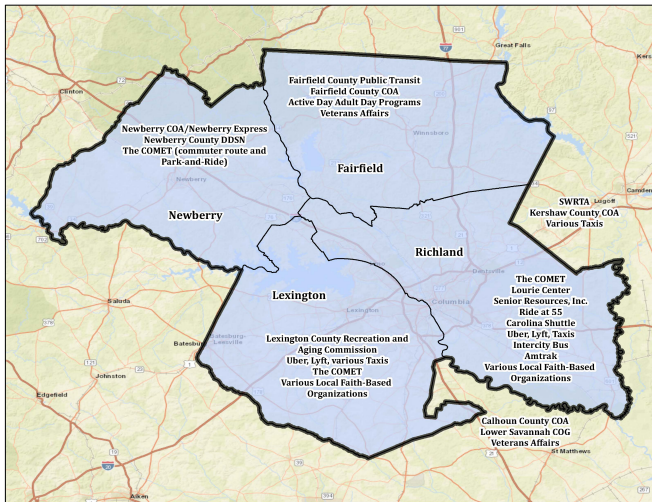




# Central Midlands Council of Governments 2019 Human Services Transportation Coordination Plan September 2020



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## CHAPTER 1 INTRODUCTION

# Introduction

### PURPOSE

Central Midlands Council of Governments (CMCOG) is the designated recipient for the Federal Transit Administration (FTA) Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program funds in the Columbia Metropolitan Region. As such, CMCOG administers Federal program funding for transit related services that assist targeted population groups. The Fixing America's Surface Transportation (FAST) Act is the current Federal legislation that requires projects selected for funding through the Section 5310 Program to be included in a locally developed, coordinated public transit-human services transportation plan. The FAST Act also requires that the plan be developed and approved through a process that includes participation by older adults, individuals with disabilities, representatives of the public, and nonprofit, public, and private transportation providers. This plan satisfies the Federal requirement.

The Human Services Transportation Coordination Plan (HSTCP) for CMCOG and Columbia Area Transportation Study (COATS) Metropolitan Planning Organization documents the following:

- ◆ Existing demographic and socio-economic conditions.
- ◆ Current transportation resources in the Region.
- ◆ Unmet transportation needs and barriers to mobility as documented through input from older adults, individuals with disabilities, people with low incomes, human service agency representatives, and the general public.
- ◆ Goals and strategies for improving the network of mobility options for older adults, individuals with disabilities, people with low incomes, and the general public.

The planning area for the study includes Richland, Lexington, Newberry, and Fairfield Counties and geographic portions of Kershaw and Calhoun Counties that are within the COATS Urbanized Area.

The intent of the HSTCP is to develop a coordinated approach for improving the network of transportation resources for older adults, individuals with disabilities, people with low incomes, and the general public in a manner that maximizes the use of existing resources and introduces new programs that will be most appropriate for addressing the needs identified by local stakeholders.

*The preparation of this report has been financed in part through grants from the Federal Highway Administration and Federal Transit Administration, U.S. Department of Transportation, under the State Planning and Research Program, Section 505 [or Metropolitan Planning Program, Section 104(f)] of Title 23, U.S. Code. The contents of this report do not necessarily reflect the official views or policy of the U.S. Department of Transportation.*

# Conditions

## CHAPTER 2 EXISTING DEMOGRAPHIC CONDITIONS

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### OVERVIEW

The following paragraphs identify the demographic and socio-economic conditions of the Region that are most relevant to the analysis of demand for public and human services agency transportation. It is important to note that transportation demand and transportation needs are two different measures: transportation demand can be measured with statistics; transportation needs are subjective measures based on feedback received from stakeholders. This chapter focuses on the analysis of demand. Transportation needs will be analyzed in the following chapter.

Population densities of older adults, individuals with disabilities, people with low incomes, and the general public are measured to indicate the level of demand for transportation across the Region. To illustrate travel patterns, the locations of popular destinations, including medical facilities, social service agencies, senior activity and nutrition programs, and employers, are compared to where people live. Frequent destinations of local residents are influenced not only by the transportation options available to them, but also by the Region's employment, housing, and transportation costs. Therefore, factors related to the local economy are also considered in the analysis of existing conditions as they relate to transportation demand.

When combined, socio-economic and demographic data and locations of trip generators (including origins and destinations) reveal evidence of gaps in mobility and the modes of transportation that would most effectively improve individual access to community services.

### TRIP ORIGINS

The analysis begins with a review of where trips on public or human service agency transportation services are likely to originate – which is most often at home.

#### **Population Density**

The CMCOG planning area is widely diverse in terms of population density patterns and the availability of transportation services. Transportation providers use a variety of services to address the unique characteristics of urban, suburban, and rural areas. The services range from general public transit to human service transportation programs that are provided to individuals who meet eligibility requirements. Eligibility requirements are based on a range of conditions that are usually determined by the funding used to support the transportation services or the program's mission and policy. In the Central Midlands, typical eligibility requirements are age, disability, income, and geographic areas/jurisdictional boundaries. The eligibility requirements for each of the public and human service agency transportation services in Central Midlands are included in the description of existing services.

In the most densely populated communities of urbanized areas, bus service that operates on a fixed schedule is the most efficient way to address day-to-day transportation demand. In the least densely

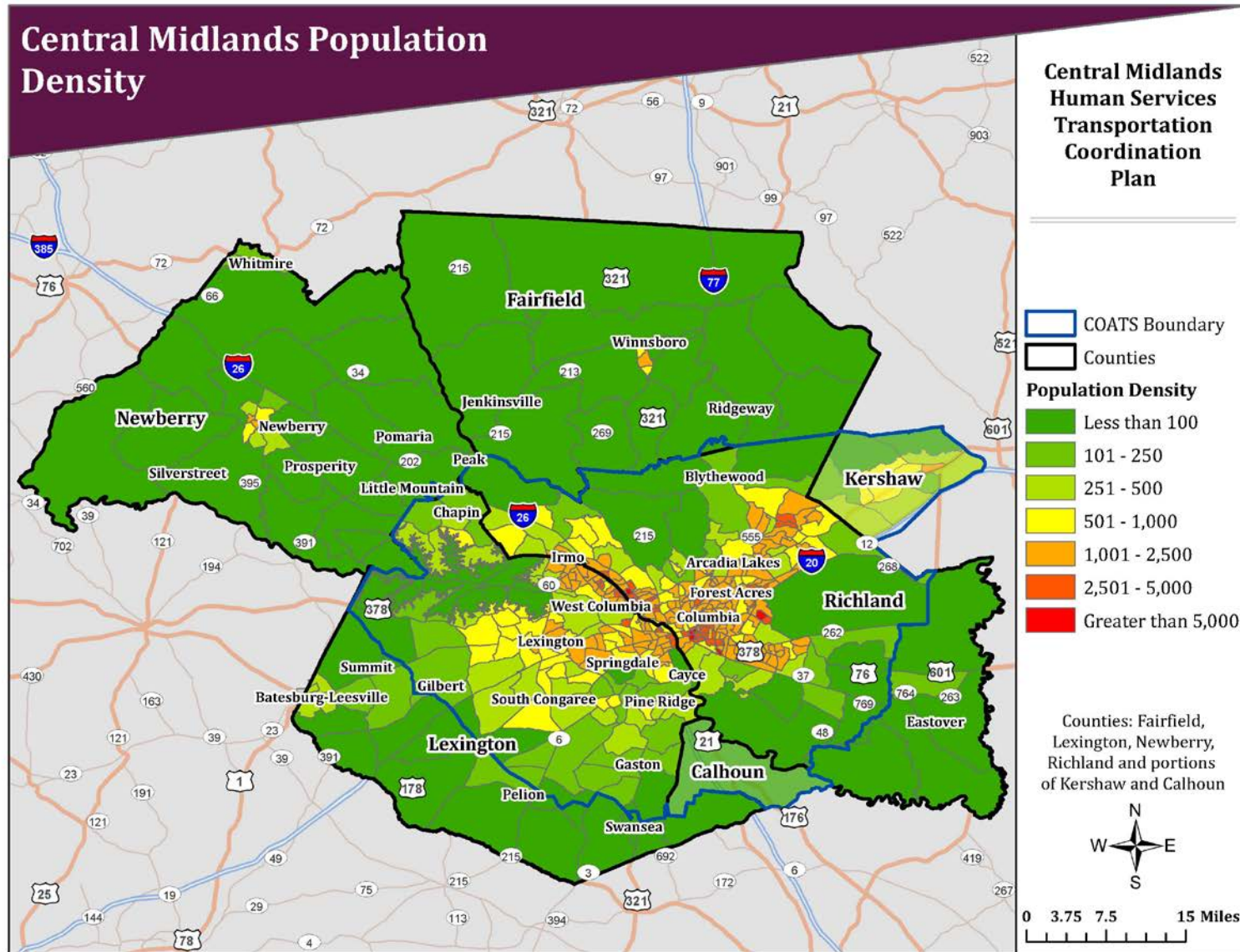
populated areas, door-to-door or curb-to-curb demand response transportation service, using smaller vehicles, is typically more appropriate for transporting passengers efficiently and cost-effectively. While there may be some local exceptions, in general, Central Midlands communities with transportation options are served by a combination of transportation modes that are appropriate for the local population densities.

The following geographic analysis uses U.S. Census Bureau's 2017 American Community Survey data to depict the current population densities of the general public and the targeted groups. Figure 2.1 shows the population density patterns in the CMCOG planning area. Red and orange shading indicate the highest population per square mile. Yellow and green shading indicates the lowest population per square mile.

- ◆ In Richland County, the highest densities are in Columbia, Forest Acres, and north-east of Columbia to the county line.
- ◆ In Lexington County, the highest density areas are in West Columbia. Moderate densities in Lexington County are in Lexington, Springdale, and the South Congaree area.
- ◆ In Fairfield, Newberry, Kershaw, and Calhoun Counties, there are no high-density areas. Moderate densities are in Winnsboro (Fairfield County), Newberry (Newberry County), and Lugoff and Elgin (Kershaw County).



Figure 2.1 Population Density

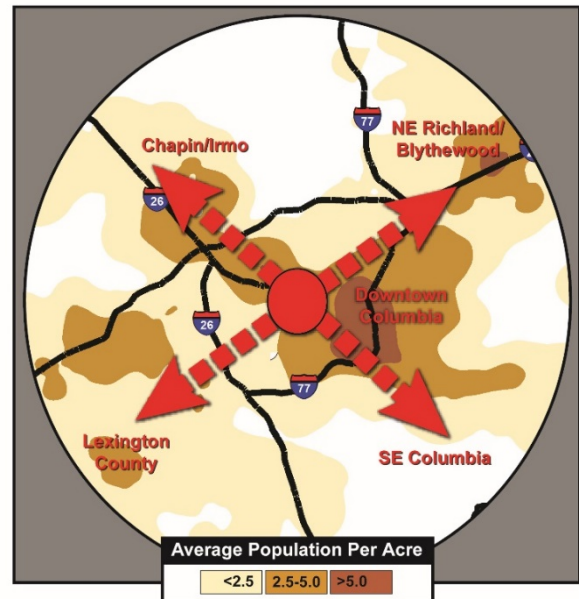


## **Population Projections**

The COATS 2040 Long Range Transportation Plan (LRTP) analyzed the projected changes in population in the Urbanized Area between 2010 and 2040. In the 30-year period, the population is expected to increase by 33 percent or 213,346 people.

Geographically, the distribution of population growth over the 30-year period is anticipated to follow historical patterns. Growth is projected to occur in an “X” pattern, with Downtown Columbia as the center point. The lines of the “X” extend outwards into the suburban portions of Richland and Lexington Counties with some spillover into Kershaw County.<sup>1</sup>

According to the 2040 LRTP, Downtown Columbia, including the established neighborhoods to the immediate north and east of the Central Business District (CBD), is expected to increase from 16,626 (2021) to about 20,000 residents by 2040. Northeast Richland County is expected to grow from 72,860 to 92,500, adding more than 19,000 people, and Elgin (in Kershaw County) are also expected to significantly increase. In Elgin, the population is expected to grow by 60 percent by 2040, from 29,081 to 46,560.



Much of the growth will occur along the Richland County lines and spill into neighboring counties. For example, the population of Blythewood (in Richland and Fairfield Counties) is projected to increase by as many as 17,000 residents, from 27,222 to 43,974 inhabitants. The Dutch Fork area (in Newberry, Lexington, and Richland Counties) is expected to add nearly 35,000 people to its existing population of about 50,000, growing to more than 85,000. The area around Irmo (in Lexington and Richland Counties), which has seen growth in recent years, is expected to see a slight decrease in population. The Lexington area will also continue to see rapid growth, adding more than 58,000 people to make Lexington the area’s largest population center, at more than 141,000 persons. Population of the Chapin area (also in Lexington County) is also expected to double, growing by 117.5% or 16,727 residents.

For transportation planning purposes, it is important to note that development will occur in the most urban areas of the Region, and new residential construction planned in the higher growth rate suburban portions of the planning area is expected to consist of lower density single-family homes with a density of less than 2.5 people per acre.<sup>2</sup>

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<sup>1</sup> COATS, Moving The Midlands 2040 Long Range Transportation Plan.

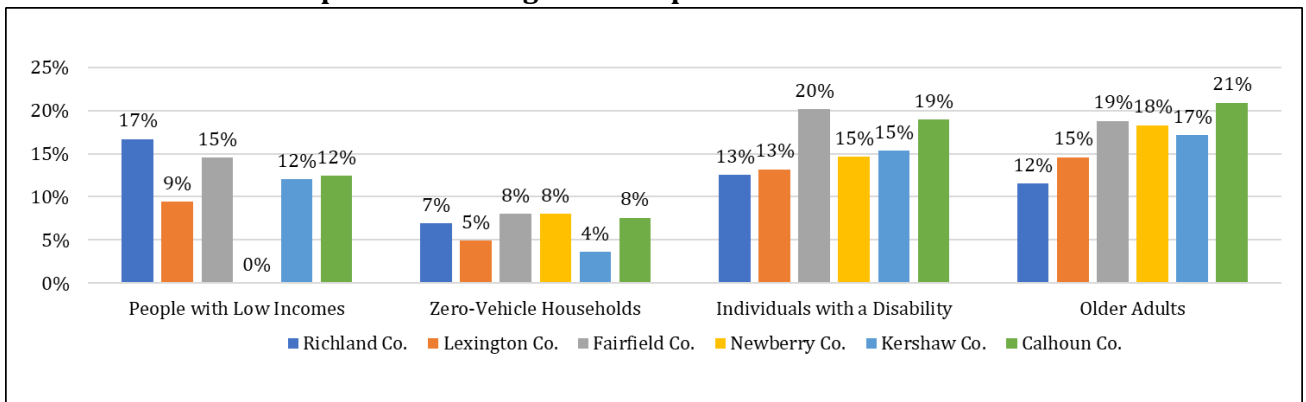
<sup>2</sup> COATS, Moving The Midlands 2040 Long Range Transportation Plan.

## **Older Adults, Individuals with Disabilities, and People with Low Incomes**

Transportation for older adults, individuals with disabilities and people with low incomes is the focus of this study. The following bullet points and chart explain the percent of population by county within each of these demographic and socio-economic groups.

- ◆ **People with Low Incomes** – Richland County has the highest percentage of population living below the Federal Poverty Level (17%). Fairfield County has the second highest population below poverty (15%). Both Kershaw and Calhoun Counties have 12% of their populations living below poverty. Lexington County has the lowest percentage of people living below poverty (9%). Census data were not available for Newberry County.
- ◆ **Zero Vehicle Households** – Fairfield, Newberry, and Calhoun Counties each have the highest percentages of households with no available vehicle (8%). In Richland County, approximately 7% of the population has no available vehicle. In Lexington County, approximately 5% of households have no available vehicle. And in Kershaw County, approximately 4% have no available vehicle.
- ◆ **Individuals with Disabilities** – Calhoun and Fairfield Counties have the highest percentages of people with disabilities (19% and 20%, respectively). Newberry and Kershaw Counties rank second highest with 15% each. And, Richland and Lexington Counties have the lowest percentages with 13% each.
- ◆ **Older Adults** – Calhoun County has the highest percent of population age 65 and older (21%). Fairfield ranks second highest at 19%. Newberry and Kershaw Counties have 18% and 17% respectively. Lexington and Richland Counties have the least population percentage age 65 and older at 15% and 12% respectively.

**Chart 2.1: Percent of Population in Targeted Groups**



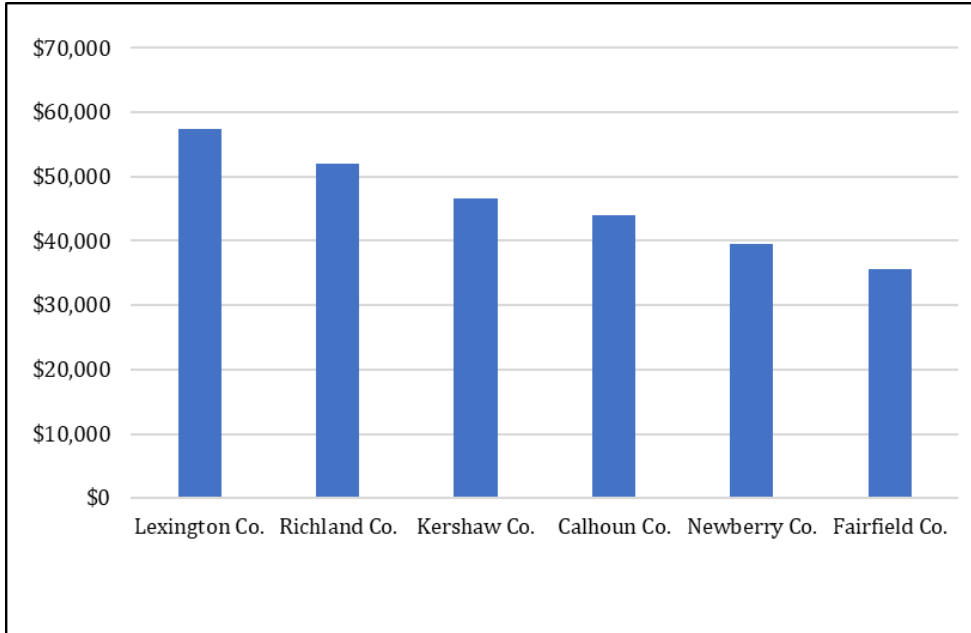
Source: U.S. Census Bureau American Community Survey 2017 5-Year Estimates



## **Household Income**

Lexington County has the highest median household income at approximately \$57,482. Richland County's median household income is a close second with \$52,082. Kershaw and Calhoun Counties have median household incomes between \$40,000 and \$50,000 per year. In Newberry and Fairfield Counties, the median annual household income is less than \$40,000.

**Chart 2.2: Household Income**

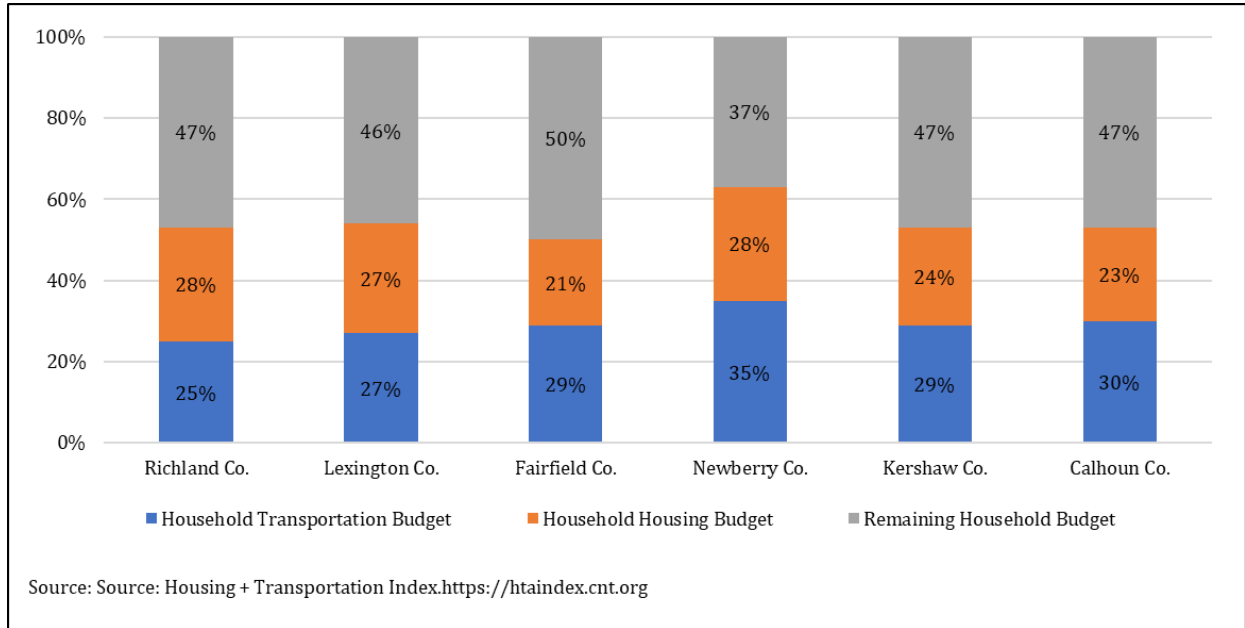


Source: U.S. Census Bureau American Community Survey 2017 5-Year Estimates

## **Housing + Transportation Index**

The Housing and Transportation Index calculates the housing and transportation costs as a percent of household income. In the Central Midlands, annual transportation costs are nearly equal or higher than housing costs, taking up a combined total of 50% to 63% of a household's annual income. In Newberry County, the average resident spends approximately 63% of his annual income on housing and transportation. Fairfield County residents spend 50% of their annual income on housing and transportation. In each county, except Richland, transportation costs are equal to or higher than the cost of housing. Access to fixed route public transit may help reduce the impact of transportation costs on budgets in Richland County.

**Chart 2.3: Housing and Transportation as a Percent of Household Income, by County**



Development patterns, including the physical distances between affordable housing and trip generators such as workplaces, schools, childcare and shopping areas, play a large role in determining whether a household must invest significant financial resources into transportation. Even in places where people don't have to travel far to get to destinations, the availability of sidewalks and other pedestrian infrastructure is a factor in whether residents can choose to walk rather than drive. Columbia has a walk score of 38 out of 100 ([www.walkscore.com](http://www.walkscore.com)) which indicates that most errands require a car. All other counties in the study area receive a lower walkability score and therefore also require a car for most errands. While bike trails are available in some areas, they are not heavily used for daily commutes. Unless public transit in these areas is robust, residents must budget a significant amount of income in owning, operating, and maintaining personal vehicles.

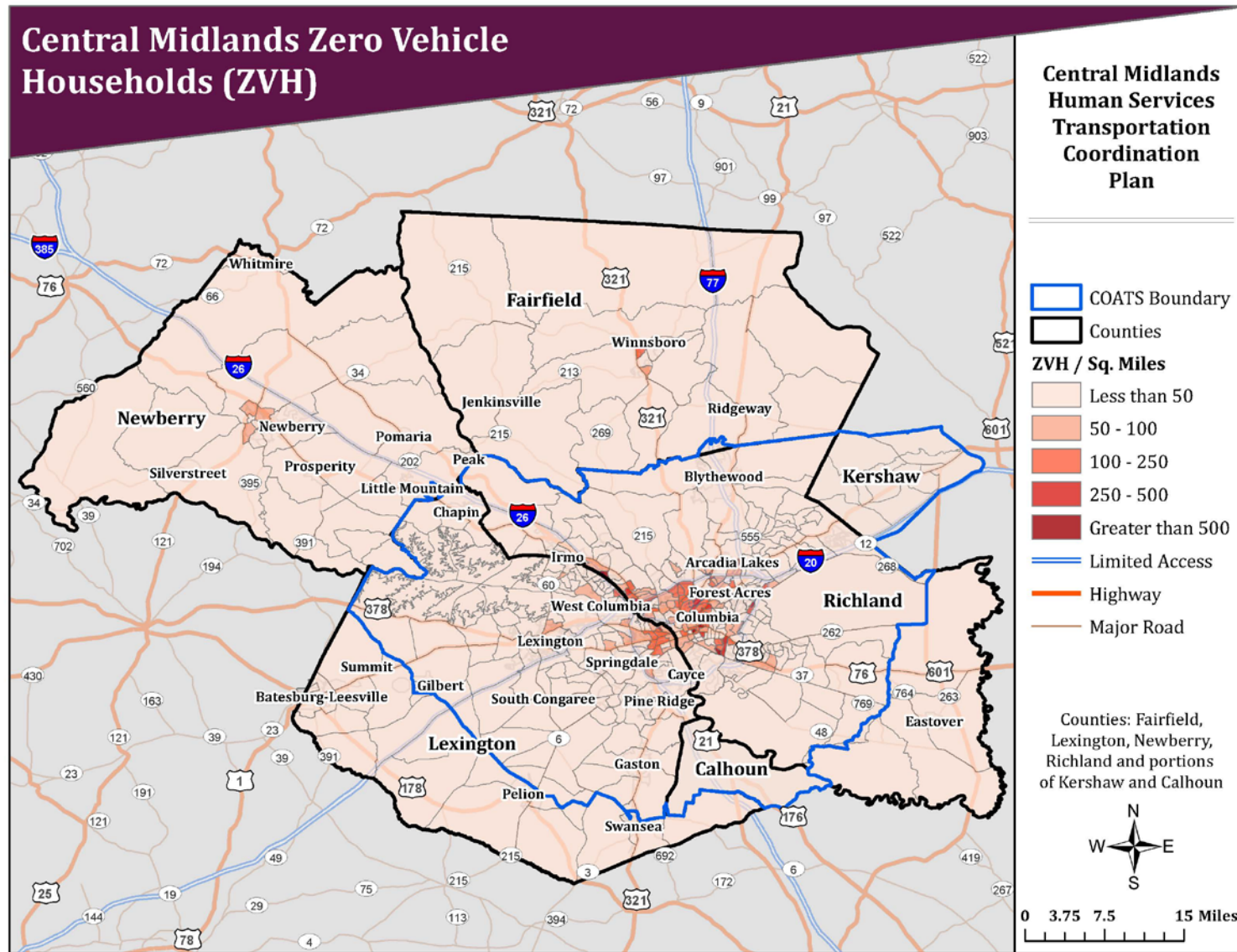
In general, financial experts recommend that no more than 50% of a person's annual income should go toward needs (housing, groceries, utilities, healthcare, transportation). In Central Midlands, the average resident is exceeding the recommended budgeting thresholds which creates financial hardship. If more affordable and practical transportation options were available for any trip purpose, low to moderate income households would have the opportunity to reduce their annual expenses for transportation and achieve more sustainable personal budgets.

**Zero Vehicle Households**

The number of vehicles available to a household is often a function of available household income. Households with lower incomes tend to have fewer, or no, available vehicles. Furthermore, households with no available vehicle are also likely to use public and human service agency transportation resources more often than households with one or more vehicles.

Figure 2.2 illustrates the density of households with no available vehicle per square mile. The areas with the highest densities are in Columbia and Forest Acres as well as along the Lexington/Richland County boundary. Newberry and Winnsboro have areas with zero vehicle household densities similar to portions of Columbia. Lexington has areas of moderate to low densities. The portions of Kershaw and Calhoun counties included in the COATS boundary have low densities of zero-vehicle households. Geographically, the majority of the Region has less than 24 zero-vehicle households per square mile; compared to the higher density areas of Columbia where there are as many as 2,013 zero-vehicle households per square mile.

Figure 2.2 Zero Vehicle Household Density Map





## **Older Adults**

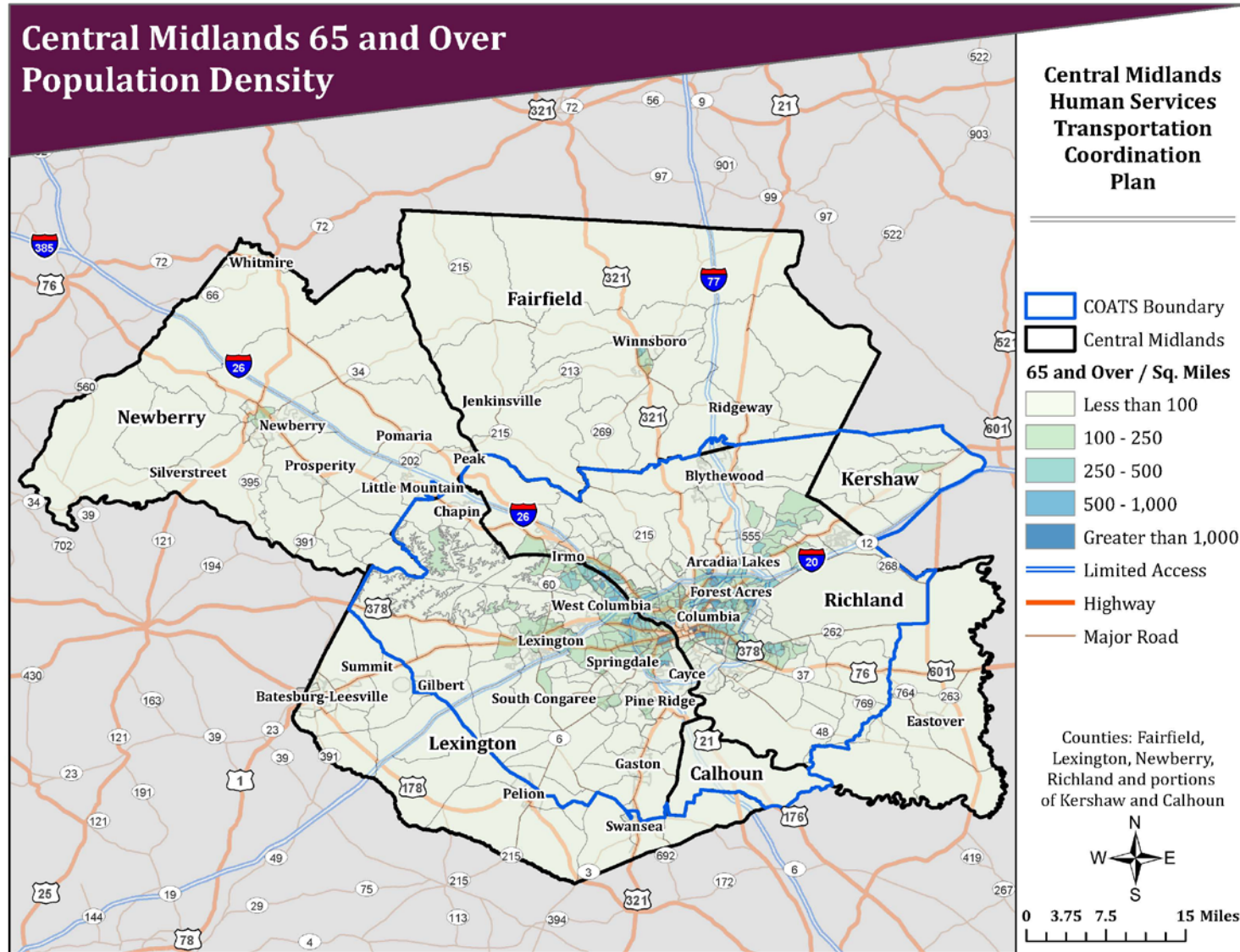
Older adults are most likely to use transportation services when they are unable to drive themselves or choose not to drive. Frequently, older adults are on a limited retirement income, therefore, using transportation services is a cost-saving alternative to owning a vehicle. For these reasons, an area's population of older adults is an indicator of potential transit demand.

The nation's population is aging. The two age cohorts with the largest percentage of growth over the past decade are the 50 to 54-year old and the 45 to 49-year old cohorts. This puts those individuals at or near the age of 55 to 64 today. This wave of adults reaching the age of retirement will have an impact on community resources, including transportation, in the very near future.

Further, the Administration on Aging (U.S. Department of Health and Human Services) reports that, based on a comprehensive survey of older adults, longevity is increasing and younger seniors are healthier than in all previously measured time in our history. Quality of life issues and older adults' desire to live independently will put increasing pressure on existing transit services to provide mobility to this population. As older adults live longer and remain independent, the potential need to provide public transportation increases.

Figure 2.3 illustrates the population density of older adults, age 65 and older, in the Region. The distribution of older adults is similar to the distribution of the general population in that the highest densities are located in and around Columbia and West Columbia. Lexington, Winnsboro, Lugoff, Elgin, and Newberry also have moderately high levels of older adult density. These higher levels of density indicate more potential need for transportation resources.

Figure 2.3 Older Adult Population Density Map

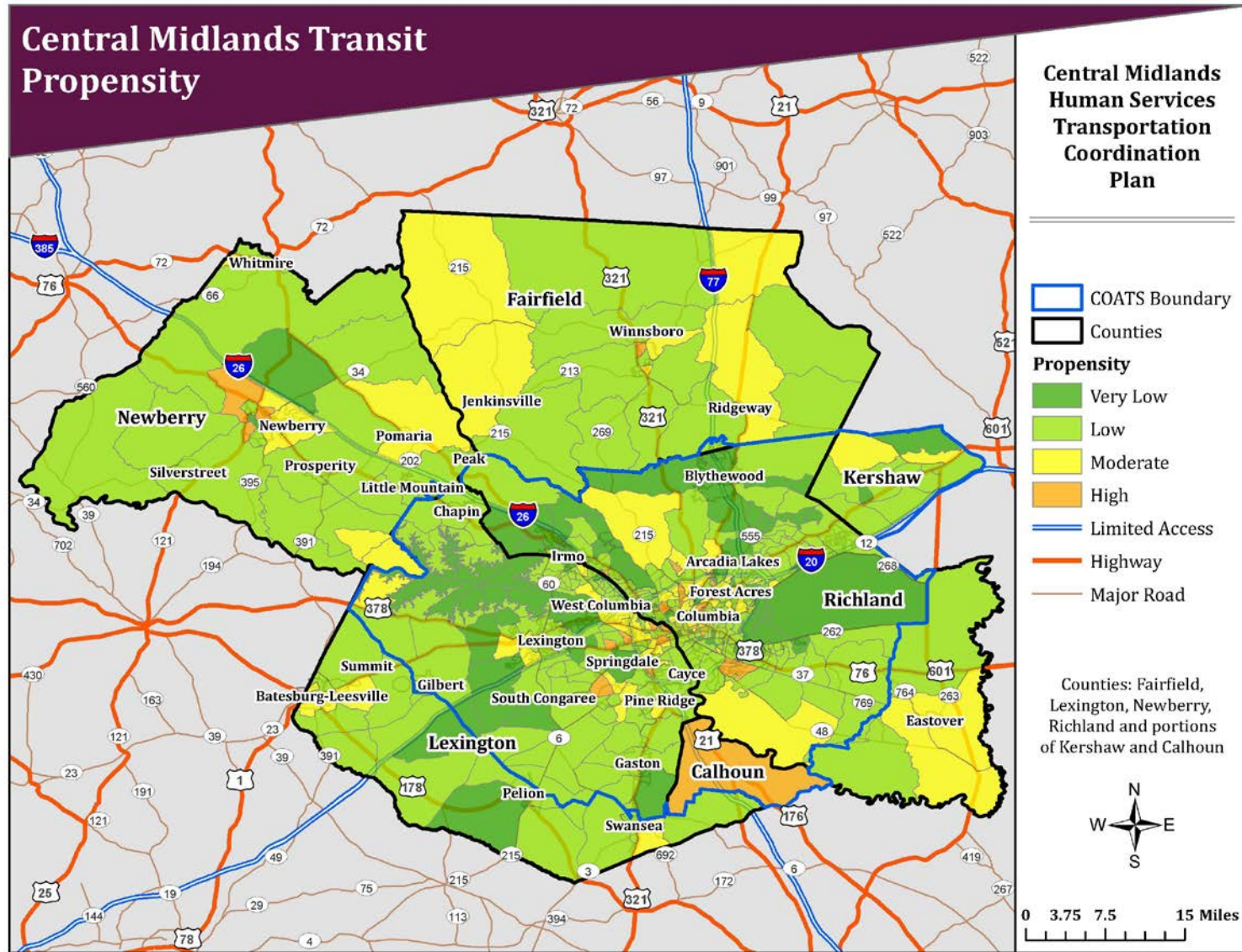


## **Trip Propensity**

A spatial analysis of demographic data provides trip propensity, or a prediction of where trips are likely to originate. Figure 2.4 illustrates the results of the trip propensity analysis with a comparative analysis of densities by Census block group. Areas of the highest projected trip demand have a combination of the greatest population densities, largest older adult populations, the highest numbers of housing units without an available vehicle, and the highest population below the poverty level.

- ◆ Block groups with high trip propensity are near the Lexington and Richland County lines and southeast of Lexington.
- ◆ In Richland County, areas where demand for transportation is moderate are found around Eastover and southern Columbia.
- ◆ In Newberry County, the areas where the most trips are likely to originate are in and around Newberry and Pomaria.
- ◆ In Fairfield County, Winnsboro has the highest likelihood for transportation demand. Also, large areas in western Fairfield County (Jenkinsville and north) and east of Winnsboro are likely to generate a moderate level of demand for transportation.

Figure 2.4 Trip Propensity Map





## **TRIP DESTINATIONS**

There are numerous factors that determine where a passenger wants or needs to travel. This section considers the locations of jobs and other major trip generators, including grocery stores, medical facilities, human service agencies, nutrition sites, and senior centers.

### **Major Trip Generators**

Figure 2.5 illustrates the locations of major trip generators in the region. In each county, trip generators are typically located in the county seat and largest communities. Most trip generators are concentrated in areas of highest population densities. The majority of medical destinations for the region are in Richland and Lexington Counties, and residents from the entire region travel to these medical centers. The challenges to accessing these medical centers as well as other major regional trip generators will be discussed in the Needs Assessment chapter. Public and agency transportation service across county lines is limited in some areas, limiting access to many of the major trip generators. This challenge demonstrates the importance of planning coordination strategies with a region-wide perspective. Also, within counties, there are major employers and shopping destinations located in smaller communities and rural areas where public or human service agency transportation is limited or not available.

### **Employment**

Figure 2.6 illustrates the top 100 places where citizens of the Central Midlands region work. As indicated, the majority of workers stay in Columbia or the other smaller communities in Central Midlands. Some Central Midlands residents also travel to cities in the upstate or low country for work.

Figure 2.7 illustrates the density of jobs in the Central Midlands region according to the U.S. Census Bureau's Longitudinal Employer-Household Dynamics (LEHD) data. The highest concentrations of jobs are in Columbia, West Columbia, Lexington, Cayce, Springdale, Arcadia Lakes (Richland and Lexington Counties) and Newberry (Newberry County). In Fairfield County, there are high densities of jobs near Jenkinsville and moderately high densities in Winnsboro. There are also jobs in the less densely populated areas of each county.

Figure 2.5: Trip Generator Map

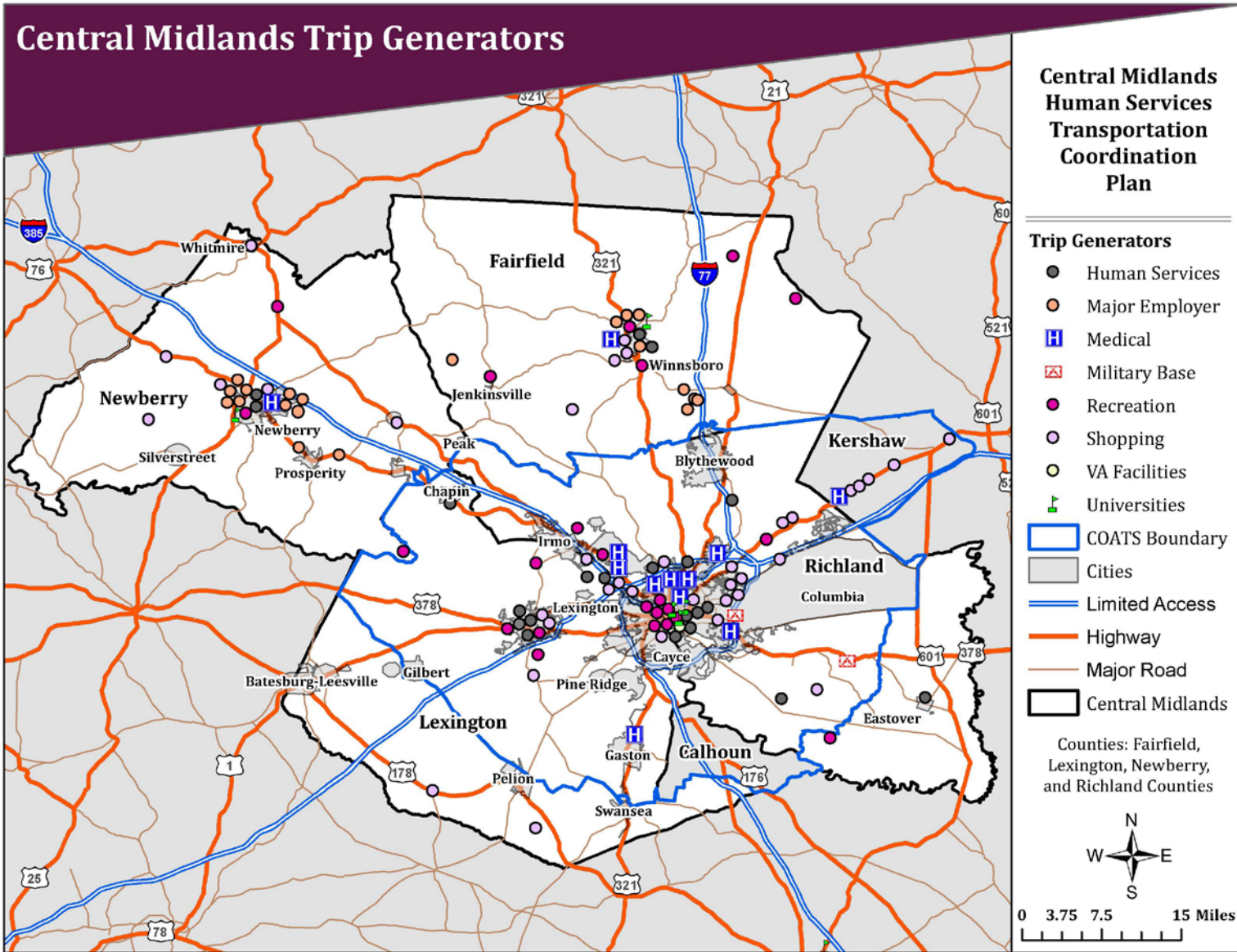


Figure 2.6: Top 100 Job Locations for Central Midlands Residents

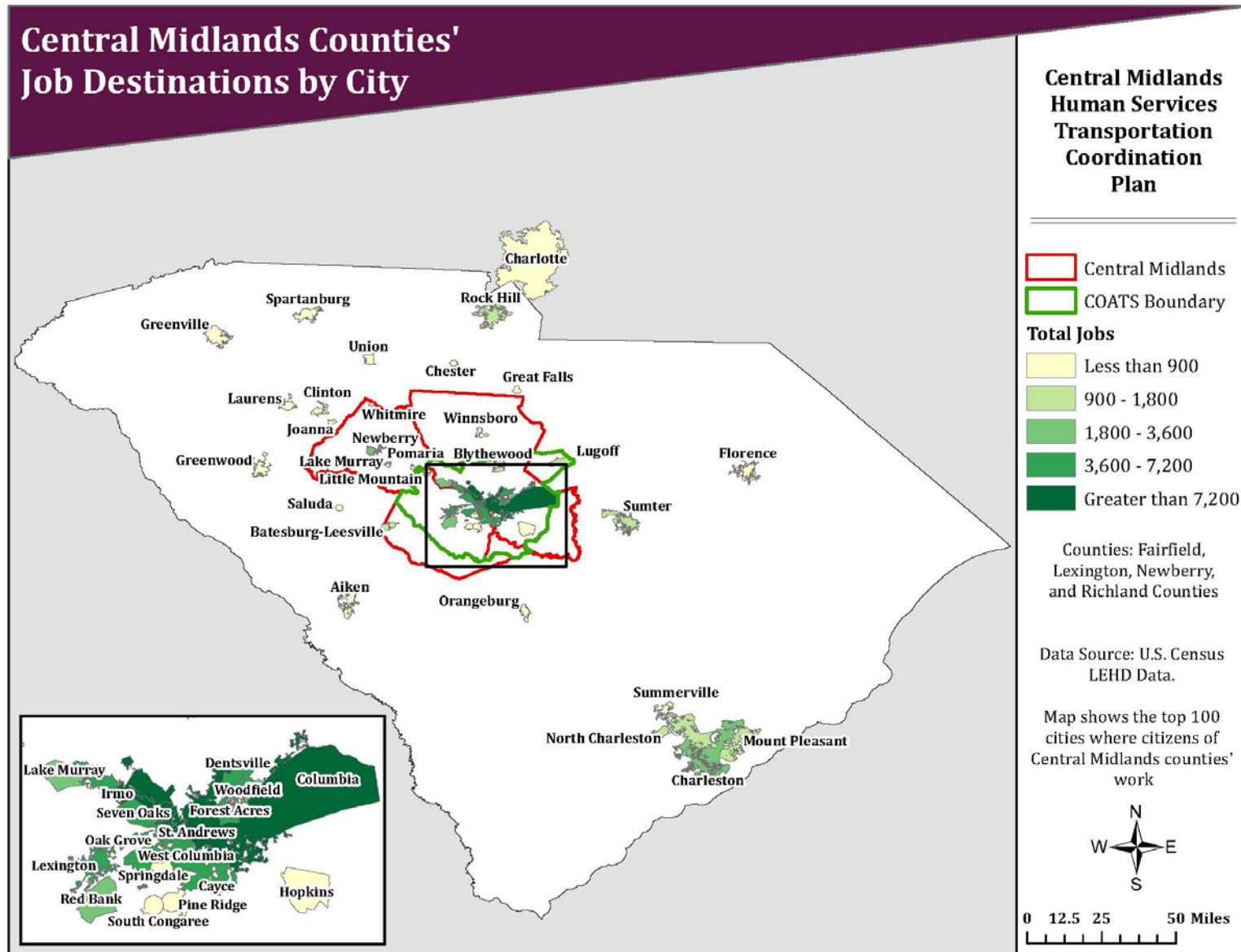
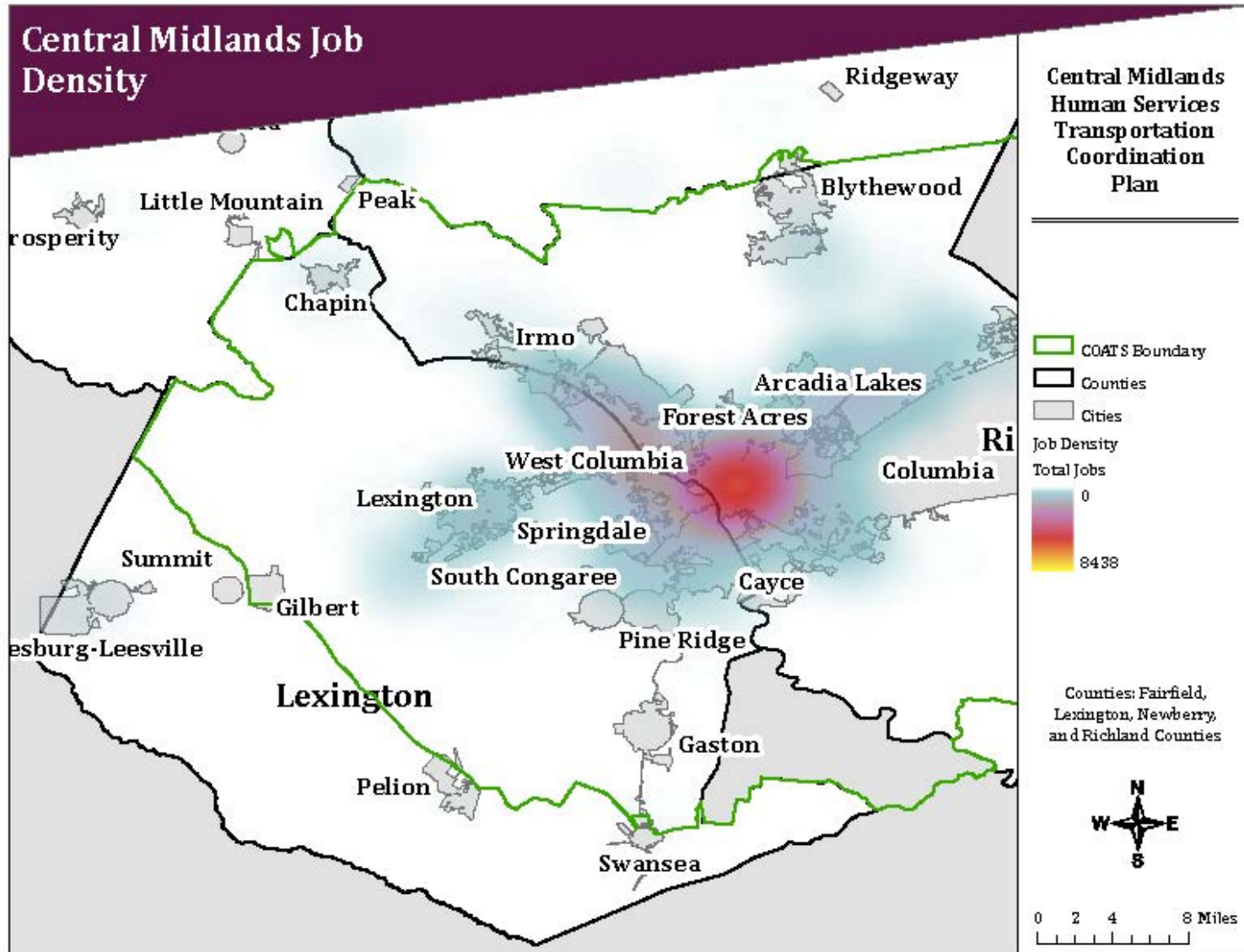


Figure 2.7: Central Midlands Job Density Map





## CONCLUSIONS

Areas with the highest population densities today are in and around Downtown Columbia. While Columbia is projected to continue as the population center of the region, projections also indicate that growth will occur in the surrounding communities, particularly Lexington, Fairfield, and portions of Kershaw Counties. This growth will increase the level of demand for transportation in suburban and rural areas, where residents will need access to both local and cross-county transportation. Currently, the areas with the highest trip origin and destination demand are in the Columbia area and Lexington, with moderate demand in Newberry and Winnsboro.

Generally, the level of trip demand decreases in areas that have lower densities of the targeted population groups and fewer job opportunities. Demand response and on-demand modes of service are better suited for areas of lowest trip propensity because they can be served with smaller vehicles carrying fewer passengers. Conversely, areas of higher population density and overall trip propensity are appropriate for fixed route bus service with larger vehicles. These facts support the design of public transportation services currently provided in Central Midlands, where areas of highest density are served by The COMET fixed route and paratransit services and outlying areas are primarily served by demand response providers and commuter routes. Nonetheless, some gaps in transit services continue to present challenges. For example, individuals with mobility limitations in some urban areas may not have access to bus routes and/or live outside of The COMET's DART paratransit service area. The analysis of unmet transportation needs and existing transportation providers in the following chapters will clarify areas within the existing regional service network that may be underserved, as well as areas where there is duplication of services.

In addition to considering the level of demand throughout the region, it is important to understand where people start and end their trips. This chapter analyzed the travel flow between counties within the region. The analysis revealed that the strongest flow of multi-county trips in the region is from Lexington to Richland County. However, the second strongest flow of multi-county traffic is between Richland and Fairfield Counties. Newberry County residents tend to travel to Lexington or Richland County when they leave the local area.

Analysis reveals that between 13% and 19% of the county populations have a disability that involves a mobility limitation. Furthermore, between 12% and 17% of each county's population have low incomes. Low-to-moderate-income households throughout the region will gain the opportunity to reduce personal spending on transportation and achieve a more sustainable household budget through the use of public and human service agency transportation services as those services become more connected and available.

## CHAPTER 3 INVENTORY OF TRANSPORTATION SERVICES

This chapter provides an inventory of transportation providers operating in the Central Midlands. The inventory includes public, non-profit, human service agency, and private transportation services. The inventory changes and evolves with available funding, demand for services, and as businesses/organizations enter and exit the industry. This chapter represents the inventory of services during 2019, prior to the COVID-19 pandemic.

- ◆ **Public transportation** in Central Midlands includes a variety of modes from fixed bus routes to on-demand and demand response services. There are no eligibility requirements for public transportation services, and passengers typically pay a fare for each trip. Public transportation in Central Midlands is typically funded through a combination of Federal Transit Administration (FTA) grants, local government funds, taxes/levies, contracts for service, and/or passenger fares. Examples of public transportation in the region include, but are not limited to: The COMET, Newberry Express, and Fairfield County Transit.
- ◆ **Human service transportation programs** provide rides to specific segments of the population, such as older adults, individuals with disabilities, people with low incomes, or veterans. They are public or private non-profit organizations that provide transportation as an ancillary service to their clients or members. Some human service transportation programs are regional, offering service in multiple counties and to individuals who meet certain eligibility requirements but may or may not be registered clients of the agency for any purpose other than transportation. Most agencies, however, serve consumers within a single county. Examples of human service agencies in Central Midlands include, but are not limited to: Agencies on Aging and Adult Day Centers. Human service agency transportation services are typically funded through Federal and/or State programs and/or the client's private insurance.
- ◆ **Private transportation services** are operated by privately owned businesses and operate for a profit. Modes of service can include intercity bus routes, shared-ride, and on-demand. Private transportation services are typically funded by private payments from passengers or service contracts with businesses. Examples of private transportation services in Central Midland include, but are not limited to: Lyft, Uber, Taxis, and private medical transport companies.

Age, mobility limitations, and income are the primary factors that determine a person's available transportation options. A person also may not drive a personal vehicle and therefore rely on friends and family or transportation services. Several types of transportation services are available to older adults, individuals with disabilities, and people with low incomes in Central Midlands, including: public transit, human service agencies, Taxis, Uber/Lyft, private medical transportation companies. Transportation options in the region include but are not necessarily limited to the following:

Affordability is the key factor in transportation availability for people with low incomes. In many cases, public transportation is the most affordable option, where it is available.

- ◆ Fixed route public transit
- ◆ Demand response public transit

- ◆ Human service agency routes and demand response services (specialized services)
- ◆ Non-emergency medical transportation (NEMT)
- ◆ Veterans transportation
- ◆ Park-and-Ride
- ◆ Volunteer transportation
- ◆ Transportation Network Companies
- ◆ Taxis
- ◆ Cycling
- ◆ Inter-city Bus and Rail

Together, this network of transportation options supports mobility in the region for trips that are not completed with a personal vehicle or provided by a friend or family member.

Information about transportation services in the Central Midlands was collected through interviews with transportation program staff. The intent of the interview process was to document existing characteristics and levels of transportation services for each organization and to discuss future plans for service changes. The interview process also sought to identify existing sources of revenue that support the transportation services provided by the agency. The following sections outline the results of the inventory.

## **TRANSPORTATION SERVICES**

Figure 3.1 depicts the list of public, human service agency, non-profit, and private transportation providers serving each county during 2019 and early 2020. The inventory data was collected prior to stay at home measures implemented in response to the COVID-19 pandemic.

In addition to the listed services, there are numerous for-profit non-emergency medical transportation (NEMT) services operating throughout the region. Logisticare is the transportation broker for Medicaid-eligible NEMT under contract to South Carolina Department of Health and Human Services (SCDHHS). A directory of NEMT services is available at <https://www.scdhhs.gov/press-release/south-carolina-non-emergency-medical-transportation-0>.

### **Fixed Route Public Transit**

Public transit, by definition, is open to the general public for any trip purpose. Fixed route services operate on a fixed schedule with stops and/or stations in fixed locations. In the Central Midlands, Central Midlands Regional Transit Authority (The COMET) is the largest operator of fixed route services. The majority of The COMET's fixed routes are in Richland County with limited service into Lexington and Newberry Counties. Fairfield County Transit System also operates fixed route services including the Killian Road Express Route which connects to The COMET, and, Santee Wateree Regional Transportation Authority (SWRTA) operates three commuter routes between Camden (Kershaw County), Sumter (Sumter County) and Columbia (Richland County).

Under the Americans with Disabilities Act (ADA), complementary paratransit service is required for passengers who are unable to navigate the public bus system, unable to get to a point from which

they could access the public bus system, or have a temporary need for these services because of injury or some type of limited duration cause of disability.

Transit agencies that operate public fixed route transit service must provide “complementary” demand response service that transports people from curb to curb.<sup>3</sup> The COMET’s paratransit service, DART, is available to eligible riders for trips within ¾ mile of fixed routes. Individuals with a disability that prevents them from riding The COMET fixed route system may qualify for DART service. To become certified, riders complete a Certification Application (provided by DART or online at

The COMET’s DART ADA Paratransit	Passenger Fare
One Way	\$4.00
Personal Care Attendant for ADA certified customer	Free
Children 15 years old or younger with a fare paying customer age 16 or older	Free
10-Ride Pass	\$40.00

[www.CatchTheCOMET.org](http://www.CatchTheCOMET.org)). The COMET’s ADA eligibility contractor will provide an in-person assessment to determine if the applicant’s disability prevents access or use of The COMET fixed routes. Once the application process is completed, certification or conditional certification is provided.

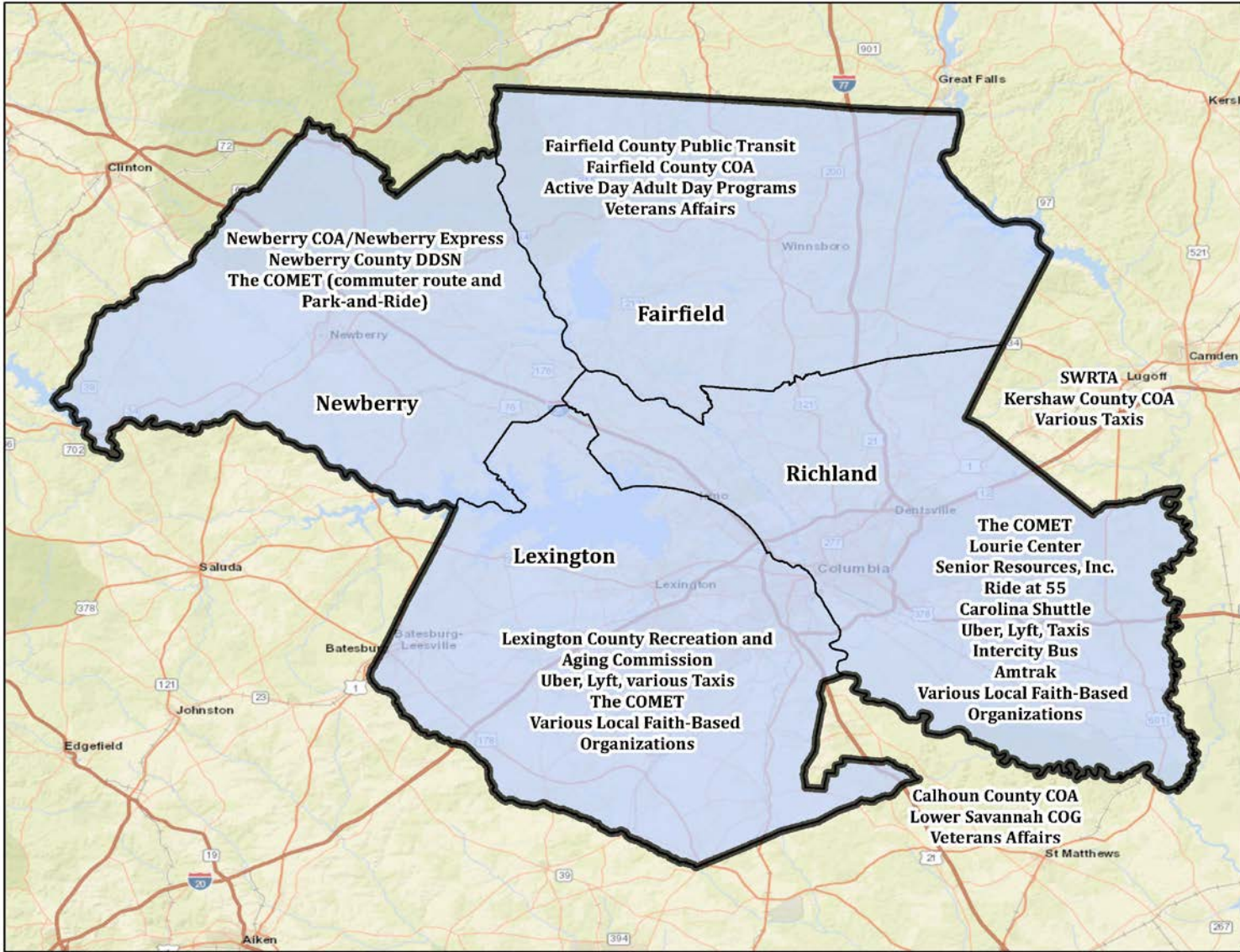
Fairfield County Public Transit satisfies the requirement for ADA paratransit service along its routes with its TransitGo demand response service and its deviated local routes which are open to the general public.

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<sup>3</sup> Part 37 Transportation services for individuals with disabilities



**Figure 3.1: Transportation Providers by County**



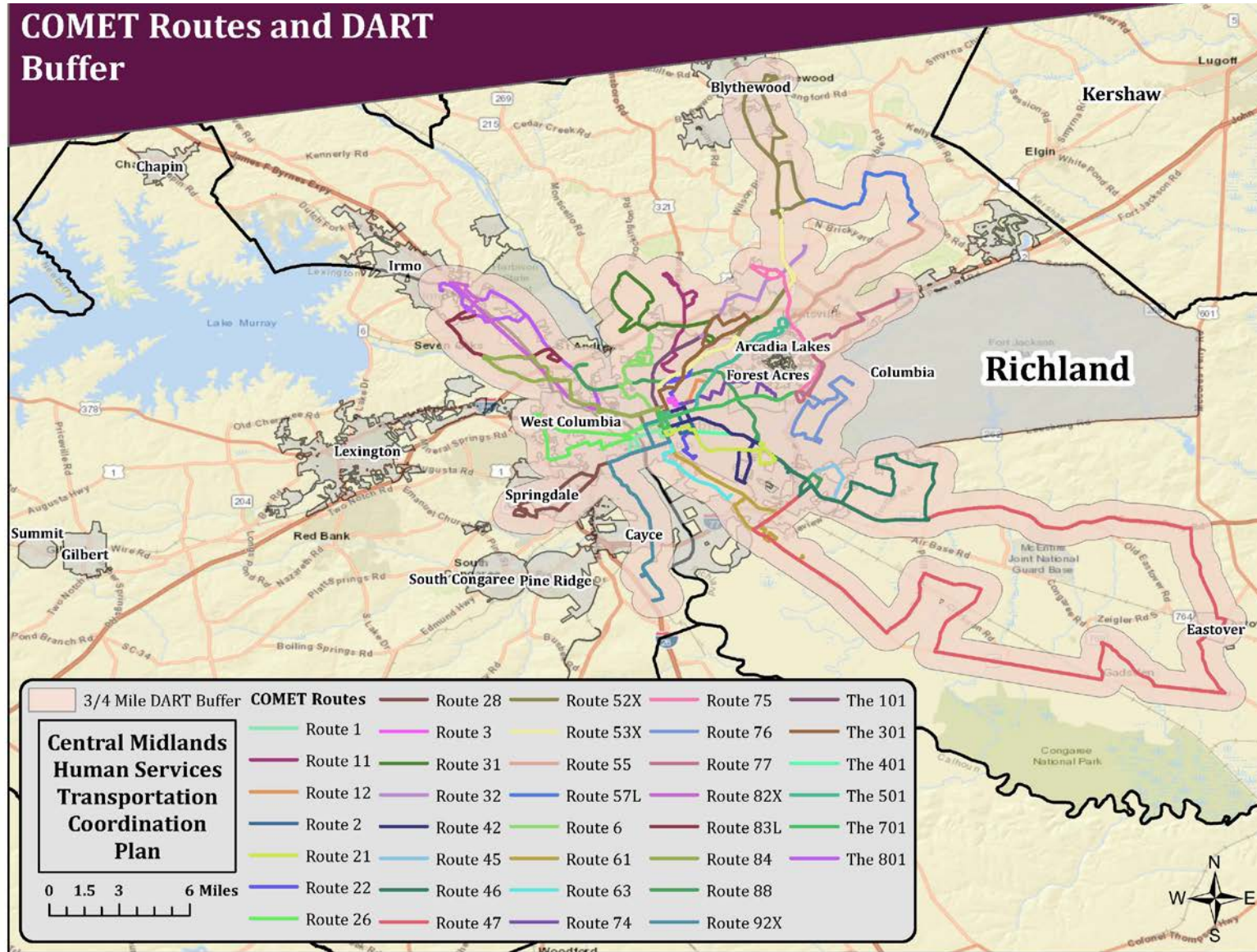
**Table 3.1: Public Fixed Route and ADA Paratransit Service Overview**

Agency	Days of Service	Hours of Service	Fare Structure	Service Delivery Model
<b>The COMET (Fixed Routes)</b>	Monday through Sunday	5:15 AM to 11:30PM weekdays  5:30 AM to 11:58PM Saturdays  6:15 AM to 10:15PM Sundays	\$2.00 One Way  \$2.00 Seniors/ Disabled/ Youth  \$4.00 Express  \$14.00 7-Day Pass \$40.00 31-Day Pass  Free - Soda Cap Connector and all transfers within 60 minutes	Dedicated vehicles operated by a third-party operator contracted to Central Midlands Regional Transit Authority
<b>DART Paratransit</b>	Monday through Sunday	Same hours as fixed routes	\$4.00 One Way or \$40.00 10-Ride Pass	Dedicated vehicles operated by a third-party operator contracted to Central Midlands Regional Transit Authority
<b>Fairfield County Public Transit – Killian Road Express Route</b>	Monday - Friday	7:00 AM to 6:00PM	\$3.00 One Way	Dedicated vehicles operated by Fairfield County
<b>Santee Wateree Regional Transportation Authority (SWRTA) Commuter Routes: Sumter/Columbia; Sumter/Camden; and Camden/Columbia</b>	Monday – Friday	Sumter/Columbia: 6:00 AM to 9:25 AM; 11:00 AM to 2:20 PM; and 2:45 PM to 6:30 PM  Sumter/Camden: 6:00 AM to 10:22 AM and 2:00 PM to 7:15 PM  Camden/Columbia: 7:00 AM to 9:15 AM and 4:00 PM to 6:20 PM	\$2.50 One Way	Dedicated vehicles operated by SWRTA

Figure 3.2 illustrates The COMET fixed route and ADA paratransit service areas. The buffer that is displayed around each route represents the service area for paratransit.



Figure 3.2: COMET Fixed Routes and ADA Paratransit Service Areas



**General Public Demand Response Transportation**

Demand response public transportation is service where a transit vehicle does not operate on a fixed route and picks up and drops off passengers in response to specific service requests. Public demand response transportation is open to anyone for any trip purpose and to any destination within its service area. Demand response service provides trips from curb-to-curb or door-to-door, based on the policies of the operator. Passenger trips typically require an advance reservation, and reservation policies vary by program. Service is provided in a shared-ride fashion, meaning that trip reservations are aggregated into the most efficient schedule possible, with the driver picking up multiple passengers if they are traveling in the same direction in the same timeframe.

In the Central Midlands, there are a variety of demand response transportation services that are open to the general public, including public and private transportation providers. All public demand response services are operated only on weekdays. Private operators, including the voucher program offered through The COMET, provide service on weekends and late at night. All of the public demand response services are operated with wheelchair-accessible vehicles. Demand response transportation services available in the region are outlined in Table 3.2.

**Table 3.2: Public and Private Demand Response Transportation Services**

Agency	Days of Service	Hours of Service	Fare Structure	Trip Scheduling Procedures	Dispatch Procedures
<b>Fairfield County Transit System Transit Go</b>	Monday through Friday	8:00 AM to 5:00 PM	\$5.00 – 0 to 10 miles \$10.00 – 10 to 20 miles \$15.00 – 20 to 30 miles \$20.00 – 30 to 40 miles \$25.00 – 40 to 50 miles	Call 24-hours in advance.	Trips are scheduled by the scheduler and assigned to drivers.
<b>Fairfield County Transit System Winnsboro Local Routes - Route Deviations</b>	Monday through Friday	7:00 AM to 10:25 PM	\$1.00 One-Way + \$0.25 for 1 <sup>st</sup> mile of deviation \$0.50 for 2 <sup>nd</sup> mile of deviation	Route deviations on local routes must also be scheduled 24-hours in advance.	Deviations from the scheduled stops must be requested in advance by calling the scheduler.



Agency	Days of Service	Hours of Service	Fare Structure	Trip Scheduling Procedures	Dispatch Procedures
<b>Newberry Express</b>	Monday through Friday	6:00 AM to 6:00 PM	\$2.00 Round Trip within the county; Approx. \$0.18/mile out-of-county	Call to schedule a ride at least 3-days and up to 30-days in advance. Last minute trips are scheduled, space available.	Trips are assigned to drivers through Ecolane scheduling software
<b>Central Midlands RTA (The COMET) – On The Go!</b>	Monday through Sunday	6:00 AM to 8:00 PM (To the Market) 9:00 PM to 3:00 AM (COMET @ Night)	Fare is mileage based. The COMET pays up to \$5.00 of the fare.	Obtain a Lyft promo code from The COMET to hail a discounted trip.	Lyft app
<b>Cross County Connection (St. Matthews)</b>	Thursday	7:00 AM to 6:00 PM	\$1.00 One Way	Call 24-48 hours in advance to request a ride.	Trips are assigned to drivers through Routematch software
<b>Uber, Lyft, Taxis</b>	Monday through Sunday	24-hours	Fare is mileage based.	Call in advance or schedule on the app for immediate service.	Uber or Lyft app, Taxi app or phone

It is important to note that public demand response transportation funding includes local public revenue sources such as tax levies and/or the county government. Local revenue sources often require the transit operator to define the geographic service area boundaries for demand response transportation. In Fairfield and Newberry Counties, public demand response transportation service areas are within county boundary lines and have limited, if any, service outside of the local county. In some cases, service areas are limited to specific communities within the county. Lower Savannah Council of Governments (LSCOG) previously operated service across multiple county lines but within the COG’s jurisdictional boundaries. The Cross County Connector is available to residents of Orangeburg and Calhoun Counties with a paratransit commuter service that allows residents of both counties to request a ride to local destinations within the two counties.

Private for-profit demand response services such as Transportation Network Companies (TNCs) (e.g. Uber and Lyft) or taxis establish their service area boundaries based on their corporate mission and/or available resources. Often, private demand response services operate on a per-mile rate.

The COMET’s On The Go! voucher program offered in partnerships with Lyft and Uber require that trips start or end within The COMET’s service area. The COMET provides the first \$5.00 of the passenger fare and does not limit the trip distance. The COMET’s To The Market trips must originate

or end at one of the designated fresh food markets. The COMET's On The Go! vouchers are limited to two trips per person per week. And, The COMET night time program supports vouchers between 9:00 PM and 3:00 AM.

Public transit services in Fairfield and Newberry Counties primarily operate within designated areas inside the county. Out-of-county trips are allowed in Newberry County with advance reservation.

### **Human Service Agency or Private Non-Profit Transportation**

Human service agency (HSA) and non-profit agency transportation service characteristics are primarily structured to meet the transportation needs of a segment of the population and are limited by specific eligibility requirements including older adults, individuals with disabilities, veterans, and/or individuals with low incomes. Some agencies also limit transportation to registered clients of the agency or residents of the local jurisdiction (e.g., county or town/city). Most individuals who are eligible for these transportation services do not drive or do not have regular access to a vehicle. Therefore, the transportation services offered by agencies are their primary means of mobility for any and all trip purposes.

HSA and private non-profit transportation services require an application to verify eligibility. Most, but not all, HSA and private non-profit transportation services are operated with wheelchair accessible vehicles to accommodate the varying needs of their eligible passengers.

In the Central Midlands, HSA and private non-profit transportation services are generally operated on weekdays. Hours of service are more limited than public or private transportation and generally start between 7:00 AM and 8:00 AM and end between 2:00 PM and 5:00 PM, with some exceptions. Clients who depend on these transportation services must rely on public or for-profit transportation, or family and friends for any rides they need during early mornings, evenings, or weekends. Reliance on other options often creates a gap in mobility because other services may not be available, or are available but not affordable.

The following table outlines passenger or trip purpose eligibility requirements for the participating HSA operators in the region.

**Table 3.3: Trip Eligibility and Reservation Requirements**

Agency	Passenger Eligibility	Eligible Trip Purposes	Days of Service	Hours of Service	Passenger Fare	Trip Scheduling Procedures or Policies	Dispatch Procedures
<b>Calhoun County Council on Aging</b>	Age 60+ or anyone with a disability in Calhoun County participating in the Council on Aging nutrition program.	To/From the Camden Senior Center and to doctor appointments.	Monday through Friday	8:00 AM to 4:00 PM	Donation	Trips to the Senior Center for nutrition are standing order. Passengers call in advance to request a trip to a medical appointment.	Staff schedule trips over the phone with passengers and provide the driver with a written manifest or call him.
<b>Calhoun County Veterans Affairs</b>	Veterans	Scheduled appointments at the VAMC in Charleston, Orangeburg or Columbia.	Information Not Available	Information Not Available	Free	Call Veterans Affairs in Richland County. There is no local van in Calhoun County.	Trips are scheduled and dispatched in Columbia, Orangeburg or Columbia.
<b>Fairfield County Council on Aging</b>	Age 60 and older or individuals with disabilities.	Trips to the Senior Center in Winnsboro and occasional shopping or local medical trips that can be completed by 1:00.	Monday through Friday	9:00 AM to 10:15 AM and 12:30 PM to 2:00 PM	Donations	Rides are scheduled by phone. There is no minimum reservation window.	A daily roster is created for the driver.
<b>Active Day Adult Day Programs</b>	Clients of AdultDay Programs	Trips to/from AdultDay in Winnsboro and from the center to medical appointments.	Monday through Friday	8:00 AM to 4:00 PM	Included in Adult Day Program Costs.	Rides are scheduled in advance through the Assistant Director or Program Coordinator.	Assistant Director or Program Coordinator builds the schedule.

Agency	Passenger Eligibility	Eligible Trip Purposes	Days of Service	Hours of Service	Passenger Fare	Trip Scheduling Procedures or Policies	Dispatch Procedures
<b>Veterans Affairs</b>	Veterans in Fairfield County with an appointment at Dorn VAMC	Trips to/from appointments at Dorn VAMC.	Tuesdays	Arrive at Dorn 8:00 AM and leave Dorn 1:00 PM	Free	Passengers must call the VA Administrative Assistant in Fairfield County to schedule a ride.	VA Administrative Assistant and Director build the schedule.
<b>Kershaw County Council on Aging</b>	COA clients attending nutrition at Camden Senior Center	Trips to/from nutrition at Camden Senior Center. Service area is 8 to 10 miles from center.	Monday through Friday	9:00 AM to 2:00 PM	Donation	Call the Senior Center to schedule trips. Most trips are standing order.	Senior Center Coordinator works with the driver to schedule trips.
<b>Kershaw County Veterans Affairs</b>	Veterans in Kershaw County with an appointment at Dorn VAMC	Trips to/from appointments at Dorn VAMC	Wednesdays	8:00 AM to 1:00 PM	Free	Call 24-hours in advance	Kershaw County Veterans Affairs schedules the trip.
<b>Lexington County Recreation and Aging Commission</b>	Clients of senior services (age 60+)	Congregate meals at 7 senior centers, medical appointments if no other transportation is available; organized shopping/recreation trips are offered 2-3 times per month at each center	Monday through Friday	9:00 AM to 5:00 PM	\$1.00 Suggested Donation \$4.00 Suggested Donation for Escort	Call the meal site 2 weeks in advance to schedule a ride.  For medical escort transportation, call the Aging and Recreation administrative office at least 2 months in advance.  Group shopping is organized at each	Coordinator schedules the daily trips for the driver. There is no scheduling software.



Agency	Passenger Eligibility	Eligible Trip Purposes	Days of Service	Hours of Service	Passenger Fare	Trip Scheduling Procedures or Policies	Dispatch Procedures
						senior center for clients.	
<b>Newberry County Council on Aging</b>	Older adults	<u>Within Newberry County:</u> Pharmacy, medical appointments, dentist, and senior centers. <u>Out-of-County:</u> Non-emergency medical (Medicaid-sponsored) and dialysis.	Monday through Friday	6:00 AM to 6:00 PM	\$2.00 Round Trip in County  \$0.18/mile for Out-of-County trips	Call the scheduler between the hours of 7:30 AM and 4:30 PM, Monday through Friday. Schedule trips at least 3-days and up to 30-days in advance. Last minute trips are scheduled if space is available.	Ecolane scheduling software
<b>Newberry County Disabilities and Special Needs</b>	Individuals receiving NCSDBN services through SCDSN	Day services, special events and appointments.	Monday through Friday	7:00 AM to 5:00 PM	Free	Staff schedule client rides on the client's behalf.	No scheduling software
<b>Lourie Center – 5 Points Wheels Transportation</b>	Adults age 50+ and individuals with disabilities	Any trip purpose	Monday through Friday	9:30 AM to 1:30 PM (12:30 on Thursdays)	\$1.00 Suggested Donation	Call 24-hours in advance to schedule a trip. Same day requests are accommodated, space available.	No scheduling software
<b>Senior Resources, Inc.</b>	Clients approved by CMCOG for Wellness Center service or in-home and	To/From Wellness Centers and the client's home; Essential shopping trips that originate and	Monday through Friday	8:00 AM to 5:30 PM	\$1.00 Suggested Donation	Current clients call the main office to schedule a ride. Wellness Center participants are contacted by the	No scheduling software

Agency	Passenger Eligibility	Eligible Trip Purposes	Days of Service	Hours of Service	Passenger Fare	Trip Scheduling Procedures or Policies	Dispatch Procedures
	community-based services (home delivered meals and homemaker clients)	return to the Wellness Center; Non-emergency medical appointments.				Wellness Coordinator in order to set up transportation to and from the Center.	
<b>Feonix Mobility Rising Ride at 55 (Volunteer Drivers)</b>	Age 55+ through AARP or general public in Richland and Lexington Counties	Any trip purpose	Based on volunteer availability	Based on volunteer driver availability	Free	Call the Call Center or book online.	Scheduling software managed by Phoenix Mobility Rising

## **Intercity Transit Services**

Intercity transit services provide connectivity between Central Midlands and destinations throughout South Carolina and the rest of the U.S. Columbia is served by Greyhound Bus Lines, Megabus, and Amtrak. Service hours vary by provider and should be verified on an as needed basis.

## **Cycling**

The CMCOG Bicycle and Pedestrian Committee is a group of citizens and organizations that supports healthier and more livable communities through the creation of adequate walking and bike-riding facilities. There are several affiliated organizations supporting bicycle and pedestrian planning efforts in the area including, but not limited to: Palmetto Cycling Coalition, River Alliance, Palmetto Conservation Foundation, National Coalition for Promoting Physical Activity, Association of Pedestrian and Bicycle Professionals, National Center for Bicycling and Walking, and Pedestrian and Bicycle Information Center.

The City of Columbia adopted a Pedestrian and Bicycle Master Plan and Bike Share Plan in 2015. The plan is available at [www.walkbikecolumbia.org](http://www.walkbikecolumbia.org). The City is planning for multi-modal streets to foster economic development, reduce vehicular emissions, and improve public health and quality of life. Capital Bikeshare is Columbia's bike share plan in Columbia is a network of shared bicycles available for short-term use. Station-based systems include a network of stations with automated docking points for picking up and returning bikes.

## **Non-Emergency Medical Transportation**

Non-emergency medical transportation (NEMT) is service to routine medical appointments. The South Carolina Department of Health and Human Services (SCDHHS) offers assistance with transportation for members that need help getting to and from Medicaid covered services. LogistiCare Solutions, LLC is the statewide NEMT broker that accepts transportation reservations and arranging transportation with a qualified transportation provider.

## **Technology and Travel Training**

Transportation providers in Central Midlands have begun to incorporate emerging technologies into the delivery of transportation services. The COMET is leading the way with its "Catch The COMET" mobile app, interactive website with up-to-date and accurate information, and social media. Using Catch The COMET, passengers can pay for rides, track the location of their bus in real time, and receive information and updates with their smartphones. Passengers can also use Google Maps to input trip origins and destinations and receive specific COMET route and schedule information.

The COMET will also be adding Mobility as a Service functionality to its technology-based services to increase access to health care in Columbia. Mobility as a Service will allow staff at medical facilities as well as patients to request and book rides. The technology will include transportation options that are affordable for veterans, seniors, and single-parent head-of-household populations. This new

technology is available through the recent award of the Federal Transit Administration's (FTA's) Access & Mobility Partnership Grants Initiative, including the Innovative Coordinated Access and Mobility Pilot Program (ICAM) and Human Services Coordination Research (HSCR) Grant Program.

Another innovative Mobility as a Service program in the Columbia area is the AARP's Ride@50+ Program operated by Feonix-Mobility Rising. The program allows individuals of all ages to book a ride online through an app, or by calling the Feonix-Mobility Rising call center. Feonix-Mobility Rising provides rides using a network of volunteer drivers and occasionally a for-profit transportation operator when a volunteer driver is not available. The cost of each ride depends on the ride length and the transportation option chosen. The program serves individuals in Richland and Lexington Counties. Individuals can travel outside of the service area using the program; however, limited providers may be available.

Travel Training for individuals new to these technologies or just new to using transit services is also offered throughout the region. Travel Training is a service available to anyone who seeks assistance in learning how to use public transportation.

The COMET has contracted with Able SC Independent Living Center to provide travel training for The COMET routes and DART paratransit services. The COMET Mobility Management Specialist provides information and training to anyone interested in using transit. This service is available to all counties within the region. The intent of the program is to assist individuals as they learn to navigate the specific transit services that they could utilize to get wherever they need to go.

Vocational Rehabilitation programs and senior programs provide travel training to teach passengers how to use their transportation programs.

#### Volunteer and Subsidized Taxi Transportation

The COMET will soon be launching the Volunteer Driver Reimbursement Program, V-Trip, for people age 65 and older or have a disability. The program will reimburse a driver up to 100 miles per month at the IRS mileage reimbursement rate. Riders are responsible for identifying their volunteer. Drivers must submit a voucher to The COMET for reimbursement. Trips must originate outside The COMET service area but within the Columbia Urbanized Area.

The COMET is also working on implementation of a Taxi Voucher Program for people age 65 or older or individuals with disabilities. Eligible trips are outside The COMET service area but within Columbia's Urbanized Area. Passengers may choose a taxi company to bring them into The COMET's service area. Vouchers are funded through the Section 5310 program. The value of a voucher will be limited based on what the rider needs and the available funding for the program. The voucher will be a debit card, or similar. At the time of this report, the program was not active yet while The COMET searched for taxi companies and Transportation Network Companies to add to the list of possible transportation providers.



## SUMMARY

Age, mobility limitations, and income are the primary factors that determine a person's available transportation options. With mobility limitations, a person may not drive a personal vehicle and therefore rely on friends and family for transportation. For many individuals, income restrictions impact their choices for transportation. In many cases, public transportation is the most affordable option, but is not available where they live or during the timeframe they need it. For the purposes of this plan, there are 11 types of transportation services available to older adults, individuals with disabilities, and people with low incomes in Central Midlands:

- ◆ Public fixed route and Americans with Disabilities Act (ADA) paratransit
- ◆ Demand response public transportation
- ◆ Human service agency routes and demand response services (specialized services)
- ◆ Non-emergency medical transportation (NEMT)
- ◆ Veterans transportation
- ◆ Park-and-Ride
- ◆ Volunteer transportation
- ◆ Transportation Network Companies
- ◆ Taxis
- ◆ Cycling
- ◆ Inter-city Bus and Rail

Together, this network of transportation options supports mobility in the region for trips that are not completed with a personal vehicle or by a friend/family member. Travel training and technology enhancements offered by The COMET, Able SC, and Feonix-Mobility Rising are improving access to transportation resources, particularly in Richland and Lexington Counties.

The Columbia metropolitan area has the most extensive network of mobility options during weekdays, evenings and weekends. Rural areas of the region have a smaller variety of mobility options and more limited days and hours of access to service, compared to Columbia.

Many health care, employment, shopping, and entertainment destinations are located in Richland and Lexington Counties; however, regional transportation service is limited from the outlying communities in rural areas. Human service agencies, senior centers, and Veterans Affairs provide critical access to the regional trip generators but access from the outlying counties is limited. All of the specialized transportation services for older adults, individuals with disabilities, and people with low incomes have eligibility requirements, service area boundaries, and specific days and hours of operation. In most cases, these agencies work independently from one another with the exception of formal transfer points with The COMET or SWRTA to facilitate regional transportation options.

The following chapter outlines the unmet needs and gaps in the network of transportation services for older adults, individuals with disabilities, people with low incomes, and the general public. Although the region is served by a robust network of existing services, many gaps need to be addressed through coordination or service expansions.

# Needs

## CHAPTER 4 NEEDS ASSESSMENT

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### COMMUNITY INPUT RESULTS

An assessment of unmet transportation needs was conducted through a public input survey, a series of nine public meetings, and four stakeholder focus groups. The survey, which focused on the transportation needs of older adults, was available online and announced through all major local print media and social media outlets, including minority and Hispanic language papers. The survey was also administered at three social services outreach events:

- ◆ Senior Citizen Day 2019, South Carolina State Fairgrounds, Columbia on May 8, 2019
- ◆ Fairfield County Council on Aging 2<sup>nd</sup> Annual Senior May Expo, M. H. Boykin Recreation Center, Winnsboro on May 9, 2019
- ◆ Seeds of Hope Farmers' Market Nutrition Program, Grace United Methodist Church, Columbia on June 4, 2019

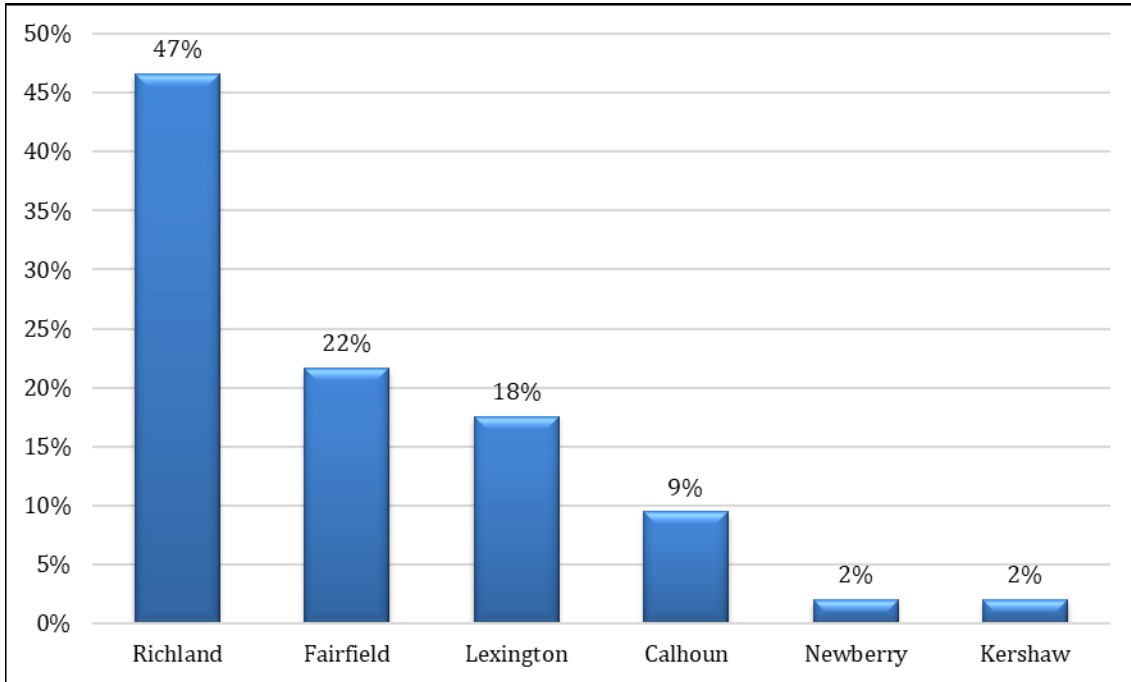
During the events, outreach specialists spoke with older adult participants about their current access to transportation and any challenges or limitations they experience related to mobility on a day-to-day basis. A total of 148 surveys were completed by older adults.

### Survey Results

While the survey results do not provide a complete picture of older adult transportation, they provide a snapshot of potential needs and demands for further exploration during the planning process.

Each county is represented in the survey results. The majority (47%) of survey respondents live in Richland County. Approximately 22% of respondents are from Fairfield County; 18% are from Lexington County; nine percent are from Calhoun County; and two percent are from Newberry and Kershaw Counties, respectively.

**Chart 4.1: County of Residence**

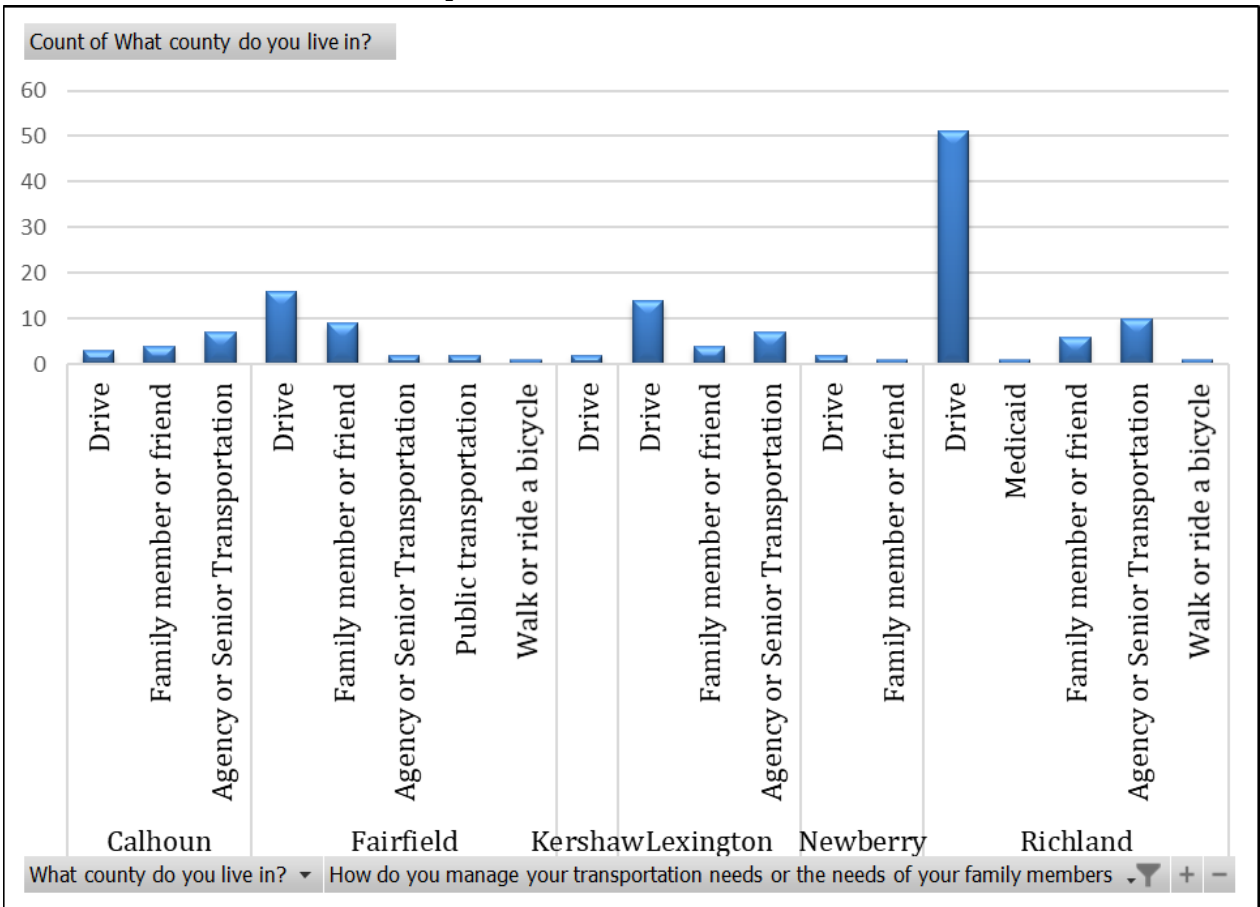


Source: Public Survey

Survey respondents were asked how they currently meet their transportation needs. Overall, the majority of survey respondents (61%) drive a personal vehicle as their primary mode of transportation. Approximately 18% of respondents use human service agency transportation such as services provided by a senior center. Another 17% ride with a friend or family member. Approximately one percent of respondents walk, ride a bicycle or use public transportation. Less than one percent of respondents rely on Medicaid-sponsored transportation services.

The following exhibit illustrates the number of respondents using each mode of transportation, by county of residence. Respondents could select multiple answers to the question. In Calhoun County, half of the respondents use agency or senior transportation. In all other counties, 'driving a personal vehicle' was the most common response.

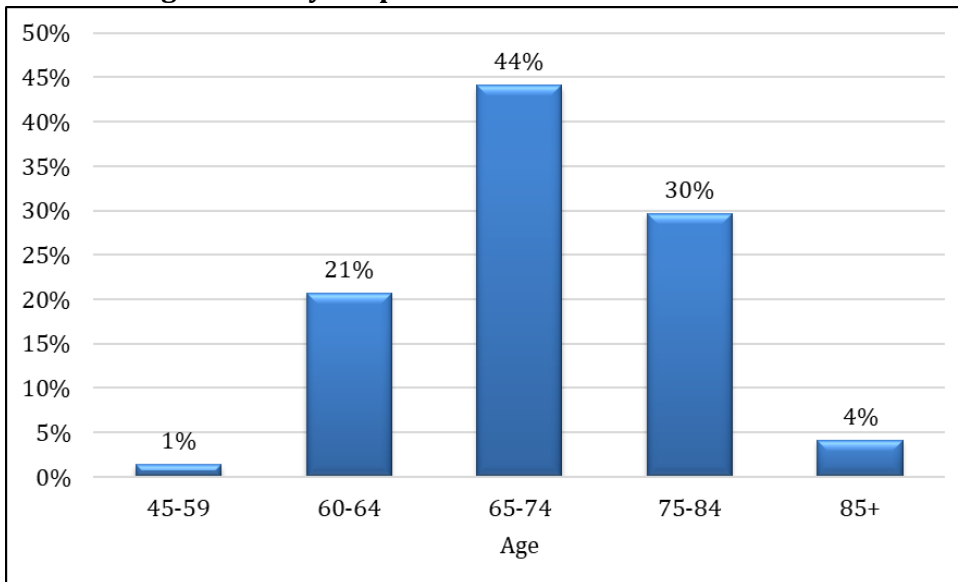
**Chart 4.2: Current Mode of Transportation**



Source: Public Survey

Survey respondents were ages 45 and older. The majority of respondents were between ages 60 and 84. Approximately 44% of respondents were ages 65 to 74.

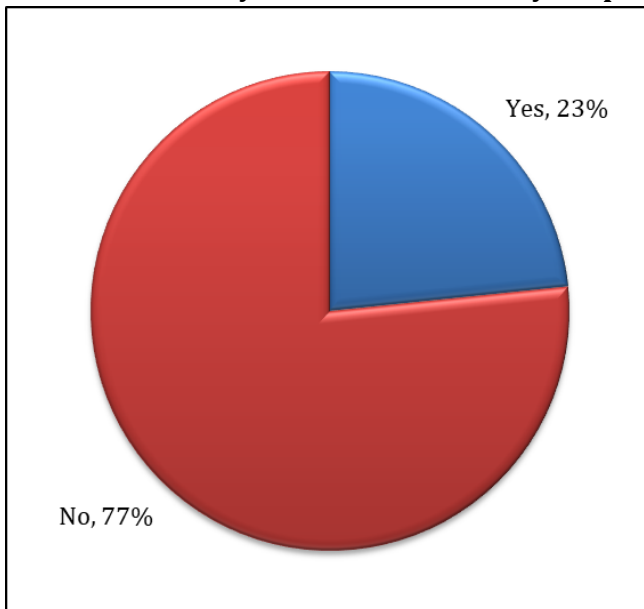
**Chart 4.3: Age of Survey Respondents**



Source: Public Survey

Approximately 23% of respondents have a disability that requires them to use a cane, walker, wheelchair or some other mobility device to help them get around (indicated by “Yes” responses in the following chart).

**Chart 4.4: Mobility Limitations of Survey Respondents**



Source: Public Survey



## **Public Meetings and Focus Groups**

Nine public meetings were conducted to collect input on unmet transportation needs in all counties. Representatives from human service agencies, senior centers, veteran's transportation services, public transportation, local governments, and private and non-profit transportation services in each county were invited to participate. The meetings were open to the general public and advertised through local newspapers and social media outlets in each county.

Because the focus of the needs assessment was on transportation for older adults and individuals with disabilities, meetings were facilitated at local senior centers immediately before or after congregate meals. Representatives from agencies serving the general public or individuals with disabilities were encouraged to invite clients to attend. As an additional effort to involve the general public, the meetings were hosted on Facebook Live and questions from Facebook participants were announced and addressed during the meeting.

The meetings had a total of 193 participants. Meetings were offered during business hours and during the evening. Attendance for each meeting was as follows:

- ◆ Calhoun County – 22 participants
- ◆ Fairfield County – 29 participants
- ◆ Kershaw County – 34 participants
- ◆ Lexington County Meeting #1 – 5 participants
- ◆ Lexington County Meeting #2 – 63 participants
- ◆ Newberry County Meeting #1 – 6 participants
- ◆ Newberry County Meeting #2 – 21 participants
- ◆ Richland County Meeting #1 – 7 participants
- ◆ Richland County Meeting #2 – 6 participants

Four focus groups were facilitated during the needs assessment, with participation from human service agencies and non-profit organizations that serve older adults, individuals with disabilities, and people with low incomes. Focus groups were facilitated in Fairfield, Lexington, Newberry, and Richland Counties.

Focus group discussions were centered around the mobility challenges that exist in each county and across the region. The facilitators used the input provided by participants to identify the limitations of the existing transportation network in terms of availability, access, capacity, and spatial and temporal gaps in service.

## **SUMMARY OF IDENTIFIED NEEDS**

The following paragraphs outline the transportation needs and gaps identified during focus groups, public meetings, and surveys. Within each topic area, there are aspects of the existing network of services that are working well and should be preserved. There are also challenges or barriers to mobility that impact the lives of residents and visitors. Strategies to preserve effective services and address the challenges or barriers to mobility are equally important. Goals and strategies that will

guide stakeholders as they work toward overcoming the needs and gaps in services are addressed in the next chapter. Additional county-specific transportation services, unmet needs and challenges are explored in more detail in the appendix report for each county.

## **Area of Identified Need:**



### **Expansion of Public Transportation**

Public transportation in Central Midlands is low cost to the passenger and serves a significant amount of transportation needs for people within the service areas. However, there are outlying communities and rural areas that do not have access to public transportation. And, even within the public transit service areas, evenings and weekends are unserved leaving many individuals with no transportation options, or at minimum, no affordable transportation options. The following bullet points below outline the aspects of public transportation that were identified as services that work well.

#### **What Transportation Options Are Working Well?**

- ◆ Public transportation, including fixed route and specialized paratransit service, is a valuable option where it is available
- ◆ People receiving economic assistance services often use public transportation. Some clients have their own vehicles or ask someone to drive them where they need to go.
- ◆ South Carolina Department of Social Services (SCDSS) receives requests for bus passes. At times, the agency does not have enough passes to meet the clients' needs. They attempt to fulfill all requests and to make sure people are able to find transportation to court-ordered events such as counseling. SCDSS is challenged by trying to ensure that all clients have transportation they need, even where public transit is available.

Top priority needs, challenges or barriers to using public transportation services that were identified during the planning process are outlined below.

#### **What Transportation Needs, Challenges or Barriers Exist?**

- ◆ Approximately 45% to 50% of SCDSS clients have transportation challenges. Many have to work to receive benefits, but they do not have access to transportation that to get them to/from work.
- ◆ A significant amount of paperwork needs to be completed for agencies to receive bus passes, creating an administrative challenge for small non-profit organizations.
- ◆ Public transportation is not available for local trips in Lexington County where the population is projected to continue to increase. As the county's older adult population grows, the demand for public transportation will grow.
- ◆ For clients who do not have court orders to attend certain appointments, there often is no funding source to help with their transportation. For example, people in foster care or family preservation programs need transportation support but may not be eligible through SCDSS programs.
- ◆ There is a stigma if you do not drive. Driving, to many, equals independence. Many times, people don't come forward to say they need help because of this stigma.

## Area of Identified Need:



### **Access to Fresh Food and Nutrition Programs**

Public and stakeholder input revealed that seniors, individuals with low incomes, and people with disabilities who do not drive are relying on friends, family, human service agencies, and public transportation for access to grocery stores, farmers markets, food pantries, and nutrition programs. Agencies and communities throughout Central Midlands have made strong, successful strides in reducing the number of food deserts through mobile food pantries, farmers markets, subsidized transportation services designed to take people to stores where fresh produce is sold, and many other programs. Input collected through this planning process indicates that access to fresh food and nutrition in all counties and particularly the areas that do not have regular public transportation services remains a top priority for the public and the agencies that serve them.

The following bullet points were specifically identified as being beneficial to the target population groups.

#### **What Transportation Options Are Working Well?**

- ◆ Homebound seniors in Richland County receive home-delivered meals through the Meals on Wheels program.
- ◆ Mobile food banks and other partnerships to ensure food pantries and laundry facilities are available to individuals and families with low incomes in all counties. Lexington County, in particular, has an active Mobile Food Bank.
- ◆ Farmer's Markets are scheduled throughout all counties and include a discount program for county residents with low incomes and older adults.
- ◆ The COMET to the Market program is available daily between 6:00 AM and 10:00 PM and aims to connect customers to fresh food options. The community faces significant food deserts, and there are markets in the areas that are not well served by traditional bus service due to lower population densities. The COMET To The Market is available through Uber and Lyft apps. The COMET subsidizes the first \$5.00 of a trip. Service area is restricted to The COMET service area and select grocery store locations.

The following bullet points were identified as areas where transportation needs or gaps in services continue to exist and are a priority.

#### **What Transportation Needs, Challenges or Barriers Exist?**

- ◆ Only 35% to 40% of seniors who are eligible for congregate meals in Richland County can get to meals on their own.
- ◆ Approximately 85% of Senior Resources' (Richland and Lexington Counties) clients do not have transportation or cannot drive.
- ◆ Where fixed route public transit is available, older adults and people with mobility limitations may not be able to get to a bus stop because of the distance to the nearest stop, lack of sidewalks, or other barriers. Curb-to-curb or door-to-door transportation options for nutrition trips are needed for individuals who cannot access a fixed route bus stop.
- ◆ Food deserts are in Lexington County and throughout the region, where individuals who do not drive may not have access to fresh food. Partnerships to bring food to these communities may

be as beneficial as, or more so than, transporting people long distances to access food and nutrition services.

## Area of Identified Need:



### **Transportation to Medical and Wellness Appointments**

Medical and wellness appointments are necessary trips and many programs exist in Central Midlands to provide transportation for appointments if the individual meets eligibility requirements. Transportation for medical and wellness appointments are often funded by the Older American's Act, Medicaid, Veterans Affairs, and various South Carolina Department of Health and Human Services (SCDHHS) Programs, including Medicaid. Private insurance also subsidizes or provides transportation for eligible healthcare appointments.

The following list highlights the transportation options that were identified as particularly important to participating stakeholders and the general public.

#### **What Transportation Options Are Working Well?**

- ◆ DART paratransit receives referrals from Senior Resources in Richland County to transport eligible older adults and individuals with disabilities to medical appointments.
- ◆ Senior services programs operate vehicles to assist clients with transportation to medical appointments and limited services to grocery stores, the library, and Walmart. Lourie Center and other senior services programs throughout the area provide transportation in an effort to help people age in place.
- ◆ Non-emergency medical transportation (NEMT) is available throughout the entire region for Medicaid eligible trips.
- ◆ All Star Taxi, Inc. in Newberry County receives vouchers from the local hospital for transportation of patients that have no available transportation options.

While many services are available, the demand during certain times of the day often exceeds available resources. Also, for individuals who cannot afford to use private transportation, do not live within a public transportation service area, and/or do not qualify for DHHS or other programs, subsidized transportation to appointments is only available if the individual drives or can obtain a ride from a friend or family member. The following list summarizes the most significant unmet needs, challenges or barriers to transportation for medical and wellness appointments.

#### **What Transportation Needs, Challenges or Barriers Exist?**

- ◆ Clients of Senior Resources who are using DART paratransit for medical appointments are sometimes not able to preschedule a ride at a time that will get them to a necessary medical appointment because the doctor office did not schedule the appointment with enough advance notice. With just a few days' notice, for example, DART paratransit may not be available at the time when the passenger needs to attend an appointment.
- ◆ Senior Resources has a van to take clients to medical appointments but they are not able to accommodate all requests. Demand for transportation to medical appointment exceeds available transportation resources offered by Senior Resources.
- ◆ People who do not qualify for Medicaid and need a ride must rely on family, friends, or cost-prohibitive private services.



- For example, it costs as much as \$350 to ride from Hopkins to Mt. Pleasant using a private transportation service.
- ◆ Longer-distance trips are scheduled for groups in an attempt to put as many passengers on one vehicle. Therefore, the wait times involved while passengers wait for their fellow riders to complete their appointments are excessive. For example, clients may wait for three hours after an appointment, and be unattended during that time, for their ride home.
- ◆ Individuals with low incomes who do not live on The COMET bus routes have a difficult time getting to food banks and farmer's markets.
- ◆ Vehicles operated by Lourie Center and other human service or non-profit agencies are aging and older vehicles need frequent repairs. More frequent replacement of vehicles would reduce maintenance/operating costs for the agencies.
- ◆ Reportedly, people sometimes wait for an hour or longer to ride home after an appointment due to transportation availability and/or scheduling practices. For people with certain conditions, a lengthy wait after an appointment is not an option.

## **Area of Identified Need:**



### **Access to Transportation**

Access to transportation includes factors such as service area boundaries of the providers, the cost of a ride, access to bus stops for people with mobility limitations, eligibility requirements, and limited availability of accessible vehicles. Challenges to accessing the available transportation options are significant in Fairfield and Newberry Counties, as well as in portions of Lexington, Kershaw, and Calhoun Counties.

The following list summarizes the transportation options that are working well and are most accessible.

### **What Transportation Options Are Working Well?**

- ◆ Public transportation is available in Richland, Fairfield, Newberry, and portions of Lexington, Kershaw, and Calhoun Counties. Public transportation is a highly valuable resource for the general public when and where service is available.
- ◆ Private transportation is available in rural communities and it provides a good option for local and last-minute trips for those who can afford the fare.
- ◆ South Carolina Department of Health and Human Services (SCDHHS) has established a structure for statewide non-emergency medical transportation (NEMT) services for Medicaid eligible trips with the intent of ensuring some availability of service throughout the state. Currently, NEMT transportation is operated through a statewide brokerage contracted to LogistiCare.
- ◆ Public transportation providers offer a variety of passenger fares so that passengers have options when budgeting for transportation.
- ◆ The COMET offers routes to neighboring counties making regional transportation possible.
- ◆ Affordable housing is available near bus routes in Richland County.
- ◆ Bike paths have been installed on many Richland County roads, particularly in Columbia.
- ◆ In Lexington County, The Mission connects people to jobs at a poultry processing plant. It is helpful that people have the option to ride The COMET to get to/from the plant.

Even where services are operated, accessing the bus stops can be a challenge for individuals with disabilities or people who live more than walking distance from the nearest bus stop. The following list summarizes results of needs assessment activities.

### **What Transportation Needs, Challenges or Barriers Exist?**

- ◆ In Richland County, transportation is limited but Reflex and The COMET's fixed routes (31, 47 and 62) serve Hopkins, Upper Monticello, Lower Richland, and Eastover. In the communities of Gaston, and Blythewood no public transportation is available. In Eastover transportation is available, but public meeting participants indicated that there is nowhere local to shop for food except dollar stores.
- ◆ Lexington County has very limited public or non-profit transportation for people under age 60.
- ◆ While there is a NEMT brokerage, there are not enough operators available in some portions of the region which leads to missed medical appointments.
- ◆ The region's agencies need to work together to make a comprehensive transportation service available to any and all.
- ◆ People who transfer from multiple providers to complete regional (multi-county) trips are too often late to appointments or miss them entirely.
- ◆ Transportation providers need to advertise so that people know what services are available.
- ◆ Private transportation is the only available option in some areas of the region. However, for many people, \$15-\$20 for a local ride or hundreds of dollars for a longer distance ride is not affordable.
- ◆ Public transit routes do not support access to employment at entry-level jobs in Blythewood and Lexington that offer potential stability for people re-entering the workforce. Extending The COMET public transit service area would help improve access from homeless shelters to jobs.
- ◆ Extending public transit hours to later and earlier would help 2<sup>nd</sup> and 3<sup>rd</sup> shift employees or job seekers get to work.
- ◆ The COMET fare structure is a cost burden for some organizations that purchase passes for clients because the Day Pass is more expensive than buying two one-way trips, according to meeting participants.
- ◆ People with mobility limitations are not always able to access The COMET's fixed routes because they are challenged by hills, standing outside in extreme heat, and lack of sidewalks and curb cuts.
- ◆ Lexington County does not have a strong network of infrastructure and amenities for pedestrians and bicyclists.
- ◆ The Starbucks roasting plant is a potential employer for individuals with disabilities, but potential employees from Lexington County cannot get there without a car.

### **Area of Identified Need:**



### **Funding to support Public, Non-Profit, and Human Service Agency Transportation Programs**

Adequate funding to sustain subsidized transportation services continues to be a challenge for public, non-profit, and human service agency transportation programs. Program managers are continuously seeking funds to support transportation because it is a vital service for their consumers, local communities, and the general public.

Transportation program budgets are built from a combination of Federal, State, and local funding resources. The most common Federal funding programs for stakeholders in this study are derived from Federal Transit Administration (FTA), Department on Aging (DOA), and South Carolina Department of Health and Human Services (SCDHHS). Most Federal funding programs require a local match. Local funding comes from a combination of local government budgets, tax revenue, donations, foundations, contributions, and passenger fares. Contracts for service are an eligible, but less common source of local funding in Central Midlands.

FTA grants may be matched with local funds or other federal programs that allow for transportation so long as those federal programs are not under the U.S. Department of Transportation. For example, many SCDHHS programs can be used to match the operating or capital grants derived from FTA programs.

The following list summarizes aspects of the current funding structure that are working well for participating stakeholders.

#### **What Transportation Options Are Working Well?**

- ◆ Non-profit and human service agency programs find support through grants and local public funds to provide access to vital services such as nutrition and medical care. However, funding is sometimes too limited to address the needs for other trip purposes such as employment and entertainment.
- ◆ The FTA Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310) program administered by CMCOG provides grants for up to 50% operating and 80% capital funding for eligible programs serving the targeted populations.
- ◆ Older Americans Act Title III-B funding provides a valuable resource for transportation of older adults in each county.
- ◆ The FTA Sections 5307, 5311, and 5339 programs provide valuable funding to support general public transportation services.
- ◆ The COMET serves Samsung and Piedmont Technical College.

The following points summarize the most significant needs, challenges or barriers to adequate and sustainable transportation program funding.

#### **What Transportation Needs, Challenges or Barriers Exist?**

- ◆ Non-profit and human service agency transportation programs generally offer limited hours and/or days of service and do not have enough capacity to serve more than the most vital trip purposes.
- ◆ Even with limited hours/days of service, Lexington County Recreation and Aging program transportation services are 'maxed out' and no new clients can be added until space becomes available.
- ◆ Agencies, non-profit organizations, and faith-based organizations often have vehicles that are going unused during hours or days when transportation providers are struggling to meet demands for service because of a lack of vehicles or drivers. However, insurance or other funding guidelines – or perceptions of those guidelines – are preventing agencies from sharing vehicles or putting clients from different agencies on their vehicles even when the two clients are going to the exact same location.

- ◆ Population growth in the region has increased demand for publicly funded transportation services but funding to support the services has not increased at a proportional rate.
- ◆ In Newberry County, only Newberry Express/Council on Aging and The COMET have wheelchair accessible vehicles.
- ◆ Newberry County Council on Aging/Newberry Express is not able to support employment transportation because of limited funding.
- ◆ Vehicle maintenance is a significant expense for agencies and private operators in Newberry County.

## **Area of Identified Need:**



### **Specialized Transportation to Serve the Needs of Older Adults and Individuals with Disabilities**

Transportation of individuals with disabilities and older adults requires specialized driver training, equipment, and vehicles. An individual who needs specialized transportation may need additional assistance navigating their trip from origin to destination. Drivers must have the necessary training to safely transport the passenger. Safe transportation sometimes involves securing a specialized mobility device.

In Central Midlands, like many communities, organizations and agencies that serve individuals with disabilities as part of their primary mission are providing the majority of transportation for their members. However, people who are not members of an agency may not have available transportation options or do not understand the variety of resources that might be available to them because there is no centralized place for them to call and schedule a ride. Agencies like AbleSC provide a highly valuable resource and can suggest transportation providers to individuals needing a ride. The Mobility Management program also provides valuable assistance in helping people identify transportation options and/or navigate The COMET services.

The following lists summarize the aspects of specialized transportation for older adults and individuals with disabilities that are working well.

#### **What Transportation Options Are Working Well?**

- ◆ Specialized transportation services with accessible vehicles are available in all counties to provide at least a limited amount of service.
  - Service capacity and availability is limited and may not be meeting needs in some areas.

Below are the unmet transportation needs, challenges or barriers identified through the needs assessment process.

#### **What Transportation Needs, Challenges or Barriers Exist?**

- ◆ The guidelines and requirements for eligibility are different for every provider of specialized transportation and some clients ‘fall through the cracks’ when they do not fit into any programs’ eligibility requirements.
- ◆ Providers need to be educated about assistive equipment rather than simply deny rides due to concerns about the mobility equipment a potential rider uses.

- ◆ Transportation providers need to be trained to recognize and serve passengers with dementia so that they can better assist riders.
- ◆ Specialized, accessible transportation is only available from private operators in some areas, and these private services are not affordable for many people. Affordable options are needed, particularly in areas outside of the COMET's DART service area.

## Area of Identified Need:



### **Travel Training and Outreach/Education about Transportation Options**

Travel training to learn how to navigate and use COMET fixed routes and DART services is offered by The COMET through a grant agreement with CMCOG. The program involves dedicated staff from The COMET and volunteers. The program has improved mobility for older adults and individuals with disabilities throughout The COMET service area. Likewise, public transportation and senior service agencies provide education and outreach to inform eligible individuals about transportation options that are available.

General public and stakeholder input at focus groups and public meetings frequently referenced a lack of understanding about available transportation resources, eligibility requirements, scheduling procedures, and service areas. Human service agency clients were very familiar with the services offered by their own agency, but often did not understand the public or private transportation options that were also available to them. The following list summarizes the most frequently cited aspects of travel training and education that are working.

#### **What Transportation Options Are Working Well?**

- ◆ The mobility management program offered by The COMET along with other travel training programs implemented at human service agencies, provide a significant level of information and assistance to anyone learning to use transportation services.
- ◆ The addition of technology has made it easier for passengers to find information and/or schedule trips online or on their smartphone.

Below are the most common unmet needs, challenges, or barriers to travel training and education/outreach.

#### **What Transportation Needs, Challenges or Barriers Exist?**

- ◆ Difficulty using fixed route services or specialized transportation may be keeping people from riding. Transportation providers must continue to constantly seek opportunities to improve awareness/education about available services and how to use them.
- ◆ Outreach and education to individuals who are not technology-savvy or do not have access to the internet or a smartphone requires continuity in information sharing between providers and clients. All agency partners in the network of outreach and education must be sharing the most current information about available services.
- ◆ Passengers need training about how to budget for transportation expenses when they rely on public or private transportation services. For example, when passengers budget for groceries,



they do not always account for the taxi or bus fare that is required to get them to and from the store. As a result, they may not have enough fare for the return taxi ride home.

## NEEDS ASSESSMENT CONCLUSIONS

Public and stakeholder input reinforced the transportation demand indicated by the demographic analysis and illustrated the unmet needs and gaps in transportation services in the Central Midlands region. The primary areas of unmet transportation needs and gaps in services are generally within six topic areas:



◆ Connectivity between public transportation services is lacking in many parts of the region which makes multi-county trips difficult or impossible. Similarly, there are spatial gaps in coverage for public transportation routes within single counties which leave the most rural areas without access to services.



◆ Access to fresh food and nutrition programs is improving but remains a challenge, particularly from outlying communities.



◆ Transportation to medical and wellness appointments is an ongoing challenge, particularly for trips into Richland and Lexington Counties from the surrounding areas.



◆ Access to transportation is limited in Kershaw, Calhoun, Newberry, Fairfield, and Lexington Counties where individuals with disabilities, older adults, and people with low incomes do not have access to public transit routes or demand response services. Human service agencies and private taxi services are working to fill those gaps. However, eligibility restrictions or the cost of passenger fares create gaps in access for people who do not qualify for agency programs and/or cannot afford private transportation.



◆ Sustainable funding is needed to support and expand public, non-profit, and human service agency transportation for older adults, individuals with disabilities, people with low incomes, and the general public. Public and human service agency funding for transportation is derived from a combination of Federal, State, and Local resources. Passenger fares also make up a portion of public transportation budgets.



◆ Specialized transportation services including vehicles that are wheelchair accessible and drivers/staff with experience and expertise to safely transport mobility devices are a highly valuable resource in the community. However, eligibility requirements can be confusing and often exclude individuals who need additional assistance or have a non-traditional mobility device because drivers and staff do not have adequate training or vehicles are not properly equipped. Also, the hours of service for specialized transportation providers are often limited to weekdays and do not include evenings and weekends. Weekday schedules limit the mobility options and independence for individuals who require specialized transportation services.



◆ Travel Training and outreach education about transportation options are improving but need to continue to expand, particularly in Lexington, Fairfield, Calhoun, and Kershaw Counties.

Based on the demographic analysis and feedback generated during the input process, the consultant team created a list of potential transportation strategies to address the identified unmet transportation needs in the region. These strategies are described in the next chapter.

### OVERVIEW

The general concept of coordinated transportation and strategies for improving access to information and resources about the existing transportation services has widespread support from throughout the region. Bringing new levels of coordinated transportation and communication between the transportation providers into reality will require supporters to take action. Human service agencies, public and private transportation providers, and non-profit organizations throughout the region are aware of the impact that gaps in access to transportation resources have on the local community, particularly older adults, individuals with disabilities, and people with low incomes. Today, transportation providers are each working within their own limited resources to benefit the most people possible. Sharing of resources and information between agencies is limited with the exception of the information and travel training resources shared by the COMET.

Hesitation to become fully involved in the concept of sharing resources and coordinating services may come from fear that some potential participating agencies may lose their autonomy and ability to preserve the necessary services for their consumers while sharing resources. Some have not yet been able to obtain a clear understanding of the actual commitment that would be required from all parties in order to make the end result worth the effort. Opportunities for improving transportation services must, therefore, nurture a trusting relationship between participating organizations by clarifying objectives and costs, ultimately guiding the participants toward a more coordinated approach to transportation and mobility throughout the region – an approach that efficiently addresses gaps in services within the capacity of the existing transportation providers.

### GOALS

Seven primary goals are described in this chapter. Each goal is supported by the input provided by participants, including the general public, private and public entities, and participating organizations through local stakeholder and public meetings.

Table V.1 is a summary of the goals and implementation strategies or actions steps that are necessary to achieve each goal. The strategies were assigned three “levels.”

**Level 1 Strategies** are those that could be implemented in incremental steps or with as few as two organizations. Some of the Level 1 strategies are a continuation of existing activities.

**Level 2 Strategies** have moderately significant challenges, and require more partnerships than Level 1, but are not as comprehensive as Level 3.

**Level 3 Strategies** require comprehensive coordination or even consolidation of resources or responsibilities from multiple organizations into a single entity.

The levels are intended to be viewed as contingency plans. Because, in some cases, there are significant challenges involved in coordinating transportation resources; and, because the most significant challenges can be associated with funding restrictions and organizational policy limitations, some of the strategies may take longer to implement – or may require significant changes in local policies and regulations that are beyond the control of the local stakeholders. Nonetheless, making progress toward additional levels of coordination is important to overcoming the unmet needs and gaps in services for older adults, individuals with disabilities, people with low incomes, and the general public.

**Table V.1: Summary of Goals and Strategies**

Goals	Level 1: Strategies that could be implemented in incremental steps or with as few as two organizations. Some Level 1 strategies are a continuation of existing activities.	Level 2: Strategies that have moderately significant challenges and require more partnerships than Level 1, but are not as comprehensive as Level 3.	Level 3: Strategies that require comprehensive coordination or even consolidation of resources or responsibilities from multiple organizations into a single entity.	Lead Agency for Implementation
<b>Goal 1: Establish a Regional Coordinated Transportation Framework</b>	1.1 Sustain the existing public transportation and Section 5310 funded programs.	1.2 Establish a Regional Coordinating Council for public and human services transportation. 1.3 Establish Coordinated Community Transportation Councils in counties or groups of counties throughout the region.	None.	CMCOG leads RCC and Local Transit Systems (or designated organization) lead LCCs.
<b>Goal 2: Enhance Access to Food and Medical Services in Unserved or Underserved Communities</b>	2.1 Establish tele-health centers.	2.3 Support complete access to food pantries, meals, or schools.	2.1 Coordinate medical appointment times with transportation availability.	Recipients or subrecipients of FTA funding in coordination with healthcare providers.
<b>Goal 3: Increase Local Match for Transportation through Purchase of Service Agreements</b>	3.1 Increase purchase of service agreements with public and human service agency transportation providers.	3.2 Increase public transportation service in Calhoun, Kershaw, Lexington and Newberry County.	None.	Recipients and subrecipients of Section 5310, 5311, and/or 5307 funding.
<b>Goal 4: Create a Coordinated Volunteer Driver Program</b>	4.1 Create a Volunteer Transportation Working Group(s).	4.2 Organize a Volunteer Driver Program(s).	None.	CMCOG
<b>Goal 5: Expand Regional Connectivity and Local Transportation Services</b>	5.1 Implement a pilot route for the general public in Newberry County. 5.2 Coordinate feeder services to connect with The COMET and SWRTA from outlying communities.	None.	5.3 Expand public transit services into Lexington County. 5.4 Expand public transit services in the COATS Urbanized Area including portions of Calhoun and Kershaw Counties.	Newberry County Council on Aging; Lexington County human service agencies; The COMET; Public Transportation providers or coordinated partners; Regional Councils of Government
<b>Goal 6: Improve Public and Human Service Agency Transportation Information</b>	None.	6.1 Improve transportation information sharing with the public and access to transportation services through mobility management.	6.2 Create a One-Call/One-Click Application or Call Center for coordinated ride sharing and multi-county trips.	CMCOG
<b>Goal 7: Coordinate Outreach, Advertising and Travel Training</b>	7.2 Continue the existing travel training program for The COMET.	7.1 Establish a rural travel training program.	None.	CMCOG and The COMET



## **Goal #1: Establish a Regional Coordinated Transportation Framework**

- 1.1: Sustain Existing Public Transportation and Section 5310 Funded Programs
- 1.2: Establish a Regional Coordinating Council for Public and Human Services Transportation
- 1.3: Establish Coordinated Community Transportation Councils in Counties or Groups of Counties

## **Goal #2: Enhance Access to Food and Medical Services in Unserved or Underserved Communities**

- 2.1: Coordinate Medical Appointment Times with Transportation Availability
- 2.2: Establish Tele-Health Centers
- 2.3: Support Complete Access to Food Pantries, Meals, or Schools

## **Goal #3: Increase Local Match for Transportation Through Purchase of Service Agreements**

- 3.1: Increase Purchase of Service Agreements with Public and Human Service Agency Transportation Providers
- 3.2: Increase Public Transportation Service in Calhoun, Kershaw, Lexington and Newberry Counties

## **Goal #4: Create a Coordinated Volunteer Driver Program**

- 4.1: Create Volunteer Transportation Working Group(s)
- 4.2: Organize a Volunteer Driver Program(s)

## **Goal #5: Expand Regional Connectivity and Local Transportation Services**

- 5.1: Implement a Pilot Route for the General Public in Newberry County
- 5.2: Coordinate Feeder Services to Connect with The COMET and SWRTA from Outlying Communities
- 5.3: Expand Public Transit Services Into Lexington County
- 5.4: Expand Public Transit Services in the COATS Urbanized Area Portions of Calhoun and Kershaw Counties

## **Goal #6: Improve Public and Human Service Agency Transportation Information**

- 6.1: Improve Transportation Information Sharing with the Public and Access to Transportation Services through Mobility Management
- 6.2: Create a One-Call/One-Click Application or Call Center for Coordinated Ride Sharing and Multi-County Trips

## **Goal #7: Coordinate Outreach/Advertising and Travel Training**

- 7.1: Establish a Rural Travel Training Program
- 7.2: Continue the Existing Travel Training Program for The COMET

A description of each goal and strategy is provided in the paragraphs that follow. Table V.2 at the end of this chapter provides a matrix relating each goal to the identified unmet transportation needs and gaps in services.

## **STRATEGIES**

The following paragraphs explain the goals suggested above and detailed implementation strategies. Each strategy is an action item intended to help CMCOG and local stakeholders achieve the coordinated transportation goals and address needs.

### **Goal #1: Establish a Regional Coordinated Transportation Framework**

Central Midlands Council of Governments (CMCOG) administers grant funding and oversight for the Federal Transit Administration Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities Program and Department on Aging's Older Americans Act Funding. The needs assessment activities in this study indicate that the existing transportation services funded by these programs, as well as those services that are funded by other State and Federal grant programs are vital to the communities and people that they serve. Goal #1 focuses on preserving and sustaining the current transportation programs and resources that are addressing transportation needs throughout the region. This goal is an underlying goal that will be pursued along with all other goals and strategies.

Mobility Management funding is one of the current programs partially funded by the Section 5310 program and administered by CMCOG. The mobility management program is provided by a grant agreement with The COMET. One Mobility Manager and several travel trainers are included in the mobility management program. The program is housed at The COMET.

The Mobility Manager continues to successfully improve awareness and access to transportation resources through on-going communication with the transportation providers, hospitals, and human services programs to identify needs and develop the available resources. The Mobility Manager program also provides valuable travel training to passengers who are new to The COMET. To date, the mobility management program has focused on access to the various services provided by The COMET.

Goal #1 focuses on sustaining the existing transportation resources and strengthening the established mobility management structure by providing more direction/structure and broader scope of services.

**Regional Priority Rating:** Moderately High

#### **1.1 Sustain Existing Public Transportation and Section 5310 Funded Programs**

The Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities Program (Section 5310) will continue to be a priority. CMCOG will continue to manage and provide guidance to Section 5310 recipients to consider grant applications that align with the public and coordinated transportation goals and unmet needs identified in this plan or any future plan amendments.

**Counties Included:** All counties in the region including urbanized areas of Calhoun and Kershaw Counties.

**Responsible Parties:** CMCOG will provide program management for the Section 5310 Programs. Subrecipients will continue to provide effective services as they plan to enhance services to meet identified unmet needs and gaps.

**Performance Measures:**

- ◆ Cost Effectiveness:
  - Total program administrative costs/Total passengers
- ◆ Market Penetration:
  - Total Passengers/Population of service area that could be eligible for the services provided
  - Number of new customers served
  - Percentage of trips provided as subscription trips or repeat customers served
- ◆ Service Availability:
  - Days and hours of service

**Implementation Timeframe:** Ongoing.

**Implementation Budget:** No additional funding is required for this strategy beyond current grant levels. The Federal Transit Administration determines the amount of funding allocated to the region for Section 5310 program grants and administration.

**Potential Grant Funding Sources:** Section 5310 funding provides up to 80% funding for capital costs associated with the project and up to 50% for eligible operating costs. A 20% local match for capital and 50% local match for operating is required. Local matching funds may be derived from local, state, or most federal non-Department of Transportation funding programs that include transportation as an eligible expense.

**1.2 Establish a Regional Coordinating Council for Public and Human Services Transportation**

Having a forum in which to discuss mobility issues, whether they are barriers, improvements, or observations, is vital to the continued development of a coordinated network of transportation services. A Regional Coordinating Council (RCC) must be organized to carry out tasks as outlined in this document. Once in place, the group can assign tasks to members, and work toward implementing the strategies and tasks described herein.

The RCC should establish annual goals and objectives that are monitored during the calendar year. If any goal appears to be faltering, the RCC can review the situation and work to get it back on track. There are times when goals must be adjusted to meet circumstances that arise. This should be done when necessary.

The basic framework for the RCC was initiated with the implementation of the Mobility Management program. The Council will be inclusive of representatives from agencies that provide public

transportation in each county included within the COATS region. Membership should also include CMCOG, Able SC, and South Carolina Department of Transportation.

**Counties Included:** All counties in the region including urbanized areas of Calhoun and Kershaw Counties.

**Responsible Parties:** The CMCOG will establish the RCC. Active membership should include, at minimum:

- ◆ The COMET
- ◆ Fairfield County Council on Aging
- ◆ Fairfield County Transit
- ◆ Newberry County Council on Aging
- ◆ Lexington County Recreation and Aging Commission, Seniors Programs
- ◆ Santee Wateree Regional Transportation Authority
- ◆ Senior Resources
- ◆ South Carolina Department of Transportation

**Performance Measures:**

- ◆ Purpose of the RCC is established and members are identified.
- ◆ Participating members agree to Memorandum of Understanding and set goals for improving coordination of resources.
- ◆ Council explores the potential benefits of sharing trips, information, schedules, staff, and/or vehicles based on a fully allocated cost structure and agreement between two or more agencies.
- ◆ Council works to identify funding opportunities for grants to support coordinated transportation, and those additional funds are applied to expand or enhance services for older adults, individuals with disabilities, and people with low incomes.

**Implementation Timeframe:** Implement within one year and continue on an ongoing basis.

**Implementation Budget:** Minimal expense for labor to actively participate in the RCC. Ultimately, participation in the RCC could result in additional funding for agencies and/or the region as participants work to improve awareness and eligibility for new funding programs and/or greater efficiencies of service through coordination and information sharing.

**Potential Grant Funding Sources:** Applicable expenses are a function of administering the Section 5310 programs and public transportation services at each agency. Funding for labor costs associated with active participate in the RCC would be derived from existing transportation program administration funds. Active participation on the RCC is an eligible mobility management expense under the Section 5310 program. Mobility Management is eligible for an 80 percent Federal share (and 20 percent local match).

**1.3 Establish Coordinated Community Transportation Councils in Counties or Groups of Counties**

Similar to the regional RCC, Local Coordinating Councils (LCC) should be created in Fairfield, Lexington, and Newberry Counties. The LCCs will discuss mobility issues specific to their local area

and or their role in improving regional connectivity. The LCCs should establish annual goals and objectives, some of which will support the RCC goals and objectives and others which will be specific to the local county.

At least one representative from each LCC will also participate in the RCC. The LCCs will update the RCC on their progress on an annual basis, or more often (monthly or quarterly) for specific projects that are in early implementation phases.

**Counties Included:** All counties in the region, including urbanized areas of Calhoun and Kershaw Counties which may participate in the LCCs for Richland County.

**Responsible Parties:** Potential membership may vary by county depending upon the network of transportation services available in each county, at minimum, membership should reflect participation from the following organizations in each county:

- ◆ Public Transit
- ◆ Senior Transportation
- ◆ Veteran’s Administration and/or Veteran’s Affairs
- ◆ Department of Developmental Disabilities (and/or local agencies serving individuals with disabilities)
- ◆ Hospitals and/or medical centers
- ◆ Food Banks and/or nutrition programs
- ◆ Department of Social Services (county-based programs)
- ◆ Chamber of Commerce
- ◆ Vocational Rehabilitation

**Performance Measures:**

- ◆ Purpose of the LCC is established, and members are identified.
- ◆ Participating members agree to Memorandum of Understanding and set goals for improving coordination of resources.
- ◆ Council explores the potential benefits of sharing trips, information, schedules, staff, and/or vehicles based on a fully allocated cost structure and agreement between two or more agencies.
- ◆ Council works to identify funding opportunities for grants to support coordinated transportation, and those additional funds are applied to expand or enhance services for older adults, individuals with disabilities, and people with low incomes.

**Implementation Timeframe:** Implement within one year and continue on an ongoing basis.

**Implementation Budget:** Minimal expense for labor to actively participate in the LCC. Ultimately, participation in the LCC could result in additional funding for agencies and/or the local area as participants work to improve awareness and eligibility for new funding programs and/or greater efficiencies of service through coordination and information sharing.

**Potential Grant Funding Sources:** Participation in the LCC is an eligible expense under the Section 5310 Mobility Management program for recipients. Mobility Management is an operating expense and requires a 20% local match. Local matching funds can be derived from local, state, and many



non-U.S. DOT federal programs that include transportation as an eligible expense. As a group, the LCCs could apply for Mobility Management funding to coordinate services through the LCC.

## **Goal #2: Enhance Access to Food and Medical Services in Unserved or Underserved Communities**

There are numerous small towns, communities, and neighborhoods in each county, but particularly in Calhoun, Kershaw, Fairfield, Lexington, and Newberry Counties. People must travel several miles to access medical services or to shop for fresh food. Additionally, many communities are traveling to the nearest city in their county or to Columbia for medical services. The region's primary medical facilities are in Lexington and Richland Counties. Providence Health Fairfield in Winnsboro (Fairfield County) provides emergency care. Otherwise, Fairfield County residents must travel 20 miles or more to regional hospitals in Columbia for complete care. For residents living outside of Winnsboro who do not have access to a vehicle or do not drive, access to medical services in Winnsboro can be a challenge and getting to Columbia can be done only at significant expense unless a friend, family member, or agency-sponsored transportation provider offers the trip.

Newberry County Hospital is a for-profit, full-service medical facility located in Newberry. In 2019, the hospital's Community Health Needs Assessment & Implementation Strategy research indicated that significant health needs for Newberry County are:

- 1) Mental Health
- 2) Obesity/Overweight
- 3) Alzheimer's
- 4) Affordability
- 5) Cancer
- 6) Diabetes

Local Expert Advisors indicated that the top three priority populations identified by the study are low-income groups, older adults, and racial and ethnic groups. And the most significant challenge faced by these populations is access to medical care.<sup>4</sup> The geographic area that is most socially vulnerable when preparing for and responding to disasters, including disease outbreaks and human-caused threats is located in Newberry and the northern and eastern areas immediately surrounding the city. All other portions of the county are moderately vulnerable. Factors contributing to social vulnerability include: Housing/Transportation, Disability, Socioeconomic Status, and Race/Ethnicity/Language.

Implementation strategies to help address the identified health needs include partnerships with senior centers and physician programs to encourage wellness.

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<sup>4</sup> Newberry County Memorial Hospital, Newberry, SC Community Health Needs Assessment & Implementation Strategy, 2019. [www.newberryhospital.org/images/uploads/NCMH-CHNA-Report-Final-092419.pdf](http://www.newberryhospital.org/images/uploads/NCMH-CHNA-Report-Final-092419.pdf).

Like Newberry County, the other Central Midlands counties also struggle with similar health needs. Community coalitions work together to improve the health of their communities by providing healthy choices at school, work, church and in the community. Among the strategies to improve health are farmers markets and roadside markets with fresh fruits and vegetables that accept SNAP, WIC and senior vouchers. Within areas of Richland County, The COMET subsidizes the cost of using an on-demand transportation service to access local grocery stores that offer fresh food. These programs and others will continue to support improved health of the community. The role of affordable transportation to medical services and nutrition is integral to the health of every Central Midlands community. The following strategies identify potential activities that support transportation for these purposes.

**Regional Priority Rating:** High

**2.1: Coordinate Medical Appointment Times with Transportation Availability**

Health care providers have an important role to play in the coordination of long-distance transportation to their facilities. Appointments should be scheduled in a manner that allows for transportation providers to coordinate patient/passenger trips efficiently. For example, a physician's office in Columbia serving clients who use transportation to ride to the facility from surrounding counties should coordinate appointment times so that one vehicle can be deployed to provide the ride. For this purpose, Regional LCCs (see Goal #1)—with support from transportation providers—would lead the development of new channels for cooperation between health care facilities and transportation providers.

Feonix Mobility Rising is working with local hospitals to improve access to care in a similar manner. They have expanded the coordination of transportation services to include volunteer drivers and they are working with participating hospitals to streamline appointment and transportation scheduling. Additional partners in the effort initiated by Feonix Mobility Rising would work to expand the program and improve options for more people in more areas of the region.

Tele-Health appointments also present an option for some medical appointments. However, when a video-health appointment is needed rather than a telephone conversation, some households are limited by lack of computers, smartphones, and/or internet access. Human service agencies, faith-based organizations, and senior centers, should advertise as Tele/Video-Health Centers for individuals who do not have access to the necessary technology at their homes. The centers will be available in the local communities during hours when consumers are at the center for nutrition or other programs. The human service agency, faith-based organization, or senior center's computer could be utilized for the appointment. Privacy standards for the appointment must be clarified and enforced.

**Counties Included:** All counties.

**Responsible Parties:** LCCs, transportation providers, health care facilities, Feonix Mobility Rising.

**Performance Measures:**

- ◆ LCC's designate a subcommittee to conduct pre- and post-implementation surveys of health care providers regarding their understanding of patient transportation options.
- ◆ Based on survey results, the LCC subcommittee will facilitate meetings with transportation providers and a representative from the health care facility to discuss opportunities to improve access to healthcare.
- ◆ The number of trips to medical facilities during off-peak hours of transit service increases each year.
- ◆ The number of video-health appointments that are completed in the local area in place of the trip to/from the medical facilities when the person would otherwise have not had access to the appointment.
- ◆ The number of people or the frequency of repeat customers using coordinated transportation resources for medical appointment access increases each year.
- ◆ The number of trip requests for medical appointments that go unserved by the transportation provider (and/or the number of appointments that are canceled or no-show) decreases each year.

**Implementation Timeframe:** One year and ongoing.

**Implementation Budget:** Minimal funding would be necessary due to this function being added to the duties of the LCCs. Implementation of trip coordination between multiple providers would require additional labor and could be part of the regional Mobility Management program, including additional funding to support expanded job duties of existing transit agency staff or to create a new part-time position.

**Potential Grant Funding Sources:** If additional service needs are identified, a combination of Federal Transit Administration (FTA) Sections 5310 and 5311; Department of Health and Human Services; Aging and Disability Services; Veterans Services; and medical facilities could potentially fund expanded hours or capacity of transportation resources. Potential funding sources will vary based upon the type of services implemented.

**2.2: Support Complete Access to Food Pantries, Meals, or Schools**

Millions of pounds of food are distributed throughout South Carolina through Harvest Hope, local faith-based organizations, and non-profit agencies. These pantries are more relevant and important than ever in a time of increasing unemployment and temporary school closings. The needs may be temporary for some families who will regain employment when the workforce fully reopens following the COVID-19 lockdowns. But, for many, hunger and poverty will persist. The need for nutritious food transcends the urban or rural differences in the Central Midlands.

Public and human service agency transportation providers should meet with Harvest Hope and other local food pantries or schools to determine schedules when people could use transportation services to access food pantry services, or if transit vehicles would be of service to the pantries for meal deliveries? Likewise, demand response transit providers transporting individuals from outlying communities to Columbia or to their local county seat, should advertise the option to stop at the local food pantry on certain days while in route to or from other destinations. For example, long

distance trips to Columbia, could include a no cost option to stop at a food pantry for eligible individuals.

In light of COVID-19, FTA has clarified that, under FTA Circular 5010.1E, public transportation assets acquired with FTA funds may be used for non-transit activities in response to COVID-19 if the use is incidental, such as meal or grocery delivery and does not affect the property's transit capacity. The COMET is providing this service in Richland and Lexington Counties during the pandemic.

Recipients are also permitted to establish new routes that serve critical community needs at any time. FTA's charter rule (49 CFR 604.3(C)(1) defines charter service as exclusive use of a bus or van for a negotiated price. If a recipient provides exclusive transportation for schoolchildren to meal sites, for example, and the service is funded by a third-party, such service is categorized as charter service. Although normally prohibited under FTA formula funding, charter service is eligible for COVID-19 response for up to 45 days from the beginning of each state of emergency incident period. For charter services lasting longer than 45 days, the recipient should submit a request to the Emergency relief Docket.

**Counties Included:** All areas of the region.

**Responsible Parties:** Recipients of FTA formula funds and organizations operating food pantries.

**Performance Measures:** Number of meals delivered and/or passenger trips to food pantries.

**Implementation Timeframe:** Immediate and on-going.

**Implementation Budget:** Expenses include advertising materials to announce inform the public and/or eligible consumers about increased access to food pantries (approximately \$200 to \$500 for printing flyers). Expenses for use of FTA funded vehicles for meal delivery will be based upon the cost per trip/mile/hour for each individual operator.

**Potential Grant Funding Sources:** During COVID-19, CARES Act funding is available for 100% of all expenses normally eligible under 49 USC 5307 and 49 USC 5311. Although priority for the funding is operational expenses, FTA will generally consider all expenses normally eligible under the Section 5307 and 5311 programs that are incurred on or after January 20, 2020 to be in response to an economic or other condition caused by COVID-19. After CARES Act funds are expended or expire, local funding should be sought to supplement the cost of passenger fares to/from food pantries for eligible individuals.

**Goal #3: Maximize Local Match for Public Transportation Through Purchase of Service Agreements and Contracts**

Transit systems serving rural areas struggle to secure the local matching funds required to expand transportation services. Purchase of service is an underutilized opportunity in the Central Midlands to increase FTA funding with a smaller local match requirement.

Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310), 49 U.S.C. 5310(b)(4), provide that the acquisition of public transportation services is an eligible capital expense. These services would be acquired under a contract, lease, or other arrangement. Both capital and operating costs associated with contracted service are eligible capital expenses. Unlike traditional operating grants which require a 50 percent local match, capital grants require only a 20 percent local match.

Acquisition of public transportation service is the procurement of third-party public transportation services by either a recipient or subrecipient. Only service that is competitively procured is considered an acquisition.

**Regional Priority Rating:** High

**3.1: Increase Acquisition of Service Agreements with Public Transportation Providers**

Public transportation services operate in all or portions of each county in the Central Midlands region. Complementing those services are human service agency programs, including those funded by the FTA Section 5310 Program that focus on service for older adults and individuals with disabilities where public transportation is insufficient, unavailable, or inappropriate.

Under this strategy, Section 5310 Programs are encouraged to seek opportunities to purchase (through proper procurement) contracted services for the provision of transit services for seniors and individuals with disabilities and other specialized shared-ride transportation services. Contracted services are considered a capital cost and are funded (including operations and capital) at 80 percent. Only a 20 percent local match is required. Through capital cost of contacting, the Section 5310 program subrecipients can stretch their available Federal funds and conserve the use of local matching funds.

**Counties Included:** All counties in the region.

**Responsible Parties:** Section 5310 program recipients and subrecipients, public transportation providers.

**Performance Measures:** Percentage of increase in purchase of service agreements.

**Implementation Timeframe:** One year.

**Implementation Budget:** Implementation costs will be limited for this task. The CMCOG and/or Regional Mobility Management Office would facilitate discussions and increased agreements.

Transportation providers would attend meetings and conduct contract negotiations as part of their current job duties. Expected costs are less than \$1000.

**Potential Grant Funding Sources:** Purchase of service agreements will allow for capital costs of contracting so that operating costs for Section 5310 eligible services can be funded with a 20% local match.

**3.2: Increase Public Transportation in Calhoun, Kershaw, Lexington, and Newberry Counties**

Public and stakeholder feedback identified the need for increased transportation services within their counties, and better connections with The COMET or SWRTA for regional transportation. FTA funded public transportation providers are limited, however, by available operating dollars to provide the modes of service that would meet the additional rural transit needs. Additional sustainable contract revenue will enable the Public Transportation providers to increase service hours, service area, and capacity.

It is recommended that rural public transportation providers seek feasible opportunities to contract with for-profit or non-profit service providers to maximize the use of available funding. Operating expenses for service directly by the FTA Section 5311 recipient are eligible for a 50 percent Federal Share (50 percent local match). However, all or a portion of the contracted services is eligible for up to 80 percent Federal Share – reducing the local match requirement from 50 percent to 20 percent. The percent of the contract that is eligible for 80 percent Federal share varies depending on the nature of the contracted services. The following table is provided for reference. Additional information is available in FTA Circular 9040.1G, Appendix F.

<b>Bus and Paratransit-Related Contract Services</b>	<b>Percent of Contract Eligible for 80 Percent Federal Share</b>
<b>Type of Contract</b>	
1. Service Contract (contractor provides maintenance and transit service; recipient provides vehicles)	40 percent
2. Service Contract (contractor provides transit service only; recipient provides vehicles and maintenance)	0 percent
3. Vehicle Maintenance Contract (contractor provides maintenance; recipient provides vehicles and transit service)	100 percent
4. Vehicle Lease Contract (contractor provides vehicles; recipient provides maintenance and transit service)	100 percent
5. Maintenance/Lease Contract (contractor provides vehicles and maintenance; recipient provides transit service)	100 percent
6. Turnkey Contract (contractor provides vehicles, maintenance, and transit service)	50 percent
7. Vehicle/Service Contract (contractor provides vehicles and transit service; recipient provides maintenance)	10 percent

Source: FTA Circular 9040.1G, Appendix F.





**Counties Included:** Calhoun, Kershaw, Lexington, and Newberry Counties. The need for expanded public transportation service also exists in Fairfield County and this strategy would also apply there if Fairfield Public Transit applies for and receives FTA public transit funding.

**Responsible Parties:** Public Transportation, Regional Mobility Manager, employers, for-profit and non-profit transportation providers.

**Performance Measures:** Increased public transportation service (measured in hours of service) and increased trips/passengers served.

**Implementation Timeframe:** Two years.

**Implementation Budget:** Service planning costs may range from \$15,000 to \$25,000.

**Potential Grant Funding Sources:** Section 5311 Planning Grant. Additional service to be funded through purchase of service contracts.

#### **Goal #4: Create a Coordinated Volunteer Driver Program**

Volunteer driver programs serve a tremendous need for eligible riders who depend on volunteers for access to important appointments or access to shopping or social/recreational activities. Volunteer programs serve a need that private or public transportation cannot address because of the costs associated with operating a door-to-door transportation service.

One of the most notable examples of successful volunteer driver programs is Ride Connection in Portland, Oregon ([www.rideconnection.org](http://www.rideconnection.org)). Ride Connection is a well-known private, non-profit organization that has been coordinating transportation services for over 25 years. Ride Connection includes services ranging from information and referrals for transportation options including public transit and volunteer driver programs. Volunteer programs offered under Ride Connection include:

- ◆ **Ride Together Mileage Reimbursement** – This program empowers riders to recruit their own drivers. Each driver with the Ride Together program is reimbursed for miles driven. Customers schedule rides directly with the driver at times that work for both parties.
- ◆ **Medical Shuttle Pilot Program** – Ride Connection partnered with Providence Health and Services to address the growing need for rides to medical appointments. Through an advisory committee and input from clinicians, drivers and customers, Ride Connection designed a shuttle that has been implemented as a pilot program. The shuttle travels to and from Providence Medical Center.
- ◆ **Shared Vehicle Program** – The shared vehicle program was implemented to use Ride Connection’s vehicles to their full potential. Ride Connection provides vehicles to individuals, agencies or groups when they are not in use, primarily on weekends. Ride Connection provides the necessary driver training and the agency or group provides the driver. ([door@rideconnection.org](mailto:door@rideconnection.org))
- ◆ **Veterans Helping Veterans** – Ride Connection helps veterans and their spouses gain access to transportation by recruiting volunteer drivers who are veterans themselves.

- ◆ **Access Transit: Fare Relief** – To assist low-income clients, the program provides grants of up to \$25,000 in TriMet fares for qualified 501(c)(3) non-profit and Community Based Organizations. Ride Connection administers the program and awards the grants to qualified organizations.
- ◆ **Dialysis Transportation** – With a grant from Administration for Community Living, Ride Connection started this program as a pilot called ‘Dahlia’ in order to address the needs of individuals who need regular transportation to dialysis treatments. Ride Connection uses volunteer and paid drivers to provide frequent rides for dialysis treatments in addition to educating the community and healthcare providers.

In Central Midlands, volunteer transportation innovations are also occurring. Both, Phoenix Mobility Rising and The COMET are providing volunteer driver programs. **The COMET’s Volunteer Driver Reimbursement Program, V-Trip**, will provide reimbursement to drivers transporting passengers with disabilities or who are age 65 or older if the trip originates outside of The COMET’s service area but within the Columbia Urbanized Area. The eligible rider identifies the volunteer driver to drive them. The driver or passenger must turn in mileage log sheets for reimbursement from The COMET. Up to 100 miles per month will be reimbursed based on the IRS rate.

**Regional Priority Rating:** Low

**4.1: Create Volunteer Transportation Working Group(s)**

The CMCOG or Regional Mobility Manager will create a working group with representatives from agencies in each county representing older adults, individuals with disabilities, people with low incomes, and the general public. Also included in the working groups should be Disabled American Veterans, Veterans Affairs County Service Officers, and faith-based organizations including but not limited to Mt. Horeb United Methodist Church Circles program in Lexington County.

The group will discuss opportunities and challenges of providing volunteer transportation in their areas, goals for their programs, eligibility requirements, operating procedures, and potential challenges to coordinating resources. Once the opportunities and challenges are shared, CMCOG or the Regional Mobility Manager will identify opportunities to overcome challenges and limitations through coordination.

Phoenix Mobility Rising is leading a Mobility-as-a-Service (MaaS) initiative in Richland and Lexington Counties that involves a central call center where trips can be requested and assigned. One option is for the Working Group(s) to contact Phoenix Mobility Rising to explore opportunities for that organization to include volunteer services as an option. Initial steps in this process have been taken in Richland and Lexington Counties and could be expanded to the entire region. Phoenix Mobility Rising was a participating stakeholder in this coordinated transportation plan.

**Counties Included:** All counties.

**Responsible Parties:** CMCOG or Regional Mobility Manager and non-profit or faith-based organizations serving the needs of older adults, individuals with disabilities, and/or people with low incomes.

**Performance Measures:**

- ◆ CMOG and/or Mobility Manager identifies participant organizations in each county to include the working group(s). Each participant is invited to join the working group. This group may be a sub-set of the Regional Coordinating Council.
- ◆ Members of the working group will explore and define a selected approach for and implementing a volunteer driver program.
- ◆ Working group members identify new opportunities to structure volunteer transportation services.

**Implementation Timeframe:** One to two years for implementation and ongoing support.

**Implementation Budget:** Participants in the working group will have minimal travel and labor expenses associated with participation in meetings.

**Potential Grant Funding Sources:** No additional funding sources are identified specifically for the working group. However, administrative portions of individual agency budgets will be used for expenses associated with meeting participation and strategy implementation.

**4.2: Organize a Volunteer Driver Program**

The Working Group will take action to organize a volunteer driver network. The network can be organized at the county-level or regionally. Steps should include, at minimum:

- ◆ Survey of transportation providers, agencies, and faith-based organizations to determine current practices and needs for volunteer drivers.
- ◆ Identify a lead organization for the region or in each county to administer and oversee volunteer recruitment and program administration.
- ◆ Determine if the lead agency will provide the volunteer drivers or if consumers will be responsible for identifying their volunteer driver.
- ◆ Apply for funding to support administration of the volunteer driver network program and any mileage reimbursement to be paid to the drivers.

**Counties Included:** All counties.

**Responsible Parties:** Working Group participants will initiate this effort. Once identified, the lead human service agency(ies) will implement and administer the program.

**Performance Measures:**

- ◆ Program is established
- ◆ Number of volunteers
- ◆ Number of trips provided by volunteers
- ◆ Number of people receiving trips from volunteers

**Implementation Timeframe:** One to two years for implementation and ongoing support.

**Implementation Budget:** Cost for a part-time program coordinator could range from \$10,000 to \$30,000 per year.

**Potential Grant Funding Sources:** Section 5310 program and available matching funds from eligible sources. Section 5310 funding is available to support administration and expenses related to voucher programs for transportation services offered by human service providers. The Section 5310 program can provide vouchers to older adults and individuals with disabilities to purchase rides, including mileage reimbursement as part of a volunteer driver program. Providers of the transportation can then submit the voucher for reimbursement to the recipient for payment based on predetermined rates or contractual arrangements. Vouchers are an operational expense which requires a 50/50 (Federal/local) match.

Volunteer driver programs are eligible under Section 5310 and include support for costs associated with the administration, management of driver recruitment (if applicable), safety, background checks, scheduling, coordination with passengers, other related support functions, mileage reimbursement, and insurance associated with the volunteer driver program.

### **Goal #5: Expand Regional Connectivity and Local Transportation Services**

The COMET and SWRTA provide the core network of regional transportation in the region. The COMET services operate primarily in Richland County with some services extending into Lexington County and to Newberry County. In Fairfield County, The COMET connects with Fairfield County Transit at specific scheduled times of the day. Similarly, SWRTA provides regional connectivity for portions of Richland, Calhoun and Kershaw Counties, and other surrounding areas. Access to these regional routes is limited, particularly from outlying areas.

Local public and human service agency transportation services outside of Richland County are inadequate for meeting the regional transportation needs for commuters and individuals with low incomes. Some local transportation providers need more resources to meet their communities' daily transportation needs. They need the ability to provide feeder service – in the form of fixed routes, shuttles, or demand-response/on-demand services – to meet with COMET and SWRTA routes.

**Regional Priority Rating:** Moderate

#### **5.1: Implement a Pilot Route for the General Public in Newberry County**

Newberry County Council on Aging experiences significant demand for transportation for the general public in Newberry. A flexible bus route in the form of a community circulator that includes a stop at the Council on Aging would provide residents with regularly scheduled transportation to destinations within town, including shopping centers, pharmacies, medical facilities, and employers.

**Counties Included:** Newberry County

**Responsible Parties:** Newberry County Council on Aging, City of Newberry, Newberry County, CMCOG, and SCDOT.

**Performance Measures:**

- ◆ Number of one-way passenger trips consumed by people using the new route.

- ◆ Cost per trip/mile/hour is less than average demand response costs for similar service.
- ◆ Public and customer feedback pertaining to the availability of mobility options in Newberry is more supportive than the feedback provided during this study.

**Implementation Timeframe:** One year.

**Implementation Budget:** The cost would depend on the number of hours of service provided under the expansion. The fully allocated operating costs for transportation are typically \$45 to \$50 per revenue hour of service provided. The acquisition of one vehicle for the route is an additional upfront cost.

**Potential Grant Funding Sources:** FTA Section 5311 (public transportation) or Section 5310 (transportation for older adults and people with disabilities) capital and operating grants. Local match funding may be derived from the City of Newberry, Newberry County, charitable foundations, contracts, and/or other local sources.

**5.2: Coordinate Feeder Services to Connect with The COMET and SWRTA from Outlying Communities**

The COMET and SWRTA operate fixed routes and park and ride lots that bring passengers to/from Columbia. Stakeholder input from all surrounding counties suggested that growth in employment opportunities in Lexington and Richland Counties and the need for access to the regional medical facilities in these counties are increasing but transportation from outlying communities to those jobs is not available.

Feeder services are typically provided with smaller vehicles that will meet the main bus line at a designated stop to connect passengers with the bus line. Feeder services in rural counties could provide a combination of deviated fixed route or demand response services that are appropriate for less densely populated areas and connect to The COMET or SWRTA fixed route at designated stops and times.

**Counties Included:** All counties.

**Responsible Parties:** Feeder services could be provided directly by public transportation operators or through coordinated agreements with another eligible public, private, or non-profit transportation operator. Feeder services could be developed for specific businesses or industrial parks, or for communities, medical facilities, or other groups.

**Performance Measures:**

- ◆ Specific needs for feeder services are identified and discussed with COMET and SWRTA.
- ◆ Operating and capital funding for feeder services is identified and secured.
- ◆ Number of people utilizing feeder services.
- ◆ Cost per trip/mile/hour for the operator of services.
- ◆ Customer satisfaction pertaining to regional mobility improves, as identified through public and passenger surveys.

**Implementation Timeframe:** One to three years.

**Estimated Budget/Expense:** Estimated operating costs are \$45 per vehicle hour. Actual operating costs would depend upon the operator of the feeder services and the mode of operation.

**Potential Grant Funding Resources:** Feeder services that are open to the public are eligible for FTA sections 5311 (Rural) and 5307 (Urban) Program funding. If the services are primarily implemented to support older adults and individuals with disabilities, they may also be eligible for Section 5310 Program funding. If FTA funding is utilized, local matching funds should be provided by a combination of resources including the businesses, communities, or organizations that are directly benefiting from the service. Alternatively, feeder services could be funded entirely with private funding and provided exclusively for employees or consumers of the organization funding the service with non-FTA funded vehicles or operators.

### **5.3: Expand Public Transit Services Into Lexington County**

The COMET provides fixed route and ADA paratransit services in portions of Lexington County. The COMET will continue discussions with Lexington County and its local communities about other transportation services that could be implemented to support the expected population and employment growth as well as the identified need for unserved portions of Lexington County to have local public transit services.

**Counties Included:** Lexington County

**Responsible Parties:** Lexington County human service agencies, Lexington Mission, The COMET, Lexington County government, Town of Lexington, and CMCOG.

#### **Performance Measures:**

- ◆ Funding is secured to support expansion of public transit services in Lexington County.
- ◆ The COMET transportation services are expanded into Lexington County's unserved or underserved communities.
- ◆ Number of one-way passenger trips initiating and/or ending in Lexington County.
- ◆ Improved access to community resources and employment in Lexington County, as reported by passenger or public surveys.

**Implementation Timeframe:** Two to three years.

**Implementation Budget:** The cost would depend on the number of hours of service provided under the expansion and the mode of service.

**Potential Grant Funding Sources:** FTA Section 5307 (urban) or Section 5310 (transportation for older adults and people with disabilities) capital and operating grants. Local match funding may be derived from the Town of Lexington, Lexington County, charitable foundations, contracts, and/or other local sources.



#### **5.4: Expand Public Transit Services in the COATS Urbanized Area Portions of Calhoun and Kershaw Counties**

The portions of Kershaw and Calhoun Counties within the COATS urbanized area primarily have low population density with pockets of high transportation propensity. SWRTA provides limited services to these communities but local trips are very limited if available at all. A local taxi service charges market rates that are unaffordable to many. A demand-response, on-demand, or volunteer transportation program for the general public within these communities would provide a basic level of mobility for residents. A resource-sharing agreement with faith-based organizations may be feasible to provide an underutilized vehicle for the program.

**Counties Included:** Portions of Calhoun and Kershaw Counties

**Responsible Parties:** Calhoun and Kershaw Counties, SWRTA, CMCOG, COATS, and (potentially) Lower Savanna Council of Governments.

**Performance Measures:**

- ◆ Number of passenger trips provided.
- ◆ Positive public feedback about mobility options, gathered through public and/or passenger surveys.
- ◆ Cost per trip/mile/hour.

**Implementation Timeframe:** One year.

**Implementation Budget:** Expenses depend on available in-kind and volunteer resources available to support the project. A new wheelchair-accessible vehicle purchased through SCDOT would require 80% Federal/20% local cost-sharing with the local portion being approximately \$10,000 to \$15,000. The fully allocated operating costs for transportation are typically \$45 to \$50 per revenue hour of service provided.

**Potential Grant Funding Sources:** FTA Section 5307 (public transportation) or Section 5310 (transportation for older adults and people with disabilities) capital and operating grants. Local match funding may be derived from the counties or communities served, charitable foundations or in-kind contributions of services (for example, volunteer drivers).

#### **Goal #6: Improve Public and Human Service Agency Transportation Information**

Communicating to current and potential riders about when, where, and how to use available transportation resources is an ongoing challenge for public transportation providers. It is not uncommon, for example, during the coordinated plan public outreach meetings for people to learn for the first time about transportation options that have been in operation for months or even years. Strategies 6.1 and 6.2 outline the first two phases in a concentrated effort to improve access to information about available transportation resources and to ultimately use that information to assist passengers with building trips that may involve multiple transportation providers.

**Regional Priority Rating:** Moderate

**6.1: Improve Transportation Information Sharing with the Public and Access to Transportation Services through Mobility Management**

Create and maintain a Ride Guide with basic information about all public, private, and non-profit transportation resources in the region. The Ride Guide will include eligibility requirements, service area, modes of service, accessibility, hours/days of operation, and contact information for scheduling a trip.

Transportation providers are responsible for providing updated information whenever service aspects change.

The Rider Guide can be a printed resource but should also be available online. The site will be hosted by a led agency such as CMCOG or The COMET. Links to the online Ride Guide will be included on partner organization websites in each county.

**Counties Included:** All counties

**Responsible Parties:** Regional Mobility Manager and/or CMCOG will lead the effort. A representative from each county will be identified to provide a database of current transportation resources in each county. The inventory included in this plan will be a good starting point for developing the inventory, but it must be updated on a regular basis.

**Performance Measures:**

- ◆ Ride Guide is developed, produced and distributed.
- ◆ Number of calls providers receive after a person finds them on the Ride Guide.
- ◆ Number of shared-rides arranged (including transfers between providers).
- ◆ Spatial gaps in transportation are reduced as providers become more aware of opportunities to share rides or coordinate transfers.

**Implementation Timeframe:** One to two years.

**Implementation Budget:** Potential costs range up to \$2,000 for printing if the Ride Guide is distributed in hard copy. If the Ride Guide is converted to an app, the cost to develop an online app for finding a ride could range up to \$10,000.

**Potential Grant Funding Sources:** FTA Section 5310 program for Mobility Management. Local match of 20 percent will be required. Local match may be derived from local resources and/or any non-U.S. DOT Federal program that includes transportation as an eligible expense.

**6.2: Create a One-Call/One-Click Application or Call Center for Coordinated Ride Sharing and Multi-County Trips.**

It will be important for potential riders to have the option of scheduling a trip through the app or calling to schedule the trip with a scheduler. Thus, a call center must be established to allow for scheduling by phone (including TDD).

A lead agency will be identified to apply for funding and house the one-call/one-click app and call center. An organizational structure and policies for the program will be created by the lead agency with input from local public transportation providers. The lead agency will apply for funding to purchase software for the app.

Agreements between the lead agency and contracted transportation providers that will participate in the app and call center will be established under federal procurement guidelines. Contracted providers will need to provide service information and accept trip requests.

Once funding is secured, the lead agency will create and submit an RFP for a vendor to set-up the one-call/one-click app and call center.

**Counties Included:** All counties

**Responsible Parties:** Regional Mobility Manager and/or CMCOG will lead the effort for an information center. A representative from each county will be identified to provide a database of current transportation resources in each county. The inventory included in this plan will be a good starting point for developing the inventory, but it must be updated on a regular basis.

If the center moves toward a one call/one click center for trip scheduling, a lead agency will need to be identified and transportation providers will participate as contracted services. The lead agency will be responsible for developing Requests for Proposals (RFPs) from service providers, reporting performance statistics to funders, marketing services to the public, and managing the subsequent contracts.

**Performance Measures:**

- ◆ Number of passenger trips scheduled through the app or call center.
- ◆ Percentage increase in productivity of participating providers (e.g., passenger boardings per revenue service hour).
- ◆ Level of satisfaction of providers with technology as measured through surveying.

**Implementation Timeframe:** Two to five years.

**Implementation Budget:** Costs vary depending on the capabilities and scope of the app and the use of consultants. Consultant contracts could range from \$10,000 to \$100,000. Software costs may be additional or included in consulting costs.

**Potential Grant Funding Sources:** FTA Section 5307 or 5310 programs are potential funding sources. Mobility management is considered a capital cost under Section 5310 and is therefore eligible for 80 percent Federal share. Local match may be derived from local resources and/or any non-U.S. DOT Federal program that includes transportation as an eligible expense.

## **Goal #7: Continue and Expand the Regional Travel Training Program**

The following strategies are suggested approaches to overcoming fear or lack of information available about public and senior transportation services.

**Regional Priority Rating:** Moderate

### **7.1: Establish a Rural Travel Training Program**

This travel training program is designed specifically for using public and senior transportation services offered in Fairfield, Lexington, Newberry, and the portions of Calhoun and Kershaw that are within the COATS urbanized area boundary. It may range from instruction for completing applications and scheduling trips with volunteer driver programs to training on how to ride local routes, private taxis, or public demand response services. With a variety of modes available, travel training will expand beyond the existing Travel Training Program offered by The COMET. It will work in cooperation with The COMET's Travel Trainers.

**Counties Included:** All counties

**Responsible Parties:** Regional Mobility Manager and/or CMOG will lead the effort with support from The COMET Travel Training Program. Local transportation providers will provide information and support to the Travel Trainers as they learn the details of each program and train new passengers.

#### **Performance Measures:**

- ◆ Number of people receiving travel training in each county.
- ◆ Increase in ridership on public or other transportation services following travel training.
- ◆ Increase in customers reporting satisfaction with knowing how to use transportation.

**Implementation Timeframe:** Two years and ongoing.

**Implementation Budget:** Travel training can be provided by the Regional Mobility Management office or another trained employee or volunteer. Industry experience indicates that the most experienced travel trainers have something in common with the customer such as, age, race, or gender. Travel training will include printed materials, how-to videos, and labor costs for the trainer(s). Travel training budgets can range from \$500 per year to \$10,000 per year, depending upon the scope.

**Potential Grant Funding Sources:** FTA Section 5310 funding provides up to 80% of the cost for a Mobility Manager to provide travel training. The remaining 20% matching funds can be derived from a combination of non-FTA Federal dollars (e.g. Department of Health and Human Services, Aging, Title III-B of the Older Americans Act) and local funds or grants.

### **7.2: Continue the Existing Travel Training Program for The COMET**

The existing travel training program for The COMET is a success and a valuable service for The COMET riders and potential rides. The program should continue and, ideally, advise the new Rural Travel Training program (Strategy 7.1).

**Counties Included:** Richland and Lexington Counties.

**Responsible Parties:** Mobility Manager/Travel Trainer will continue to develop the program with support from other hired or volunteer Trainers approved by the program. Other partners are CMCOG, The COMET, and Able SC.

**Performance Measures:**

- ◆ Number of people receiving travel training for The COMET services.
- ◆ Increase in ridership following travel training.
- ◆ Increase in customers reporting satisfaction with knowing how to use The COMET's services.

**Implementation Timeframe:** Ongoing.

**Implementation Budget:** The budget will be consistent with prior years.

**Potential Grant Funding Sources:** FTA Section 5310 funding provides up to 80% of the cost for a Mobility Manager to provide travel training. The remaining 20% matching funds can be derived from a combination of non-FTA Federal dollars (e.g. Department of Health and Human Services, Aging, Title III-B of the Older Americans Act) and local funds or grants.

## SUMMARY

The following table provides a matrix matching each of the goals and strategies to the unmet needs and gaps in services identified during the outreach process. The matrix also provides a priority rating level and recommended implementation timeframe. The implementation timeframe is based on potential challenges and barriers such as available funding or the need to develop a leadership structure prior to implementation.

**Table V.2: Matrix Summary of Unmet Needs or Gaps in Transportation Services and Goals**

Goal Identified to Address the Identified Unmet Needs or Gaps in Service	Area of Identified Unmet Needs or Gaps in Mobility Services	Priority Level
<p>Goal #3: Increase Local Match for Transportation Through Purchase of Service Agreements</p> <p>Goal #5: Expand Regional Connectivity and Local Transportation Services</p>	Expansion of Public Transportation	<p>Goal 3: High</p> <p>Goal 5: Moderate</p>
<p>Goal #2: Enhance Access to Food and Medical Services in Unserved or Underserved Communities</p> <p>Goal #4: Create a Coordinated Volunteer Driver Program</p> <p>Goal #5: Expand Regional Connectivity and Local Transportation Services</p> <p>Goal #6: Improve Public and Human Service Agency Transportation Information</p>	Access to Fresh Food and Nutrition Programs	<p>Goal 2: High</p> <p>Goal 4: Low</p> <p>Goal 5: Moderate</p> <p>Goal 6: Moderate</p>
<p>Goal #1: Establish a Regional Coordinated Transportation Framework</p> <p>Goal #4: Create a Coordinated Volunteer Driver Program</p> <p>Goal #5: Expand Regional Connectivity and Local Transportation Services</p> <p>Goal #6: Improve Public and Human Service Agency Transportation Information</p>	Transportation to Medical and Wellness Appointments	<p>Goal 1: Moderately High</p> <p>Goal 4: Low</p> <p>Goal 5: Moderate</p> <p>Goal 6: Moderate</p>
<p>Goal #1: Establish a Regional Coordinated Transportation Framework</p> <p>Goal #4: Create a Coordinated Volunteer Driver Program</p> <p>Goal #5: Expand Regional Connectivity and Local Transportation Services</p> <p>Goal #6: Improve Public and Human Service Agency Transportation Information</p>	Access to Transportation	<p>Goal 1: Moderately High</p> <p>Goal 4: Low</p> <p>Goal 5: Moderate</p> <p>Goal 6: Moderate</p>
<p>Goal #1: Establish a Regional Coordinated Transportation Framework</p> <p>Goal #3: Increase Local Match for Transportation Through Purchase of Service Agreements</p>	Funding to Support Public, Non-Profit, and Human Service Agency Transportation Programs	<p>Goal 1: Moderately High</p> <p>Goal 3: High</p>
<p>Goal #3: Increase Local Match for Transportation Through Purchase of Service Agreements</p> <p>Goal #4: Create a Coordinated Volunteer Driver Program</p> <p>Goal #7: Coordinate Outreach/Advertising and Travel Training</p>	Specialized Transportation to Serve the needs of Older Adults, Individuals with Disabilities, People with Low Incomes	<p>Goal 3: High</p> <p>Goal 4: Low</p> <p>Goal 7: Moderate</p>
<p>Goal #6: Improve Public and Human Service Agency Transportation Information</p> <p>Goal #7: Coordinate Outreach/Advertising and Travel Training</p>	Travel Training and Outreach/Education about Transportation Options	<p>Goal 6: Moderate</p> <p>Goal 7: Moderate</p>