.
- Capital Requirements: Potentially none. This service could be done with existing vehicles, depending on which agency ends up providing the service.
- Ridership Implications: Increase in ridership due to increase in service area.
- Performance Measures: Number of additional trips for Morgan County residents.

Transportation Services Strategy #6

Share out-of-state agency trips with other region transportation providers to Virginia, Maryland, and Pennsylvania. This should decrease the cost of out-of-state trips for the agencies who share them.

PRIORITIZATION OF STRATEGIES

Parties Responsible: Coordination project partners.

Budget/Costs: Staff time involved. Cost of trips to be determined based on agency fully allocated costs of providing trips.

Capital Requirements: None.

Ridership Implications: Increase in out-of-state trips provided for agency clients and the general public.

Performance Measures: Number of trips shared. Operating and capital costs saved.

HIGH PRIORITY STRATEGIES

MEDIUM PRIORITY STRATEGIES

MEDIUM PRIORITY STRATEGIES

Leadership Strategy #4

Develop a subcommittee from the Coordinated Transportation Advisory Committee/Group who are responsible for improving relationships with state (and federal if necessary) agency officials.

Parties Responsible: Coordinated Transportation Advisory Committee/Group members.

Budget/Costs: Staff time involved.

Capital Requirements: None.

Ridership Implications: Potential for increase in ridership as state and federal barriers to coordination are lifted.

Performance Measures: State and federal regulatory barriers to coordination are resolved. More funding from the state and federal levels for coordination activities.

Data Collection and Planning Strategy #3

Update this Coordinated Plan for the Region on an annual basis and monitor the successful completion of its strategies.

Parties Responsible:	Coordination project partners – Region IX Planning and Development Council to take the lead.
Budget/Costs:	Staff time involved.
Capital Requirements:	None.
Ridership Implications:	None.
Performance Measures:	Coordinated Plan updated annually. Major update every four (4) years.

Data Collection and Planning Strategy #4

Gather data on the successes and benefits of the coordination project and report them to local and state officials.

Parties Responsible:	Coordination project partners.
Budget/Costs:	Staff time involved.
Capital Requirements:	None.
Ridership Implications:	As local and state officials become more aware of the benefits of coordination, additional funding may be allocated to provide services (and thus increased ridership) through the coordination project.
Performance Measures:	Data collected and reported to local and state officials on a quarterly basis.

Customer Service Strategy #2

Discuss the potential for developing a central call number (toll-free) for information and referral and trip reservation purposes for anyone in the Gateway Region who needs transportation.

Parties Responsible:	Eastern Panhandle Transit Authority (PanTran) and coordination project partners
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Budget/Costs:	Cost of toll-free number
Capital Requirements:	Possibly phone line installation.
Ridership Implications:	Potentially an increase in ridership due to improved access and “one-stop” shopping for transportation services.
Performance Measures:	Toll-free number installed and implemented. Number of callers.

Customer Service Strategy #4

Standardize policies and procedures as much as possible to ensure consistency for consumers among coordination project providers.

Parties Responsible:	Coordination project partners.
Budget/Costs:	Staff time involved.
Capital Requirements:	None.
Ridership Implications:	None.
Performance Measures:	Policies and procedures developed.

Funding Strategy #4

Create a common billing system if trips, hours, miles, etc. are to be billed for between agencies involved in the coordination project.

Parties Responsible:	Coordination project partners.
Budget/Costs:	Staff time involved. Possibly a budget needed for computer software and Internet access.
Capital Requirements:	None.
Ridership Implications:	None.
Performance Measures:	Billing system developed. Agencies successfully bill each other for transportation services provided.

Transportation Services Strategy #1

Coordinate/standardize driver training and driver/mechanic hiring requirements.

MEDIUM PRIORITY STRATEGIES

Parties Responsible:	Coordination project partners.
Budget/Costs:	Staff time involved. Some training may involve costs if qualified in-house staff is not available. RTAP training should be taken advantage of as much as possible.
Capital Requirements:	None.
Ridership Implications:	Better quality service to riders.
Performance Measures:	All staff trained. No. of complaints about staff. No. of incidents/accidents handled properly. No. of pre-trip inspections performed properly.

Transportation Services Strategy #3

Explore the coordination and/or consolidation of maintenance services.

Parties Responsible:	Coordination project partners
Budget/Costs:	Staff time involved. Possible budget implications for staffing, facilities and equipment depending upon which type of coordination occurs.
Capital Requirements:	Potential for maintenance equipment and facility capital requirements.
Ridership Implications:	Perception of transportation vehicles could improve due to better appearance and reliability and thus people may be more likely to ride.
Performance Measures:	PM standards developed and implemented.

MEDIUM PRIORITY STRATEGIES

Number of road calls.
 Amount of maintenance costs.
 Number of major repairs.

Transportation Services Strategy #7

Coordinate with PanTran and Maryland Transit Administration (MARC Train) regarding transportation for Region IX commuters who travel to larger urban areas in Maryland, Pennsylvania and Washington, D.C.

- Parties Responsible: Coordination partners.
- Budget/Costs: Staff time, possible cost for project partners if additional connecting services are provided by them.
- Capital Requirements: Potential if more services are provided to connect to PanTran and MARC train facilities.
- Ridership Implications: Increase in ridership.
- Performance Measures: Number of additional trips.

Transportation Services Strategy #8

Explore the possibilities for joint procurement of such items as fuel, office supplies, vehicle parts and supplies, etc.

- Parties Responsible: Coordination project partners.
- Budget/Costs: Staff time involved.
- Capital Requirements: None.
- Ridership Implications: Potentially an increase in ridership as more service is provided with money saved through joint procurements.
- Performance Measures: Dollars saved on items purchased through joint procurements.

LOW PRIORITY STRATEGIES

Customer Service Strategy #3

Explore the possibility of utilizing dispatching software that will allow all providers in the Gateway Region coordination project to share trip information and to allow for a quick and easy trip reservation process for consumers.

Parties Responsible:	Coordination project partners – may require a lead county/agency (PanTran)
Budget/Costs:	Cost of software and possibly some hardware. Cost of high speed connections for each project partner.
Capital Requirements:	Cost of software and hardware.
Ridership Implications:	Potentially an increase in ridership as systems become more efficient with scheduling with dispatching software.
Performance Measures:	Number of trips shared. Number of riders crossing county and state lines.

Transportation Services Strategy #2

Work with a local technical school or other educational program to develop a driver training class where students could become “certified” drivers (and could even obtain their commercial driver license) and could work for local transportation providers after certification.

Parties Responsible:	Coordination project partners.
Budget/Costs:	Staff time involved. Possibly budget involved for program marketing and supplies and instructors for class.
Capital Requirements:	None.
Ridership Implications:	None.

LOW PRIORITY STRATEGIES

PRIORITIZATION OF STRATEGIES

Performance Measures:

Driver training class developed.
Number of students who become “certified” drivers and are hired by Region IX providers.

LOW PRIORITY STRATEGIES

VII. ADOPTION OF PLAN

This plan was adopted on January ____, 2007 at a stated meeting of the Region IX Planning & Development Council. It was also adopted by the Policy Committee of the Hagerstown-Eastern Panhandle Metropolitan Planning Organization on January ____, 2007.

APPENDICES

APPENDIX A:
INTRODUCTION LETTER

Dear Transportation Colleague:

The Federal Transportation Administration (FTA) has stated that all applicants for Section 5310, Section 5316, and Section 5317 funding participate in efforts to coordinate public transit and human services transportation via the requirements of the Safe, Accountable, Flexible, and Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). The Hagerstown-Eastern Panhandle Metropolitan Planning Organization (HEPMPO) and The Region IX Planning and Development Council has asked RLS & Associates, Inc. to prepare a comprehensive coordinated public transit-human services transportation plan to meet those requirements. To continue to be eligible to apply for funding of transit vehicles, each provider within the planning area must participate in formulation of that plan. That is, if your agency uses and/or expects to apply for transit equipment funded under Section 5310, Section 5316, or Section 5317, an agency representative must attend transportation coordination kickoff meetings.

The first of those meetings is scheduled to be held on October 17, 2006 in the Dunn Building second floor cafeteria located at 400 West Stephen Street, Martinsburg, West Virginia 25401. The meeting will begin at 1:00 pm and conclude near 4:00 pm.

Please RSVP to Region IX at (304)263-1743 by Friday, October 13, 2006.

We look forward to the opportunity to work with you.

Sincerely,

John Edmondson
Project Associate
RLS & Associates, Inc.

**APPENDIX B:
SURVEY LETTER AND BLANK
SURVEY INSTRUMENT**

October 20, 2006

Dear Transportation Stakeholder:

As you may know, the Hagerstown-Eastern Panhandle Metropolitan Planning Organization (HEPMPO) and the Region IX Planning and Development Council is developing a Public Transit-Human Services Transportation Coordination Plan to meet the planning requirements of SAFETEA-LU and the Federal Transit Administration. These plans are necessary to document the coordination efforts for areas where transportation providers intend to apply for funding through any of the following FTA programs: Job Access Reverse Commute (JARC) Program, New Freedom Initiative Program and Section 5310 Program.

RLS & Associates, Inc. of Dayton is assisting HEPMPO and the Planning and Development Council with the preparation of the Coordination Plan and has been under contract with the West Virginia Department of Transportation to provide coordination technical assistance to the State.

The enclosed survey has been sent to all transportation stakeholders (major employers, human service agencies, transportation providers, etc.) in Morgan, Berkeley, and Jefferson Counties in order to compile an inventory of the existing transportation services in the region, identify unmet transportation needs, and identify opportunities for and possible local barriers to coordination.

Please return your survey via mail to RLS & Associates by November 6, 2006 at the address noted below.

If you have any questions about the survey, please contact me at RLS & Associates at (937) 299-5007. The coordination planning process will offer many opportunities for community involvement. We hope that you will provide us with more input as the plan progresses. Thank you for your assistance.

Sincerely,

John Edmondson
Project Associate
RLS & Associates, Inc.

Enclosure

**Region IX Coordination Survey
For Local Stakeholders**

Instructions to Survey Respondent – The Region IX Planning and Development Council is developing a Public Transit-Human Services Transportation Coordination Plan to meet the requirements of SAFETEA-LU and the Federal Transit Administration. These plans are necessary to document the coordination efforts for areas where transportation providers intend to apply for funding through any of the following FTA Programs:

- Elderly Individuals and Individuals with Disabilities (Section 5310)
- Job Access and Reverse Commute (JARC) (Section 5316)
- New Freedom Initiative (Section 5317)

Please provide as much of the information as possible. The survey will not only serve as an inventory of the transportation services currently provided, it will also indicate the need for, or gaps in, transportation for the elderly, people with disabilities, and low income individuals. It will also help us assess the level of coordination that may already be occurring.

If you have any questions, you may direct them to the contact person indicated below. Please return the completed survey questionnaire by November 6, 2006 to:

John Edmondson
RLS & Associates, Inc.
3131 S. Dixie Hwy, Ste. 545
Dayton, OH 45439

I. ORGANIZATION CHARACTERISTICS AND SERVICES PROVIDED

The first set of questions has to do with the general characteristics of your organization and the general nature of the services provided.

1. Identification of Organization:

- a. Name: _____
- b. Address: _____
- c. Telephone: _____ Fax: _____
- d. E-mail: _____
- e. Name of Individual Who Can Answer or Respond to Questions Posed in the Survey:

- f. Title: _____
- g. Agency Website: _____

Region IX Local Stakeholder Survey

Page 2

2. Please check the box that best describes your organization. (Check only one.)

- | | |
|---|---|
| <input type="checkbox"/> a. Adult Day Care | <input type="checkbox"/> l. Church/Synagogue |
| <input type="checkbox"/> b. Sheltered Workshop | <input type="checkbox"/> m. Other Faith Based Organization |
| <input type="checkbox"/> c. Hospital | <input type="checkbox"/> n. Publicly Sponsored Transit Agency |
| <input type="checkbox"/> d. Medical Center | <input type="checkbox"/> o. Private Transportation Company |
| <input type="checkbox"/> e. Nursing Home | <input type="checkbox"/> p. Ambulance Company |
| <input type="checkbox"/> f. Head Start | <input type="checkbox"/> q. Private School |
| <input type="checkbox"/> g. Senior Center | <input type="checkbox"/> r. Neighborhood Center |
| <input type="checkbox"/> h. Nutrition Site | <input type="checkbox"/> s. YMCA/YWCA |
| <input type="checkbox"/> i. Taxi | <input type="checkbox"/> t. Senior Center/County Senior Prgm |
| <input type="checkbox"/> j. Social Service Agency – Public | <input type="checkbox"/> u. Other: _____ |
| <input type="checkbox"/> k. Social Service Agency – Nonprofit | |

3. What are the major functions/services of your organization? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> a. Transportation | <input type="checkbox"/> j. Diagnosis/Evaluation |
| <input type="checkbox"/> b. Health Care | <input type="checkbox"/> k. Job Placement |
| <input type="checkbox"/> c. Social Services | <input type="checkbox"/> l. Residential Facilities |
| <input type="checkbox"/> d. Nutrition | <input type="checkbox"/> m. Income Assistance |
| <input type="checkbox"/> e. Counseling | <input type="checkbox"/> n. Screening |
| <input type="checkbox"/> f. Day Treatment | <input type="checkbox"/> o. Information/Referral |
| <input type="checkbox"/> g. Job Training | <input type="checkbox"/> p. Recreation/Social |
| <input type="checkbox"/> h. Employment | <input type="checkbox"/> q. Homemaker/Chore |
| <input type="checkbox"/> i. Rehabilitation Services | <input type="checkbox"/> r. Other _____ |

4. Under what legal authority does your organization operate?

- | |
|---|
| <input type="checkbox"/> a. Local government department or unit |
| <input type="checkbox"/> b. Private nonprofit organization |
| <input type="checkbox"/> c. Transportation authority |
| <input type="checkbox"/> e. Other (Specify) _____ |

5. What is the geographic service area for the organization? If you have a map of the service area, please attach a copy to this survey.

- | |
|---|
| <input type="checkbox"/> Countywide |
| <input type="checkbox"/> Specific Municipalities (Specify): _____ |
| <input type="checkbox"/> Other (Specify): _____ |
-

6. Does your transportation program restrict service? (Check those that apply)

Region IX Local Stakeholder Survey

Page 3

Clients only	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Trip Purpose	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
No. of Rides per Month	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Advanced Reservations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other (please specify _____)				

7. Why are these services limited (For example, funding, federal regulations, state regulations, etc. _____)

8. Is your organization involved in the direct operation of transportation services for clients or the general public? (Check only one.)

Yes No

9. Does your organization purchase transportation on behalf of clients or the general public from other service providers?

Yes No

If the answer to both Questions 7 and 8 is “No,” skip to Question 23 and continue the survey.

II. MODES OF TRANSPORTATION SERVICES PROVIDED

Service Providers Only. In this section, explain the various types of transportation services that your organization directly provides on behalf of clients or for the general public. Exclude meal deliveries or other non-passenger transportation services that may be provided.

10. In what manner does your organization directly provide, purchase, operate, or arrange transportation for seniors or the general public (that may include seniors, disabled)? (Check all that apply.)

Mode of Transportation	Services for the General Public	Client Only Services
	<i>(Check All That Apply)</i>	
a) Personal vehicles of agency staff		
b) Agency staff using agency owned fleet vehicles		
c) Pre-purchased tickets, tokens, passes for other modes of paratransit/transit		
d) Reimbursement of mileage or auto expenses paid to clients, families, or friends		
e) Volunteers		
f) Information and referral about other community transportation resources		
g) Operate own transportation program using agency owned vehicles and staff		
h) Other (Describe in space provided on Page 4)		

Please describe any other methods in which your organization delivers transportation services not previously checked in Question 9a through 9h.

III. TRANSPORTATION SERVICES

The following questions seek information about your organization’s transportation services.

11. Indicate the following trip purposes your organization is authorized to provide to clients or members of the general public.

Trip Purpose	Organization is Authorized to Provide This Trip Purpose (Check All That Apply) Include percentage of trips.
a) Health/medical (e.g., single or periodic trips to doctor, clinic, drug store, treatment center)	
b) Health maintenance (e.g., dialysis or other recurring and frequent trips that require regular transport)	
c) Nutrition (e.g., trips to a congregate meal site)	
d) Income maintenance (e.g., trips to food stamp or social security office)	
e) Social (e.g., visit to friends/relatives)	
f) Recreation (e.g., trips to cultural, athletic events, etc.)	
g) Education/training (e.g., trips to schools, adult education centers, continuing education, etc.)	
h) Employment (e.g., trips to work, including job interviews, welfare-to-work trips, etc.)	
i) Shopping	
j) Social services (e.g., trips to meet with counselors, social workers, and other staff related to the receipt of social services (except nutrition)	
k) Residential (e.g., trips supporting activities of group residences and group home residents)	
l) Day Care	
m) Adult Day Care	
n) Mental Health (Day Treatment)	
o) Bank	
p) Sheltered workshop	
q) TANF	
r) Other (specify)	

Total Percent (must equal 100)	
--------------------------------	--

12. Please provide the following information regarding the vehicle fleet used in the provision of transportation services provided directly by your agency. The vehicle type(s) used include the following:

Vehicle Type	Number	Owned	Leased	Number Accessible
a) Sedans				
b) Station wagons				
c) Minivans				
d) Standard 15-passenger vans				
e) Converted 15-passenger vans (e.g., raised roof, wheelchair lift)				
f) Light-duty bus (body-on-chassis type construction seating between 16-24 passengers)				
g) Medium duty bus (body-on-chassis type construction seating over 22 passengers with dual rear wheel axle)				
h) Small school bus (yellow school bus seating between 9 and 24 students)				
i) Large school bus (yellow school bus seating between 25 and 60 students)				
j) Four Wheel Drive Vehicles				
k) 12 passenger plain vans				
l) Trolleys				
m) 30 Foot transit vehicle (27-32 passenger vehicle)				
n) 35 foot transit vehicle (34-37 passenger vehicle)				
o) Other (Describe):				

13. Are your vehicles equipped with two-way radio communications or do your drivers carry any type of communication device?

Yes No

If “Yes,” what type of communications system is used? (Check all that apply.)

- Cellular phones
- Two-way mobile radios requiring FCC license
- Pagers
- Mobile data terminals
- Other (describe): _____

14. What are the daily hours and days of operation for your transportation services? Check days and list hours of operation in the space provided.

- Weekdays _____
- Saturday _____
- Sunday _____
- Holidays _____

15. Define the level of passenger assistance provided for users of your transportation service. (Check all that apply.)

- Curb-to-curb (*i.e.*, drivers will assist passengers in and out of vehicle only).
- Door-to-door (*i.e.*, drivers will assist passengers to the entrance of their origin or destination).
- Drivers are permitted to assist passengers with a limited number of packages.
- Drivers are permitted to assist passengers with an unlimited number of packages.
- Provide personal care attendants or escorts to those passengers who require such services.
- Passengers are permitted to travel with personal care attendants or escorts.

16. How do clients/customers access your transportation services?

- There are no advance reservation requirements.
- Clients/customers must make an advance reservation (*e.g.*, by telephone, facsimile internet, arrangement through a third party, etc).

17. If advance reservations are required, what notice must be provided?

- We use a real-time reservation policy.
- Customers/clients must call for a reservation the day before travel.
- Customers/clients must call for a reservation 24 hours before travel.
- Customers/clients must call for a reservation two days before travel.
- Other (Define): _____

IV. RIDERSHIP

The following questions have to do with client/patron caseload and/or client ridership.

18. Please provide your organization's annual passenger statistics. If possible, use data for the most recently completed 12-month period for which data is available. Complete questions (a) through (f).

Region IX Local Stakeholder Survey

Unduplicated Persons/Passenger Trips	Services for the General Public	Client Only Transportation Services
a) Total number of persons ¹ provided transportation		
b) Total number of passenger trips ² (most recent fiscal year)		
c) Estimated number of trips ² which the riders use a wheelchair		

In the above table, use the following definitions:

¹ A "person" is an unduplicated count of individuals receiving service (a person riding the vehicle 200 trips per year is counted as one person).

² A "trip" equals one person getting on a vehicle one time. Most riders make two or more trips a day since they get on once to go somewhere and then get on again to return.

Answer the following questions about figures provided in the table above:

- d) Are ridership figures exact? _____
- e) Are ridership figures estimates? _____
- f) Time period for counts or estimates: _____

V. ANNUAL EXPENDITURES AND REVENUES

The following questions concern your **transportation** funding sources and annual revenues and expenditures.

19. Does your organization charge a fare or fee for providing transportation services?

- Yes
- No

If yes, what is the fare structure? _____

20. Does your organization accept any donations from clients to offset the cost of providing transportation services?

- Yes
- No

If yes, what is the suggested donation amount? _____

21. What are the beginning and ending dates of your organization's fiscal year?

Beginning: _____ Ending: _____

--	--	--	--

23. By source, what percentage of your transportation budget comes from _____% Federal _____% State _____% Local (**must equal 100%**) funds?

24. Please check all of the funding sources that provide money for your transportation program. (Need Others?)

Federal

- | | |
|---|---|
| <input type="checkbox"/> CSBG | <input type="checkbox"/> Title IIIB |
| <input type="checkbox"/> HHS | <input type="checkbox"/> Title IIIC |
| <input type="checkbox"/> FTA Section 5310-
formerly Sec 16 | <input type="checkbox"/> Title V |
| <input type="checkbox"/> FTA Section 5311-
formerly Sec 18 | <input type="checkbox"/> Non-Emergency
Medicaid_____ |
| <input type="checkbox"/> FTA Section 5307
formerly Sec 9 | <input type="checkbox"/> Title XX |
| <input type="checkbox"/> FTA Section 5316
JARC | <input type="checkbox"/> |
| <input type="checkbox"/> FTA Section 5317
New Freedom Initiative | Other_____ |

State

- | | |
|--|--|
| <input type="checkbox"/> Bureau of Public Health | <input type="checkbox"/> Division of Public Transit |
| <input type="checkbox"/> Bureau of Senior
Services | <input type="checkbox"/> Division of Rehab. Services |
| <input type="checkbox"/> Bureau of Human
Resources for
Children and Families
(<i>includes TRIP Tickets</i>) | <input type="checkbox"/> Lottery Funds |
| | <input type="checkbox"/> Other
_____ |

Local

- | | |
|--|---|
| <input type="checkbox"/> County Commission | <input type="checkbox"/> Grants from Charity
Organizations |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Levy |
| <input type="checkbox"/> Fares | <input type="checkbox"/> Other_____ |

VII. LOCAL COORDINATION EFFORTS

25. Is a governing or advisory framework in place in your community that brings together providers, agencies, and consumers? Are there clear guidelines that all embrace?

Region IX Local Stakeholder Survey

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Yes No

26. If yes to Question 23, please describe this framework? Has your organization actively participated in the planning, development, and implementation of this framework?

27. Is there sustained support for coordinated transportation planning among elected officials, agency administrators, and other community leaders?

28. Is there positive momentum? Is there growing or waning interest and commitment to coordinating human service transportation trips and maximizing resources?

29. Is there an on-going process for identifying duplication of transportation services, underused assets, and service gaps? If yes, describe this process.

30. In your opinion, are the specific transportation needs of various target populations (e.g., low income, elderly, etc.) well documented?

31. Is there a plan to provide coordinated transportation? Does the plan have clear mission and goals? Are the assessment results used to develop a set of realistic actions that improve coordination?

32. If “yes” to Question 29, is the plan for human services transportation coordination linked to and supported by other state and local plans?

33. What issues, if any, have your coordination efforts encountered with respect to billing and payment?

34. What do you see as the greatest barrier to coordination and mobility in your service area?

35. What elements of the existing transportation network provide the most useful mobility options for the public and clients of human service agencies in your service area?

36. In your assessment, what enhancements are most needed to improve the coordination of public and human service transportation in your service area?

37. If there are any other issues, concerns, or information relevant to this issue, please feel free to address them in the spaces below.

38. Are your agency's transportation services coordinated with other transportation providers in your area?

Yes If yes, to what extent? (Check all that apply) No

- | | |
|--|---|
| <input type="checkbox"/> Central Dispatching | <input type="checkbox"/> Emergency Back-up (Shared Vehicles) |
| <input type="checkbox"/> Refer Clients | <input type="checkbox"/> Provide Transportation Service for
Other Agency |
| <input type="checkbox"/> Provide Disabled Services | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Joint Driver Training | _____ |

39. Who do you coordinate with? (Please list specific agencies and refer to the previous question)

40. Based on your experience, what are the barriers to coordination?
(Check all that apply)

Region IX Local Stakeholder Survey

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- | | |
|---|---|
| <input type="checkbox"/> Federal Regulations | <input type="checkbox"/> Incompatible Clients |
| <input type="checkbox"/> State Regulations | <input type="checkbox"/> Satisfied with present transportation program; do not see need to coordinate |
| <input type="checkbox"/> Liability Issues | <input type="checkbox"/> Reluctance of area transportation providers to coordinate |
| <input type="checkbox"/> Turf Battles | <input type="checkbox"/> Funding |
| <input type="checkbox"/> Not enough equipment | <input type="checkbox"/> Other (Please Specify) |
-

41. Given the greater emphasis on coordinated services by such federal grantors as the Federal Transit Administration and the Administration on Aging, what would make a coordinated transportation program more attractive to your agency?

Thank you for your cooperation. Please submit your completed survey to the address listed on page 1 of this questionnaire.

Note: Survey due NOVEMBER 6, 2006.

**APPENDIX C:
KICKOFF MEETING
SUMMARY LETTER**

December 29, 2006

Robert Gordon
Hagerstown-Eastern Panhandle Metropolitan Planning Organization/
Region IX Planning and Development Council
80 West Baltimore Street
Hagerstown, MD 21740

RE: CONTINUED REGION IX COORDINATED PUBLIC TRANSIT-HUMAN SERVICES
TRANSPORTATION PLANNING EFFORTS

Dear Mr. Gordon:

RLS & Associates would again like to thank you for the opportunity to assist your organization in the creation of a comprehensive coordinated public transit-human services transportation plan.

A successful coordinated transportation effort involves several critical components. Convening a meeting of identified area stakeholders to identify strengths, weaknesses, and potential coordination opportunities is the first element in a series of focused efforts. As you are aware, a kick-off meeting was conducted on October 17, 2006 in Martinsburg, West Virginia. Below is a list of attendees for that meeting:

- Ms. Robbie Sarles – Principal, RLS & Associates, Inc.
- Mr. John Edmondson – Associate, RLS & Associates, Inc.
- Mr. Robert Gordon – Director, Region IX Planning and Development Council
- Ms. Vicki Lambert – Executive Director, Jefferson County Council on Aging
- Ms. Lynn Walker – Director, Pan Tran
- Ms. Linda Holtzapple – Executive Director, Berkeley Senior Services
- Ms. Linda Ruppert – Transportation Director, Senior Life Services of Morgan County
- Ms. Diane Ansari – Executive Director, RESA VIII Head Start

The kick-off meeting focused on the need for coordinated transportation as not only a required element under the SAFETEA-LU guidelines, but as a need for individual mobility, cost-effective transit operations, and improved overall transportation services. During an active participation section of the kick-off meeting, several areas are brainstormed for stakeholder input. Among those are identified strengths and weaknesses of the agencies in attendance. Below is a summarized list of those issues:

Strengths

1. One-on-One Customer Service (Morgan County)
2. Flexibility (Jefferson County)
3. Non-transportation Coordinated Services (Morgan County)
4. Good Vehicle Fleet/Dependable Vehicles (Berkeley County)
5. Dependable Service (Pan Tran)
6. Training (RESA VIII)
7. Specialized Vehicles to Transport Children with Disabilities (RESA VIII)
8. Large Service Area (RESA VIII, Pan Tran)
9. Affordable Fare Structure (Pan Tran)
10. Door-to-Door Service (Morgan County)

Weaknesses

1. Operating Funding
2. Driver Recruitment
3. Mechanical Failure of Vehicles
4. Mechanical Failure of Lift Equipment
5. Lack of Reputable Maintenance Vendors
6. Public Transit Limited Service Area
7. Public Perception
8. Support
9. 48-hour Advance Notice
10. Limited Passenger Capacity on Vehicles

Utilizing the above list of strengths and weaknesses, the stakeholders in attendance were able to identify coordination possibilities and develop unofficial, verbal plans to begin working cooperatively in the following ways:

- Supplement senior services transportation with public transit.
 - Pan Tran discussed opening a new route to the Senior Life Services of Morgan County. That discussion then led to Pan Tran offering similar route service to the remaining senior center representatives.
- Purchase of Pan Tran vouchers from senior services agencies.
 - Pan Tran offers a fare of \$1.00 for general trips whereas trips provided to seniors by senior services vehicles are free. It was suggested that senior services agencies purchase vouchers for Pan Tran trips and provide those vouchers to clients which are unable to utilize the senior services vehicle.
- Expand the potential reach of senior services programs.
 - By utilizing Pan Tran and the combined resources of each county's senior services agency, it would be possible to offer a broader range of destinations to senior clients.

- Combined training efforts.
 - Pan Tran offers training for drivers and dispatchers to all transportation agencies and extended that offer during the meeting.
- Managing federal funding via contracts and local match.
 - Pan Tran and Berkeley County Senior Services devised a possible plan in which Berkeley County Senior Services would contract with Pan Tran for the purchase of transportation services. Such a contract would enable Pan Tran to use the revenue generated from that contract as a portion of the local match requirement.
- Cooperative procurement.
 - Each agency represented purchased fuel from a private supplier with the exception of Morgan County. Combining the fuel purchasing power of all three agencies could provide each agency the necessary fuel at a lower price.
- Joint lobbying.
 - Each agency approaches state and local governments individually, often making it difficult to convey the importance of transportation needs within the community. Collectively, each agency would have a more effective voice in expressing needs at state and local levels.
- Resource and referral.
 - Combined resources equates to a higher availability of services to all clients throughout the region. By educating each agency on the available resources of other agencies, the possibility of provided necessary transportation increases with each request.
- Networking.
 - Pooling available resources is essential in implementing a successful coordination plan. Likewise, sharing information on industry contacts such as maintenance vendors, fuel wholesalers, and possible transportation services is critical in exposing all potential opportunities.

Although the kick-off meeting yielded positive immediate opportunities, our efforts will shift from education and outreach to data gathering. While we will continue to identify potential stakeholders in the region, we will begin to survey those stakeholders whom have expressed an interest and attended the kick-off meeting. Data will be gathered from each agency in the following areas:

- I. Organization Characteristics and Services Provided
(General information gathering about each agency and available services)
- II. Modes of Transportation Services Provided
(Identifying the type of vehicles used for transportation during various circumstances)
- III. Transportation Services
(Identifying trip purpose for requested trips)
- IV. Ridership
(Weekly, monthly and annual ridership information)
- V. Annual Expenditures and Revenues
(Identifying common expenses and areas of potential cost savings)
- VI. Purchased Transportation Services
(Inventory of all services being purchased by each agency)
- VII. Local Coordination Efforts
(Documenting current coordination efforts to identify successes and possible improvements)

As the above information is being compiled, demographic and economic information on the effected counties will be gathered and organized. Such information will include census data on population, median household incomes, and unemployment.

Once stakeholder surveys have been completed and demographic information compiled, a detailed summary of information will be produced. Included in the summary will be such information as:

- ✓ Vehicle Inventory
- ✓ Common Destinations
- ✓ Gaps in Service
- ✓ Unmet Transportation Needs
- ✓ Duplication of Services
- ✓ Large Employers
- ✓ Existing Coordination Plans

A detailed analysis of the above information as well as agency specific information will allow us to formulate potential coordination alternatives. Those alternatives will be prioritized according to feasibility with the most feasible being highest. A second meeting will be held prior to creating alternatives to initiate a final stakeholder input session.

Each of the elements and efforts described above will be finalized in a comprehensive coordinated public transit-human services coordination plan for Region IX. Upon final approval of the plan, it will be presented to all stakeholders at a third and final meeting. A hardcopy version of the plan will be forwarded to all stakeholders prior to the final meeting for review and required submission.

I will ensure that you are informed routinely during the planning process. If you have any questions, please feel free to contact me at 937-299-5007 or at jedmondson@rlsandassoc.com.

Sincerely,

John Edmondson
RLS & Associates, Inc.

**APPENDIX D:
FINAL LETTER**

November 15, 2006

Dear Transportation Stakeholder:

As you may know, the Hagerstown-Eastern Panhandle Metropolitan Planning Organization (HEPMPO) and the Region IX Planning and Development Council is developing a Public Transit-Human Services Transportation Coordination Plan to meet the planning requirements of SAFETEA-LU and the Federal Transit Administration. These plans are necessary to document the coordination efforts for areas where transportation providers intend to apply for funding through any of the following FTA programs: Rural and Small Urban Areas (Section 5311), Job Access Reverse Commute (JARC) Program (Section 5316), New Freedom Initiative Program (Section 5317), and Transportation for Elderly Persons and Persons with Disabilities Program (Section 5310).

RLS & Associates, Inc. of Dayton, Ohio is assisting HEPMPO and the Planning and Development Council with the preparation of the Coordination Plan and has been under contract with the West Virginia Department of Transportation to provide coordination technical assistance to the State.

A kick-off meeting was conducted on October 17, 2006 in Martinsburg, West Virginia. The meeting focused on the need for coordinated transportation as not only a required element under the SAFETEA-LU guidelines, but as a need for individual mobility, cost-effective transit operations, and improved overall transportation services. As you were unable to attend, please find a summary of the meeting and the discussion points enclosed with this letter.

During discussion of the benefits of coordination, RLS & Associates reiterated the requirement for having a formal coordination plan adopted as a criterion for specific federal funding programs. The West Virginia Department of Transportation Division of Public Transit, Region IX Planning and Development Council, Hagerstown-Eastern Panhandle Metropolitan Planning Organization, and RLS & Associates are dedicated to providing the tools necessary in creating a comprehensive coordinated transportation plan for the Gateway Region.

Your participation is requested and encouraged to ensure that all viable, eligible federal funding applicants meet the required coordination efforts as outlined in SAFETEA-LU. The enclosed survey has been sent to all transportation stakeholders (major employers, human service agencies, transportation providers, etc.) in Morgan, Berkeley, and Jefferson Counties in order to compile an inventory of the existing transportation services in the region, identify unmet transportation needs, and identify opportunities for and possible local barriers to coordination.

Please return your survey via mail to RLS & Associates by December 15, 2006 at the address indicated on the top portion of the survey.

If you have any questions about the survey, please contact me at (937) 299-5007. The coordination planning process will offer many opportunities for community involvement. We hope that you will provide us with more input as the plan progresses. Thank you for your assistance.

Sincerely,

John Edmondson
Project Associate
RLS & Associates, Inc.

Enclosure