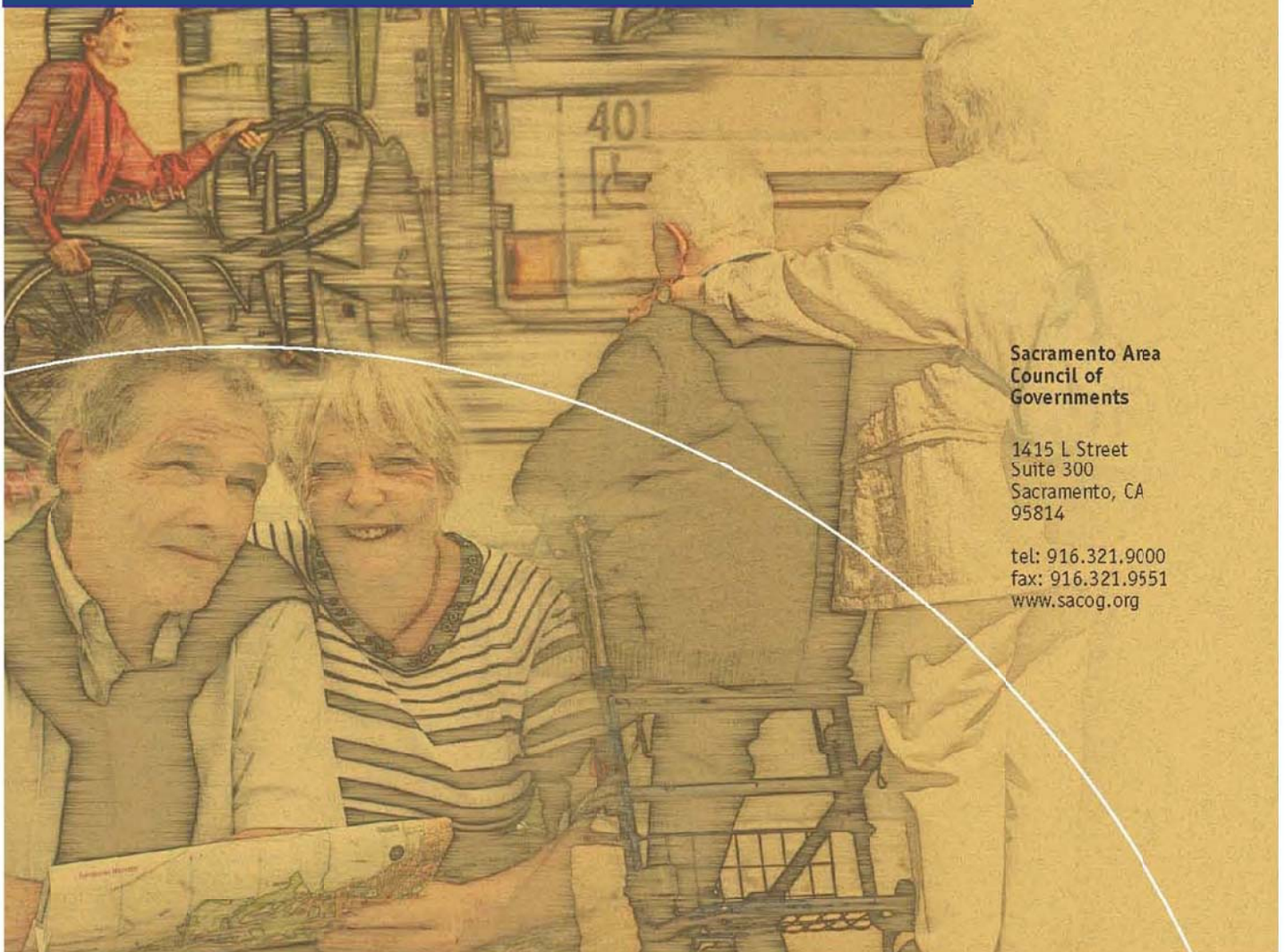


PUBLIC TRANSIT AND  
**Human Services**  
Transportation  
Coordinated Plan



5, 2011



Sacramento Area  
Council of  
Governments

1415 L Street  
Suite 300  
Sacramento, CA  
95814

tel: 916.321.9000  
fax: 916.321.9551  
[www.sacog.org](http://www.sacog.org)



SACOG Public Transit and Human Services Transportation  
Coordinated Plan

Final July 19, 2007

As Amended January 5, 2012

## **Acknowledgments**

SACOG would like to thank the following for their assistance and input into the Coordinated Plan:

### Primary Authors:

Barbara Bechtold, Assistant Planner, SACOG

Sharon Sprowls, Project Principal, Odyssey (Transportation Consulting)

### Other SACOG contributors:

Laura Bell, GIS Analyst

James E. Brown, Senior Supervising Planner

Matt Carpenter, Senior Supervising Planner

Ed Coviello, Assistant Planner

**Table of Contents**

**Executive Summary.....1**  
**Chapter 1: Coordinated Plan and Methodology.....1**  
**State and Federal Requirements for Coordination.....2**  
**Plan Objectives and Development.....3**  
**Relation of this Plan to Regional Planning.....4**  
**Methodology and Public Involvement.....5**  
**Stakeholder Meetings and Interviews.....6**  
**Plan Availability – Use and On-going Refinement.....6**  
**Chapter 2: Available Public & Human Services Transportation in the SACOG  
Region....7**  
**Chapter 3: Needs Assessment.....14**  
**Common Destinations.....18**  
**Unmet Needs & Gaps.....20**  
**Chapter 4: Strategies and/or activities to address identified gaps & achieve  
efficiencies in service delivery.....24**  
**Coordination.....24**  
**Current and Future Efforts to Improve Coordination.....24**  
**Recommendations for Additional Coordination Efforts & Improvements.....25**  
**Conclusion.....32**  
**Appendix A – Potential Funding Sources.....A – 1 thru 9**  
**Appendix B – Public Hearing Information.....B – 1 thru 8**  
**Appendix C - Maps and Demographic Tables.....C - 1 thru 26**  
**Appendix D - Placer County Dial-A-Ride Study – Executive Summary  
.....D (To Be Included When Available)**  
**Appendix E - Senior and Disabled Mobility Study TAC Suggested Implementation  
Priorities..... E**

## *Executive Summary*

The Sacramento Area Council of Governments recognizes an increasing need to plan for and address the mobility needs of the growing regional population. While there is currently a range of transportation services available to people with lower incomes, seniors and persons with disabilities in the Region, gaps in service remain due to geography, limitations in fixed-route and demand-responsive services, program/funding constraints, eligibility limitations, knowledge and training. According to Department of Finance projections, the number of people age 55 or older in the Sacramento Region will increase by approximately 580,000, or 153%, between 2000 and 2030. In particular, there is a growing population of the frail elderly who experience mobility difficulties but are not considered to be ADA-eligible, who do not consider themselves disabled, and who are often aging in place in rural and suburban areas, making obtaining the transportation services they need more difficult.

The Sacramento Region is facing significant growth in its population, including the populations of seniors, growth in the working-age population, and growth in the working-age population with severe disabilities. This growth is taking place in both more urbanized Sacramento County, and the less urbanized portions of the Region where transportation alternatives are limited. This poses not only a challenge for those who are not able to drive, especially those who have few family or income resources to afford alternatives, but also for all communities who will be called upon to provide expanded transportation services to meet residents' needs.

The SACOG Public Transit and Human Services Transportation Coordinated Plan is intended to show how human service agencies can work together with transportation providers to address the transportation needs of people with disabilities, seniors, and people with limited incomes. The SACOG Coordinated Plan is meant to broaden the dialogue and support further collaboration between public transportation providers, human service agencies, and others to link people with the transportation services that they need. The description of transportation services and the connections and relationships represented in this report are drawn from discussions with transportation and human services staff, stakeholder interviews, public input, public hearings and workshops.

A Coordinated Plan is required under the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) of August 2005. As suggested by the Federal Transit Administration (FTA) the plan offers an overview of what transit services are available, where there are gaps in those services, and includes potential solutions to close those service gaps. Once the SACOG Coordinated Plan is in place, federal funds specifically directed toward services to lower income persons, seniors and people with disabilities will become available to the SACOG Region's transit operators. The types of services provided with these funds must be derived from the SACOG Coordinated Plan.

## Chapter 1: Coordinated Plan and Methodology

### *State and Federal Requirements for Coordination*

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

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

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

The federal directive, as prescribed by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) transportation authorization bill, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities Capital Program (Section 5310), Job Access and Reverse Commute program (Section 5316), and New Freedom program (Section 5317) come from a locally developed coordinated public transit-human services transportation plan.

For a description of potential funding sources refer to funding resources section of the appendices.

### ***Plan Objectives and Development***

The SACOG Coordinated Plan follows the March 23 and September 6, 2006 Federal Registers guidance regarding the FTA proposed elements of a coordinated plan:

- An assessment of available services that identifies current providers (public, private, and nonprofit);
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment may be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service;
- Strategies and/or activities to address the identified gaps and achieve efficiencies in service delivery; and
- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

The SACOG Coordinated Plan reviews public and private transportation providers and the human service agencies, both public and not-for-profit, that utilize the transportation services. The Plan also analyzes community/volunteer based transportation providers and the services they provide.

The SACOG Coordinated Plan mainly affects the distribution of FTA Sections 5310, 5316 and 5317 funding. Agencies and organizations can do a variety of things with New Freedom (5317), Job Access Reverse Commute (JARC, 5316), and Section 5310 funds. New Freedom projects should assist individuals with disabilities with transportation. The projects must be for new public transportation services and public transportation alternatives beyond those required by the Americans with Disabilities Act (ADA). JARC projects should improve access to employment and employment-related activities for lower-income workers. Section 5310 gives vehicle grants to non-profit agencies and public transit providers of transportation services to seniors and people with disabilities.

***Relationship of this Plan to Regional Planning***

The SACOG Coordinated Plan is anchored to the following regional planning documents:

Document	Reference	Notes
SACOG Public Transit and Human Services Transportation Coordinated Plan (June 2007)	As part of SAFETEA-LU, LTD will develop a Coordinated Plan to serve elderly individuals and individuals with disabilities program (5310), Job Access and Reverse Commute Program (5316) and the New Freedom Program (5317).	Update of the SACOG Metropolitan Transportation Plan (MTP or RTP) will be completed in Fall 2007 (FY 2007-08). The update of the MTP will include an analysis of public and special needs transit services. Future updates of the Coordinated Plan will be on the same schedule as the MTP.
SACOG Public Participation Plan (July 2007)	New federal transportation regulations require metropolitan planning organizations such as SACOG to adopt a plan to provide the public with opportunities to be involved in the transportation planning process.	Future updates of the SACOG Coordinated Plan will use the new Public Participation Plan methodology.
2007 Senior and Disabled Mobility Study	SACOG identified the need to address more intensely the mobility needs of the rapidly growing population of seniors and persons with disabilities in the Sacramento Region.	The work done and information gathered for the Senior and Disabled Study is used in SACOG's first, Public Transit and Human Services Transportation Coordinated Plan.
2003 SACOG Region JARC Plan Update	Regional Job Access Reverse Commute (JARC) Transportation Plan to address regional transportation barriers faced by CalWorks clients and other low income individuals. The goal of the plan is to improve access for these populations to employment	The work done and information gathered for the SACOG JARC Plan is used in SACOG's first, Public Transit and Human Services Transportation Coordinated Plan.

### ***Methodology and Public Involvement***

Much of the information presented in the SACOG Public Transit and Human Services Transportation Coordinated Plan (Coordinated Plan) comes from the SACOG Senior and Disabled Mobility Study (2007) and the SACOG Job Access Reverse Commute (JARC) Plan/Update (2003).

The Senior and Disabled Mobility Study received input from a technical advisory committee made up of public transit, specialized/paratransit transit service providers, human service providers, and representatives of advocate organizations for seniors and persons with disabilities. The JARC Plan advisory committee was made up of transit operators and county human service agency staff.

This is SACOG's first effort in developing a regional Human Service Transportation Coordinated Plan for the six county region, including the urbanized areas of El Dorado, Placer, Sacramento, and Yolo counties as well as the rural areas of Placer, Sacramento, Sutter and Yuba counties. The Federal Register recommendations from the FTA on the coordinated plan stated that regional planning agencies should focus on obtaining input on human services/specialized transportation needs from three main stakeholder/transit user groups: lower income people, seniors and persons with disabilities. SACOG worked to obtain input from stakeholders through several processes.

### ***Unmet Transit Needs Process***

The California Transportation Development Act (TDA) requires that the Regional Transportation Planning Agency (RTPA) hold Unmet Transit Needs hearings to obtain transit needs requests from transit users/stakeholders in the RTPA area. SACOG is the RTPA for four counties Sacramento, Sutter, Yolo and Yuba counties. SACOG holds 12 to 14 Unmet Transit Needs hearings each year in the jurisdictions in the four RTPA counties. During the process input was requested from the public on Human Services transportation and coordination in the six county region as part of the planning process required to meet SAFETEA-LU requirements. At the Unmet Transit Needs hearings, in a process separate from the Unmet Transit Needs, SACOG requested input on human services transportation, defining it as dial-a-ride/paratransit, non-emergency medical transportation, community/volunteer transportation etc. The Coordinated Plan input, as well as input received from the last three years of Unmet Transit Needs hearings, was used to identify gaps in human services/special needs transportation services.

Please see the appendix for public hearing dates.

### ***Coordinated Plan Hearings and Other Outreach***

In Placer and El Dorado counties two separate RTPAs, the Placer County Transportation Planning Agency (PCTPA) and the El Dorado County Transportation Commission (EDCTC) respectively, hold the Unmet Transit Needs hearing process in those counties. Therefore in the urbanized areas outside of the SACOG RTPA area in Placer and El

Dorado counties separate hearings were held to obtain further comments on the Coordinated Plan. PCTPA and EDCTC also provided the Unmet Transit Needs comments received from the past three years.

SACOG has also gone out to present the Coordinated Plan to various community groups including the Gray Panthers, the Sacramento Regional Transit Mobility Advisory Committee (MAC) and environmental justice groups.

### ***Stakeholder Meetings and Interviews***

In addition to the unmet transit needs and other outreach this Coordinated Plan uses input received as part of the Senior and Disabled Mobility Study. From April to June 2005, SACOG, with assistance from consulting firm Odyssey, conducted over 100 outreach calls and six workshops, and in November 2006 a region-wide working session, to help inform the Study. The purpose of the phoning, workshops and working session were to hear directly from people in each of the six counties in the region, including service providers, older community residents and those with disabilities, about the barriers to mobility that seniors and persons with disabilities face, key locations people want or need to reach, and local preferences for transportation-related improvements that would help people travel more easily to their destinations. Also, SACOG accepted comment via phone, regular mail, fax and email.

### **Plan Availability – Use and Ongoing Refinement**

The SACOG Coordinated Plan was put out for public review in June 2007 after receiving input from the Board of Directors.

The FTA also suggests that Public Transit and Human Services Transportation Coordinated Plans be updated on the same schedule as the Regional Transportation Plan (RTP). SACOG plans to update the SACOG Coordinated Plan once prior to the next scheduled SACOG Metropolitan Transportation Plan/RTP is adopted in fiscal year 2012-2013, as well as make minor amendments to keep the information on services provided up-to-date.

This initial effort fulfills all of the FTA requirements for a Coordinated Plan. In future updates, SACOG will add detail to its Coordinated Plan by including more information on locations of human services, job training, medical facilities etc.

The SACOG Coordinated Plan will be used for on-going service planning related to human services/special needs transportation services in the SACOG region. The information from the Plan will also be used to evaluate applications for FTA Section 5310, 5316, and 5317 applications from the region's transportation operators, as well as other regional transportation planning.

## **Chapter 2: Available Public and Human Services Transportation in the SACOG Region**

All urbanized areas of the six-county SACOG region are served by “fixed-route” transit services, i.e., those that run on regular routes and fixed schedules.

The ADA also made it mandatory for providers of fixed-route transit services to offer comparable demand-responsive services to those who could not use fixed-route services. Demand-responsive services, or transportation services for which the passenger calls in advance for a pick-up, have been provided for many years in the Sacramento region, some exclusively to those with disabilities and others providing service to seniors and/or the general public. The demand-responsive transportation services operated by public transit operators are used by significant numbers of seniors and persons with disabilities. For example, in 2005, Paratransit Inc. reported that it served 723,345 passengers.<sup>1</sup>

Public transportation services are also supplemented in many parts of the SACOG region with transportation services provided by local agencies and community-based organizations.

The following sections summarize current transportation services available in each county in the region.

### **El Dorado County**

El Dorado County is one of the fastest growing counties in the region. It includes the historic city of Placerville, the county seat, communities such as Cameron Park and El Dorado Hills with their expanding residential developments, and older more rural communities such as Camino – home to Apple Hill – and Pollock Pines. The Coordinated Plan does not examine South Lake Tahoe as it is not part of the SACOG Region.

#### ***Fixed-Route Service***

El Dorado Transit provides all public transit services in the county, including:

- Eight fixed routes buses serving Placerville, Pollock Pines/Camino, Diamond Springs, Cameron Park, Folsom Lake College, South County, and Grizzly Flat.
- 11 morning commuter buses to downtown Sacramento and 12 return buses, plus a reverse commute route from downtown Sacramento to Placerville
- A connector to the Iron Point Light Rail Station and Kaiser clinic in Folsom.

#### ***Demand-Responsive Service***

El Dorado Transit also provides:

---

<sup>1</sup> Annual performance data provided in Paratransit, Inc. FY 2004-05 State Controller’s Report

- Dial-A-Ride services for seniors and persons with disabilities, and the general public subject to restrictions
- ADA Complementary Paratransit service in Placerville
- Daily service to the Placerville Senior Center
- SAC-MED, shared-ride transportation on Tuesdays and Thursdays. The service takes senior, disabled and general public passengers with a reservation from five pick-up points in El Dorado County to non-emergency medical appointments in Folsom, Sacramento and Roseville.

### ***Supplemental/Human Services Transportation***

El Dorado County offers a Senior Shuttle, which provides transportation with an advance reservation to seniors 60+ for weekly grocery shopping trips, and monthly outings to a senior nutrition site for lunch. The service is not wheelchair accessible.

### **Placer County**

Another fast growing county in the region, Placer County includes the city of Auburn, the county seat; Roseville, considered a regional retail and job center, and its neighbor, Rocklin; the city of Lincoln, home along with Roseville to a large Sun City senior community; and other smaller communities such as Granite Bay, Loomis, Colfax, Foresthill and other more rural areas. The Coordinated Plan does not include communities in the Lake Tahoe area since they are not part of the SACOG region.

#### ***Fixed-Route Service***

- The City of Roseville offers 14 fixed routes in Roseville, along with seven morning commuter buses to downtown Sacramento, and six evening returns.
- The City of Auburn operates two fixed routes in Auburn on weekdays, and one on Saturdays.
- The City of Lincoln operates three fixed routes within the city on weekdays.
- Placer County Transit offers five intercity fixed routes, making connections between Auburn, Sacramento Light Rail, Lincoln, Rocklin, Newcastle, Penryn, Loomis, Sierra College, Colfax, Alta, and Roseville.

#### ***Demand-Responsive Service***

Roseville Transit offers city Dial-a-Ride service, including same-day and general public service subject to availability.

Lincoln Transit offers Dial-a-Ride service to seniors, persons with disabilities and the general public. It serves passengers anywhere within City limits plus the Galleria in Roseville.

Placer County Transit offers Dial-a-Ride services for Granite Bay, Loomis, Rocklin, and along Highway 49.

The **Western Placer County** Consolidated Transportation Service Agency (CTSA) was created by a Joint Powers Agreement (JPA) between all the cities within Placer County, the County and the Placer County Transportation Planning Agency (PCTPA). The CTSA JPA became effective November 5, 2008. The WPCTSA service area jurisdiction is described as all of Placer County, except for the portion thereof lying within the jurisdiction of the Tahoe Regional Planning Agency (TRPA); though there is no requirement that every funded program serve the entire service area.

The CTSA transit services for seniors and people with disabilities are administered through partnership agreements and memoranda of understanding with non-profit organizations and multiple public agencies. The WPCTSA has a partnership agreement with Senior First, a non-profit organization in Placer County, who contract with a private transportation services firm, to provide the Health Express non-emergency medical transportation (NEMT) service for anyone who cannot get to their medical appointment by any other means. Also managed by Seniors First, the Transportation Voucher Pilot Program is a service of last resort to ensure the elderly persons and persons with disabilities who are residents of Placer County and who would otherwise have no means of transport can obtain necessary non-emergency medical transportation. Seniors First operates the Volunteer Door-to-Door Transportation Pilot Program, this program provides door-to-door transportation for seniors and persons with disabilities who are not able to use conventional public transit services operating in Western Placer County through the use of volunteer drivers operating their own vehicles.

The City of Roseville manages the Transit Ambassador Program, via an MOU, on behalf of the WPCTSA. The transit ambassadors conduct a variety of outreach efforts such as providing face-to-face assistance with passengers, training prospective transit passengers during their travels, attending and staffing applicable outreach events, and encouraging stakeholder groups, agencies and organizations to promote transit use within the western Placer region. Through a separate MOU the City of Roseville also operates the South Placer Transit Call Center, offering a consolidated “one stop” resource to serve as the centralized location providing alternative transportation information and/or booking demand response trips for participating South Placer County transit operators and/or private/non-profit providers of transportation services.

Based on the recently completed WPCTSA Short Range Transit Plan, the WPCTSA plans to implement the following programs:

- Public Transit Demand Response CTSA NEMT Trip Reimbursement – Administer by WPCTSA this reimbursement of CTSA NEMT trips allocated by the Call Center to Public Dial-a-Ride services, using existing unused DAR capacity during off-peak hours only providing trips, would go above and beyond the required complimentary ADA paratransit trips.
- Rural Placer County Mileage Reimbursement Program – Administration and details of this program have yet to be determined.
- Bus Pass Subsidy Program – This program would distribute bus passes to those least able to afford them. Administration of this project has yet to be determined.

- Capital Non-Profit Vehicle Replacement Program – This program would be administered by WPCTSA, and would allow the CTSA to purchase used road worthy surplus vehicles from local non-profit agencies.
- Capital Bus Stop/Access/Community Enhancement – WPCTSA will conduct a bus stop inventory on accessibility and prioritize for support to specific bus stop or path-of-access improvement that will demonstrably benefit the target populations.

Capital NEMT Vehicle Tracking and Upgrade Program – This program administered by WPCTSA and Seniors First will enable the Call Center to use specialized software to locate NEMT vehicles and manage usage and capacity through the installation of tracking devices.

### ***Supplemental/Human Services Transportation***

Senior Independent Services (formerly Foothill Volunteer Center) organizes volunteer drivers to take seniors and disabled adults to local doctor’s appointments, the grocery store, bank, and other local errands. Service is door-to-door with a minimum of two days’ notice for residents of Granite Bay, Colfax, Auburn, Roseville, and Lincoln, with limitations on service hours to avoid traffic.

## **Sacramento County**

As the largest in the region in terms of population, Sacramento County also has a larger number of transportation providers.

### ***Fixed-Route Service***

The Sacramento Regional Transit District (Sac RT) operates two light rail lines and 77 fixed-route bus services in its 418-square-mile service area, with planning underway for an extension of the South light rail line to Cosumnes River College.

South County Transit (SCT/Link) operates service in the southernmost part of Sacramento County. SCT/Link offers 4 local fixed routes in Galt, one route serving other communities in the Delta, and an express route along Highway 99 connecting Lodi, Galt, Elk Grove and Sacramento.

*e-tran* is the City of Elk Grove’s transit service. It offers mobility training and 17 local bus routes within Elk Grove and Laguna, including special school year and summer school service to middle schools and high schools. *e-tran* also offers 8 commuter routes to Sacramento, including connections to the Meadowview light rail station, and to SCT/Link’s Highway 99 service.

Folsom Stage Line offers two local fixed routes Monday through Friday, including connections to the Iron Point and Glenn light rail stations, downtown, Folsom Lake College, Intel, Kaiser, and retail centers.

### ***Demand-Responsive Service***

Paratransit, Inc. is contracted by Sac RT to provide demand-responsive services in Sacramento County (except in the service areas of SCT/Link and *e-van*.) They operate over 150 vehicles. Paratransit, Inc. provides trip planning and services to [24 community partners](#), ranging from United Cerebral Palsy to the Women's Civic Improvement Center. Their maintenance shop provides services to 40 other agencies in the Sacramento region. Paratransit offers mobility training for county residents on using RT buses and light rail, and to residents of certain Yolo and Placer County communities.

SCT/Link provides Dial-a-Ride service within Galt for seniors with disabilities and the general public. SCT/Link also provides service once a week for the general public between Southeast Sacramento County and the City of Galt, and twice a week for seniors and persons with disabilities between Galt and medical facilities in Sacramento.

*e-van* provides Dial-a-Ride service to Elk Grove residents who are 75+ or qualify for ADA. *e-van* operates within Elk Grove, and also provides service to medical and other destinations within urbanized Sacramento County.

Folsom Stage provides Dial-a-Ride service within Folsom city limits for persons with disabilities and those 55 and over.

### ***Supplemental/Human Services Transportation***

Other transportation providers in Sacramento County include the following:

- The American Cancer Society's Road to Recovery program provides transportation to ambulatory cancer patients without other alternatives to reach cancer-related treatment and medical appointments.
- The Asian Community Center uses two vans to offer seniors living in zip codes 95831, 95822, 95818, and 95814 transportation from home to classes, social visits, and day care, and group shuttles to senior housing, field trips, neighborhood errands, and medical appointments, with volunteer escorts for door-through-door assistance.
- Cordova Senior Center operates two vans that bring seniors to the center for activities.
- For a donation, Galt Concilio offers Galt seniors and persons with disabilities van or car transportation, provided by volunteer drivers with a week's notice, to medical appointments in Galt, Lodi, Stockton and Sacramento.
- The Society for the Blind offers transportation for those attending classes at its midtown location, as well as for its senior retreat program and Senior Impact Program.
- Stanford Settlement offers transportation to and from the Sister Jeanne Felion Senior Center for lunch using 15-passenger vans, plus door-to-door car transportation and escort for seniors to doctor's appointments using volunteers.

- To be eligible, seniors must live in zip codes 95815, 95833, 95834, or parts of 95836, 95837 or 95838, and request medical escort at least 3-4 days in advance.
- United Cerebral Palsy offers weekday fixed route, door-to-door service for people with developmental disabilities to various community educational and vocational programs throughout the Greater Sacramento area.
  - United Christian Center's Health Reach program is a free service running two vehicles on weekdays to transport seniors and persons with disabilities in South Sacramento to medical appointments.

## **Yolo County**

Besides its larger cities of Woodland, Davis – home to UC Davis – and West Sacramento, Yolo County includes numerous smaller communities such as Winters and Esparto and more outlying rural areas like the Capay Valley.

### ***Fixed-Route Service***

The Yolo County Transportation District (YCTD) operates YOLOBUS, which offers two local fixed routes within Woodland, and 19 intercity routes serving Davis, West Sacramento, Winters, Woodland, downtown Sacramento, Sacramento International Airport, Capay, Dunning, Esparto, Madison, Yolo and Knights Landing, Vacaville, and Cache Creek Casino.

Unitrans provides fixed-route transit service in the city of Davis for UCD students and the general public. Unitrans also operates a UCD Med Center and UC Berkeley Shuttle.

### ***Demand-Responsive Service***

YCTD also operates the following curb-to-curb Dial-a-Ride services:

- Local service for persons with disabilities in Woodland;
- Local service and to medical appointments in Sacramento for West Sacramento seniors and persons with disabilities;
- Intercity service within or between the communities of Woodland, Davis, West Sacramento, the airport and downtown Sacramento.
- ADA rural service, which consists of route deviations by fixed-route buses for residents of Winters and other more rural communities.

Davis Community Transit operates curb-to-curb Dial-a-Ride service for senior and disabled residents in Davis, with service to the general public at a higher fare when space is available.

### ***Supplemental/Human Services Transportation***

Other Yolo County transportation providers include:

- United Christian Centers in West Sacramento, which transports disabled adults to the local adult day health care program, and takes West Sacramento, Woodland, and Davis clients to the John H. Jones Clinic for substance abuse or medical treatment.
- Woodland Community Care Car, operating two vans driven by volunteers within Woodland to take ambulatory seniors to and from medical, dental and legal appointments, beauty or barber shops, visits to a spouse or relative in a hospital or nursing home, shopping, banking, Social Security, the Senior Center, Concilio, Employment and Social Services Department, library and post office. The vans also take passengers to the Woodland Senior Center for their lunch program.
- Yolo Adult Day Health Center in Woodland, which operates four vans/mini-vans to bring clients to their program.
- Yolo County Veterans Service Office which uses two vans driven by volunteers to take local veterans to medical appointments at Veterans' hospitals at Mather, McClellan, Martinez, Mare Island, and occasionally San Francisco.

## **Yuba and Sutter Counties**

Yuba and Sutter Counties are home to two larger cities, Marysville and Yuba City, as well as numerous small cities and unincorporated rural areas. There is abundant new development on the city fringes and in more outlying rural communities, with an increasing population of commuters to Sacramento jobs.

### ***Fixed-Route Service***

Yuba-Sutter Transit offers six fixed routes serving Yuba City, Marysville, Yuba College, Olivehurst and Linda, and Sacramento commuter services, including five morning and evening buses on Highway 99, two morning and evening commuter buses using Highway 70, and three midday runs.

### ***Demand-Responsive Service***

Yuba-Sutter Transit provides Dial-a-Ride service to seniors and persons with disabilities, and the general public under certain guidelines, in the Yuba City, Marysville and Olivehurst areas.

### ***Supplemental/Human Services Transportation***

- The American Cancer Society offers its "Road to Recovery" transportation service to ambulatory cancer patients in Yuba and Sutter Counties for cancer-related appointments.
- The Medi-Car program operates one van to transport seniors to non-emergency medical and dental appointments.

## Chapter 3: Needs Assessment

The following Chapter outlines the needs for public and human services transportation services and coordination identified as part of this Plan. Demographic projections indicate growth in the populations most likely to require public transportation assistance: seniors, persons with disabilities, and low-income households. Stakeholder input also identified issues with existing transportation services that affect mobility, and indicated region-wide and county-specific needs for expanded services and coordination.

### Senior Population Change

Population projections have been developed by the California Department of Finance (DoF). DoF projections are from a regional economic model which makes assumptions about future levels of migration into each county.

According to DoF projections, the number of people age 55 or older in the Sacramento Region will increase by approximately 580,000, or 153%, between 2000 and 2030. As shown in **Table 1** below, in each of the six counties, growth for each age cohort (55+, 65+ and 75+) is expected to increase as a proportion of the regional total.

**Table 1 - DOF PROJECTIONS by County for Age and Age Group as a % of total population**

	2000	2010	2020	2030
<b>El Dorado</b>				
Total	158,570	188,471	221,289	250,173
55+	35,301	54,908	75,790	85,478
65+	19,595	26,235	41,213	55,310
75+	8,514	10,565	14,224	23,380
% Total Pop 55+	22%	29%	34%	34%
% Total Pop 65+	12%	14%	19%	22%
% Total Pop 75+	5%	6%	6%	9%
<b>Placer</b>				
Total	249,471	349,113	456,040	544,690
55+	56,085	94,559	141,558	177,317
65+	32,837	50,891	78,096	108,204
75+	15,475	23,970	33,166	47,406
% Total Pop 55+	22%	27%	31%	33%
% Total Pop 65+	13%	15%	17%	20%
% Total Pop 75+	6%	7%	7%	9%
<b>Sacramento</b>				
Total	1,230,465	1,555,848	1,946,679	2,293,028
% Total Pop 55+	232,364	325,949	444,771	564,526
% Total Pop 65+	136,902	164,587	238,232	323,075
% Total Pop 75+	65,662	76,481	90,874	138,103
% 55+	19%	21%	23%	25%
% 65+	11%	11%	12%	14%
%75+	5%	5%	5%	6%

<b>Sutter</b>				
Total	79,464	95,757	111,856	126,216
55+	16,886	21,696	28,132	33,083
65+	9,835	11,686	15,621	20,208
75+	4,432	5,259	6,610	9,028
% Total Pop 55+	21%	23%	25%	26%
% Total Pop 65+	12%	12%	14%	16%
% Total Pop 75+	6%	5%	6%	7%
<b>Yolo</b>				
Total	169,882	222,277	271,040	320,434
55+	27,713	41,581	58,936	76,746
65+	15,928	19,987	30,952	43,708
75+	7,821	8,314	11,030	18,126
% Total Pop 55+	16%	19%	22%	24%
% Total Pop 65+	9%	9%	11%	14%
% Total Pop 75+	5%	4%	4%	6%
<b>Yuba</b>				
Total	60,553	71,506	84,816	98,959
55+	11,303	15,117	19,710	22,424
65+	6,515	8,236	10,862	13,940
75+	2871	3957	4746	6170
% Total Pop 55+	19%	21%	23%	23%
% Total Pop 65+	11%	12%	13%	14%
% Total Pop 75+	5%	6%	6%	6%
<b>Region Total</b>				
Total	1,948,405	2,482,972	3,091,720	3,633,500
55+	379,652	553,810	768,897	959,574
65+	221,612	281,622	414,976	564,445
75+	104,775	128,546	160,650	242,213
% Total Pop 55+	19%	22%	25%	26%
% Total Pop 65+	11%	11%	13%	16%
% Total Pop 75+	5%	5%	5%	7%

DoF currently projects that the number of seniors will increase both numerically and as a percentage share of the population in each of the six counties over the study period. However, this growth will not be even.

According to DoF's maps, percentage growth rates will be greatest in El Dorado and Placer Counties. The most urbanized county, Sacramento, will see more moderate growth rates. A striking illustration comes from the Census Bureau's 2004 American Community Survey. Between 2000 and 2004, Placer County's population aged 65 and over increased 19.4% while Sacramento County's population aged 65+ increased by only 2%.

The most dramatic graying percentage-wise will continue to occur in outlying counties which presently have low median ages. By the year 2030, El Dorado and Placer counties are projected to have the highest proportions of their populations, 34 and 33 percent

respectively, who are 55 and over, compared with about a quarter in the Region's other counties.

Nonetheless, the largest absolute growth will take place in Sacramento County to over 560,000 residents aged 55+ by 2030. This compares with Placer County with about 177,000, or about a third of Sacramento County's senior population, and El Dorado County at about 85,000 seniors or about 16%. (Without the South Lake Tahoe area, these county projections would be slightly reduced.)

### Persons with Disabilities: Population Change

The Census Bureau defined a disability in the 2000 Census as a long-lasting physical, mental, or emotional condition. A disabling condition can make it difficult for a person to undertake everyday activities such as walking, climbing stairs, dressing, bathing, learning, or remembering, and can prevent a person from being able to go outside the home alone, to travel independently, or to work at a job or business.

In the 2000 Sacramento Area Household Travel Survey, respondents were asked if they had a disability that limited their ability to go outside their home. Overall, 5% of people who responded reported a disability that limited their mobility. As was expected, the average number of personal trips made by persons with a disability (2.1) was lower compared to persons without a disability (3.8).<sup>2</sup>

A "severely disabled" custom category has been created by SACOG that consists of only those persons whose disabilities make self-care and leaving the home more difficult. This custom category was created to more accurately represent the population who require some type of assistance, are frequently reliant on public transportation, and would most likely be dependent on demand-responsive or human services transportation.

Table A "Severely disabled population in 2000 with projections to 2030" in the appendix provides projections of this "severely disabled" population in 10-year increments from 2000-2030. In the absence of more certainty on future disability rates, county-level disability rates have been held constant at 2000 levels to try to account for potential offsetting increases and decreases for different age groups. The 2000 disability rate was applied to DoF county projections to project out the population with severe disabilities at the end of each 10-year increment.

What is striking is that the "severely disabled" population is projected to increase by 87% between the year 2000 and 2030, to over 305,000 people in the Region due to overall population growth. Those currently aged 31-50, a group that according to studies may be showing higher disability rates, will be ages 55-74 by 2030.

As shown in Table B in the appendix, in Auburn, Colfax and Isleton, "severe disability" in the 65 and over population was disproportionate in the 2000 Census, with the rate of

---

<sup>2</sup> SACOG, SACOG Household Travel Survey, 1999.

disability sometimes twice or more that of the population under age of 65. In all other communities, the percentage of severely disabled among those 16-64 exceeded the percentage of severely disabled seniors 65+.

### Location of Population Growth

Dispersion of the senior population has occurred in the Sacramento region. Over the 30-year period from 1970-2000, Census data shows that, as population spread out from central Sacramento, so did a portion of the senior population. Maps 1 thru 4 in the Appendix illustrate that outlying counties have had increasingly larger concentrations of seniors living in areas that are suburban, semi-rural and rural. Suburban differences are notable in the Sacramento region. Growth in the older population cohorts has been increasing in newer outlying suburbs, such as El Dorado Hills, that have few public transit options and rely extensively on autos for transportation. Map 5 'prevalence of disability among seniors 65+' in the appendix illustrates the dispersion of those 65+ with severe disabilities in the Region in 2000.

A portion of the growth in the population age 65 and older will continue to occur in newer suburban areas in the outlying SACOG counties that currently have only basic or no access to transit services. More urbanized Sacramento County is also projected to have a large number of senior residents.

### Lower Income Population

A portion of seniors are also low-income, with limited resources to afford to pay for transportation or other services. Table C in the appendix identifies low-income seniors by age group. Region wide in 2000, about 6% of all seniors 65+ fell below the 1999 federal poverty line, and about 3% of those 75+. Yuba and Sutter Counties had the highest percentage of low-income seniors 65 and older, while Placer County had the lowest.

A portion of the working-age population with disabilities also faces limited income. Table D in the appendix shows that of the approximately 246,000 people falling below the federal poverty line in the Region, about 57,000 or 23% have some form of disability. About 19% are working-age (16-64) compared with 3% who are seniors 65+. Specific income data is not available to refine this analysis further for those in SACOG's "custom category" with severe disabilities.

Table E shows that the proportion of the working age population in the region who were below the federal poverty line in 1999 was between 4 to 14 percent. This group is more likely to be transit dependent to reach work and training opportunities. In Table G the correlation between vehicle ownership/availability and income is clear, with between 11.5 to 23% of households whose income is below \$25,000 per year not having a personal vehicle available to them, compared with only 1.5 to 7.5% of households with an income higher than \$25,000 per year. In total, more than 113,000 households do not have a vehicle available to get to necessary destinations such as work, grocery shopping, medical appointments, etc.

Poverty is an issue throughout the SACOG region. Many think of the urban areas of the region as having the highest levels of poverty as in Map 6 in the Appendix. When a slightly larger proportion of the population is taken into account, as in Map 7, 40% or more of the areas affected by poverty are in the suburban and rural areas of the region. This illustrates that the need for access to reliable, affordable and relatively convenient public transportation throughout the SACOG region. As the federal poverty line is seen by many as extremely low, the above maps may understate those with difficulty affording transportation services.

Even assuming disability rates remain constant, sheer population growth, especially among senior age cohorts, suggests a significant increase in the population eligible for demand-responsive services. In 2000, approximately 16% of the total regional population qualified, and since most local demand-responsive systems serve seniors over a specified age regardless of disability, by 2030 that percentage is likely to increase even more.

Consideration needs to be given to how to identify and target seniors, lower income persons and persons with disabilities who have the fewest resources for transportation support. More data will also be needed to project the need for ADA/special transportation services for those with severe disabilities among working-age and senior populations.

## **Common Destinations**

The following are common destinations identified by stakeholders across the region:

### **Medical Services**

- Kaiser Permanente facilities: in Folsom, Sacramento (Morse Ave., Point West, South Sacramento), Roseville (Riverside, Eureka Rd., Park Lane Pharmacy), eventually Lincoln
- UCD Medical Center in Sacramento
- Mercy medical facilities in Folsom and Sacramento
- Mather Veterans Administration hospital
- County health clinics
- County/outpatient mental health clinics
- Other local hospitals and clinics (e.g., Auburn Faith, Dewitt Clinic, Woodland Memorial, MedClinics, urgent care clinics)
- Medical complexes/doctor's offices surrounding hospitals
- Dialysis centers
- Specialized services like wheelchair repair centers in Sacramento and Roseville
- Adult day health care

### **Education/Employment**

- Services/centers for people with various disabilities – e.g. programs for blind/visually impaired, deaf/hearing impaired, those with developmental disabilities, independent living programs, disability training programs, adult day programs

- One-stop centers
- CalWORKS
- Employment Development Department
- Department of Rehabilitation
- Adult education programs
- Colleges and universities
- Access to school buses

### **Government Services**

- Federal, state, county offices
- Social Security offices
- Public libraries
- Legal services
- County Social Services
- Post Office

### **Shopping/Errands**

- Grocery stores
- Pharmacies
- Big box stores like K-Mart, Wal-Mart, Target, Home Depot
- Downtown areas
- Shopping malls – traditional and outlets
- Banks
- Pet stores/veterinary clinics

### **Social/Recreational Opportunities**

- Senior centers
- Religious congregations
- Movie and other theaters
- Gyms/athletic clubs
- Community pools
- Community centers
- Sports arenas
- Nature centers/lakes/rivers
- Fairs and special community events

### **Connections for Longer Distance Travel**

- Sacramento International Airport
- Amtrak Station
- Greyhound bus stations

## UNMET NEEDS AND GAPS

Stakeholders have identified a variety of gaps and issues with existing transportation services that limit mobility on the part of seniors, persons with disabilities, and those with low incomes.

### *Non-Emergency Medical Transportation*

Reaching medical appointments was considered one of the greatest unmet needs for those who must rely on public transit or demand-responsive services. Issues identified with existing transportation services include:

- Those needing to reach medical facilities in another city or county can encounter difficulties trying to cross geographic boundaries, especially where eligibility requirements differ.
- Most demand-responsive services require advance reservations, making it difficult to reach a doctor for a same-day appointment because of an illness or emergency.
- It is hard to predict how long a medical appointment will last, so it is difficult to schedule a timely pick-up.
- Waits for pick-up can be long and generally difficult for someone in ill health.
- Transit agency demand-responsive programs, which are all curb-to-curb, require clients to wait outside for a pick-up, and if they are late it can be a particular hardship for someone who is frail or ill, especially in hot, cold, or wet weather.
- Some people are too frail to utilize curb-to-curb service, and require greater assistance to and from the vehicle.
- Seniors with dementia can be too confused to successfully reach an appointment without escort
- Van transportation itself can exacerbate certain medical conditions.
- Demand for demand-responsive services especially by dialysis clients keeps growing, decreasing capacity for other users.
- Schedules are not always coordinated between agencies on route connections to reach medical centers.

Odyssey undertook a study to examine connections between communities to major medical facilities and key destinations in Sacramento County.

For those able to access the initial route in their home community, in some cases intercity travel options are very good, with agencies providing direct service without transfers or waiting. These included: both Auburn and Lincoln to the Roseville Galleria, Lincoln to Roseville Kaiser, and El Dorado to Folsom Kaiser and Folsom Lake College.

Unfortunately, many other trips are not easy for transit-dependent patients, requiring long trips, significant wait times and multiple transfers. For example, consulting transit agency websites for current routes and schedules:

- For someone trying to reach Kaiser Roseville from Auburn, the trip requires 3 hours and 5 transfers.
- Elk Grove to Kaiser South takes 1.5 hours and 2 transfers, with most of the trip time spent waiting to transfer.
- Yuba City to Kaiser Morse takes up to 2.5 hours and 2 transfers, with half the time spent waiting for transfers.
- Outside of Tuesdays and Thursdays when SAC-MED is available, depending on the time of day, traveling from El Dorado to Mercy Folsom can take up to 1.75 hours and one transfer, with an hour wait for the transfer.
- Davis to Kaiser South takes 3.25 hours and two transfers, with almost half of the time spent waiting.
- Auburn to Pride Industries is an extremely difficult trip on public transit – routing can take up to 10 hours and three transfers.

These findings bear out the difficulties reported by stakeholders with travel across city/county boundaries, even to key destinations.

### ***Demand-Responsive Service***

Concerns extended to demand-responsive service generally. Stakeholders identified the following as issues with Paratransit/Dial-a-Ride systems region wide that inhibit mobility:

- Requirements for advance scheduling
- Insufficient service in terms of hours, capacity, and geographic areas served
- Long waits for pick-ups
- Difficulty of intercity connections
- Curb-to-curb service that is insufficient for those who need additional help to/from the vehicle or to carry packages.

### ***Fixed-Route Transit***

For seniors, persons with disabilities, and low-income families who can or do use fixed-route transit, besides the concerns raised above, stakeholders across the region also identified these issues:

- Insufficient service, especially midday, evenings, weekends, holidays, and in more rural areas
- Lack of fixed-route transit near where people live and serving their destinations
- Ride times that are long, especially if there is a need to transfer
- Bus stops that are far from destinations and/or have poor physical access
- Cost, especially with fare increases and transfers
- Drivers not following rules and training concerning riders who are seniors or have disabilities
- Insufficient transit information reaching the public.

- Lack of system integration across the geographic boundaries of providers, resulting in poor timing and schedule coordination, difficulty for riders to connect for intercity travel, and/or requiring multiple transfers.

Map 8 developed by SACOG shows current transit routes overlaid on areas in Sacramento County that are more heavily populated by families receiving CalWORKS assistance. Certain locations in the southern and northern portions of the county and the area closer to Citrus Heights appear to have sections that are less well served by transit, despite the concentration of lower income families. This kind of mapping can be a useful tool for identifying and planning transit services for areas that are potentially underserved.

### *County Issues*

County-specific issues were also identified through stakeholder interviews, workshops and unmet needs hearings, as listed below:

#### *El Dorado County*

- Many people live outside the Dial-a-Ride boundary and so do not qualify for service.
- Taxi service is expensive.
- There are no supplementary volunteer programs
- Dial-a-Ride subscription service is full with a waiting list, making it hard for working people to rely on the service as it is first-come, first-served for those without a subscription.

#### *Placer County*

- Intercity travel is difficult from Auburn, Lincoln and other outlying towns to Roseville for jobs, shopping, programs such as PRIDE, and medical services, and across county lines to destinations in Sacramento County.
- Small print size is difficult to read in transit information
- There are limits on shopping bags/packages
- Sun City senior communities in Roseville or Lincoln do not provide transportation services for residents who, as they age, are no longer able to drive, relying instead on resident volunteers. Most volunteer-provided services cannot transport people who use wheelchairs because of issues with disabled users' limited ability to transfer from a wheelchair to a vehicle.
- Clients with similar profiles may or may not qualify for transportation services because of eligibility requirements.
- Some contracting agencies don't permit CTSA to carry other programs' clients even when going to the same destination.
- Placer County Transit schedules do not necessarily coordinate with the light rail schedule at Watt/I-80.

### *Sacramento County*

- Transfers are sometimes across the street and/or very tight, and if a bus is missed there can be a long wait for the next one given infrequent schedules.
- Riders may not know to ask drivers to communicate when there is a potential to miss a key transfer.
- Seniors have fears of getting lost, of safety at transit stops, and of using transit at hours when many teenagers are present.
- Bus drivers are unable to enforce priority seating for elderly and disabled persons.
- Incorrect information is sometimes provided by customer service agents.
- There is a lack of notice about stop location changes, route diversions, closures, road construction barriers, and the like.
- There is no braille signage at bus stops for the blind/visually impaired.
- No system or Transportation Management Association is available to help organize accessible taxi services or shuttles in neighborhoods.
- Individuals are sometimes denied a ride on Paratransit due to lack of next-day or same-day space.
- Light rail to/from Folsom does not run late enough to accommodate nontraditional work shifts or college students taking evening classes in Folsom or Sacramento.

### *Yolo County*

- There is a lack of mobility training for passengers who could be encouraged to use fixed route buses instead of demand-responsive service.
- Dial-a-Ride vehicles are insufficient at peak travel times;
- There is inadequate gap service for wheelchair users and in smaller communities, especially for emergencies and unplanned situations.
- Need more accessible taxis.
- Insufficient service is available for low-income residents of the Yolo housing authority development in Winters to reach employment within and outside Yolo County.
- Drivers not always communicating sufficiently with blind/visually impaired clients that have arrived or that bus is full.

### *Yuba and Sutter Counties*

- There is no fixed-route service on Sundays or holidays
- Buses still have steep steps that can be hard to climb.
- There is insufficient information and training on using the transit system.
- There are some who live outside the Dial-a-Ride boundary in Sutter County and so do not qualify for service.
- Medi-Car runs limited hours and has a large back-log/waiting list for medical appointments.
- It can cost \$40-50 to use taxi service.

## **Chapter 4: Strategies and/or activities to address identified gaps and achieve efficiencies in service delivery**

### ***Coordination***

Regionally, SACOG administers the 511 system ([www.sacregion511.org](http://www.sacregion511.org)) a clearinghouse for transportation information in the six county SACOG region. The 511 website and phone system allow users to get information on transportation within the region, as well as travel information from the adjoining regions (San Francisco Bay Area etc.). The region is also in the process of implementing an automated transit trip planning system that will allow users to plan trips and receive itineraries, from short neighborhood trips to long regional trips from county to county.

The SACOG regional transit operators coordinate their services in a variety of ways. A majority of the fixed route transit providers operate inter-jurisdictional trips for commute purposes, as well as for everyday travel needs of their customers. Some of the region's operators have multiple-agency dispatching and scheduling for demand responsive services. Some of the transit providers also share their maintenance facilities with other smaller, not-for-profit and special needs transportation providers.

The SACOG Transit Coordinating Committee (TCC) brings together area transit operators to coordinate their operations, capital and maintenance functions. The TCC coordinates transit studies and systems on a regional basis, disseminates federal, state and local transit information, reviews and comments on the MTP and the MTIP, gives input into SACOG's Overall Work Program, and provides a forum for the region's transit operators to discuss transit plans and issues. TCC members come together each year to program funds for their systems' operations and maintenance needs, as well as for capital bus replacement and expansion.

### ***Current and Future Efforts to Improve Coordination***

The Sacramento Regional Transit District, in partnership with SACOG and the region's other fixed route transit operators, is implementing an automated trip planning (ATP) system. The ATP will allow transit riders to plan regional trips using multiple operators. The itinerary provided by the ATP includes approximate walking distances, transit travel times, and fares. Eventually, the ATP will be linked to the Sacramento Region 511 traveler information system that SACOG administers.

One of the main issues that stakeholders conveyed was the difficulty in making cross-jurisdictional trips. Many of these trips were for medical appointments. The Placer County Transportation Planning Agency has initiated a study on coordination and/or consolidation of the various demand-responsive services offered in Placer County, as a majority of the transit operators now provide some form of demand-responsive transit service of their own and a CTSA operates there as well.

SACOG is also currently conducting a Universal Fare Card Study to determine the feasibility of a universal transit fare instrument for the transit operators within the greater Sacramento metropolitan region. This study will determine the extent to which new technology in electronic fare collection, such as smart cards, could be used to create a seamless, integrated regional transit network to facilitate multi-jurisdictional transit trips.

Additionally, SACOG is planning to conduct a Regional Transit Operators Integration Study that will provide the first phase in the development of an improved integration of the region's transit services. The Study process will facilitate the development of improved inter-operator transfer agreements to improve the accessibility and customer friendliness of the region's transit systems.

SACOG is also working to identify environmental justice issues throughout the region. These issues include lack of transit services to certain areas where populations of lower income persons are high, as well as transit challenges faced by seniors who live in suburban 'senior communities' that have limited or no access to public transportation. SACOG is bringing together representative stakeholders to give their input on environmental justice related transportation problems that they and those in their communities face.

SACOG sees Public Transit and Human Services Transportation Coordination as an on-going process, to be considered on a regular basis. In order to continue to make Public Transit and Human Services Transportation Coordination a priority, it will also be recommended to the SACOG Board of Directors that a Regional Human Services Transportation Council be formed. This Council would have a similar make-up to the existing Social Service Transportation Advisory Councils (SSTAC) that advise the SACOG board on the state-required Unmet Transit Needs process. The SSTACs are made up of potential transit users who are 60 years of age or older; physically disabled; social service providers for seniors, including a transportation provider; a social service provider for persons of limited means; and representatives of the CTSA (Consolidated Transportation Services Agency), including a transit operator(s). This Regional Human Services Transportation Council would advise SACOG staff on what matters should be focused on regionally in regards to Public Transit and Human Services Transportation Coordination.

### ***Recommendations for Additional Coordination Efforts and Improvements***

Many recommendations emerged from the interviews, public workshops, and the Senior and Disabled Mobility Study Technical Advisory Committee. Recommendations follow particularly for efforts to improve coordination and community partnerships, and for low-cost efforts by transit agencies, human service transportation providers, local governments, community-based organizations, and other to improve mobility for seniors and persons with disabilities and/or low-incomes.

### ***Planning and Funding***

1. Work with SACOG on funding resources to expand the availability of fixed-route, demand-responsive and shuttle services.
2. Incorporate issues and recommendations raised in this Plan and SACOG's Senior and Disabled Mobility Study into local transit operator studies, such as Short-Range Transit Plans.
3. Coordinate with SACOG and the county human services departments on mapping that overlays current transit routes with concentrations of CalWORKS recipients, and review transit routes and frequencies of service in those areas for service revisions/expansions to better meet local needs

### ***Fixed-Route Transit Connections and Service***

4. Review and consider schedule revisions to improve fixed-route connections across geographic boundaries to key destinations, such as major medical facilities. Transit agencies can build on information developed by Odyssey on the connections between providers to key destinations.
5. Develop a process by which transit agencies routinely provide notice to other transit providers in the region of service cuts, revisions, route changes or expansions under consideration, so that impacts on intercity connections can be considered up front in the planning process on the part of all affected agencies.
6. Seek funding support for local shuttle services from retailers and medical providers, in partnership with transit agencies and/or social service providers. Work with large medical facilities, dialysis clinics, local governments, transportation management associations, and/or community-based organizations on public/private partnerships to provide transportation services to medical appointments and/or major retail centers. Work with businesses to provide discounts/incentives to use public transit.

### ***Transit Stops***

7. Develop community partnerships to implement safety improvements at key bus stops and light rail stations. Sacramento Regional Transit has already begun working with city/county law enforcement, the business community, educational institutions and others on light rail station safety improvements. Continue and expand such efforts.
8. Work with local governments to increase crossing times at key intersections using federal guidelines for the pace of older and disabled persons, and improve intersections and sidewalks for safe travel to and from key transit stops. Work with local governments and property owners/managers on accessible paths of travel through large parking lots at key destinations.

9. Develop volunteer bus stop audit teams composed largely of seniors and/or persons with disabilities to audit conditions at stops and stations. Develop an Adopt-a-Stop or bus stop enhancement program to encourage private and nonprofit organizations to help maintain and beautify bus stops and add amenities.

### ***Demand-Responsive Service***

10. Seek funding to offer more door-to-door assistance.
11. Improve coordination between demand-responsive service providers, and seamlessness of the system for the user, regardless of which program a client is eligible for, e.g., a one-stop application form or call-in system even if the user is being served by multiple carriers.
12. Review opportunities with other demand-responsive and nonprofit providers to utilize existing vehicles for multiple program clients, possibly with assistance from SACOG's Social Services Transportation Advisory Committee. The State's Mobility Action Program will also be looking at program and funding requirements that limit transportation systems' efficient use of vehicles in serving clients across different programs.
13. Work with facilities and local governments to obtain priority parking for Dial-a-Ride vehicles at common destinations.
14. Work with hospitals and clinics to offer on-site escort services for patients using curb-to-curb transportation services but needing more assistance to reach doctor's offices.

### ***Information and Training***

15. Improve passenger notice on changes to routes, stops, construction delays, Dial-a-Ride pick-up changes, etc.
16. Increase and reinforce driver training concerning rules and practices for transporting seniors and persons with various forms of disability.
17. Educate more people about the complex issues around aging and mobility. Better publicize the effects of housing choices on senior and disabled mobility, and the public and personal costs of individual choices to locate away from transportation and other services. Develop partnerships with Realtors®, visitors' bureaus, and other sources of information for those seeking housing in an area to help inform potential senior buyers and renters and their families of transportation and other services that are or are not available in the area, to encourage more informed choices.
18. Increase outreach and education on alternatives to driving and availability of mobility training programs. Increase publicity on public transit services. Improve the

readability of transit schedules, including producing large print versions. Publicize the availability of ride-sharing and matching programs.

19. Establish mobility training programs in all jurisdictions to make transit and alternatives to driving more accessible and user-friendly to seniors and persons with disabilities, including those who may never have utilized it before. Develop transit ambassador/buddy programs to provide personal assistance to seniors and persons with disabilities who are learning to use fixed-route transit.
20. Partner with blindness organizations to expand and promote cane travel training for people who are blind/visually impaired in independent mobility and how to access fixed-route transit.

### ***Local Government Policies***

21. Work with local governments on policies requiring developers to pay for bus shelters and transit stop amenities.
22. Work with local governments to require developers of “active” senior communities to provide transportation or to contribute funds to mitigate the costs of local transportation services that will be needed as residents age, through development agreements, developer fees, or other mechanisms.

### ***New Programs***

23. Collaborate on a program of “transit scrip” to enable seniors and low-income persons with disabilities to reach fixed-route transit services via a connection by taxi, volunteer driver, or community organization. Work with CBOs to become scrip recipients for services and/or distribution mechanisms to populations needing the most financial assistance for transportation connections.
24. Catalyze shared driver cooperatives, in which a full-time driver provides service to a regular group of seniors and/or persons with disabilities who share the monthly cost of the driver and receive personalized transportation service when desired.
25. Increase availability of regulated, accessible, subsidized local and intercity taxi services (Yolo, Placer, Sacramento)
26. Establish a community-coordinated volunteer driver program (El Dorado)

The following are also specific strategies and activities, sorted by cost, that were recommended in each county to improve mobility for low-income populations, seniors and those with disabilities.

### ***El Dorado County***

### **Lower Cost Strategies/Activities**

- Strengthen design review to enable better transit access in new developments.
- Offer increased information on transit options
- Provide assistance with climbing bus stairs if “kneeling” buses are not physically feasible for certain areas.
- Provide more mobility training on using fixed route transit and alternatives to driving.

### **Higher-cost options**

- Improve pedestrian crossings, especially near Prospector Plaza and at Highway 50 and Spring Street.
- Provide community shuttles to connect riders to bus stops on fixed routes
- Develop a community-coordinated volunteer program to fill transportation gaps
- Expand demand-responsive service
- Expand the Senior Center Shuttle’s service area.

### ***Placer County***

#### **Lower Cost Strategies/Activities**

- Improve coordination of local fixed-route services
- Improve transit stops
- Improve Dial-a-Ride dispatching to insure correct and timely pick-ups at home and destinations.
- Increase driver sensitivity training.
- Make more available information on alternatives to driving through the DMV, community locations and the media.

#### **Higher-cost options**

- Develop more shuttle services: within shopping centers, to medical centers and other key services, and to special/community events from senior residences.
- Increase door-to-door assistance.
- Increase availability of accessible, subsidized, local and intercity taxi services.

### ***Sacramento County***

#### **Lower Cost Strategies/Activities**

- Include greater emphasis on universal design and transit-oriented development in city and county planning processes.
- Require any project listed in the Metropolitan Transportation Plan to demonstrate that the project will work for all possible users.

- Develop guidelines and funding criteria that support better design for high speed roads and pedestrian and bicycle access, including such items as resting places en route to bus stops.
- Increase public participation through greater public outreach and information on transportation and planning meetings, including those of SACOG.
- Form a SACOG ADA committee to insure senior and disabled concerns are heard and incorporated.
- Increase sensitivity and ADA communication, training, supervision, and accountability for drivers and customer service staff.
- Develop customer appreciation systems to recognize good drivers.
- Provide more management support for drivers to remove problem riders.

### **Higher cost options**

- Increase funding for transit.
- Focus transit funds on more frequent midday, evening, weekend, and Neighborhood Ride service.
- Improve bus stop amenities such as shelters and benches
- Increase low-floor buses
- Undertake upgrades to wheelchair restraints
- Expand usage of real-time transit information technology.
- Provide incentive pay to recognize good drivers.
- Undertake safety improvements at bus stops and on buses, especially downtown, including improved lighting and visibility at stops.
- Offer smaller vehicle and jitney services.
- Expand demand-responsive and community/volunteer transportation programs.
- Offer more taxis that are regulated, insured, supervised, offer a variety of passenger payment options and accessible vehicles, and include discounts/sliding scales/subsidies for low-income seniors/persons with disabilities.
- Look at distance-based pricing.
- Look at priority for rides based on medical need.

### ***Yolo County***

#### **Lower Cost Strategies/Activities**

- Enforce driver stop announcements.
- Provide sensitivity training for all drivers on smooth driving of large buses or Dial-a-Ride vehicles, and including simulations to understand varied impairments.
- Develop a centralized list, managed by a transportation broker or coordinator, of groups or agencies with accessible vehicles who could transport disabled persons during unplanned situations, such as an illness at work or a vehicle break-down.
- Provide more information and training on using alternatives to driving, including transit buddies.

### **Higher-cost options**

- Increase bus service, including nights and weekends
- Develop supplemental, subsidized, accessible (ramp-equipped) taxi service.
- Expand demand-responsive service hours and wheelchair space.
- Provide greater same-day flexibility for adding riders seeking destinations similar to those with advance reservations.
- Develop shuttles to high-demand destinations

### ***Yuba and Sutter Counties***

#### **Lower Cost Strategies/Activities**

- Provide more complete travel planning information.
- Provide more mobility training.

### **Higher-cost options**

- Provide more frequent and Sunday bus service.
- Provide shuttles to key shopping and service locations.
- Develop a local volunteer driving program.

## **Conclusion**

SACOG has produced this Public Transit and Human Services Transportation Coordinated Plan to provide data, information and recommendations that SACOG, local governments, service providers, community-based organizations and leaders, advocates, and community residents can use to begin to address the needs for mobility and transportation options among the Region's population of seniors, those with low incomes, and with mobility-impairing disabilities.

Through the Coordinated Plan, SACOG has identified a significant need to address mobility issues for seniors, persons with disabilities and those with lower incomes in the Sacramento Region and many possible strategies for doing so. Some of these solutions are simple and inexpensive, some are more costly, and some require significant coordination and funding to implement.

In the future, SACOG will be encouraging next steps by stakeholders throughout the Region in prioritizing, planning, and seeking to implement appropriate solutions in each county throughout the region. As a first step, SACOG is organizing a Regional Human Services Transportation Council that will bring together stakeholders, transit providers, human services agencies and other decision-makers from throughout the six counties to review the Coordination Plan.

SACOG produced this Plan to fulfill the requirements of SAFETEA-LU, but also to focus increased attention on the Region's increasing populations of seniors and persons with disabilities, as well as the population of people with low incomes, and on the growing demand for transportation programs and services. SACOG expects that this Coordinated Plan and future updates will support the partnerships needed to begin planning strategies now to facilitate regional mobility over the years to come.

## Appendices

## Appendix A – Potential Funding Sources

### INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials'
Department of Agriculture, Food and Nutrition Service					
Food Stamp Employment and Training Program	Food Stamp Act of 1977, as amended	7 U.S.C. § 2015(d)(4)(I)(i)(I)	Reimbursement or advanced payment for gasoline expenses or 13M fare	To access education, training, employment services, and employment placements	Low-income persons between the ages of 16 and 59
Department of Education, Office of Elementary and Secondary Education					
21st-Century Community Learning Centers	No Child Left Behind Act of 2001	20 U.S.C. § 7173(a)(10)	Contract for service	To access educational services	Students from low-income families
Department of Education, Office of Innovation and Improvement					
Voluntary Public School Choice	No Child Left Behind Act of 2001	20 U.S.C. § 7225a(a)	Contract for services, purchase and operate vehicles, hire bus drivers and transportation directors, purchase bus passes, redesign transportation plans including new routing systems, offer professional development for bus drivers	To access educational services and programs	Students from Underperforming schools who choose to transfer to higher performing schools
Department of Education Office of Special Education and Rehabilitative Services					
Assistance for Education of All Children with Disabilities	Individuals with Disabilities Education Act	20 U.S.C. §§ 1401(3)(22), 1411(a)(1)	Purchase and operate vehicles, contract for service	To access educational services	Children with disabilities
Centers for Independent Living	Workforce Investment Act of 1998	29 U.S.C. §§ 7961-4(b)(3) and 705(18)(xi)	Referral, assistance, and training in the use of public transportation	To access program services	Persons with a significant disability
Independent Living Services for Older Individuals Who Are Blind	Workforce Investment Act of 1998	29 U.S.C. § 796k(e)(5)	Referral, assistance, and training in the use of public transportation	To access program services, for general trips	Persons aged 55 or older who have significant visual impairment

**INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials
Independent Living State Grants	Workforce Investment Act of 1998	29 U.S.C. 55 796e-2(1) and 705(18)(xi)	Referral, assistance, and training in the use of public transportation	To access program services, employment opportunities	Persons with a significant disability
Supported Employment Services for Individuals with Most Significant Disabilities	Workforce Investment Act of 1998	29 U.S.C. 55 795g and 705(36)	Transit subsidies for public and private transportation (e.g. bus, taxi, and paratransit), training in the use of public transportation	To access employment placements, employment services, and vocational rehabilitation services	Persons with most significant disabilities
Vocational Rehabilitation Grants	Rehabilitation Act of 1973, as amended	29 U.S.C. § 723(a)(8)	Transit subsidies for public and private transportation (e.g. bus, taxi, and paratransit), training in the use of public transportation	To access employment placements, employment services, and vocational rehabilitation services	Persons with physical or mental impairment~
<b>Department of Health and Human Services, Administration for Children and Families</b>					
Child Care and Development Fund	Child Care and Development Block Grant Act of 1990, as amended	42 U.S.C. 5 9858'	States rarely use CCDF funds for transportation and only under very restricted circumstances	To access child care services	Children from low-income families
Community Services Block Grant Programs	Community Opportunities, Accountability, Training, and Educational Services Act of 1998	42 U.S.C. 5 9904	Taxi vouchers, bus tokens	General trips	Low-income persons
Developmental Disabilities Projects of National Significance	Developmental Disabilities Assistance and Bill of Rights Act of 2000	42 U.S.C. 55 15002, 15081 (2)(D)	Transportation information, feasibility studies, planning	General trips	Persons with developmental disabilities

INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials
Head Start	Augustus F. Hawkins Human Services Reauthorization Act of 1990	42 USCA § 9835(a) (3) (C) (ii)	Purchase and operate vehicles, contract with transportation providers, coordinate with local education agencies	To access educational services	Children from low-income families
Refugee and Entrant Assistance Discretionary Grants	Refugee Act of 1980, as amended	8 U.S.C. §§ 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees
Refugee and Entrant Assistance State Administered Programs	Refugee Act of 1980, as amended	8 U.S.C. §§ 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees
Refugee and Entrant Assistance Targeted Assistance	Refugee Act of 1980, as amended	8 U.S.C. §§ 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees
Refugee and Entrant Assistance Voluntary Agency Programs	Refugee Act of 1980, as amended	8 U.S.C. §§ 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees
Social Services Block Grants	Social Security Act, as amended	42 U.S.C. § 1397a(a)(2)(A)	Any Transportation related use	To access medical or social services	States determine what categories of families and children

**INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials'
State Councils on Developmental Disabilities and Protection and Advocacy Systems	Developmental Disabilities Assistance and Bill of Rights Act of 2000	42 U.S.C. §§ 15002, 15025	State Councils provide small grants and contracts to local organizations to establish transportation projects or collaborate in improving transportation for people with disabilities; Protection and Advocacy Systems ensure that people with disabilities have access to public transportation as required by law	All or general trips	Persons with developmental disabilities and family members
Temporary Assistance for Needy Families	Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended	42 U.S.C. § 604(a), (k)	Any use that is reasonably calculated to accomplish a purpose of the TANF program and the allowable matching portion of WARC grants	General trips	No assistance is provided to families without a minor child, but states determine specific eligibility
<b>Department of Health and Human Services, Administration on Aging</b>					
Grants for Supportive Services and Senior Centers	Older Americans Act of 1965, as amended	42 U.S.C. § 3030d (a)(2)	Contract for services	To access program services, medical, and for general trips	Program is targeted to persons aged 60 or over
Program for American Indian, Alaskan Native, and Native Hawaiian Elders	Older Americans Act of 1965, as amended	42 U.S.C. §§ 3057, 3030(1)(0)(2)	Purchase and operate vehicles	To access program services, medical, and for general trips	Program is for American Indian, Alaskan Native, and Native Hawaiian elders

**INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses <i>as</i> reported by program officials	Types of trips as reported by program officials	Target population <i>as</i> defined by program officials'
<b>Department of Health and Human Services, Centers for Medicare &amp; Medicaid Services</b>					
Medicaid	Social Security Act, as amended	42 U.S.C. §§ 1396a, I 396n (e)(1) (A)	Bus tokens, subway passes, brokerage services	To access health care services	Recipients are generally low income persons, but states determine specific eligibility
State Children's Health Insurance Program	Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000	42 U.S.C. §§ 1397jj(a)(26), (27)	Any Transportation related use	To access health care services	Beneficiaries are primarily children from low-income families, but states determine eligibility
<b>Department of Health and Human Services, Health Resources and Services Administration</b>					
Community Health Centers	Public Health Service Act, <i>as</i> amended	42 U.S.C. § 254b(b)(1)(A) (iv)	Bus tokens, vouchers, transportation coordinators, and drivers	To access health care services	Medically underserved populations
Healthy Communities Access Program	Public Health Service Act, as amended	42 U.S.C. § 256(e)(1)(B)(iii)	Improve coordination of transportation	To access health care services	Uninsured or underinsured populations
Healthy Start Initiative	Public Health Service Act, <i>as</i> amended	42 U.S.C. § 254c-8(e)(1)	Bus tokens, taxi vouchers, reimbursement for use of own vehicle	To access health care services	Residents of areas with significant perinatal health disparities
HIV Care Formula Grants	Ryan White Comprehensive AIDS Resources Emergency Act of 1990	42 U.S.C. §§ 300ff-21(a), 23(a)(2)(B)	Bus passes, tokens, taxis, vanpools, vehicle purchase by providers, mileage reimbursement	To access health care services	Persons with HIV or AIDS
Maternal and Child Services Grants	Social Security Act, as amended	42 U.S.C. §, 701(a)(1)(A)	Any Transportation related use	To access health care services	Mothers, infants and children, particularly from low income families

**INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses <i>as</i> reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials "
Rural Health Care, Rural Health Network, and Small Health Care Provider Programs	Health Centers Consolidation Act of 1996	42 U.S.C. § 254c	Purchase vehicles, bus passes	To access health care services	Medically undeserved populations in rural areas
<b>Department of Health and Human Services, Substance Abuse and Mental Health Services Administration</b>					
Community Mental Health Services Block Grant	ADAMHA Reorganization Act, as amended	42 U.S.C. § 300x-1(b)(1)	Any Transportation related use	To access program services	Adults with mental illness and children with emotional disturbance
Substance Abuse Prevention and Treatment Block Grant	ADAMHA Reorganization Act, as amended	42 U.S.C. § 300x-32(b)	Any Transportation related use	To access program services	Persons with a substance related disorder and/or recovering from substance related disorder
<b>Department of Housing and Urban Development, Office of Community Planning and Development</b>					
Community Development Block Grant	Housing and Community Development Act of 1974	42 U.S.C. § 5305(a)(8)	Purchase and operate vehicles	General trips	Program must serve a majority of low income persons
Housing Opportunities for Persons with AIDS	AIDS Housing Opportunity Act	42 U.S.C. § 12907(a)(3)	Contract for services	To access health care and other services	Low-income persons with HIV or AIDS and their families
Supportive Housing Program	McKinney-Vento Homeless Assistance Act of 1987, <i>as</i> amended	42 U.S.C. § 11385	Bus tokens, taxi vouchers, purchase and operate vehicles	To access supportive services	Homeless persons and families with children
<b>Department of Housing and Urban Development, Office of Public and Indian Housing</b>					
Revitalization of Severely Distressed Public Housing	Housing and Community Development Act of 1992, <i>as</i> amended	42 U.S.C. 4 1437v(l)(3)	Bus tokens, taxi vouchers, services	Trips related to employment or obtaining necessary supportive services	Residents of the severely distressed housing and residents of the revitalized units

**INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials'
<b>Department of the Interior, Bureau of Indian Affairs</b>					
Indian Employment Assistance	Adult Indian Vocational Training Act, as amended	25 U.S.C. 5309	Gas vouchers	To access training	Native American persons between the ages of 18 and 35
Indian Employment, Training and Related Services'	Indian Employment, Training and Related Services Demonstration Act of 1992	25 U.S.C. 53401	Gas vouchers	Employment related	Low-income Native American persons
<b>Department of Labor, Employment and Training Administration</b>					
Job Corps	Workforce Investment Act of 1998	29 U.S.C. 552888(a)(1), 2890	Bus tickets	To access Job Corps sites and employment services	Low-income youth
Migrant and Seasonal Farmworker	Workforce Investment Act of 1998	29 U.S.C. 552801(46), 2912(d)	Mileage reimbursement	To access employment placements or intensive and training services	Low-income persons and their dependents who are primarily employed in agricultural labor that is seasonal or migratory
Native American Employment and Training	Workforce Investment Act of 1998	29 U.S.C. 552911(d)(2)	Bus tokens, transit passes, use of tribal vehicles and grantee staff vehicles, mileage reimbursement for participants operating "car pool services"	To access employment placements, employment services	Unemployed American Indians and other persons of Native American descent
Senior Community Service Employment Program	Older Americans Act 0E1965	42 U.S.C. § 3056(c)(6)(A)(iv)	Mileage reimbursement, reimbursement for travel costs, and payment for cost of transportation	To access employment placements	Low-income persons aged 55 or over

**INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical <i>uses as</i> reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials
Workforce Investment Act Youth Activities	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2854(a)(4)	Public Transportation	To access training and other support services	Youth with low individual or family income
Youth Opportunity Grants	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2914(b)	Bus tokens	To access program services	Youth from high poverty areas, empowerment zones, or enterprise zones
Department of Labor, Employment Standards Administration					
Black Lung Benefits Program	Black Lung Benefits Reform Act of 1977	30 U.S.C. § 923	Mileage reimbursement, transit fares, taxi vouchers	To access health services	Disabled coal miners
Department of Labor, Veterans Employment and Training Service					
Homeless Veterans' Reintegration Project	Homeless Veterans Comprehensive Assistance Act of 2001	38 USCA §§ 2011, 2021	Bus tokens	To access employment services	Homeless veterans
Veterans' Employment Program	Workforce Investment Act of 1998, as amended	29 U.S.C. §§, 2801(46), 2913	Bus tokens, minor repairs to vehicles	To access employment services	Veterans
Department of Transportation, Federal Transit Administration					
Capital and Training Assistance Program for Over-the-Road Bus Accessibility	Title 49 Recodification, P.I. 103-272	49 U.S.C. § 5310	To make vehicles wheelchair accessible and training required by ADA	General trips	Persons with disabilities
Capital Assistance Program for Elderly Persons and Persons with Disabilities	Title 49 Recodification, P.L. 103-272	49 U.S.C. § 5310	Assistance in purchasing vehicles, contract for services	To serve the needs of the elderly and persons with disabilities	Elderly persons and persons with disabilities
Capital Investment Grants	Transportation Equity Act for the 21st Century	49 U.S.C. § 5309	Assistance for bus and bus related capital projects	General trips	General public, although some projects are for the special needs of elderly persons and persons with disabilities

**INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)**

Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical <i>uses as</i> reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials'
Job Access and Reverse Commute	Transportation Equity Act for the 21st Century	49 U.S.C. § 5309 note	Expand existing public transportation or initiate new service	To access employment and related services	Low income persons, including persons with disabilities
Nonurbanized Area Formula Program	Title 49 Recodification, P.L. 103-272	49 U.S.C. § 5311	Capital and operating assistance for public transportation service, including paratransit services, in nonurbanized areas	General trips	General public, although paratransit services are for the special needs of persons with disabilities
Urbanized Area Formula Program	Title 49 Recodification, P.L. 103-272, as amended	49 U.S.C. § 5307	Capital assistance, and some operating assistance for public transit, including paratransit services, in urbanized areas	General trips	General public, although paratransit services are for the special needs of persons with disabilities

**Department of Veterans Affairs, Veterans Health Administration**

VA Homeless Providers Grant and Per Diem Program	Homeless Veterans Comprehensive Service Programs Act of 1992	38 U.S.C. § 7721 note	20 vans were purchased under this program	General trips	Homeless veterans
Veterans Medical Care Benefits	Veterans' Benefits Improvements Act of 1994	38 U.S.C. § 111	Mileage reimbursement, contract for service	To access health care services	Veterans with disabilities or low incomes
Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces	Disabled Veterans and Servicemen's Automobile Assistance Act of 1970	38 U.S.C. § 3902	Purchase of personal vehicles, modifications of vehicles	General trips	Veterans and service members with disabilities

## **Appendix B - Public Hearing information**

## **Appendix C - Maps and Demographic information on senior, disabled and low income populations**

Please note that data has been requested to create maps reflecting CalWORKS and other Public Assistance clients and public transit availability for El Dorado, Placer, and Yolo counties will be created by the SACOG GIS team as soon as these data are available.

**Appendix D - Placer County Dial-A-Ride Study (Executive Summary)**

**Appendix E - Senior and Disabled Mobility Study TAC Suggested Implementation  
Priorities**