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Lake County 2014-2015 Coordinated Public Transit–Human Services Transportation Plan



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Lake County 2014-2015 Coordinated Public Transit – Human Services Transportation Plan

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Lake County 2014 Coordinated Public Transit – Human Services Transportation Plan

Executive Summary

Purpose and Background

Federal Statute

Chapter 1 presents the statutory requirements of this Coordinated Public Transit-Human Services Transportation Plan. In 2005, Congress recognized within its transportation legislation the *Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users* (SAFETEA-LU, Public Law 109-059) that there should be meaningful planning and communication between America’s public transportation sectors and its human service systems. SAFETEA-LU established a new transportation planning requirement that focused on transportation-disadvantaged populations. It required that a Coordinated Public Transit-Human Service Transportation plan be developed and linked it to three grant programs: Job Access and Reverse Commute (Section 5316); the Enhanced Mobility of Older adults and Individuals with Disabilities capital program (Section 5310); and the New Freedom grant program (Section 5317).

In 2012, authorizing legislation, *Moving Ahead for Progress in the 21st Century* (MAP-21, Public Law 112-141) included numerous relevant changes. MAP-21 repealed both the Job Access and Reverse Commute and New Freedom programs. It retained and strengthened the 5310 program for enhanced mobility, restating the requirement of the Coordinated Plan and continuing modest funding support for the strategies and projects recommended through the Coordinated Plan process.

The significant change introduced by MAP-21 per FTA Circular 9070.1G (pp. V-1) lies in the fact that projects supported by 5310 funds must be “projects in the Coordinated Plan,” not simply derived from it, as had been the case under earlier SAFETEA-LU direction.

Priorities from 2008 Coordinated Plan

Lake County’s first Coordinated Public Transit-Human Services Transportation Plan, prepared in 2008 in response to SAFETEA-LU requirements, identified four highest-ranked priorities:

- Increasing frequency of Lake Transit;
- Extending hours of service of Lake Transit;
- Developing a Lake Transit capital replacement program; and
- Initiating a pilot program with a consolidated transportation services agency (CTSA) and involving local senior services to provide transportation to seniors.

Second tier priorities included:

- Seeking new partnerships to develop transportation options, including with local casinos;
- Initiating travel training programs;
- Promoting public transit awareness;
- Developing designated bicycle lanes;
- Increasing mileage reimbursement rates for volunteer drivers and care givers;
- Providing subsidies for discounted passes for fixed route and paratransit;
- Allowing for more individualized, door-to-door and door-through-door services; and
- Working to advocate for more transit funding.

Context for 2014-2015 Lake County Coordinated Plan

Chapter 2 of this Coordinated Plan update documents population changes among Lake County’s older adults, persons with disabilities, and persons of low income help to focus this Coordinated Plan. Additionally, veterans and persons of limited English proficiency are among the groups whose mobility concerns are of interest to the Plan.

Lake County’s overall population has continued to grow, at 10 percent since 2000, to now just over 64,000 persons. Eight in ten (82%) of these residents live within a ¼ mile of existing Lake Transit routes, reflecting that local public transit is traveling at and near the bulk of the county’s population.

...Exhibit ES-1, Changes in Lake County Target Populations

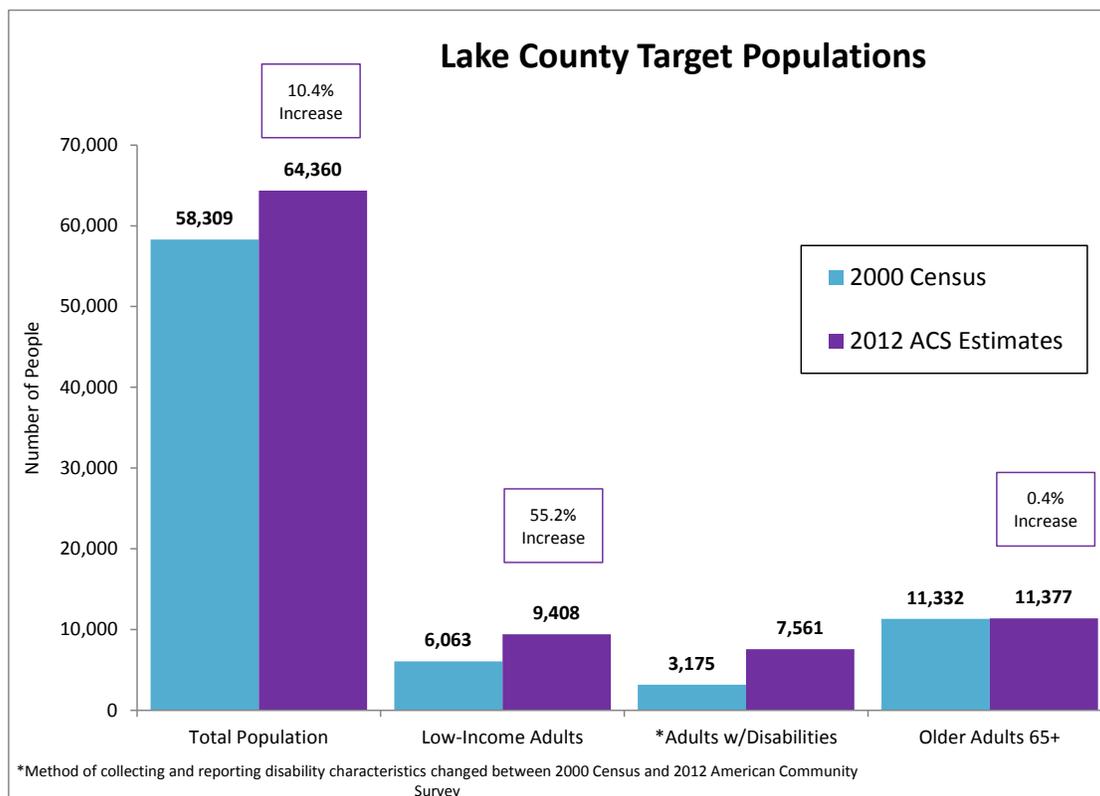
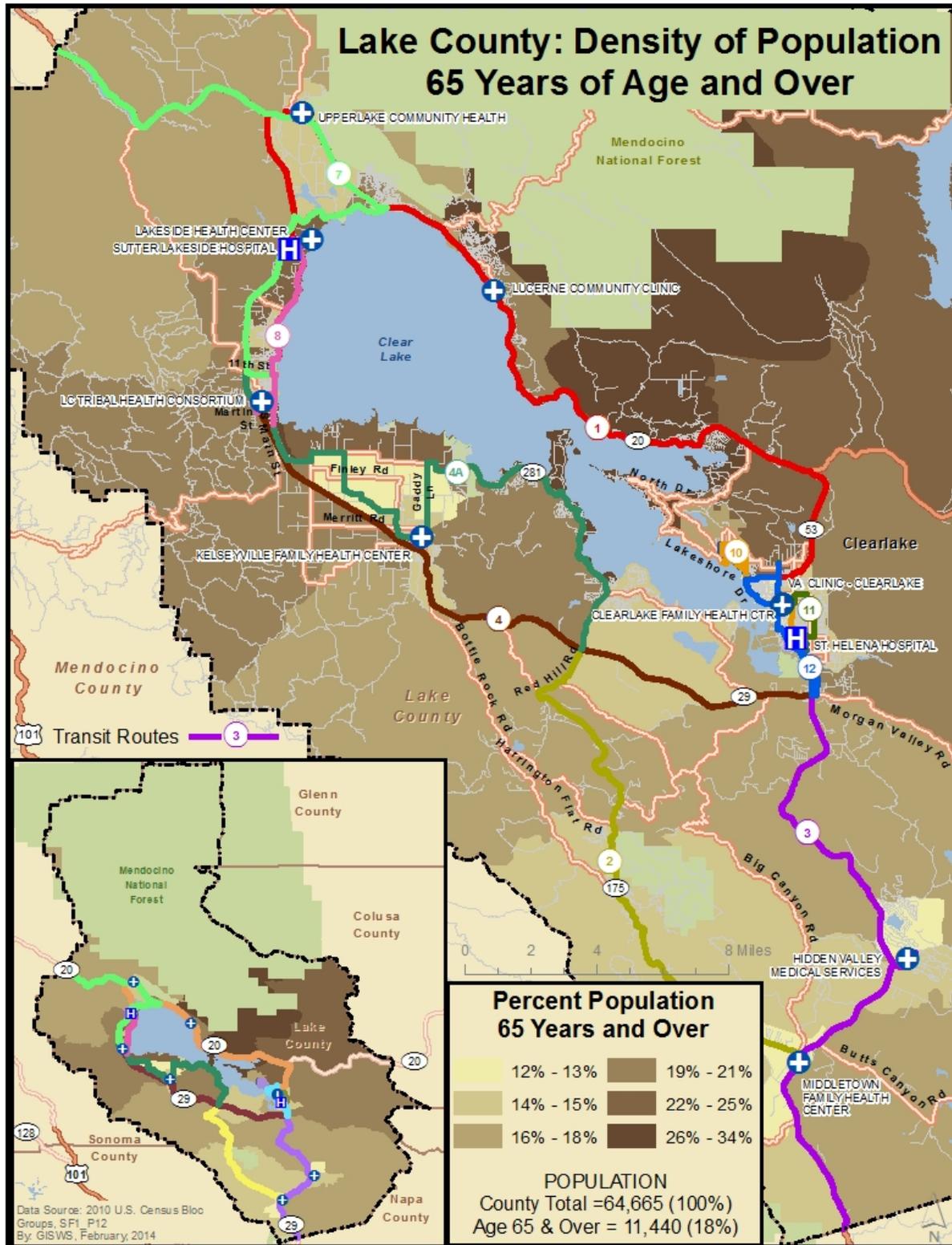


Exhibit ES-2, Lake County Density of Older Adult Population



The population of older adults, a group of about 11,000 persons, is not growing, with less than a half-percent increase and a slightly smaller proportion of the county's residents at almost 18 percent, rather than 19 percent as in 2000. Older adults, while distributed throughout the county, show highest concentrations on the North Shore, between Lucerne and Clearlake. Shown in Figure ES-2 following, these and other maps are included in Chapter 2 of the Coordinated Plan.

Persons with disabilities are now measured differently from the 2000 Census methodology and so cannot readily be compared. For 2012, 7,500 adults and 4,700 older adults reported some type of functional disability to the U.S. Census (19 percent of all residents). Among these, persons with an ambulatory difficulty were a smaller subset of almost 6,900 persons, or about 10% of the county's population.

The low-income population in Lake County grew by 55% in the wake of the 2008 recession. The communities of Clearlake and Lucerne, and the surrounding areas, are home to the highest concentrations of low-income persons.

Veterans in Lake County are 11 percent of the county's residents (almost 7,200 persons) and the largest group among them, or about four in ten, are Vietnam-era veterans. Those of limited English proficiency are largely Spanish speakers, 3,150 persons or 5% of the population.

Transportation Resources

Chapter 3 reports on the resources available to move older adults, persons with disabilities, and persons of low income around Lake County and to destinations outside the county.

Lake Transit Authority's public transportation program is central to meeting the mobility needs of the target populations. At the time of writing, Lake Transit operates 11 routes within Lake County, two of which provide regional service to Ukiah in Mendocino County and Calistoga and Deer Park in Napa County. Lake Transit Authority's Dial-A-Ride program is available in the Clearlake, Lower Lake and Lakeport communities, with reservation priority given to persons with disabilities.

The inventory of public transit services provides additional detail about reservations, service area, operating hours, and fares scale of the programs in terms of number of vehicles or number of trips provided when this information could be obtained.

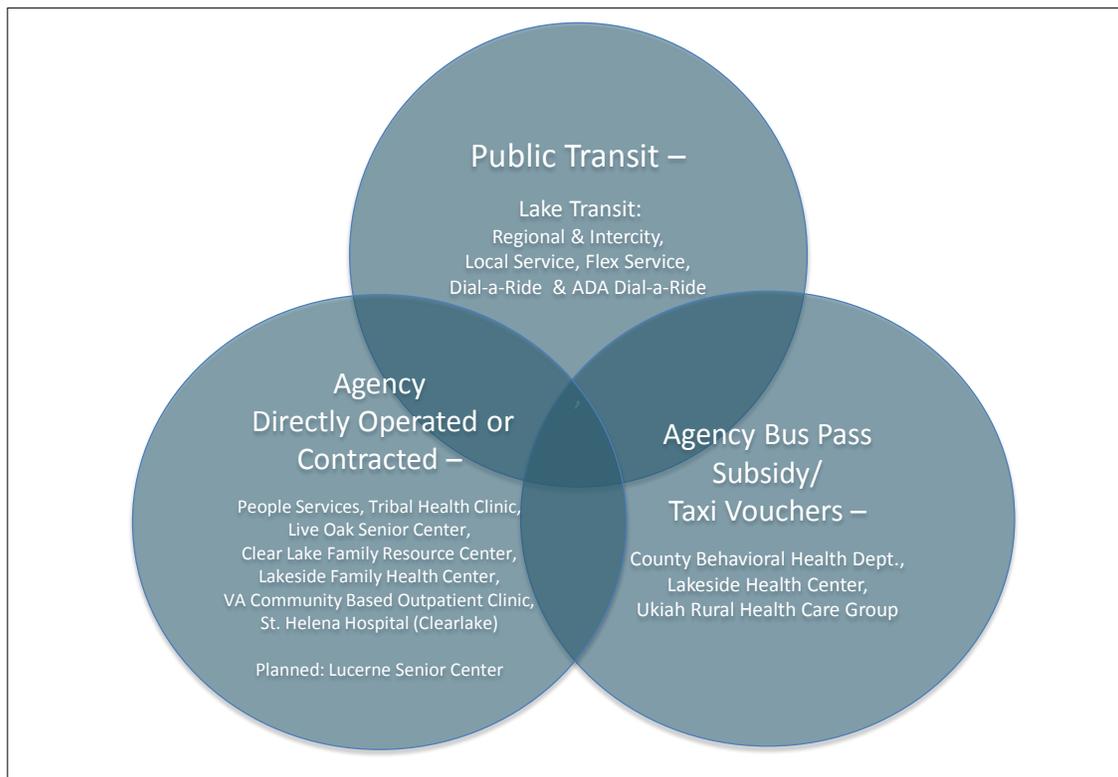
Human service transportation programs are numerous and include directly operated or contracted transportation, volunteer driver programs, veterans and tribal specific programs and bus pass subsidies for client travel.

Figure ES-3 following presents the Lake Transit routing framework across the county and connecting to adjacent counties. Figure ES-4 following depicts the interrelationship of various transportation programs in Lake County that help to address mobility needs of older adults, persons with disabilities and persons of low income. The three general types of publicly operated public transportation are identified: 1) agency-operated transportation, 2) either directly operated or under contract to another entity; and 3) agency bus pass purchase or subsidy of transportation.

Exhibit ES-3 Lake Transit Services Maps



Exhibit ES-4, Transportation Resources Available to Coordinated Plan Target Populations in Lake County



Mobility Needs and Gaps

Chapter 4 presents a wealth of findings from interviews with agency stakeholders and with consumers in focus groups. Additional input was received from an agency survey exploring out-of-county medical referrals. Twenty agency interviews plus a four-consumer focus group involved about 50 persons in identifying mobility needs and gaps. Selected responses from the Lake Transit on-board survey are reported.

Interviewed stakeholder and focus group themes around mobility needs included:

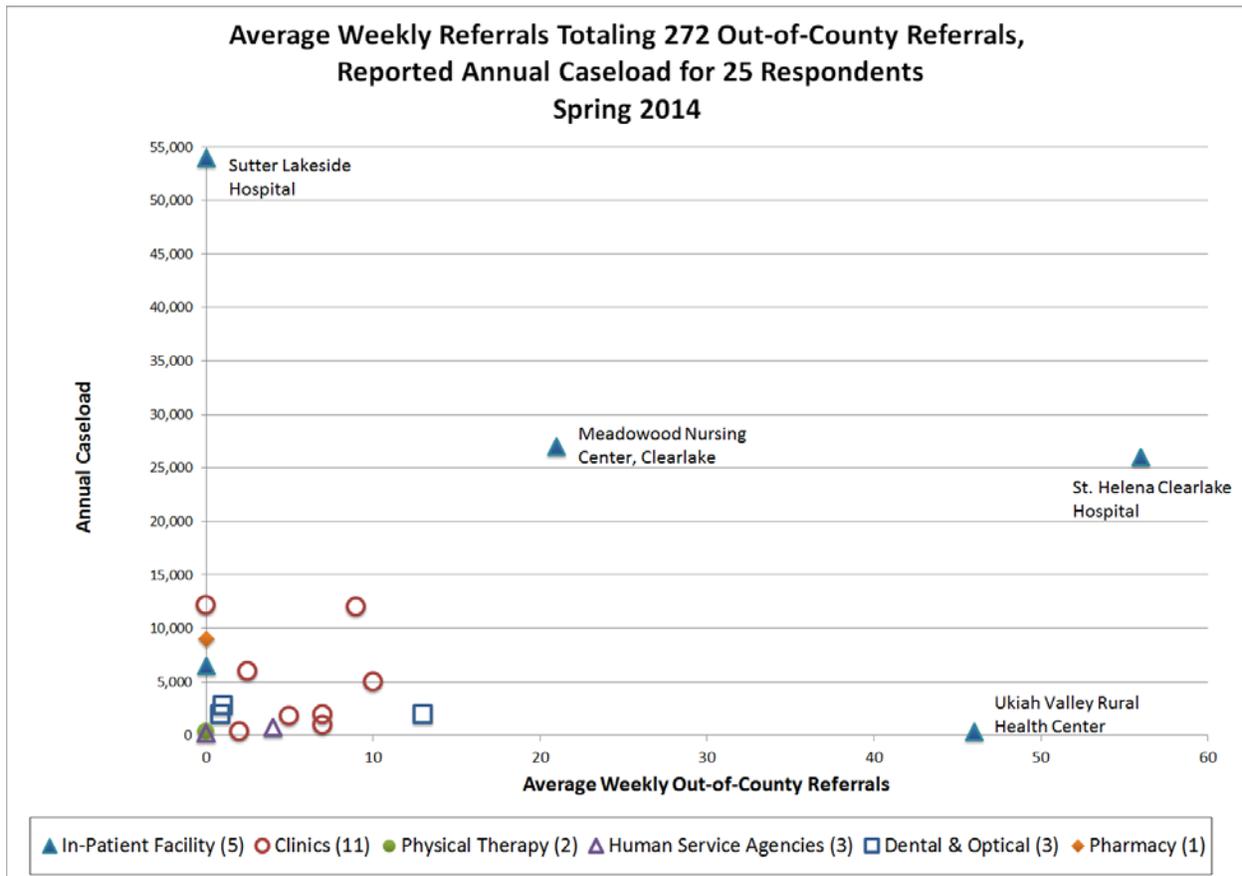
1. **Good awareness** of Lake Transit services among key stakeholders;
2. **High levels of need for transportation** and additional options for selected Lake County residents;
3. **Non-emergency medical transportation** needs were most commonly reported.
4. **Geographic pockets** in the county have limited transportation and high needs, including North Shore residents living in the hills and the Spring Valley community, the Elem Indian community and Scott's Valley Ranch;
5. **Bus stop signage, amenities, and path-of-access** concerns limit riders' access to and knowledge of existing Lake Transit services;
6. **Lake Transit service changes** were not well known at the time of these interviews, including the Night Riders service on the North Shore and expanding evening service in Clearlake.
7. **Fare affordability** was of concern to a number of groups;
8. **Mobility management** strategies were of interest and include several transportation programs currently operating, or planned for operation by senior centers and human service organizations, with transportation partnerships among various parties in place or conceivable; and
9. **Transportation information needs** include some difficulty reading Lake Transit schedules, knowing where to catch buses or connecting between different routes and a need to address limited-English-proficient populations.

An additional 25 organizations responded to a coordinated survey effort between Lake County Health Services Department and Lake City/County Area Planning Council to identify and quantify out-of-county medical referral trip needs. This non-emergency medical transportation (NEMT) out-of-county survey effort is also reported in Chapter 4.

The out-of-county medical trips' survey documented referral patterns that are presented in Figure ES-5. Eight in ten of the responding health care organizations are making out-of-county patient referrals weekly, totaling 272 average weekly referrals by these 25 organizations.

Of those providing referral estimates, St. Helena Clearlake Hospital and the Ukiah Valley Rural Health center are reporting almost 60 and 45 weekly referrals, respectively. The bulk of responding organizations are referring to out-of-county medical appointments steadily but fewer than ten times weekly. Top out-of-county destination cities were: Santa Rosa (84%), Ukiah (76%), Oakland and San Francisco (56%); St. Helena/ Deer Park (44%); Sacramento (40%); and Willits (36%).

Exhibit ES-5, Lake County NEMT Survey - Out-of-County Medical Referrals



There are existing, meaningful Lake Transit connections to Ukiah, St. Helena/ Deer Park and to Santa Rosa. Connections into San Francisco and Oakland via Mendocino Transit’s CC Rider are possible once daily via Lake Transit’ Route 7 but are not feasible via Route 3 through St. Helena/ Deer Park. It is also clear that medical personnel have general awareness of Lake Transit but very limited understanding of how to use its services within the county or to make out-of-county connections.

Key messages from this out-of-county medical trips survey are:

- Defined referral patterns exist that could be further met by enhanced transit connections for both Lake County and to out-of-county destinations.
- Health care professionals need medical-trip specific information, both within Lake County and to out-of-county destinations.
- Additional transportation options are needed for out-of-county medical destinations.

Coordination Opportunities to Address Gaps

Chapter 5 considers the findings of mobility needs and gaps for the Coordinated Plan’s target groups to craft strategies of response. Three goals provide the framework for response, with eight strategies and

numerous potential projects identified. These strategies and potential projects identified present opportunities for coordination within Lake County, in the context of:

- Goal # 1 extends the work undertaken for Lake Transit’s Short Range Transit Plan, including the development of its new marketing plan, ensuring that important existing public transportation is sustained and enhanced and ensuring that safe and responsive public transportation continues.
- Goal #2 supports the structures and activities by which to extend coordinated transportation projects in Lake County.
- Goal #3 focuses on specific requirements to build an effective and sustainable non-emergency medical transportation capability for Lake County residents.

Chapter 6 presents a discussion of the prioritization of these goals and their implementing strategies, also discussing some institutional leadership challenges to be addressed.

First, it is important that the Lake County/City Area Planning Council and Lake Transit assume appropriate leadership roles for the recommendations of this Coordinated Plan. By no means does this mean that all of the recommended strategies and potential projects are the responsibility of these two organizations. But certainly, because of their respective organizational missions, it is appropriate that leadership in addressing Coordinated Plan recommendations be assumed by them.

Secondly, building mobility management capabilities in Lake County are critical to moving various other strategies and projects forward. A Mobility Manager position will provide a focal point for getting the right partners to the table. It provides staffing to help secure needed funding. This position and the accompanying functions will establish a countywide “to do” list that helps to realize the Coordinated Plan’s recommendations for addressing mobility needs and gaps.

Finally, “interested, willing and able” partners must be sought. These will include the human services and transportation-providing organizations that contributed to this Coordinated Plan. It will likely include new partners that are yet to be identified. The coordinated service options and support services envisioned by this document require champions – “interested, willing and able” entities who can work together to improve mobility for Lake County’s older adults, persons with disabilities, persons of low income, and veterans.

Figure ES-6 following presents these goals and the strategies by which these goals can be implemented. Also identified is the level of prioritization developed through this Plan process for each strategy:

- *top ranked- critical priority* to be implemented at the earliest opportunity; and
- *second ranked-high priority* to be implemented when funding and other considerations can be addressed.

The listing of potential projects in Exhibit ES-6 suggests the type and range of projects by which these Coordinated Plan eight strategies and its three overarching goals can be realized.



Exhibit ES-6, Lake County 2014-2015 Coordinated Public Transit-Human Services Transportation Plan Goals, Strategies and Potential Projects

GOALS	STRATEGIES	POTENTIAL PROJECTS
<p>Goal #1 - Support, Maintain, and Enhance Lake County Public Transportation Services</p>	<p>1.1 Enhance and improve public awareness of and access to Lake County public transportation services through a comprehensive public information and bus stop improvement program.</p> <p>PRIORITY 1 - Critical</p>	<p>1.1.1 Implement the SRTP’s anticipated marketing plan, as funding allows, to increase rider and non-rider awareness and understanding of services among Coordinated Plan rider groups, including persons of limited English proficiency.</p> <p>1.1.2 Consider web-based information portals that will incorporate specialized transportation services, as well as provide trip planning for Lake Transit’s fixed route.</p> <p>1.1.3 Seek funding for and implement a bus stop improvement program of improved stop signage, bus stop amenities (including shelters and lighting) and paths of access that support the mobility needs of older adults, persons with disabilities and persons of low-income.</p> <p>1.1.4 Establish a bus stop maintenance program that could both provide local employment and help to maintain the visibility, attractiveness and safety of Lake Transit bus stops, as funding allows.</p>
	<p>1.2 Implement SRTP-recommended service improvements as funding allows and where minimum performance standards can be met.</p> <p>PRIORITY 2 - High</p>	<p>1.2.1 Implement improved local circulator service in Lakeport; improved evening service on the North Shore and other such improvements, as funding allows, to improve the mobility of the Coordinated Plan’s target populations.</p> <p>1.2.2 Ensure that inter-city routes make timely connections to regional and out-of-county services.</p> <p>1.2.3 Monitor service performance under revised schedules to ensure that services remain timely and reflect published schedules and/or revised schedules.</p>
	<p>1.3 Pursue and secure funding to support, maintain, improve safety and enhance the Lake County public transportation network.</p> <p>PRIORITY 1 - Critical</p>	<p>1.3.1 Seek discretionary and other funding for eligible projects related to inter-city services, safety of transit users and pedestrians, elderly and disability population services and other specialized transportation that Lake Transit can feasibly, cost-effectively operate, while ensuring that its minimum performance standards are met.</p> <p>1.3.2 Establish local complete streets ordinances that support “first and last mile” connections to transit, also promoting and increasing safety for active transportation bicyclists and pedestrians.</p>



GOALS	STRATEGIES	POTENTIAL PROJECTS
<p>Goal #2 - Build Capacity for Specialized Transit Alternatives, Including Formalizing a Consolidated Transportation Services Agency (CTSA) appropriate to Lake County.</p>	<p>2.1 Integrate the Mobility Programs Coordinator position so that it can be a focal point for implementing the Coordinated Plan goals and strategies.</p> <p style="text-align: right;">PRIORITY 1 - Critical</p>	<p>2.1.1 With the new Mobility Programs Coordinator position, in conjunction with Lake Transit management, develop a work plan to prioritize key tasks and activities including but not limited to grant writing, MOU development, project development and implementation, monitoring and technical assistance, as well as reporting on outcomes.</p> <p>2.1.2 Provide necessary technical assistance to partners, as may be required by FTA funding participation, to ensure FTA compliance.</p> <p>2.1.3 Develop grants and seek funding for an additional two-year cycle for the Mobility Programs Coordinator.</p>
	<p>a. Define the CTSA model that is appropriate and sustainable for Lake County.</p> <p style="text-align: right;">PRIORITY 2 - High</p>	<p>2.2.1 Undertake a study of alternatives for Lake County CTSA structure and operating responsibilities that will most effectively extend scarce resources and promote partnerships with key County agencies.</p> <p>2.2.2 Develop recommendations for implementing a Lake County CTSA to accommodate its funding realities, organizational and operating constraints and builds upon existing partnerships within the County.</p>
	<p>b. Seek new partnerships with interested, willing, and able agencies and organizations that can promote awareness of public transit and participate in projects addressing transportation needs and gaps.</p> <p style="text-align: right;">PRIORITY 2 - High</p>	<p>2.3.1 Support, maintain and enhance the role of Lake County’s Senior Centers in providing specialized transportation.</p> <p>2.3.2 Develop and strengthen working relationships towards creation of new projects with mobility partners that may include but not limited to: People First, the Tribal Health Consortium, the Department of Public Health and the VA Community-Based Outpatient Clinic, among others.</p> <p>2.3.3 With Lake Transit, develop capabilities for a Trip Brokerage that could receive trip requests and to coordinate service delivery.</p> <p>2.3.4 Develop partnerships with other special focus entities on projects of mutual interest, such as with: representatives of Wine Growers Association, Lakeport Economic Development Department, County Economic Development Department and Konocti Regional Trails.</p>



GOALS	STRATEGIES	POTENTIAL PROJECTS
<p>Goal #3. Develop Sustainable Non-Emergency Medical Transportation Solutions</p>	<p>3.1 Develop near and long-term non-emergency medical transportation (NEMT) alternatives that will address NEMT trip needs both within Lake County and to out-of-county destinations, including enhanced transit connections, special shuttle or life-line services, brokered trip provision across multiple providers, use of targeted mileage reimbursement and other such initiatives.</p> <p style="text-align: right;">PRIORITY 1 - Critical</p>	<p>3.1.1 Actively pursue MediCal transportation support opportunities by developing County Public Health Department discussion of MediCal vendor options for Lake Transit.</p> <p>3.1.2 Identify those NEMT trips that can be better served on Lake Transit by some modification of the existing schedule (such as betting timing with Greyhound) and communicate that.</p> <p>3.1.3 Consider defining and implementing specialized lifeline shuttles to key out-of-county NEMT destinations on a once or twice-weekly basis, if funding for such services can be identified.</p> <p>3.1.4 Pursue other funding opportunities, include Section 5310 projects such as NEMT shuttle services or mileage reimbursement projects.</p>
	<p>3.2 Develop way finding and trip specific improvements or information tools to support travel to key NEMT destinations within and beyond Lake County.</p> <p style="text-align: right;">PRIORITY 2 – High</p>	<p>3.2.1. Identify special needs stop improvement projects within Lake County, such as at Clearlake St Helena Hospital, which will help Coordinated Plan target groups’ better and more safely use Lake Transit for medical trip purposes.</p> <p>3.2.2 Prepare “way finding” tools and other travel training strategies that help riders, agency personnel and health care staff understand how existing Lake Transit services can serve some in-county and out-of county NEMT needs.</p>



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Lake County 2014 Coordinated Public Transit – Human Services Transportation Plan

1.0 Introduction

Chapter 1 is an introduction to the statutory requirements of Lake County’s *Coordinated Public Transit – Human Services Transportation Plan*. It presents the key themes and priorities from the 2008 Plan and the approach undertaken to develop the 2014 Coordinated Plan.

1.1–Federal Statute and Requirement

The passage of the *Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users*—Public Law 109-059 (SAFETEA-LU) in August 2005 established a new transportation planning requirement for counties and regions. Federal authorization legislation of SAFETEA-LU linked two existing grant programs, §5316 Job Access and Reverse Commute program and §5310 Elderly and Persons with Disabilities capital program, with a third initiative called §5317 New Freedom program, through a Coordination Plan that was to be locally developed, at the county or regional level. Its intent was to identify the transportation needs and mobility challenges of three populations:

- Individuals with disabilities;
- Older adults; and
- Persons of low income.

The *Public Transit-Human Services Transportation Coordination Plan*, or the Coordinated Plan, brings together human service organizations and public transit properties to identify and meet mobility needs of older adults, persons with disabilities, and persons of low income. Building upon a history of coordination requirements within the §5310 program, the Coordinated Plan process helps leverage and extend scarce transportation resources by coordinating often “siloes” programs that have otherwise operated in more isolated, separate environments.

In 2012, new authorizing legislation, *Mobility Action Plan for the 21st Century*, PL 112-141 (MAP-21), repealed both §5316 (Job Access and Reverse Commute) and §5317 (New Freedom) programs. It retained and strengthened the §5310 program, supporting enhanced mobility as well as traditional capital projects for older adults and persons with disabilities. It reinstated the Coordinated Plan, providing funding support through §5310 for projects recommended through the Coordinated Plan process.

MAP-21 now requires that all projects funded with \$5310 dollars are “projects in the Coordinated Plan,” not simply derived from it, as had been the case under SAFETEA-LU direction. With regard to how projects are included in the Coordinated Plan, recent regulatory guidance says:

“FTA maintains flexibility in how projects appear in the Coordinated Plan. Projects may be identified as strategies, activities and/or specific projects addressing an identified service gap or transportation coordination objective articulated and prioritized within the Plan.”

(FTA C 9070. 1G pp. V-1)

Nonetheless, this raises the importance of the public involvement phase of the Coordinated Plan update process. It is necessary to ensure that a breadth of voices are making input to the plan and that identified objectives, strategies, and projects are as comprehensive as possible, in anticipation of future grant cycles.

1.2–Key Themes from Lake County’s 2008 Coordinated Plan

During 2008, Lake County/City Area Planning Council (Lake APC) adopted the *Lake County Coordinated Public Transit-Human Services Transportation Plan* prepared in response to SAFTEA-LU requirements.

Factors Influencing Mobility Needs

The 2008 Coordinated Plan identified a number of important themes, some of which have continuing relevance. These include:

- Lake County reports a rate of older adults of 19.5% that is higher than those of California or the nation as a whole.
- Lake County’s average of persons with disabilities (22.3%) is also higher than the national average and for California as a whole.
- Based on the 2000 Census, the level of Lake County residents living at or below the federal poverty level is 17.6%, which exceeds the statewide average of 14.2% by a relatively significant margin.
- The size and the geography of the county present barriers to providing and coordinating transportation. Access to, from, and between communities is restricted by the presence of Clear Lake, the largest natural lake in the State of California.
- Given the rural nature of the county and geographic isolation of certain areas, there are some communities without any public transportation, and others with minimal service. Additionally, the geographic isolation is a barrier to providing service in the outlying valleys and rural communities such as Spring Valley, Lakeview Estates, Orchard Shores, and Glen Haven.
- Lake County’s low-income, senior, and disabled populations need more comprehensive non-emergency medical transportation. Those living in the rural portions of the county must often travel considerable distances to reach medical appointments. For specialized appointments, it is common for residents to travel out of county to Santa Rosa, Napa, San Francisco, or Oakland.
- There is a need to travel to neighboring counties and beyond for work trips, medical appointments, entertainment, education, and other purposes.

These themes represented barriers to mobility of the target groups and the challenges faced by public transportation to address transportation needs of Lake County residents who are older, have disabilities, or have low incomes. There are social and human service agencies in Lake County who provide some specialized transportation services. While neither public transit nor human service agency transportation can meet all needs, Lake Transit is already coordinating with some social and human service agencies to develop strategies that address mobility gaps.

There are additional factors identified in 2008 that specifically limit the ability to coordinate. These include:

- Geography of County;
- Specific Client Needs;
- Funding Restrictions; and
- Limited Staff Resources.

The 2008 Coordinated Plan, with input from human service agency providers and riders, concludes that public transit coverage is insufficient: The existing deviated fixed route service does not meet the needs of all rural residents, especially those who live in the most remote locations. Issues related to Lake Transit included:

- At that time, Lake Transit did not operate Sunday or late-night service, and provided only limited evening service.
- Service between the more rural communities tended to be less frequent than in Lakeport and Clearlake, resulting in longer wait times.
- Residents living more than one mile from existing routes could not take advantage of the deviated service.
- The lack of accessible bus stops created a serious obstacle to using existing transportation services. Key challenges include missing sidewalks, accessible stops, and marked stops.
- Some older adults and disabled passengers required a higher level of door-to-door or door-through-door service and cannot travel via deviated fixed route service.

The 2008 Plan noted key activity centers in Lake County for low-income residents, older adults, and people with disabilities, including:

- Adobe Creek Packing Company – Kelseyville;
- County of Lake, Lakeport – Countywide;
- Konocti Harbor Resort & Spa – Kelseyville;
- Konocti Vista Casino Resort – Lakeport;
- Lake County Career Center – Lakeport;
- Lake County Department of Mental Health – Lakeport;
- Lake County Department of Social Services – Lower Lake;
- Lakeport Senior Center – Lakeport;
- Lakeport Skilled Nursing Center, Inc. – Lakeport;
- Lucerne-Alpine Senior Center – Lucerne;



- Middletown Senior Center – Middletown;
- Redbud Community Hospital – Clearlake;
- Robinson Rancheria Resort & Casino – Nice;
- Scully Packing Co. LLC – Finley;
- Sutter Lakeside Hospital – Lakeport;
- Twin Pine Casino – Middletown; and
- Wal-Mart – Clearlake.

The cities in which out-of-county destinations are located include: Santa Rosa, Napa, San Francisco, Oakland, Ukiah, Santa Rosa, Sacramento, St. Helena, Calistoga, and Cache Creek Casino.

Priorities from the 2008 Plan

Extensive public outreach was undertaken to develop the 2008 Plan. Strategies were developed to address the many needs and gaps expressed by stakeholders; these strategies were then voted on at public workshops. Below, the ranked strategies are listed, each responding to a group of needs. These strategies are followed by the most feasible alternatives.

Highest Ranked Strategies to Address Gaps and Needs

- Increase frequency of Lake Transit.
 - Add third Clearlake route
 - Add Route 3 morning and afternoon Runs
 - Add Route 7 morning run
 - Add Route 1 hourly service
 - Add commuter service on Routes 1 and 4
- Extend service hours for Lake Transit.
 - Extend weekday service until 8:00 pm or later
 - Provide Saturday service until 10:00 pm
 - Implement Sunday service
- Develop a capital replacement program.
- Initiate a pilot program with CTSA and local AAA to provide services to seniors.

Additional Potential Strategies to Meets Gaps and Needs

The following strategies, though not ranked as highly, were suggested to address needs identified by the 2008 Plan.

- Provide out-of-county medical trips.
- Institute new service to operate between smaller communities not currently well served through existing services.
- Seek collaboration with local casinos to partner in providing late-night shuttle or van service for casino employees.

- Initiate a travel-training program and offer classes or workshops to seniors or other groups of interested potential users to teach people how to access and use the transit system.
- Promote public transit to the community to increase awareness of the service, particularly to the low income, disabled and elderly populations.
- Develop designated bike lanes that can also be used for electric scooters and wheelchairs.
- Increase mileage reimbursement rates for volunteer drivers and caregivers.
- Provide subsidies for discount pass applications or for use of fixed route transit and paratransit for persons who cannot afford the cost.
- Allow for more individualized service for those who need it (i.e. provide an escort, provision of door-through-door service, etc.).
- Work with local CTSA, CalACT, and local stakeholders to advocate for transit funding.

1.3–Approach to This Coordinated Plan

This document is organized in the following manner:

- Chapter 2 of the document presents the Plan’s context in terms of the county’s demographic characteristics and changes of the Plan’s target groups. Additional context to addressing mobility needs is included through a discussion of transit’s role in rural areas in economic development and promoting quality of life;
- Chapter 3 identifies available transportation resources;
- Chapter 4 reports findings from stakeholder agencies and consumer interviews, examined in terms of mobility needs and gaps;
- Chapter 5 presents a discussion of the issues drawn from multiple information sources, and presents project examples. This chapter articulates the Plan’s Coordination goals by which to address community mobility needs, identifying a breadth of strategies to implement to pursue these goals;
- Chapter 6 presents the Coordinated Plan’s prioritized projects and implementation direction, discussed in relation to potential organizational roles and responsibilities.



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2.0 Context

This chapter identifies the characteristics of Lake County residents who are among the focus of the Coordinated Plan: older adults, persons with disabilities, and persons of low income. A discussion of the role that transportation plays in supporting county economic development and quality of life provides additional contextual information.

2.1–Lake County Target Population Characteristics

Population Changes among Target Populations

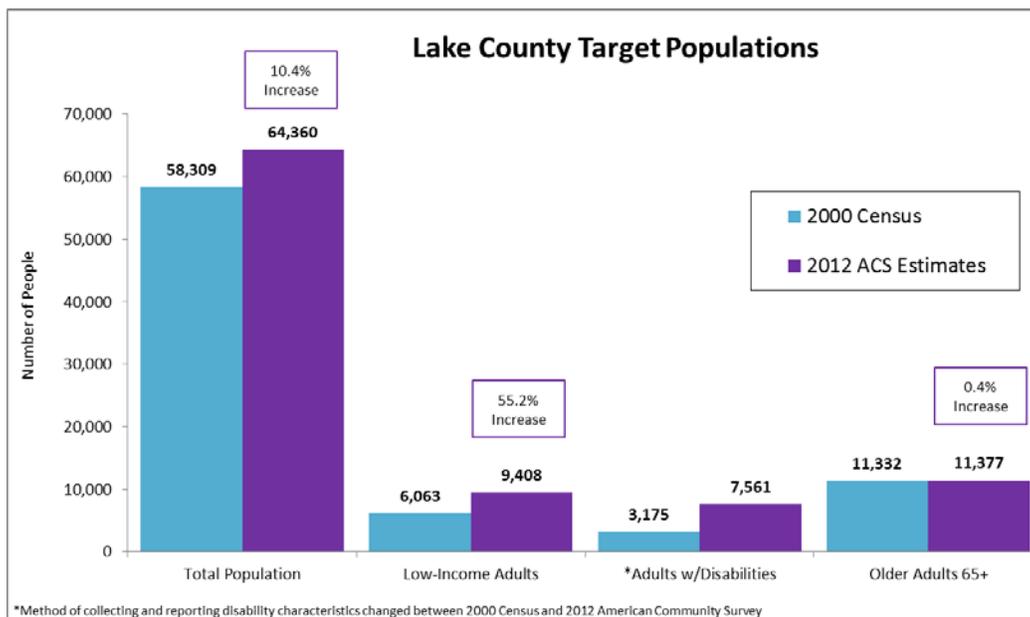
As noted, the Federal regulatory direction for the Coordinated Plans establishes three groups of interest:

- **Older adults;**
- **Persons with disabilities;** and
- **Persons of low income.**

In addition, veterans are included as a group whose transportation needs may differ somewhat from the general public and so are of concern to this Coordinated Plan.

Lake County’s 2012 total population of 64,360 persons represented a 10.4% increase from the 2000 US Census which reported total of 58,309 persons. Figure 1 presents current and historical population information for Lake County by reflecting change between 2000 and 2012 data for the target groups. Figure 1 utilizes 2012 ACS 5-year estimates.

Figure 1-1, Lake County Target Populations





Low-Income Adults. Persons of low income increased by 3,300 in this past decade (as a percent of the total population) from 10.4% to 14.6% and numbering 9,400 persons. Low-income persons are reporting incomes at or below the Federal poverty level that vary by household size.

Among older adults, lowest-income persons age 65 and older increased modestly, to 1.8% of the county’s residents, representing almost 1,200 seniors. These may be seniors who are aging-in-place on fixed-income. Combined, these older adults and adults under age 65 who are at 100% of the Federal poverty level number 10,500 individuals, persons likely struggling to keep vehicles operational or fueled, and who could use public transportation and specialized transportation options.

Adults with Disabilities. The U.S. Census has changed the way in which it captures citizens’ disability characteristics so that 2000 data cannot be directly compared to 2012. Currently there are over 7,500 adults under age 65 reporting some type of disability (11.7% of the county’s population). These adults reporting difficulties with walking are 6.1% of the county’s population, almost 4,000 individuals. Among older adults, almost 3,000 report ambulation difficulties – 4.5% of the county’s population. In combination, these 7,000 individuals represent over 10% of the county’s population. When coupled with other physical disabilities, including hearing or vision impairments, cognitive difficulties, self-care difficulty and independent living difficulty, the overall count of unique individuals is 7,561 adults and 4,683 older adults. These 12,244 persons total almost one-fifth of county residents, with many likely to have some level of transportation dependency, at least for some trips at some times.

Table 2-1, Lake County Adult Population, Under Age 65

TARGET POPULATIONS for Seniors, Persons w/Disabilities, and Persons of Low-Income					
2000 Census Attribute, Summary File 3 2012 American Community Survey 5-year Estimates	[2000 Census] Lake County People by Category	% of Total County Population	[2012 ACS] Lake County People by Category	% of Total County Population	% Change from 2000 to 2012
TOTAL POPULATION [1]	58,309	100.0%	64,360	100.0%	10.4%
ADULTS 18-64 [2]	33,025	56.6%	39,355	61.1%	19.2%
Low-income Adults, Ages 18-64 - 100% Federal Poverty Levels [3]	6,063	10.4%	9,408	14.6%	55.2%
<i>with % of Adults 18-64</i>	18.4%		23.9%		
Disability [4] (non-institutionalized) Ages 16-64 "go-outside-home" disability (2000)	3,175	5.4%	n/a	n/a	
<i>with % of Adults 18-64</i>	9.6%				
Disability [4] (non-institutionalized) Ages 18-64 (2010)			7,561	11.7%	
<i>with a hearing difficulty</i>			1,775	2.8%	
<i>with a vision difficulty</i>			1,009	1.6%	
<i>with a cognitive difficulty</i>			3,562	5.5%	
<i>with an ambulatory difficulty</i>			3,932	6.1%	
<i>with a self-care difficulty</i>			1,557	2.4%	
<i>with an independent living difficulty</i>			3,218	5.0%	

[1] Census 2000 Summary File 3, Total Population P001. / B01003 Total Population 2012 American Community Survey 5-year Estimates

[2] Extrapolated from Census 2000 Summary File 3, Sex by Age P008 / B01001 Sex by Age, 2012 American Community Survey 5-year Estimates

[3] Extrapolated from Census 2000 Summary File 3, Poverty Status in 1999 by age P087 / B1701 Poverty Status in the Past 12 Months by Sex by Age 2012 American Community Survey 5-year Estimates

[4] Extrapolated from Census 2000 Summary File 3, Age by types of disability for the civilian non-institutionalized population 5 years & over with disabilities p041 / S1810 Disability Characteristics - 2012 American Community Survey 5-year Estimates



Older Adults. While the county’s overall population grew by 19.2%, the proportion of persons over the age of 65 grew by 0.4%. This group increased from 11,332 older adults in 2000 to 11,377 older adults in 2012.

With regard to income, the proportion of older adults at 100% of the federal poverty levels increased from 1.4% to 1.8% of the county’s overall population, a slight increase given the difficult economic times of this past decade. The raw number of older adults in poverty rose from 816 to almost 1,175 persons, representing 10% of all older adults. While other older adults may be above federal poverty income thresholds, many struggle with modest fixed incomes that can impact their transportation choices. This, coupled with the functional slowing of older adults, can often mean they decrease and sometimes cease driving. Income levels and functional abilities of older residents each have important implications for changes and improvements to Lake County’s transportation. It will be important that “senior-friendly” attributes are incorporated into transportation planning.

Table 2-2, Lake County Adult Population, Over Age 65

TARGET POPULATIONS for Seniors, Persons w/Disabilities, and Persons of Low-Income					
2000 Census Attribute, Summary File 3 2012 American Community Survey 5-year Estimates	[2000 Census] Lake County People by Category	% of Total County Population	[2012 ACS] Lake County People by Category	% of Total County Population	% Change from 2000 to 2012
TOTAL POPULATION [1]	58,309	100.0%	64,360	100.0%	10.4%
SENIORS [2]	11,332	19.4%	11,377	17.7%	0.4%
<i>Seniors, ages 65-74</i>	6,126		6,581		
<i>with % of all seniors</i>	54.1%		57.8%		
<i>Seniors, ages 75-84</i>	4,076		3,168		
<i>with % of all seniors</i>	36.0%		27.8%		
<i>Seniors, ages 85+</i>	1,130		1,628		
<i>with % of all seniors</i>	10.0%		14.3%		
Low Income Seniors, Ages 65+ - 100% Federal Poverty Levels [3]	816	1.4%	1,174	1.8%	43.9%
<i>with % of all seniors</i>	7.2%		10.3%		
Disability [4] (non-institutionalized) Ages 65+ "go- outside-home" disability (2000)	2,368	4.1%	n/a	n/a	
<i>with % of all seniors</i>	20.9%				
Disability [4] (non-institutionalized) Ages 65+ (2010)			4,683	7.3%	
<i>with a hearing difficulty</i>			2,239	3.5%	
<i>with a vision difficulty</i>			710	1.1%	
<i>with a cognitive difficulty</i>			1,245	1.9%	
<i>with an ambulatory difficulty</i>			2,915	4.5%	
<i>with a self-care difficulty</i>			1,061	1.6%	
<i>with an independent living difficulty</i>			1,550	2.4%	

[1] Census 2000 Summary File 3, Total Population P001. / B01003 Total Population 2012 American Community Survey 5-year Estimates

[2] Extrapolated from Census 2000 Summary File 3, Sex by Age P008 / B01001 Sex by Age, 2012 American Community Survey 5-year Estimates

[3] Extrapolated from Census 2000 Summary File 3, Poverty Status in 1999 by age P087 / B1701 Poverty Status in the Past 12 Months by Sex by Age 2012 American Community Survey 5-year Estimates

[4] Extrapolated from Census 2000 Summary File 3, Age by types of disability for the civilian non-institutionalized population 5 years & over with disabilities p041 / S1810 Disability Characteristics - 2012 American Community Survey 5-year Estimates



Veterans. As America winds down two wars, and many among the 1.4 million in active military duty make their way to civilian lives, this country’s 22.6 million veterans will be of continuing concern to Coordinated Plan processes. In Lake County, there are 7,165 veterans (ACS 2012), representing 11.1% of the total population and 14.1% of the population over age 18. Among these, those of the Vietnam era are the largest group, making up 41.3% of all county veterans. World War II era veterans are still a significant group at almost 12.7% (about 910 individuals) of all veterans.

The US Census Bureau reported a 15.5% veterans’ unemployment rate for Lake County, which is over double the national veterans’ unemployment rate of 7%. This is eight points higher than the Census report of 15.3% for Lake County’s overall unemployment rate. During the past 12 months 1.4% (or 100 individuals) of all veterans were in poverty. Table 2-3 demonstrates the change in veteran populations in Lake County between 2000 and 2012 according to the American Community Survey.

Table 2-3, Lake County Veterans Population

TARGET POPULATIONS for Seniors, Persons w/Disabilities, and Persons of Low-Income					
2000 Census Attribute, Summary File 3 2012 American Community Survey 5-year Estimates	[2000 Census] Lake County People by Category	% of Total County Population	[2012 ACS] Lake County People by Category	% of Total County Population	% Change from 2000 to 2012
TOTAL POPULATION [1]	58,309	100%	64,360	100%	10.4%
VETERANS [5]	8,924	15.3%	7,165	11.1%	n/a
Civilian Population 18 years and over			50,696	78.8%	
<i>Veterans Period of Service</i>					
<i>Gulf War (9/2001 or later) veterans</i>			3.8%		
<i>Gulf War (8/1990 to 2001) veterans</i>			5.4%		
<i>Vietname era veterans</i>			41.3%		
<i>Korean War veterans</i>			12.4%		
<i>World War II veterans</i>			12.7%		
<hr/>					
<i>Veterans ages 18 to 34 years</i>			201	0.3%	
<i>Veterans age 35 to 54 years</i>			1,261	2.0%	
<i>Veterans age 55 to 64</i>			2,006	3.1%	
<i>Veterans age 65 to 74</i>			1,920	3.0%	
<i>Veterans age 75 years and older</i>			1,770	2.7%	
<i>Veteran population unemployment rate</i>			15.5%		
<i>Veteran population poverty status - past 12 months</i>			1.4%		

[1] Census 2000 Summary File 3, Total Population P001. / B01003 Total Population 2012 American Community Survey 5-year Estimates
[5] Extrapolated from S2101 Veteran Status - 2012 American Community Survey 5-year Estimates

Persons with Limited English Proficiency. Another population of relevance to this Plan are those who are Limited English Proficient, or LEP, groups residing in Lake County. Like other minority populations, LEP individuals are often low-income, transportation dependent, and underserved. The FTA is increasing focus on regulations such as Title VI of the Civil Rights Act and Environmental Justice legislation, which ensure transit providers take meaningful measure to provide access to their services for these populations and include them in public participation processes.

Lake Transit used available census data to identify LEP populations within Lake County. Table 2-4 following demonstrates the various populations residing in Lake County that speak English “less than very well.” Highlighted in Table 2-4 is the 5.18% of Lake County’s population, 3,150 persons who are reported by the 2012 5-year American Community Survey as Spanish-speaking individuals who speak English “less than very well. Additional LEP groups do exist, but each number less than 0.04% of the county’s total populations.”

Table 2-4, Lake County Residents with Limited English Proficiency, U.S. Census

Table B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER SOURCE: 2008- 2012 ACS 5-Year Estimates	Lake County, California		
	Estimate	Percentage of population	Margin of Error
Total:	60,806	100.00%	+/-62
Spanish or Spanish Creole: Speak English less than "very well"	3,150	5.18%	+/-567
French (incl. Patois, Cajun): Speak English less than "very well"	27	0.04%	+/-31
Portuguese or Portuguese Creole: Speak English less than "very well"	5	0.01%	+/-12
German: Speak English less than "very well"	21	0.03%	+/-20
Other West Germanic languages: Speak English less than "very well"	19	0.03%	
Russian: Speak English less than "very well"	25	0.04%	+/-39
Persian: Speak English less than "very well"	15	0.02%	+/-20
Hindi: Speak English less than "very well"	76	0.12%	+/-122
Chinese: Speak English less than "very well"	16	0.03%	+/-28
Japanese: Speak English less than "very well"	28	0.05%	+/-30
Thai: Speak English less than "very well"	10	0.02%	+/-16
Arabic: Speak English less than "very well"	107	0.18%	+/-125

Vehicle Access by Lake County Residents

The availability of vehicles within Lake County households is presented in Table 2-5 following. While ACS data shows that the majority of households have access to at least one vehicle, seven percent, or over 1,700, households do not. Most of the households with no available vehicle are one-person and two-person occupied households, but the three-person and four-person households that do not have access to a vehicle are significant: 24% of these households have no vehicle. The absence of a vehicle in a



household may limit an individual’s ability to access employment, medical care, or to complete activities of daily living, especially in areas where public transit or specialized transportation resources are inadequate or inaccessible.

Table 2-5, Lake County Household Vehicles

LAKE COUNTY HOUSEHOLD VEHICLE AVAILABILITY						
	Households (HH)	% of total HH's	1 person HH	2 person HH	3 person HH	4 + person
Total Households in Lake County	26,103	100%	7,619	9,863	3,495	5,126
Households with:						
No vehicle available	1,739	7%	1018	295	189	237
1 vehicle available	8,487	33%	4,410	2,473	706	898
2 vehicles available	9,198	35%	1,550	4,439	1170	2039
3 vehicles available	4,335	17%	439	1,933	881	1082
4 or more vehicles available	2,344	9%	202	723	549	870

2008-2012 American Community Survey 5-Year Estimates, B08201, HOUSEHOLD SIZE BY VEHICLES AVAILABLE

Table 2-6 below summarizes the mode of transportation utilized by the working population. The majority (75%) of all workers are driving alone. And while just 1% of persons are traveling to work by public transportation, in combination, a total of 17% are traveling to work through carpool, public transportation, bicycle/motorcycle/taxi, or walking. Workers in households with no vehicles are likely among those using alternative modes of travel to get to work. For some individuals, not owning a vehicle represents a lifestyle choice, but for others, the cost of purchasing and maintaining a vehicle is not affordable.

Table 2-6, Lake County Means of Transportation to Work

MEANS OF TRANSPORTATION TO WORK BY AGE						
	All ages 16+	% of Working Pop. 16+	Ages 16-64	% of Working Pop. 16-64	Ages 65+	% of Working Pop. 65+
Working Population	22,903		21,312		1,591	
Travel to work by:						
Drove alone	17,186	75%	16,147	76%	1,039	65%
Carpool	2,441	11%	2,338	11%	103	6%
Public transportation	125	1%	122	1%	3	0%
Walk	714	3%	628	3%	86	5%
Bike, motorcycle, taxi	357	2%	357	2%	0	0%
Work at home	2,080	9%	1,720	8%	360	23%

2008-2012 American Community Survey 5-Year Estimates, B08101, MEANS OF TRANSPORTATION TO WORK BY AGE

2.2–Lake County Distribution of Transit Services and Persons

A series of three maps follow that present the geography challenges that impact Lake County residents' mobility.

- Figure 2-2 immediately following presents the density of Lake County's general population of 64,665 residing within and beyond a ¼-mile buffer of Lake Transit's fixed route network. Considering 2012 U.S. Census data, 82% of the county's population, or 53,245 persons, live within a ¼ mile of a Lake Transit route. This, in part, reflects the overall geography of the county and its large portions that are part of Mendocino National Forest. There are additional pockets of density in areas that include Middletown, Cobb, Clearlake Oaks, and Upper Lake.
- Figure 2-3 presents the income distribution of Lake County residents in relation to the 37% of the county's population that fall below 150% of the federal poverty guidelines. This means that for these 23,671 persons, household incomes are and below 150% of \$11,670 for a single person and up to \$23,850 for a family of four according to the American Community Survey 2012 5-Year Estimate. Figure 2-3 depicts the larger proportions of low-income households on the north shore and in and around Clearlake. For these Census-designated block group areas, between 56% and 66%, and between 48% and 55% of these Lake County residents have incomes within 150% of federal poverty guidelines.
- Figure 2-4 presents the geographic distribution of Lake County's 11,440 persons age 65 and older, 18% of the county's overall population. Clearly the north shore area, Lakeport and into the Hidden Valley area is home to large proportions of the county's older adult residents. This ranges from a quarter to a third of residents in those areas. Additionally, there are significant numbers of older adults in Lakeport, along Soda Bay Road and around Middleton.

Figure 2-2, Population within ¾ Mile of Lake Transit Routes

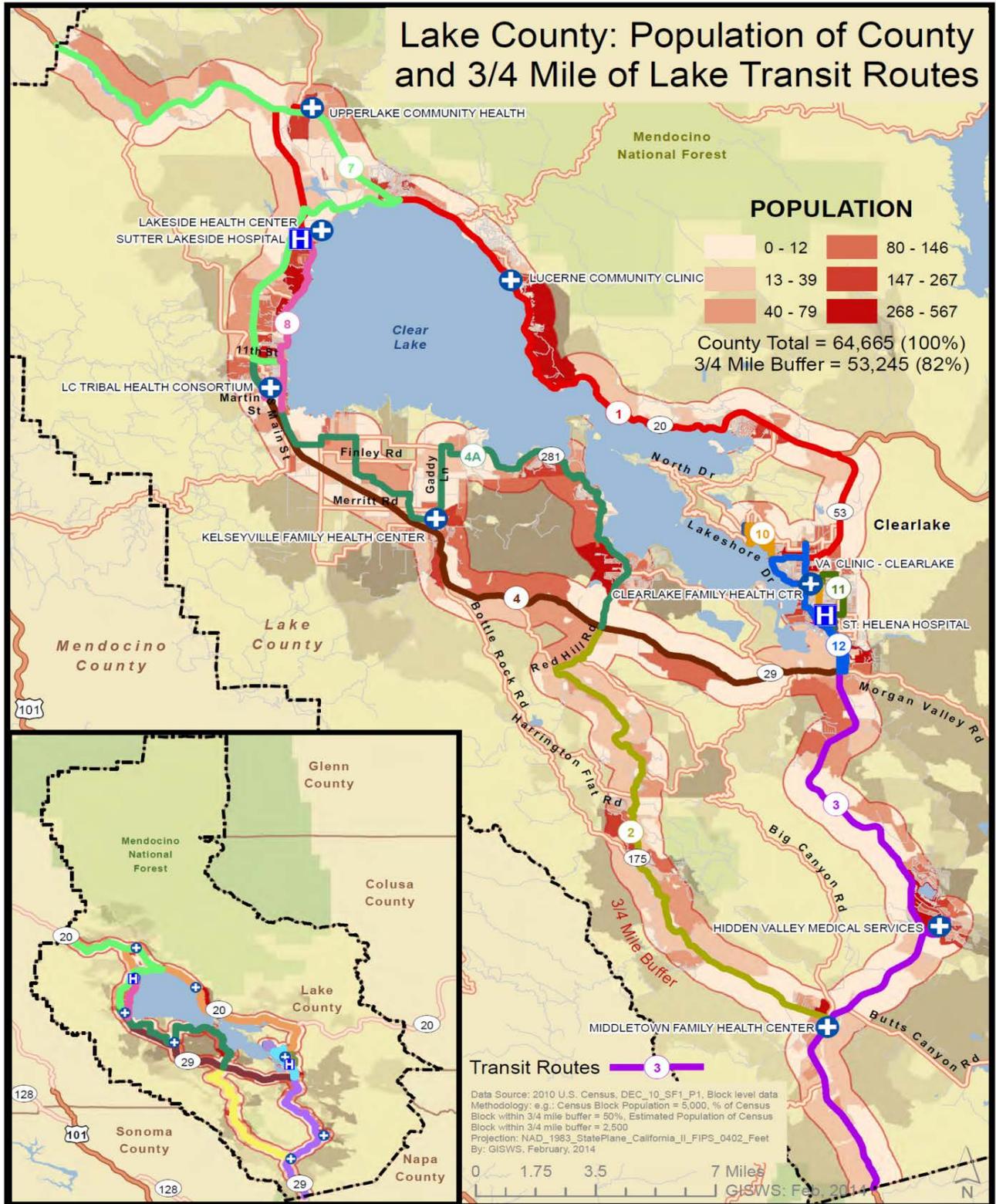


Figure 2-3, Density of Low Income Population



Figure 2-4, Density of Population 65 Years and Older



2.3–Summary

Population changes among Lake County’s older adults, persons with disabilities, and persons of low income help to focus this Coordinated Plan. Additionally, veterans and persons of limited English proficiency are among the groups whose mobility concerns are of interest to the Plan.

Lake County’s overall population has continued to grow, at 10 percent since 2000, to now just over 64,000 persons. Eight in ten, 82%, of these residents are living within ¼ mile of existing Lake Transit routes, reflecting that local public transit is traveling at and near the bulk of the county’s population.

The population of older adults, a group of about 11,000 persons, is not growing, with less than a half-percent increase and a slightly smaller proportion of the county’s residents at almost 18 percent, rather than 19 percent in 2000. Older adults, while distributed throughout the county, show highest concentrations on the North Shore, between Lucerne and Clearlake.

Persons with disabilities are now measured differently from the 2000 Census methodology and so cannot readily be compared. For 2012, 7,500 adults and 4,700 older adults reported some type of functional disability to the U.S. Census (19 percent of all residents). Among these, persons with an ambulatory difficulty were a smaller subset of almost 6,900 persons, or about 10% of the county’s population.

The low-income population in Lake County grew by 55% in the wake of the 2008 recession. The communities of Clearlake and Lucerne, and the surrounding areas, are home to the highest concentrations of low-income persons.

Veterans in Lake County are 11 percent of the county’s residents (almost 7,200 persons) and the largest group among them, or about four in ten, are Vietnam-era veterans. Those of limited English proficiency are largely Spanish speakers, 3,150 persons or 5% of the population.

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3.0 Transportation Resources

This section presents the transit and transportation resources available to meet a range of transportation needs, particularly those of older adults, persons with disabilities, and persons of low income. Public transit and human service transportation resources are described. The Inventory of transportation concludes this section, providing further detail about Lake Transit Authority's available services.

3.1–About Lake Transit Authority

Lake Transit Authority (LTA) provides public transit services throughout Lake County and operates connecting routes to intercity and regional bus services in Napa and Mendocino counties. Lake Transit operates six routes that provide service throughout Lake County and offer connections between the larger cities and population centers. LTA also operates four local bus routes that circulate in and around Clearlake, Lower Lake, and Lakeport. Curb-to-curb demand response service is available within a ¼ mile of the local circulator routes in Clearlake, Lower Lake, and Lakeport.



Regional and Intercity Routes

- **Route 1: North Shore Clearlake to Lakeport.** This route travels along the north shore of Clear Lake between the cities of Lakeport and Clearlake. Also provides service to the cities of Upper Lake, Nice, Lucerne, Glenhaven, and Clearlake Oaks. This route operates on weekdays and Saturdays with headways that range from one to two hours.
- **Route 2: Highway 175, Kit's Corner to Middletown.** Route 2 travels between Middletown and Kit's Corner along Highway 175. Travel can be made to the cities of Anderson Springs, Cobb, Hoberg, and Loch Loman. Route 2 only operates on weekdays between the hours of 6:45 am and 6:47 pm. The bus travels northbound with two-hour headways in the morning hours; all other runs have four-hour headways.
- **Route 3: Highway 29, Clearlake to Deer Park.** This route operates between the City of Clearlake to the cities of Calistoga and Deer Park in Napa County. This service operates on weekdays and Saturdays with headways ranging from two to four hours, depending on time of day. Transfers between Route 3 and Napa's VINE Route 10, Calistoga Shuttle, or St. Helena Shuttle are free. Lake Transit accepts transfers from any of these three Napa transit services and they accept the Lake Transit Route 3 transfer.
- **Route 4: South Shore, Clearlake to Lakeport.** Route 4 travels along the south shore of Clear Lake along Highway 29, between Lakeport and Clearlake. Stops are also available in Lower Lake and Kelseyville. Route 4 operates on Weekdays and Saturdays with one- to two-hour headways.
- **Route 4A: Soda Bay, Kit's Corner to Lakeport.** This route services Soda Bay, travelling from Kit's Corner and ending with a clockwise loop through the City of Lakeport. Stops are also made in Kelseyville and Finley. This route has three runs daily and operates on weekdays only.

Figure 3-1, Lake Transit Services Maps



- Route 7: Lakeport to Ukiah.** Provides a connection from the City of Lakeport in Mendocino County to the City of Ukiah. Route 7 travels through Upper Lake and Blue Lakes to provide access to the V/A Clinic, Amtrak, Mendocino College, and the Ukiah Airport. This route provides four runs daily in each direction, operating on weekdays and Saturdays between 8:00 am and 8:00 pm.

Clearlake and Lower Lake Local Service

- Route 5: Clearlake North.** This route provides service in and around the City of Clearlake, covering the area of Clearlake Park to the north and along Old Highway 53, and the Avenues. Route 5 also stops at St. Helena’s Hospital, Burns Valley Mall, and Yuba College. Route 5 has four runs per day that only operate in the evenings on weekdays.
- Route 10: Clearlake Park.** Route 10 operates on Weekdays and Saturdays with one-hour headways, from approximately 5:00 am to 7:00 pm. This route travels as far north as Bush Street to Highway 53 and Morgan Valley Road in Lower Lake to the south.
- Route 11: The Avenues.** The Avenues route covers from the Walnut Grove Apartments to the north down to Yuba College and Rays Food Place to the south. It operates on Weekdays and



Saturdays with one-hour headways and also has stops at the senior center, the Veterans Clinic, and St. Helena’s Hospital.

- **Route 12: Clearlake South.** Route 12 runs on Weekdays and Saturdays with one-hour headways. Late evening service after 7:00 pm is available only on weekdays. This route covers the southern portion of Clearlake and Lower Lake by stopping at Old Highway 53 and Main Street, Lower Lake High School, and the Department of Social Services.

Lakeport Local Service

- **Route 8: Lakeport City.** Operates within the City of Lakeport, traveling as far north as Sutter Lakeside Hospital to the K-Mart on Main Street in the south side of the city. Stops are also available to the Mendocino College, and the Bevins Court Health Center. Service is available on weekdays and Saturdays with two-hour headways.

Transfers and Connections

Transfers are available between Lake Transit Routes to complete a single trip. Riders can transfer free of charge to an equal or lower-priced route, but must pay the difference in price when transferring to a route with a higher priced fare.

There are transfer agreements in place between Lake Transit, Mendocino Transit, and with Napa County transit services. Riders may transfer for free between Route 3 and Napa’s VINE Route 10, Calistoga Shuttle, or St. Helena Shuttle. Lake Transit also accepts the Mendocino Transit Authority (MTA) transfer for a \$1.00 discount to ride on LTA Route 7, where trips originate in Mendocino County. MTA accepts LTA Route 7 transfers to ride their system for free.

Demand Responsive Services

Flex Stop

In areas that are not served by LTA’s Dial-A-Ride system, Flex Stop deviated fixed route service is available when a deviation is requested by the rider. The bus will travel up to one mile off of its regular route to provide service at the curb.

Dial-A-Ride

Lake Transit offers Clearlake/Lower Lake Dial-A-Ride and Lakeport Dial-A-Ride during the same days and hours as the local bus routes. LTA Dial-A-Ride provides curb-to-curb service for residents in those areas.

ADA Paratransit

Lake Transit provides paratransit within one mile of bus routes with its Dial-A-Ride and Flex Stop services. Passengers certified as eligible for Americans with Disabilities Act (ADA) paratransit receive reservation priority on their Dial-A-Ride service when calling one day or more in advance.

Reservations

When requested at least one day in advance, Lake Transit will give flex stop or Dial-A-Ride reservations for the time requested when possible. Reservation times may be negotiated within up to one hour before or after the requested time.

Operating Hours

While most routes operate Monday through Saturday from approximately 7:00 a.m. to 6:00 p.m., Clearlake and Lower Lake hours of operation increased to 10 p.m. for Routes 5, 10, 11, and 12, beginning in the fall of 2013.

The Nite Rider around Lakeport is providing demand responsive transportation for the general public between 6 p.m. and 9:30 p.m.

Routes 2 and 4A operate weekdays only. Individual routes may operate earlier or later. Lake Transit routes connecting Ukiah, Lakeport, and Clearlake operate Monday through Saturday. Lake Transit provides Dial-A-Ride and Flex Stops during the same days and hours as the bus routes that provide equivalent trips.

Passenger Fares

The cash fare for Lake Transit's regional and intercity bus routes is \$2.25 for the general public. Persons with disabilities and adults aged 65 and older ride at a reduced rate of \$1.50. Flex stops must add an additional \$1.25, and travel to Mendocino and Napa Counties via Routes 3 and 7 cost \$5.00. Local bus circulator routes charge \$1.25 for the general public, with a reduced fare of \$0.75 for persons with disabilities and older adults. Flex stops on local routes add \$5.00 for the general public and only \$0.75 for seniors and disabled.

Riders can also purchase punch passes in \$10.00 denominations. Punch passes are good for \$11.00 worth of bus fares. A monthly Fast Pass can be purchased for \$40.00 and is good for unlimited rides on bus routes within Lake County. A system weekly pass is also available, which is good for unlimited rides for seven calendar days on Lake Transit fixed routes in Lake, Mendocino, and Napa Counties. Children ages 5 and under ride Lake Transit for free with accompanying adult. More detailed information on LTA transit services can be found in Table 3-1.

3.2–Intercity Bus and Rail

Greyhound

Greyhound does not provide direct service to or from Lake County. The closest Greyhound station for Lake County residents is in the City of Ukiah in Mendocino County. This Greyhound station is housed within the Ukiah City Airport and can be accessed by Lake County residents using LTA's Route 7 to Ukiah, which stops at this location three times daily. There are also Greyhound stations located in the city of Willits at the Main Street McDonalds just south of Highway 20 and in the City of Santa Rosa at the Days Inn off of Highway 101.



Amtrak

Amtrak trains and thruway buses do not directly serve any locations within Lake County. The closest locations to access Amtrak trains are in the cities of Davis, Suisun City, Chico, and Sacramento. Amtrak through-way buses can be accessed in the nearby cities of Cloverdale, Healdsburg, Ukiah, Santa Rosa, Rohnert Park, and Willits. The LTA Route 7 stops at the Ukiah Amtrak Thruway bus stop located near Highway 101 and Perkins Street.

3.3–Human Services Transportation

A series of eight programs are described here that are either public, non-profit, or Tribal organizations, with varying types of transportation service.

Lake County Department of Social Services (Bus Passes)

The Lake County Department of Social Services (LCDSS) offers financial support in the form of food stamps, cash aid, and medical assistance for eligible low-income persons in Lake County.

LCDSS purchases bus tickets and passes through Lake Transit for their clients, and provides transportation directly to Spring Valley, Dial-A-Ride trips to bring seniors to the lunch program, transportation for youth in foster care, and CalWORKs recipients needing to access employment services.

Lake County Office of Education

The Lake County Office of Education (LCOE) provides leadership and support to the schools in the communities of Lake County by planning and delivering educational programs.

LCOE facilitates a transportation program that is based at school sites. The Healthy Start program has three vehicles that serve Upper Lake, Middle Town, and Burns Valley. On Thursdays and Fridays Healthy Start provides transportation to travel from school sites to the dental clinic in St. Helena and out of county to Oakland Children’s Hospital.

Lake Family Resource Center

Lake Family Resource Center connects families with community resources to meet their needs, working towards strengthening a family’s ability to become safe and self-sufficient for total family wellness.

The center operates two vans for agency clients participating in the Headstart and Team Parenting programs to provide transportation from home to the center and for life sustaining activities such as medical and social service appointments. Transportation is available on weekdays within Lake County, with some out-of-county transportation for specialized services not available in Lake County.

Lakeside Health Center

Lakeside patients are offered primary care, women's health, oral health, and counseling services, as well case management and support for chronic illness. To address this need, Mendocino County Health Clinics (MCHC) sought and received funding to purchase a van, now used to assist patients who require transportation support.



Lakeside provides medical appointment transportation, from home to the center, for its clients that have no other means of transportation. The center operates two non-wheelchair vans that seat five to six passengers and provide service within Lake County on weekdays. Patients are sometimes provided with bus passes to ride Lake Transit or gas vouchers to travel out of county for specialized treatment.

Live Oak Senior Center

Live Oak Senior Center currently transports 8 to 10 older adults from their homes to the center to attend the lunch program on weekdays. The center has one vehicle and offers transportation to older adults in the Clearlake Oaks area. As of this writing, transportation is only available for lunch program trips.

Peoples Services

People Services is a non-profit agency providing life assistance programs to persons with disabilities within Lake County.

Transportation services are available that provide door-to-door transportation for persons attending and accessing their day and work programs. Vehicles are wheelchair lift-equipped, able to serve ambulatory and non-ambulatory trip referrals, and provide transportation to out-of-county medical appointments. Vehicles are also available for community access day events.

St. Helena Hospital

St Helena is a system of hospitals and clinics that offer comprehensive health services here to the communities of Napa and Lake Counties.

St. Helena Hospital provides transportation with an 8-passenger wheelchair accessible van, with two wheelchair positions. Program allows for patients to travel to rural health clinics for medical appointments, including to competing facilities. This system is averaging about 55 one-way trips per week, using three part-time drivers. St. Helena's also purchases LTA tickets for patients who can use them to complete a trip.

Tribal Health Consortium

Tribal Health Consortium is a federal Title I tribally sanctioned organization representing six federally recognized Native American tribes in Lake County, California. The consortium aims to improve the health status of the American Indians of Lake County through the delivery of culturally sensitive and affordable health care services.

Transportation is provided to tribal members in Lake County for travel to the Lakeport Tribal Health Clinic and Clearlake satellite health clinic. Transportation is also provided to Consortium members for travel out of county for access to services that are not available within Lake County. The service is available on weekdays utilizing a fleet of four vehicles. Some clients are provided bus passes to ride Lake Transit for access to tribal programs and services.

3.4–Veterans Transportation Services

The veterans of Lake County have access to the Department of Veterans Affairs healthcare system through the Clearlake VA Clinic, to receive preventative and primary care. For medical services beyond what is offered at the clinic, veterans must make long distance trips to the VA Hospital system in San Francisco. Three veteran-specific transportation resources are available to the veterans of Lake County.

Veterans Administration (VA) Shuttle

The VA shuttle is provided through the San Francisco VA Hospital and offers a shuttle service to transport veterans from the Clearlake clinic to the VA Hospital in San Francisco. A single wheelchair-accessible vehicle leaves the Clearlake VA Clinic at 5:30 am, travels to the Santa Rosa VA Clinic, then continues on to San Francisco. The shuttle then returns the veterans back to Clearlake in the afternoon.

Disabled American Veterans

The DAV's transportation program is supported by volunteer drivers that pick up Lake County veterans beginning at the police station in Clearlake. The vehicle continues to pick up veterans in Lower Lake at the Masonic Lodge and in Middletown at the post office, then continues on to the San Francisco VA Medical Center. The return shuttles leave San Francisco when the last patient has completed his or her appointment, returning veterans back to their point of origin.

Clearlake VA Clinic - Taxi Voucher Program/ Bus Pass Program

Lake County veterans needing travel from home to the Clearlake VA Clinic may be eligible to use a taxi voucher to complete their trip. The veteran must go through a review process that will determine whether or not other transportation options are available, such as a caregiver, family member, or public transit. The taxi vouchers are funded through a donation from the Red Cross.

For veterans that are found to be able to use public transit to access medical services, Clearlake VA Clinic can provide bus passes to subsidize travel on Lake Transit's network.

3.5–Transportation Resource Inventory

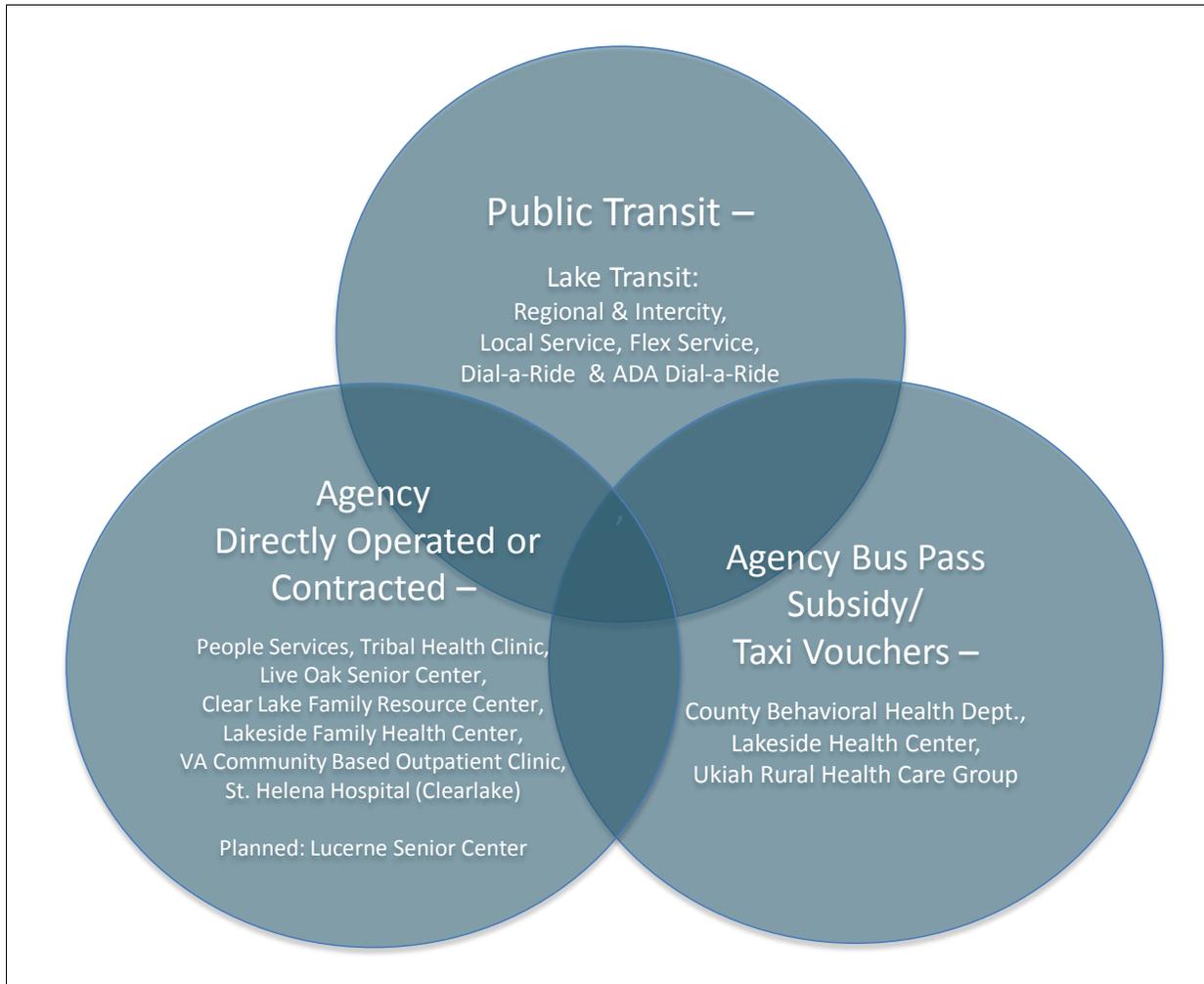
A significant requirement of the Coordinated Public Transit-Human Services Transportation Plan is the development of an inventory of public transit services. The inventory compiles and documents the available Lake Transit Authority (LTA) Services.

Figure 3-2 following identifies the three transportation service categories generally available within the county and documented in the Lake County transportation service Inventory following as Table 3-1.

The three service categories generally describing available transportation choices in Lake County are:

- 1) Public transit services;
- 2) Human service agency ***directly operated, contracted or volunteer transportation;***
and
- 3) Human service agency ***bus pass subsidy and taxi voucher programs.***

Figure 3-2, Lake County Transportation Service Types



Not represented above are the various private sector transportation services, including Hey Taxi, Clearlake Cab, Lake County Cab, and Riley Cab Company among others, all of whom provide additional mobility options for some Lake County residents.



Table 3-1 Lake Transit Inventory Matrix

PUBLIC TRANSPORTATION PROVIDER							
Lake Transit							
Service	Service Description	Service Area	Days and Hours of Service	Eligibility	Fare	Transfers/ Policies	Vehicles/ Trips
www.LakeTransit.org (707) 263-3334	Lake Transit Authority (LTA) provides public transit services throughout Lake County and operates connecting routes to intercity and regional bus services in Napa and Mendocino counties.	Lakeport Upper Lake Nice Lucerne Glenhaven Clear Lake Oaks Clearlake Kelseyville Cobb Ukiah Calistoga Deer Park	Most routes operate Monday through Saturday from approx. 7:00 a.m. to 6:00 p.m. Routes 2 & 4A operate weekdays only. Individual routes may operate earlier or later. Lake Transit routes connecting Ukiah, Lakeport and Clearlake operate Monday through Saturday	General Public	Lake County Regional Cash Fare: General: \$2.25 ADA/Medicare: \$1.50 General Public Flex Stop: \$5.00 add'l ADA/Medicare Flex Stop: \$1.25 add'l Trips to Mendocino and Napa: \$5.00 Lake County Local Cash Fare: General: \$1.25 ADA/Medicare: \$0.75 General Public Flex Stop: \$5.00 Add'l ADA/Medicare Flex Stop: \$0.75 add'l Passes Punch Pass: \$10.00 (Good for \$11 in fares) Monthly Fast Pass: \$40.00 (unlimited rides within Lake County) System Weekly Pass: \$20.00 (Unlimited Rides for 7 Cal. Days on regional and local routes)	When boarding the bus and paying your fare, you may request a transfer between routes to continue a single trip. Transfers are not valid for return trips. You can transfer free of charge to an equal or lower priced route. You must pay the difference in price when transferring to a route with a higher priced fare.	Systemwide 25 Vehicles Total Fixed Route Trips 371,916
Regional and Intercity Routes							
Route 1 North Shore Clearlake to Lakeport	Fixed-route transit service linking the population centers of the North Shore of Clear Lake	Lakeport Upper Lake Nice Lucerne Glenhaven Clear Lake Oaks Clearlake	Weekdays and Saturdays 6:10 am to 7:51 pm	General Public	See Above	Transfers available to: Route 3, 4, 5 ,10, 11 & 12 at Rays Food Place/ Walmart Robinson Rancheria & Hwy 20 Sutter Lakeside Hospital Route 8 at Sutter Lakeside Hospital	See Total Above
Route 2 Hwy 175 Kit's Corner to Middletown	Fixed-route transit service between Middletown and Kits Corner along Hwy 175	Middletown Anderson Springs Cobb Hobergs Loch Lomand Kit's Corner	Weekdays 6:45 am to 6:47 pm	General Public	See Above	A timed transfer between Route 2 and Route 4 at Kit's Corner will get commuters to Lakeport or Clearlake before 8:00 a.m., with return schedules after 5:00 p.m. Transfers also available to Route 2 at Young Street in Middletown.	See Total Above



Table 3-1 Lake Transit Inventory Matrix, continued

PUBLIC TRANSPORTATION PROVIDER							
Lake Transit							
Service	Service Description	Service Area	Days and Hours of Service	Eligibility	Fare	Transfers/ Policies	Vehicles
Regional and Intercity Routes Cont'd							
Route 3 Hwy 29 Clearlake to Deer Park	Daily roundtrips between Clearlake and Napa County destinations. St. Helena Hospital at Deer Park is served twice daily.	Clearlake Lower Lake Hidden Valley Middletown Calistoga Deer Park	Weekdays 6:10 am to 7:21 pm Saturdays 6:10 am to 6:56 pm	General Public	See Above	Transfers available to: Route 1 , 4, 5, 10, 11 & 12 at Rays Food Place/ Walmart Route 2 at Young Street in Middletown Transfer free between Route 3 and Napa's VINE Route 10, Calistoga Shuttle, or St. Helena Shuttle. Lake Transit accepts transfers from any of these three Napa transit services, and they accept the Lake Transit Route 3 transfer. Valid only to continue a single trip when boarding at Calistoga or St. Helena bus stops.	See Total Above
Route 4 Southshore, Clearlake to Lakeport	Service between Clearlake and Lakeport along Hwy 29	Clearlake Lower Lake Kelseyville Lakeport	Weekdays 6:10 am to 8:35 pm Saturdays 7:05 am to 8:35 pm	General Public	See Above	Transfers available to: Route 1 , 3, 5, 10, 11 & 12 at Rays Food Place/ Walmart Route 2 & 4A at Kit's Corner Routes 4A & 8 at Third & Main A new early morning commute bus begins on Route 5 in Clearlake and continues as Route 4 to Lakeport.	See Total Above
Route 4A Soda Bay, Kit's Corner to Lakeport	Service from Kit's Corner to Lakeport through Soda Bay and Kelseyville	Kit's Corner Rivieras Soda Bay Finley Big Valley Rancheria Lakeport	Weekdays 9:16 am to 6:03 pm	General Public	See Above	Transfers available to: Route 2 & 4 at Kit's Corner Routes 4, 7 & 8 at Third & Main	See Total Above
Route 7 Lakeport / Ukiah	Service from Lakeport to Ukiah along Hwy 29	Lakeport Robinson Rancheria Upper Lake Blue Lakes Calpella Ukiah	Monday - Saturday 8:00 am to 7:50 pm	General Public	See Above	Transfers available to: Routes 4, 4A & 8 at Third & Main Lake Transit accepts the Mendocino Transit Authority (MTA) transfer for a \$1.00 discount on Route 7 trips originating in Mendocino County. MTA accepts Lake Transit Route 7 transfers to ride free within the MTA bus fare zone where the passenger changes buses.	See Total Above



Table 3-1 Lake Table 3-1, Lake Transit Inventory Matrix, continued

PUBLIC TRANSPORTATION PROVIDER							
Lake Transit							
Service	Service Description	Service Area	Days and Hours of Service	Eligibility	Fare	Transfers/ Policies	Vehicles
Clearlake and Lower Lake Local Service							
Route 5 Clearlake North	Clearlake/ Clearlake Park Extended Hours	Ray's Food Place/ Walmart ST. Helena Clearlake Hospital Clearlake Park Post Office Burns Valley Mall Yuba College	Weekdays 7:15 pm to 11:07pm	General Public	See Above	Timed transfers available to: Route 1 , 3, 4, 10, 11, & 12 at Rays Food Place/ Walmart	See Total Above
Route 10 Clearlake Park	Clearlake/ Clearlake Park North Loop	Ray's Food Place/ Walmart Burns Valley Mall City Hall Clearlake Park Post Office Veteran's Clinic Lake County Social Services Lower Lake High School	Weekdays 7:00 am to 5:45 pm	General Public	See Above	Timed transfers available to: Route 1 , 3, 4, 5 , 11 & 12 at Rays Food Place/ Walmart Route 10 Southbound passengers at Austin Park may transfer to Route 12	See Total Above
Route 11 The Avenues	The Avenues Loop	Ray's Food Place/ Walmart St. Helena Clearlake Hospital Clearlake Family Clinic Burns Valley Mall Senior Center Veterans Clinic St. Helena Clearlake Hospital Yuba College	Weekdays 5:40 am to 6:47 pm	General Public	See Above	Timed transfers available to: Route 1 , 3, 4, 5, 10 & 12 at Rays Food Place/ Walmart	See Total Above
Route 12 Clearlake South	Clearlake/ Lower Lake South Loop	Ray's Food Place/ Walmart Yuba College Lake County Social Services Lower Lake High School Austin Park Burns Valley Mall Senior Center	Weekdays 6:27 am to 10:21 pm	General Public	See Above	Timed transfers available to: Route 1, 3, 4, 5, 10, & 11at Rays Food Place/ Wlamart Route 10 Southbound passengers at Austin Park may transfer to Route 12	See Total Above



Table 3-1 Lake Transit Inventory Matrix, continued

PUBLIC TRANSPORTATION PROVIDER							
Lake Transit							
Service	Service Description	Service Area	Days and Hours of Service	Eligibility	Fare	Transfers/ Policies	Vehicles
Lakeport Service							
Route 8 Lakeport City	Service in and around Lakeport City	Sutter Lakeside Hospital Lakeside Health Center Bevins Ct. Health Center Mendocino College K-Mart	Weekdays & Saturdays 7:28 am to 6:31 pm	General Public	See Above	Transfers available : Routes 4 & 4A at 3rd and Main Continues from Route 1 Westbound to Lakeport at Sutter Lakeside Hospital Continues to Route 1 Eastbound to Clearlake at Sutter lakeside Hospital	See Total Above
Demand Response Service							
Lake Transit Dial-A-Ride	Dial-A-Ride provides curb-to-curb service	Clearlake/ Lower Lake Lakeport	Same Days and Hours as fixed-route service. Most fixed-routes operate Monday through Saturday from approx. 7:00 a.m. to 6:00 p.m.	ADA Certified and Elderly	Same Day Service \$3.00 One Day Advance Reservation \$2.50	Lake Transit offers Clearlake/Lower Lake Dial-A-Ride and Lakeport Dial-A-Ride during the same days and hours as the local bus routes.	4 Cutaways
Lake Transit ADA Paratransit	Lake Transit provides paratransit within one mile of bus routes with its Dial-A-Ride and Flex Stop services.	Clearlake/ Lower Lake Lakeport	Same Days and Hours as fixed-route service. Most fixed-routes operate Monday through Saturday from approx. 7:00 a.m. to 6:00 p.m.	Most individuals who cannot board, ride or get off a regular public bus because of a disability are eligible for ADA Paratransit Service.	Same Day Service \$3.00 One Day Advance Reservation \$2.50	In areas that are not served by Dial-A-Ride, Lake Transit offers "Flex Stop" service. The bus will travel up to one mile off of its regular route to provide Flex Stop service at your curb.	Total Demand Response Trips 22,745

3.6–Summary

Chapter 3 reported on the resources available to move older adults, persons with disabilities, and persons of low income around Lake County and to destinations outside the county.

Lake Transit Authority’s public transportation program operates 11 routes within Lake County, two of which provide regional service to Ukiah in Mendocino County and Calistoga and Deer Park in Napa County. Lake Transit Authority’s Dial-A-Ride program is available in the Clearlake, Lower Lake, and Lakeport communities, with reservation priority given to persons with disabilities.

Human service transportation programs are numerous and include directly operated or contracted transportation, volunteer driver programs, veterans and tribal-specific programs, and bus pass subsidies for client travel.

The inventory of public transit services provides additional detail about reservations, service area, operating hours, and fares scale of the programs, in terms of number of vehicles or number of trips provided when this information could be obtained.

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4.0 Mobility Needs and Gaps

Outreach to Lake County key stakeholders, and to consumers, brought back a range of mobility needs and transportation-related service gaps. Reported here are findings from qualitative and quantitative efforts: a series of gatekeeper and focus group interviews as well as a countywide survey to document out-of-county transportation referral patterns.

Figure 4-1, Outreach Stakeholder Agencies

4.1–Coordinated Plan Outreach Efforts

Multiple outreach efforts contributed to the findings presented in this Plan. These were undertaken in coordination with preparation of the Short Range Transit Plan and Lake Transit’s Title VI Program Plan to maximize impact and effectively stretch planning funds.

Outreach efforts fell into several categories. First, stakeholder interviews were undertaken with 48 key agency personnel who understood the target groups’ mobility concerns.

Secondly, consumer focus groups provided opportunity for input from older adults, community college youth, and persons with disabilities. The agency interviews and focus group discussions involved about 90 persons.

Selected responses from rider on-board survey are also reported, reaching 363 persons and bringing rider perspectives in the Coordinated Plan update process.

An intercept survey of persons of Limited English Proficiency reached 25 individuals.

Finally, this Coordinated Plan sought more information about non-emergency medical transportation needs of Lake County residents, specifically regarding referrals to out-of-county health care facilities. In partnership with Lake County Department of Public Health, a health care agency e-survey brought back health care agency

Lake County Stakeholder Agencies Participating in the Coordinated Plan Development

Clearlake Family Health Center
Integrated Chronic Pain Program
Highland Senior Center
Lake City/ County Area Planning Council
Social Services Transportation Advisory Council
Lake County Dept. of Social Services
Lake County Fire Protection District
Lake County International Charter School
Lake County Probation Dept.
Lake County Health Services Dept.
Lake County Office of Education-Healthy Start
Lake County Tribal Health Services
Lake County United Veterans Program
Live Oaks Senior Center
Lucerne Senior Center
Marymount College
Mendocino College Focus Group
Middleton Senior Center
People Services, Inc.
Independent Living Focus Group
Redwood Coast Regional Center
St. Helena Hospital, Clearlake
Community Care/ Home Care Serv.
Sutter Lakeside Hospital
Welfare-to-Work Focus Group
Yuba College Focus Group
25 Agency Respondents to the Out-of County Health Care Referrals Survey

regarding referral pattern information, netting responses from 25 agencies.

These several qualitative and quantitative outreach efforts are reported on in this chapter to define the mobility needs and gaps experienced by Lake County older adults, persons with disabilities and persons of low-income, among others.

4.2–Agency and Consumer Interview Findings

Awareness and Image of Lake Transit

There is generally good awareness of Lake Transit services and how to access them, among those with a “need” for transit. As in most communities, non-users are less aware of the specifics of the service but generally aware of Lake Transit’s role and say they would “Google” the system if they needed information.

Stakeholders at social services, medical facilities, and educational institutions were well aware of how their constituents depend on the transit system for mobility and had significant knowledge about the services and their limitations. However, many were not yet aware of the introduced north shore Night Rider service or the expanded evening hours in Clearlake. There was interest among the social service agencies in having their staffs better “trained” in the specifics of Lake Transit service. Those who were aware of and using the extended service were very appreciative.

Lake Transit has a generally positive image and high satisfaction levels are reported, particularly with service in Clearlake. Services to outlying communities, while highly appreciated, are more problematic due to long distances and limited frequencies. One social service manager said, “You don’t hear bad things about Lake Transit” and an elected official commented, “Outside of the strike, my constituents are very pleased with the service.”

There are, however, a wide variety of specific “issues” which were raised by both stakeholders and users regarding how the service could be improved. Stakeholders within the community, while generally very complimentary of Lake Transit as an organization, had mixed reviews about Lake Transit’s responsiveness to their needs. The International Charter School, for example, was very pleased with the re-location of a bus stop to improve student safety. The St. Helena Hospital expressed continuing concerns with the lack of improvements to the bus stop serving the hospital, although efforts to address these concerns by Lake Transit management are ongoing, as of this writing.

High Level of Transit Need in Lake County

Stakeholders said that there is a great need for public transit services within Lake County due to high levels of poverty and disability among the population. Specific comments for stakeholders that illustrated this included

- One third of the county’s population is on MediCal; other low-income families don’t qualify. (Lake County Health Services);

- At St. Helena Hospital about 45% of patients are on MediCal and 45% on Medicare. With the Affordable Care Act, 1800 new people are expected to access health care services in Lake County. (St. Helena Hospital);
- There is a high percentage of persons with disabilities in Lake County – some estimates say 40%. (St. Helena Hospital);
- There are many indigent families with no cars and money for gas. (Social Services);
- The Probation program has 200 clients, 70 under active supervision meaning they must report to the center in Lakeport regularly. Most live in Clearlake. (Probation Department); and
- Department of Rehabilitation has 100 clients in Lake County, 60% without access to a vehicle. (Department of Rehabilitation).

Non-Emergency Medical Transportation Needs

Among both older adult and disabled populations, the most commonly reported transportation need is for non-emergency medical transportation both within Lake County and to out-of-county medical facilities. The Information and Referral service at Lakeport Senior Center says it is the most frequently requested need among their callers.

Within the county, Lake Transit provides service to all of the major medical facilities, however, according to stakeholders, a number of factors make it difficult for elderly persons and those with disabilities to utilize the service:

- In some areas, particularly Lucerne and Cobb Mountain, seniors cannot get from their homes to the bus stop.
- Once they arrive in Clearlake, they will need to transfer buses at the Ray's stop– not a location considered safe by some seniors.
- While deviations are available on some routes, this is not something understood by many interviewed.
- Dial-A-Ride service, where available, is considered too expensive for the lowest-income persons, which include older adults and persons with disabilities.
- County Fire District ambulances make some non-emergency medical trips, called in as 9-1-1 emergencies, for older adults or others without transport to local medical facilities. The number of inappropriate calls, e.g. not true emergency calls, is difficult to pinpoint, but remains a concern of the Fire District. Areas such as Spring Valley have higher levels of need, partly due to an older population and likely because they have no transportation service.
- Lake County residents are referred to a wide variety of out-of-county medical facilities for specialty care. These include St. Helena Hospital in St. Helena, various facilities in Ukiah and Willits, MediCal dentists outside the county (there are only two located in Lake County) and

more distant facilities such as UCSF and UC Davis. Specialty dental care referrals to Santa Rosa and to Windsor facilities can require multiple trips, often at six-week intervals for some patients and these can be difficult for some Lake County individuals. In addition to the Clearlake Veterans Outpatient Clinic, the VA Medical Centers in San Francisco and in Sacramento, as well as the VA Clinic in Santa Rosa are destinations to which veterans travel for various health care services. Sutter Adventist Hospital in Willets has both pediatric and obstetrics clinics, each of which require multiple visits for patients and can be difficult for some.

Lake Transit's intercity routes can be used to access medical facilities in Mendocino and Napa Counties. However, these present the same difficulties for seniors and persons with disabilities of walking or difficulties with being transferred to other transit to get to their destinations. Some reported being too uncertain about the connection to consider attempting the trip.

St. Helena Hospital operates a single eight-passenger van that they use to provide transportation to services at their own facilities and those of other medical providers, when no other option is available. They would prefer to contract with Lake Transit or another transportation provider for the service.

Other Needs Not Currently Met

Lake Transit does a good job of covering most of the communities in Lake County, as indicated by many stakeholders. Multiple stakeholders raised two areas of concern repeatedly:

North Shore

- The level of service along the north shore is seen as insufficient for the need. The latest bus returning to Lucerne from Clearlake leaves at 4:00 pm, making it impossible for riders to return home from jobs (e.g. Wal-Mart) or Yuba College.
- Within Lucerne, many people live in the hills, making it difficult to get to the bus stop. There is no demand response service to connect them to Lake Transit. A local Dial-A-Ride service, possibly operated by the senior center with the new 5310 vehicle, was suggested.

Spring Valley

- The Spring Valley population is isolated with no service at all. Need for lifeline service to connect them to medical and shopping was expressed as well as to bring seniors to a senior center.
- Lake County Health Services estimates that there may be 800 older adults living in Spring Valley – though some are likely part-time residents. The Fire Protection District gets calls from older adults in that area for assistance.

Other unserved or underserved locations mentioned during the stakeholder interviews included:

- Tribal Indian Community off of Highway 20 and Sulfur Bank – 40 to 50 people live there.
- Scott's Valley Ranches (past Safeway and 11th St.) – residents include isolated elderly who can no longer drive.

Bus Stops, Signage and Path of Access

An issue which was raised in almost every interview and focus group, as well as being a high priority from the on-board survey, is the need for improvements to Lake Transit bus stops. Comments focused around the following themes:

- Many bus stops are not signed at all, leading to confusion about where to wait (among the passengers) and where to stop (among new drivers). One rider said that even a stripe painted on the curb to indicate the bus stop location would be helpful; otherwise it is very difficult for the new rider.
- There is no schedule information, even at major bus stops and transfer points. Posting of route destinations and departure times would be very helpful to riders.
- Benches and shelters need to be provided at more high volume stops – particularly on the intercity routes. The additional shelters in Clearlake are much appreciated.
- Bus stop spacing and access is a problem in some areas. Too much space between bus stops can make it difficult for older adults or persons with limited mobility. Lack of sidewalks makes getting to bus stops difficult for many – older adults, persons with disabilities, and people with baby strollers.
- The transfer center at Ray’s is a significant deterrent for some riders. It presents a very poor image, feels unsafe (particularly to older adults) and offers no information.
- Some highly used bus stops are particularly problematic for specific populations:
 - Bus stop at Clearlake St. Helena Hospital - at 18th St. and 53rd – is just off of hospital grounds. The bus stop is just a patch of dirt with no pad, bench or shelter. There is just a broken sign. The hospital has asked LTA to improve the stop, including paving the area and providing a path of travel to hospital entrance. They have a shelter they would provide for installation.
 - Bus stop at St. Helena Clinic in Clearlake. The bus stops right in front of shopping center on the street. Medical center staff would like bus to enter the parking lot and come to the door of clinic.
 - Job Zone bus stop. Many low-income persons with children use the stop. This stop is located on the edge of Hwy 53 with no amenities or protection from traffic.
 - Lucerne Senior Center. Eastbound Route 1 stops in front of the Senior Center, turning onto Country Club Drive and



then turning back down to Hwy 20. Westbound, the bus doesn't stop at the Senior Center, but only on Hwy 20. This limits the utility of the service to senior center visitors or staff.

- Building more sidewalks and ensuring safer pedestrian access to bus stops was identified as a high-priority need by multiple stakeholders, given the fact that so many stops are on state highways.

Desired Service Improvements

Despite the generally high regard for Lake Transit and appreciation for the services provided, stakeholders and focus group participants had a wide variety of suggestions for how the system can be improved – primarily through expansion of hours and frequency as well as the previously discussed bus stop improvements. Specific suggestions recorded included

- Improved service between Clearlake and Lakeport, earlier, later, and more frequently;
- Later night service to Mendocino College – expected to be provided with grant;
- Later night service within Lakeport – would help with access to jobs at Sutter Lakeside Hospital and K-MART;
- Later bus from Ukiah to Lakeport, leaving Ukiah at 9:00 or 9:30 pm;
- Routes 1 and 4 need to run more often. As previously noted, the last bus from Clearlake to Lucerne leaves at 4:10 pm, too early for work trip purposes;
- Improved timing of Route 10-11-12 connections at Austin Park in Clearlake;
- Improvement of Route 3 to better service International Charter School in afternoon (school is out at 2:30 pm, bus arrives at 3:20 pm);
- Sunday service to get to and from church;
- To be useful to seniors for medical trips, buses would need to go directly to medical offices without a transfer (Senior Centers and Hospital);
- Better access to library and One-Stop Center in Lakeport;
- More routes serving jails (Probation Department);
- Better connections to Amtrak and Greyhound in Ukiah; the Lake Transit bus is frequently running late and has trouble making these connections; and
- More recovery time on routes. Too little recovery time results in buses frequently running late.

Fare Issues and Affordability

The most recent Lake Transit fare increase had the greatest impact on older adults and disabled riders because of the elimination of the discount fare on intercity routes. The study team heard many

comments about this from the seniors' community, but no comments about regarding the fare increase from the general public.

Medical providers and senior center representatives both reported that many seniors perceive Dial-A-Ride fares as too expensive.

There were a number of suggestions for discount fare media such as

- A family pass for those with multiple children;
- Additional ADA fare media discounts;
- A discounted year-round pass for students;
- A discounted semester pass for Yuba College students, sold through Yuba College. This was a highly popular idea with students in the Yuba College focus group; and
- Older adults at the Clearlake senior center asked for a day pass for use within Clearlake.

Mobility Management

Existing Strategies

There are a variety of mobility management efforts already in place within Lake County. These are transportation programs that meet specialized needs through other-than-general public transit. Those identified during the outreach include:

- Many of the stakeholder organizations purchase passes for their low-income constituents – Welfare to Work, Child Welfare, Probation Department, Health Services, St. Helena Hospital, and International Charter School.
- There is a lot of carpooling among senior center participants.
- Lake Transit is getting two 5310 vans for two senior centers. One was designated for Middletown, but that senior center can't identify funds for operations so it will go to Lucerne. Lucerne is interested in using it to establish a local Dial-A-Ride which will bring older adults (and others) to the senior center or to connect with Lake Transit.
- Lucerne Senior Center has one existing van to provide medical transportation from the greater Lucerne area to medical appointments around the county.
- St. Helena Hospital has an eight-passenger van that is wheelchair accessible (2 wheelchair positions), operated by a pool of three paid drivers. They take patients to a variety of medical facilities including their own rural health clinic and hospital, but also to competing facilities in and out of the county. They are not "allowed" to use the service to promote use of their own facilities. The service is funded from their general fund and is "not reimbursable."
- The Lakeside Health Center and the Clearlake Family Health Center each have one van, used almost exclusively for trips within the county.

- Family Resource Center, which works with Head Start kids, teen moms, and others has 2 vans they utilize as needed.
- The Tribal Consortium has one van that is used to provide Tribal members with trips for both in-county and out-of-county non-emergency medical transportation.
- The County Behavioral Health Department’s inter-agency committee provides a forum for discussion on various issues that include the transportation of seriously mentally ill individuals who sometimes rely upon the Fire District’s non-emergency medical transportation services. This committee is exploring field-based service delivery that would decrease the need for expensive out-of-county transportation for clients of the Behavioral Health Department.
- CCS (California Children’s Services) has a mileage reimbursement program, budgeted at as much as \$20,000 annually to pay for transportation.
- In-Home Supportive Services (IHSS) is paying for transportation provided by workers to their client. The amounts are limited.

Potential New Strategies

A number of opportunities for additional mobility management efforts surfaced during the outreach discussions.

- There was positive reception to the idea of travel training, particularly for older adults. It does not appear that there have been any such programs at senior centers in the past.
- There was interest in a case manager-focused one-call/one-click capability whereby case workers could readily determine whether or not, and how, a trip could be made on Lake Transit or on other transportation resources.
- One stakeholder noted that they would like to see ambassadors on the bus to assist new riders who are unfamiliar with the system.
- Area Agency on Aging would consider buying passes for older adults if they had funding. They are willing to explore possibilities related to increasing use of transportation by lowest-income seniors.
- Department of Health representatives expressed interest in an “agency pass” whereby the transit subsidy funds available to several human service agencies could be used to easily purchase bus tickets and, in some cases, be restricted to certain trip purposes, e.g. non-emergency medical transportation.
- There is receptiveness to idea of Lake County brokerage for non-emergency medical transportation trips – particularly by the hospital personnel who would prefer not be providing transportation.

- With one-third of the county on MediCal, opportunities may be possible to coordinate with MediCal service providers and the developing managed MediCal entity, Partnership Health Plan.

Role of Senior Centers in Transportation

Outreach efforts included a number of stakeholders who focus on the senior community. Discussions addressed the role of senior centers in providing or facilitating public transportation. The potential roles are likely to vary widely from community to community.

- Dr. Shapiro at St. Helena has a vision for a network of transit hubs at senior centers in each community. He believes this would provide a more comfortable transfer and waiting experience – particularly for older adults or persons with disabilities who could be helped to and from the bus by senior center staff.
- The Senior Center in Lucerne will be receiving one of the new 5310 vehicles. They are interested in using it to establish a local Dial-A-Ride service that can bring residents from the hill neighborhoods to the senior center, but also to connect to Lake Transit.
- In Middletown, the Senior Center maintains a list of people who provide rides for a small fee. They also pay for these rides for older adults who can't afford them (through a \$1000 gift from the local bank). They had the opportunity to receive a 5310 vehicle, but did not want to commit to the cost of operating it.
- Routes 11 and 12 serve Highland Senior Center in Clearlake, with the bus stop located just outside their door. Clearlake Dial-A-Ride also serves them. This would be a good venue for travel training. Some of their participants already use the bus – although they say it is difficult for more frail seniors.
- The Lakeport Senior Center has an arrangement with Lake Transit whereby seniors coming to the nutrition program can ride Dial-A-Ride for \$.75. They would be interested in a countywide mileage reimbursement program to assist older adults with longer medical trips.

Other Potential Partnerships

- Konocti Unified is cutting back on school bus service and would like to see more coordination between Lake Transit and school districts to offer alternatives to students.
- One elected official would like to explore a partnership with Wine Growers Association to serve visitors.



- Elected officials expressed interest in more recreational access to Cobb Mountain area, perhaps in partnership with Lakeport Economic Development, County Economic Development, or Konocti Regional Trails.
- Potential for a coordinated mileage reimbursement program among Lake County Senior Centers is possible to aid low-income seniors in accessing medical care and other services.
- Marymount College hopes to have 80 students in Lucerne by fall 2014. Their five-year plan is for 500 students with 10% re-locating from Southern California and the rest coming from northern California communities. Their expectation is that most students will live in Lakeport and need to commute to the campus in Lucerne.
- People Services administrators are interested in contracting to maintain bus stops and shelters.

Passenger Information

There were several comments about the difficulty of reading schedules, knowing where to catch the bus, and coordinating between different routes. Some stakeholders said that seniors need a larger print version of the schedules. The Public Health Department would like transit information that can be easily used by caseworkers. Riders said that they preferred having all of the schedules in one booklet as they transfer between Clearlake and regional routes frequently. Over a quarter of riders are calling to get information – possibly because they find it easier than understanding the printed information.

Having Google Transit would be a significant benefit for trip planning, including planning trips that involve connections to Mendocino Transit or the Vine. It would be useful both to passengers and stakeholders who assist clients with transportation. Most of the focus group participants (both college students and Welfare-to-Work clients) have smartphones and are familiar with Google maps. They thought that a Lake Transit App was a great idea.

While Lake Transit has been conscientious about providing information in print and online, it appears that the information dissemination system can be improved in a number of ways, including enhanced printed and on-line information, information at key bus stops, and active outreach to educate stakeholders about the system.

There were some comments about the “responsiveness” of Lake Transit. One person complained about not being able to get through on the phone, another about an ADA application that took far too long.

One stakeholder suggested sponsorships of local events as a marketing opportunity. He felt the most effective method would be to sponsor an event or venue at the Lake County Fair. Fair attendance last year was approximately 38,000.

4.3–A Survey of Medical Service Referrals to Out-of-County Destinations

Purpose

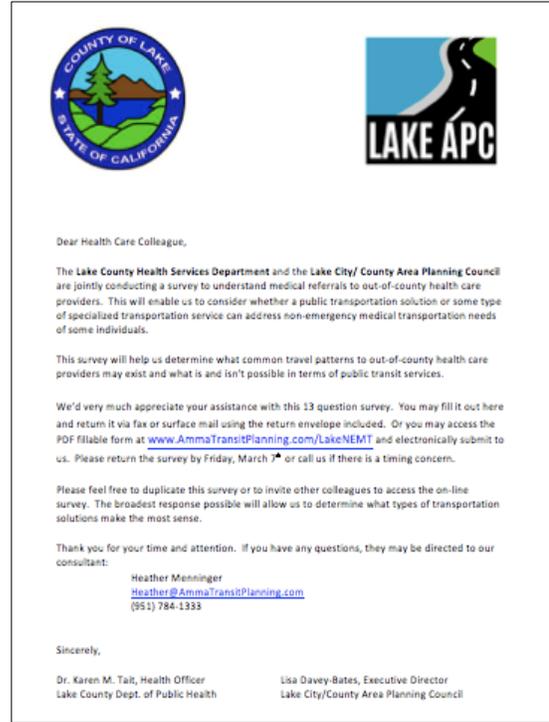
Transportation to out-of-county medical facilities has long been a challenge for Lake County residents, given limited specialty care available within the county. As part of this Coordinated Plan update, a survey effort to inform non-emergency medical transportation needs was coordinated with the Lake County Health Services Department and the Lake City/ County Area Planning Council. The jointly conducted survey sought to understand medical referrals to out-of-county health care providers and to identify what common travel patterns to out-of-county health care providers may exist. This can suggest what is and isn't possible in terms of public transit services and where coordinated projects with the health care system may make sense.

Approach

In consultation with the Lake County Health Services Department, a survey was constructed to solicit patient load information as to where and with what frequency medical services personnel are referring patients to out-of-county medical providers. Included as Appendix A, the survey of twelve questions, plus a comment opportunity, was provided as a mail-back paper survey and with an electronic link to a fillable PDF form that participants could electronically transmit.¹ The mailing list developed with assistance from the Health Services Department drawing heavily upon its Directory of Medical Facilities. An initial mailing to 182 addresses was prepared enclosing the paper survey and business reply envelope; a response rate of 16% was achieved after discounting mail returned for poor addresses and incomplete surveys.²

Responding Agencies and Caseload Levels

Although the number of responding surveys was modest, with just 25 useable surveys, it did represent a mix of providers and a significant overall caseload. Table 4-1 lists the specific responding organizations.



¹ The fillable PDF format proved problematic for some respondents because at the end of the survey, it was necessary to press submit in order to save and in order to electronically submit. Several responses were returned blank, presumably because they did not recognize the need to save before submitting.

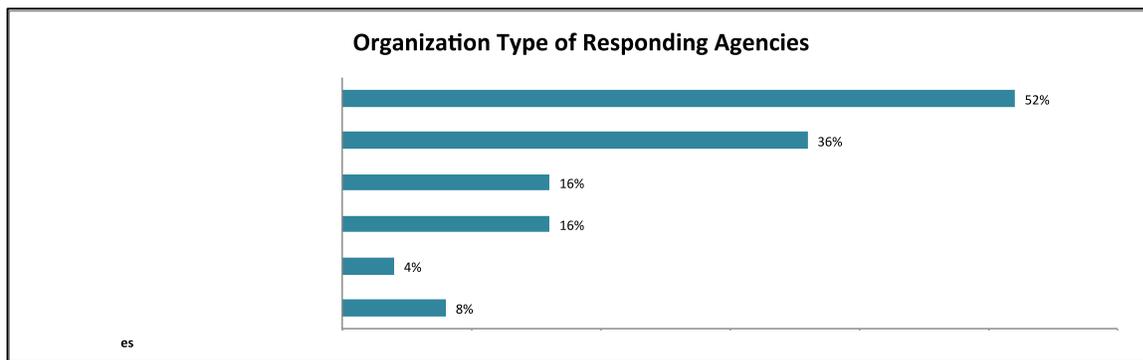
² Almost 30 mailed surveys were returned as “not deliverable as addressed”—16% of the original mailing.

Table 4-1, Lake County NEMT Survey of Out-of-County Referrals - Respondents

Clearlake Physical Therapy	Marc Shapin, M.D., Clearlake
E Center WIC Program, Clearlake	Meadowwood Nursing Center
Gary Meas, M.D., Lakeport	North Lake Internal Medicine
John A. Weeks, M.D., Lakeport	Paul Vartabedian DDS, Lakeport
Lake County Health Services Division	People Services, Inc
Lake County Obstetrics and Gynecology	Redwood Coast Regional Center
Lake County Public Health	Redwood Program Oncology Center
Lake Optometry, Clearlake	Specialty Care + Surg Center
Lake Pharmacy, Clearlake	St. Helena Clearlake
Lakeport Medical Group	St. Helena Family Health Center, Clearlake
Lakeport Medical Group	Sun Dental, Lakeport
Lakeport Physical Therapy	Sutter Lakeside Hospital
	Ukiah Valley Rural Health Center, Lakeport

Figure 4-2 following shows that responding organizations reflected a good mix of health care provider types. Just over half of the survey respondents came from doctor’s offices (52%), more than a third were out-patient health care providers (36%), four were dental offices (16%) or in-patient health care providers (36%). The two selecting “Other” were each human service agencies, People Services and the countywide WIC program.

Figure 4-2, Lake County NEMT Survey – Types of Respondents

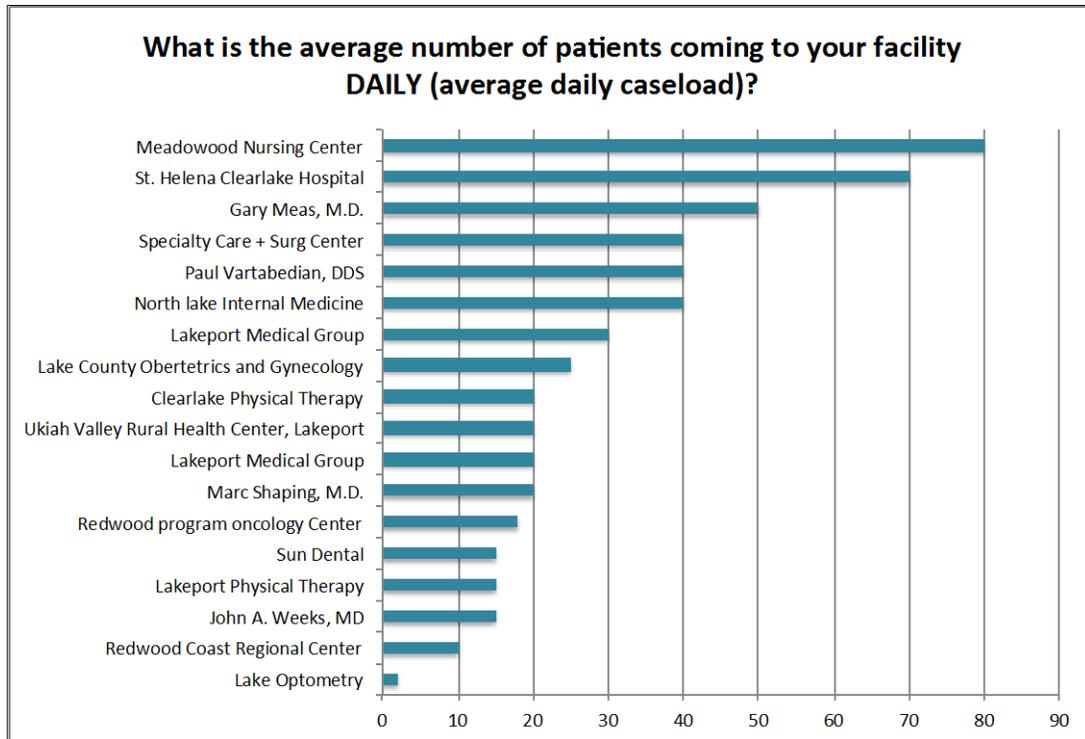


These organizations collectively represented 169,318 persons seen annually, with an average of 6,773 persons seen annually. Although respondents were asked to report their unique number of persons seen annually, it is expected that there is considerable duplication among these patient load figures, as demonstrated by the fact that the county’s total population is just under 60,000. This high number of

persons seen annually suggests that these 25 organizations reflect the patient referral experience of a large proportion of Lake County residents.

Among responding organizations, an average of 50 persons are seen daily, with reported daily visits presented in Figure 4-3. Notably, not all respondents provided this information, including Sutter Lakeside Hospital.

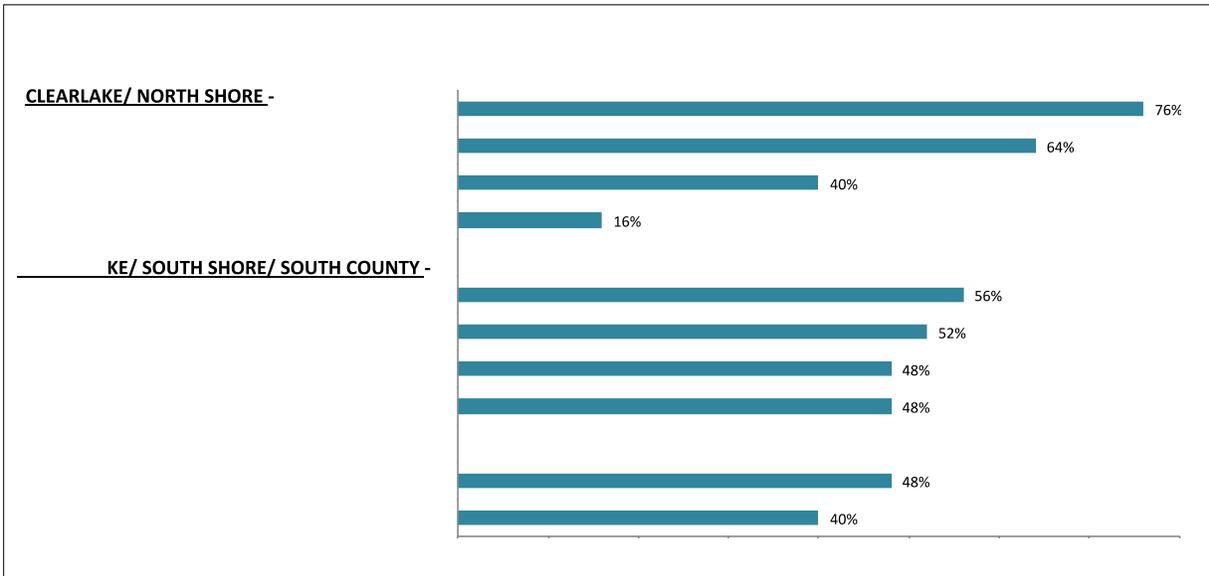
Figure 4-3, Lake County NEMT Survey – Average Daily Caseload



Where Patients Live

In terms of where patients reside, responding organizations served patients who were well distributed around the county. Three out of four responding organizations served Clearlake residents while over half served Lower Lake residents. Figure 4-4 on the following page groups the areas of the county in which respondents have patients by Clearlake and North Shore patients and by Lower Lake, South Shore and South County patients. Almost half the respondents indicated that their patient load came from throughout Lake County (48%), while four in ten respondents had some out-of-county patients on their caseloads. As agencies could select more than one area, these total to more than 100 percent.

Figure 4-4, Lake County NEMT Survey – Where Patients Live

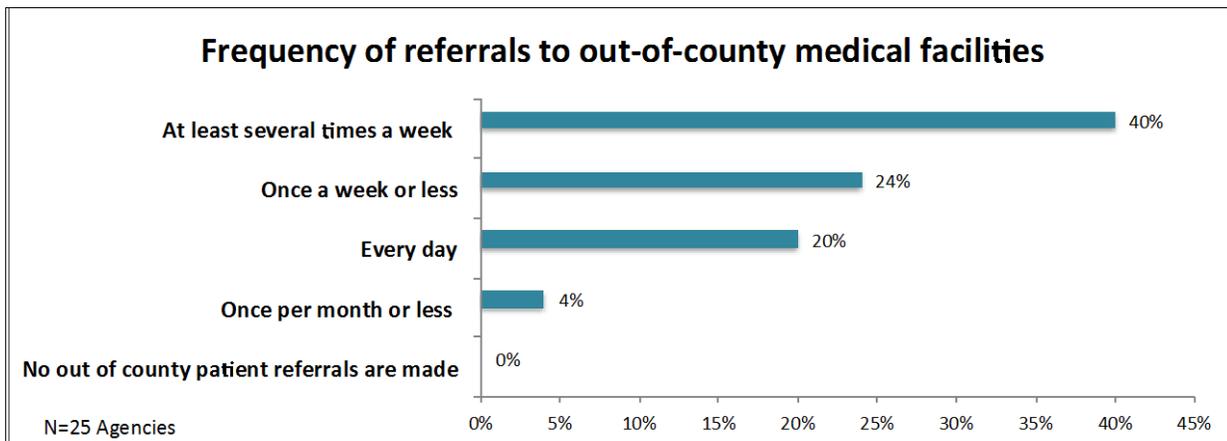


Out-of-County Medical Referrals

Of primary interest and importance to this survey effort was the question of how frequently out-of-county referrals are made.

As shown in Figure 4-5, 40% are making referrals at least several times a week; 24% at least once a week; and 20% every day. In sum, 84% of these 25 organizations are making weekly referrals to out-of-county medical facilities.

Figure 4-5, Lake County NEMT Survey – Frequency of Referrals



Referral Frequency

Figure 4-6 below further details referral information, presenting agency responses to the question “Please indicate the average number of referrals per week, by referral type, creating a sum of all reported weekly referrals”. The sum of 272 average weekly referrals is depicted by provider type and in relation to each agency’s annual caseload size.

Agency reported referral rates presented in Figure 4-6 ranged from 70 and 55 weekly referrals to just a handful of weekly referrals.

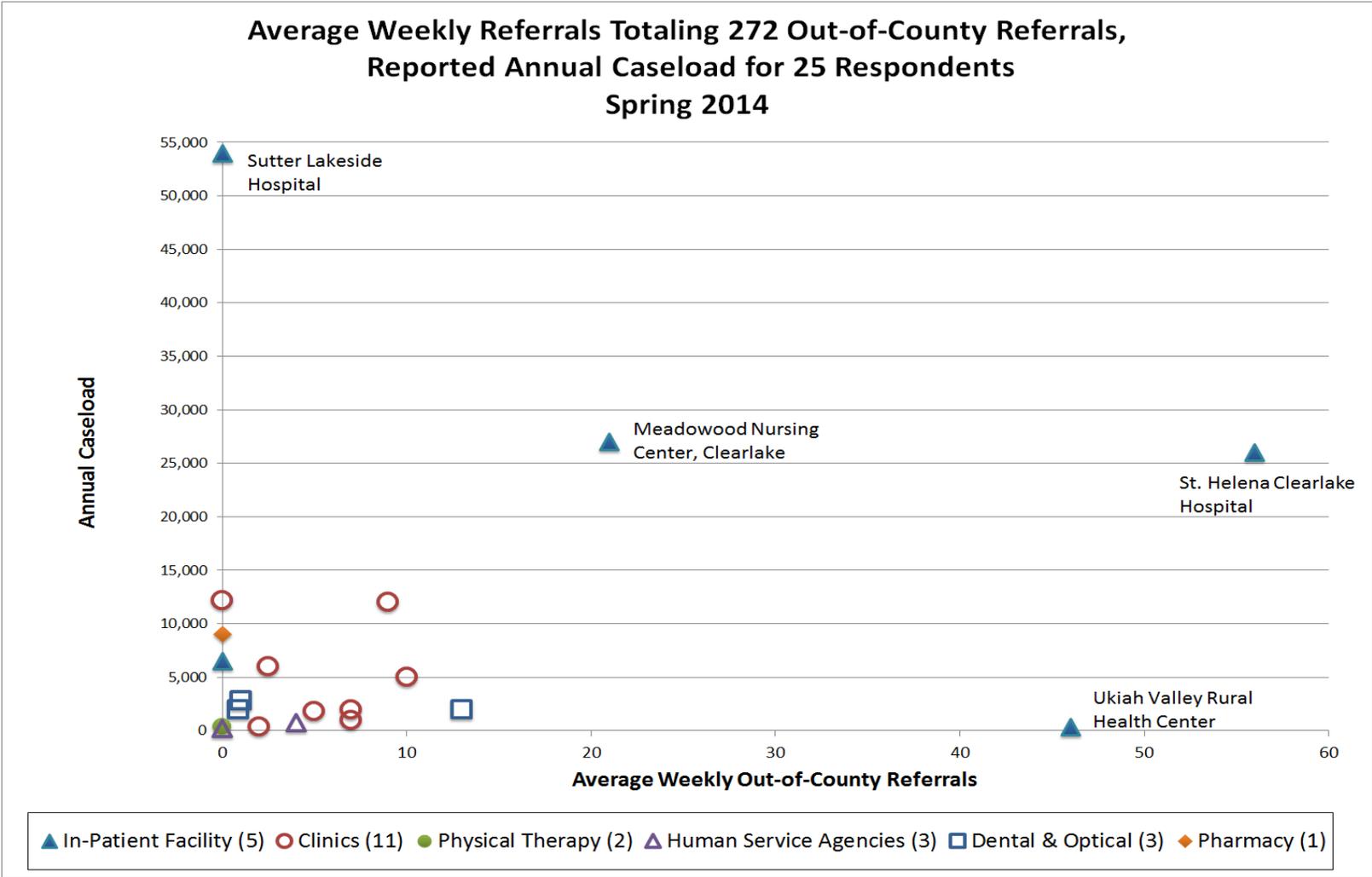
Among the five in-patient stay facilities responding, St. Helena Clear Lake provided the largest number of referrals, with an estimate of 70 referrals per week. Referral rates were collected through a department-by-department inventory by the Continuing Care Director in April 2014. The Ukiah Valley Rural Health Center, with its caseload of 300, reports an average of 46 per week. The Meadowwood Nursing Center, serving the community of Clearlake, estimated 20 weekly out-of-county referrals.

The Sutter Lakeside Hospital, with the largest reported caseload of 54,000 annual patients did not identify an average weekly referral estimate. It is likely that the Sutter Lakeside rate is probably at least equivalent to the 70 weekly referrals of St. Helena Clear Lake, although there may be additional on-site medical services provided by Sutter Lakeside Hospital.

Eleven responding clinics, largely doctors’ offices, reported average weekly out-of-county referrals. Dr. Marc Shapin of Clearlake reported ten weekly out-of-county referrals; Dr. Gary Meas of Lakeport averaged nine. The Redwood Oncology Center and Lakeport Medical Group each reported seven weekly. Dr. John Weeks of Clearlake reported five weekly referrals.

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Figure 4-6, Lake County NEMT Survey - Out-of-County Referrals



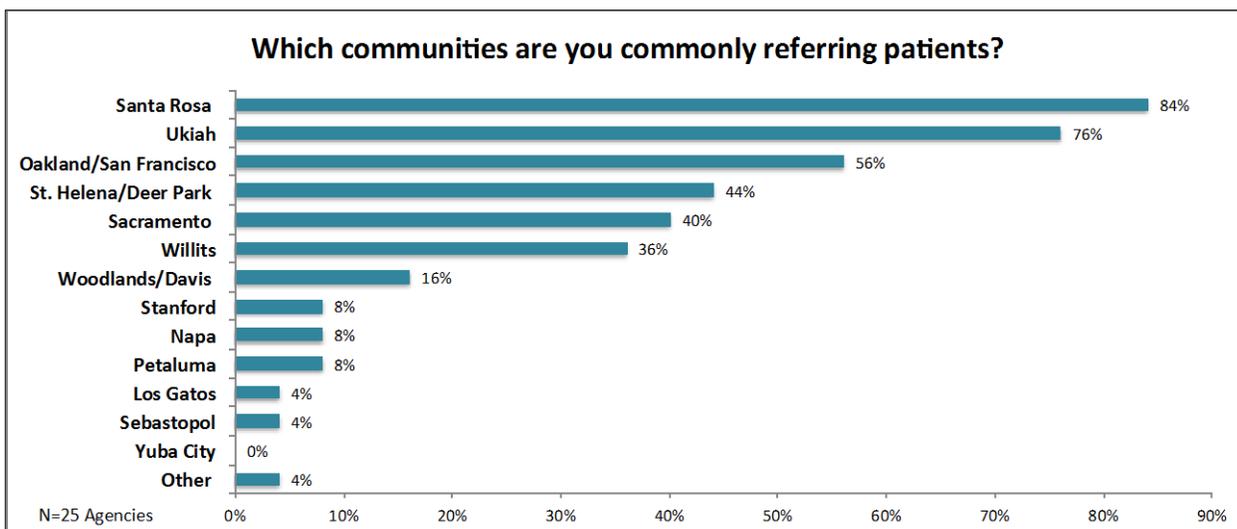
Among other organizations represented, two dental offices responded. Dr. Paul Vartabedian of Lakeport reported an average of 13 weekly referrals, while the other dental office reported a single weekly referral and an optometry office the same. Three responding human service agencies included the Redwood Coast Regional Center, People Services, and the county’s WIC program. The Redwood Coast Regional Center, responsible for approximately 750 Lake County residents with developmental disabilities, indicated they average about four out-of-county medical referrals weekly that may lessen the need for out-of-county referrals.

The Clearlake Physical Therapy group reported four weekly referrals while the Lakeport Physical Therapy group reported none. Lake Pharmacy also reported no weekly referrals

Location of Out-of-County Referral

Figure 4-7 shows that Santa Rosa is by far the top referral city (84%), followed closely by Ukiah (76%). Somewhat over half (56%) of the respondents reported patient referrals to locations in Oakland or San Francisco. The St. Helena and Deer Park communities and the Sacramento area were 44% and 40% of respondents, followed by Willits at 36%. Four agencies (16%) identified Woodland or Davis and one or two each to a handful of other communities.

Figure 4-7, Lake County NEMT Survey – Which Communities?



Hospital in-patients referrals

In-patient referrals are most commonly made to St. Helena in Deer Park. Following at some distance and all in a similar range are: Sacramento, Santa Rosa, Oakland/San Francisco, and Ukiah.

Referrals to other locations

Respondents in terms of the top three facilities to which they refer presented additional facility referral information. Table 4-2 shows the top-ranked results from a total of 53 referral locations, led by University of California San Francisco Medical Center and California Pacific Medical Center both in San Francisco.

Table 4-2, Lake County NEMT Survey- Referral Destinations

UCSF, including Pediatrics & Obstetrics	13%
California Pacific Medical Center, San Francisco	8%
Dr. Harry Matossian - Ukiah	8%
St. Helena Clearlake	8%
Children's Hospital of Oakland	4%
Dr. Bowen (Lithium) - Willits	4%
Dr. Waterman - Santa Rosa	4%
Medical offices in Santa Rosa/ Head & Neck	4%
St. Helena - Deer Park	4%
UC Davis Medical Center, Sacramento	4%
Ukiah Valley Medical Center	4%
Atwater	2%
Boettger& Tanazl Surgery - Ukiah	2%
Dr. Boettger & Tom	2%
Dr. Chen - Los Gatos	2%
Dr. Coursey - Ukiah	2%
Dr. Hunstock - Santa Rosa	2%
Dr. Jam Joseph - Ukiah	2%
Dr. Massarweh - Ukiah	2%
Dr. Persky - Ukiah	2%
Dr. Simonds & Dr. Uemura - Santa Rosa	2%
Eye Associates - Sebastopol	2%
Hillside Health Center - Ukiah	2%
Lucile Packard Children's Hospital - Palo Alto	2%
Medical offices in Ukiah & St. Helena	2%
Redwood Ortho Pedic	2%
Santa Rosa Memorial	2%
Santa Rosa Oral Surgery	2%
Santa Rosa Radiology	2%
St. Helena Family Health Center	2%
St. Helena Napa Valley	2%
Sutter Medical Center of Santa Rosa	2%

The Oakland Children’s Hospital, UC Davis Medical Center in Sacramento, and the single physician prescribing lithium for mental health system patients in Willets were in the second tier of frequency of noted facilities. Also, there are numerous offices and medical practices in Ukiah and Santa Rosa, as well as the Napa Valley facilities associated with St. Helena Deer Park, that were identified as common destinations.

Who is making the out-of-county patient appointments?

In terms of who makes the referrals appointment, only two respondents indicated that they ALWAYS make the referring appointment. These were Dr. Marc Shapin of Clearlake and the Meadowwood

Nursing Center in Clearlake. About a third each responded to one of three choices: the patient ALWAYS makes the appointment, the office SOMETIMES makes the appointments, or the patient SOMETIMES makes the appointment. Essentially, it varies as to who is making the out-of-county medical referral but the responding medical offices do have some role.

How far in advance are appointments made and when?

How far in advance these appointments are being made seems to vary considerably. Figure 4-8 indicates that most respondents (44%) report, “it varies.” The balance is split equally among the options of advance reservations within a month, within two weeks or within the next week but not sooner than a week out. Similarly, Figure 8 shows that the days of the week on which the referral appointments may happen also vary. Appointments appear least likely to be on Wednesdays, most commonly on Tuesdays (76%), followed by Monday and Thursdays (72%).

Figure 4-8, Lake County NEMT Survey – Appointments How Far In Advance?

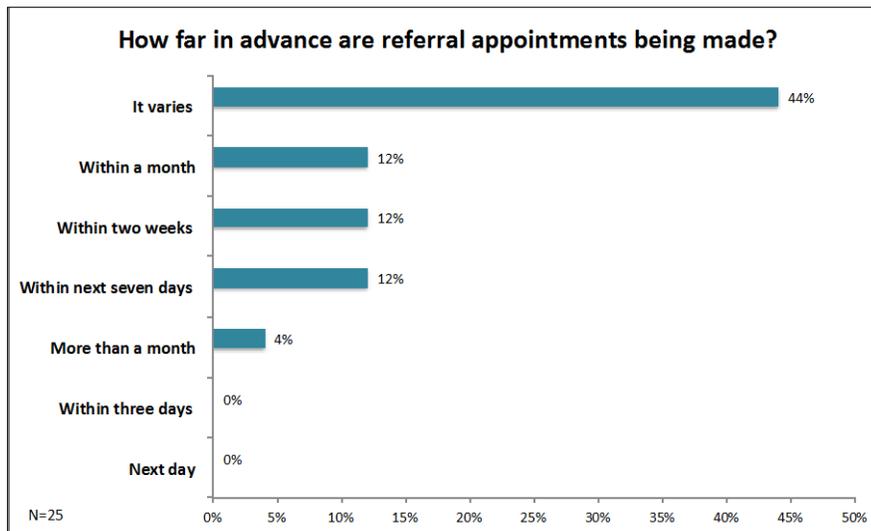
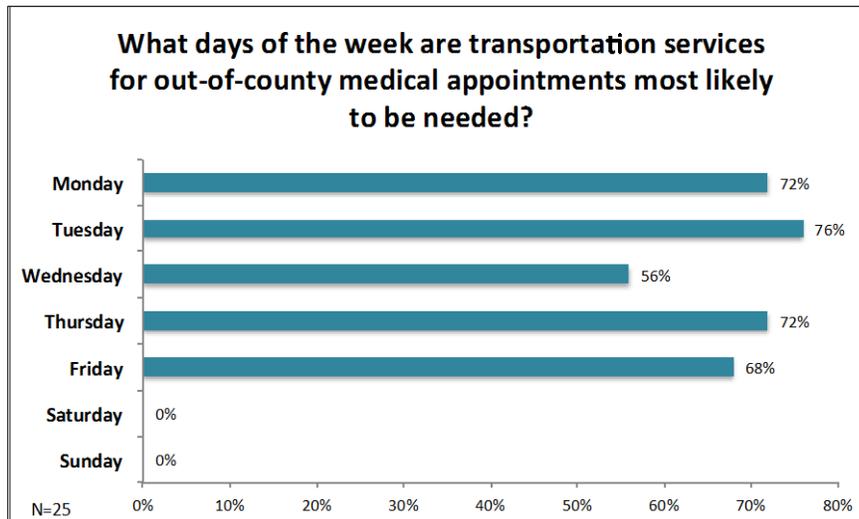


Figure 4-9, Lake County NEMT Survey - Out-of-County Referrals



General Comments on Out-of-County Transportation

Table 4-3 following presents comments provided by ten respondents. Support for out-of-county transportation is indicated on behalf of various sub-groups identified by these commenters and includes low-income mothers, elderly patients, children, persons using mobility devices or who are non-ambulatory, oncology or dental patients.

Table 4-3, Lake County NEMT Survey – Out-of-County Trip Comments Offered

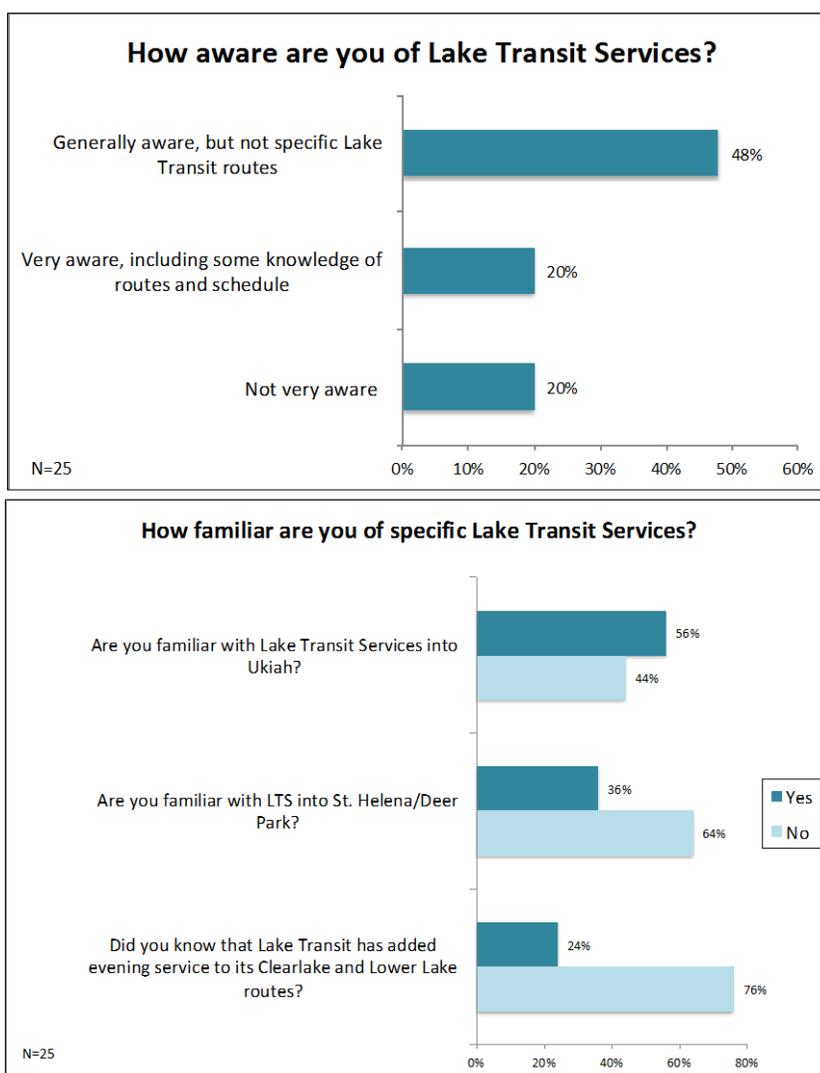
Dr. Marc Shaping	Clearlake	Private officer referral to above, but site could not subsidize. Save if would pay for [public] transit rather than pay for arranged private transportation if price is competitive and efficient and comfortable
Lake Pharmacy	Clearlake	With limited access to specialty care, [transportation] provides of good value to the community.
St. Helena Clearlake Hospital	Clearlake	Inpatient referrals were measured by transfer logs from the Hospital. Specialist referrals were measured from referral logs at the clearlake family health center, which is located at 15230 Lakeshore Dr. in Clearlake. These are estimates based on experience.
Gary Meas M.D.	Lakeport	Many if our elderly patients needing specialty referrals are reluctant on unwilling to travel/drive themselves out of county due to distance of driving and safety.
Lake County Health Services Division	Lakeport	Transportation to out-of-county medical specialists is a major obstacle to Lake County children's health. There is no public transportation to Bay area that does not involve
Paul Vartabedian DDS	Lakeport	This service would be greatly benefit the residents of the county.
People Services, Inc	Lakeport	We receive calls from non-ambulatory people at large to get to their local doctor appt., although we provided these trips to our own clientele.
Redwood Coast Regional Center	Lakeport	We have a greater need for our clients to utilize transit to get to work from areas that the bus system doesn't currently provide bus stops or even drive to, such as areas in the Riviera, Spring Valley or up in the hills. Out of area medical transportation can be provided by vendored services.
Redwood Program Oncology Center	Lakeport	These trips are a challenge to my patient population.
Ukiah Valley Rural Health Center, Lakeport	Lakeport	There is a HUGE need for medical transportation in Lake County, especially for our geriatric community.

Lake Transit Awareness

In terms of the respondents' awareness of Lake Transit Services, almost half were generally aware but only two in ten indicated they had significant knowledge of the routes and schedules to be able to help their patients (Figure 4-10). This somewhat limited understanding of Lake Transit services was reflected in the response to specific questions (Figure 4-11).

While over half the respondents (56%) were aware of Lake Transit service into Ukiah, only about a third (36%) were aware of Lake Transit's Route 3 connection to St. Helena/ Deer Park which is the community receiving significant numbers of referrals. Similarly, only a quarter of the respondents (24%) knew that evening transit service had been added to Clearlake and Lower Lake services in September 2013.

Figure 4-10, Lake County NEMT Survey - Awareness of and Familiarity with Lake Transit



4.4–Discussion of Out-of-County Medical Service Referral Survey

Referral Patterns

Responding organizations reported steady rates of referral to out-of-county health care facilities: 34% of this apparently representative sample of 25 organizations are making weekly referrals; almost half are making such referrals several times a week.

This survey effort did not examine the reasons for out-of-county referrals. A relevant memorandum was sent during this period from the Sutter Pacific Medical Foundation to Sutter Lakeside Division staff. It addressed two themes impacting health care in Lake County: one, the challenges of geographic isolation of Lake County and two, the difficulties of recruitment and retention of needed high-caliber physicians and other clinicians. Chief Operating Officer John Ray of Sutter Pacific Medical Foundation noted the

significant physician turnover in the Lake County office and the importance of developing new approaches to understand and address some of the root causes of physician turnover.

This suggests that referral patterns for Lake County residents to out-of-county locations may well continue. Public transit efforts to continue to understand these patterns and to address them – in conjunction with the health care industry – will certainly have value.

Referral Patterns and Existing Lake Transit Service

The patterns of referral reported are to some extent supported by existing Lake Transit weekday service to out-of-county locations. Route 3 and Route 7 are each anchored by out-of-county medical services.

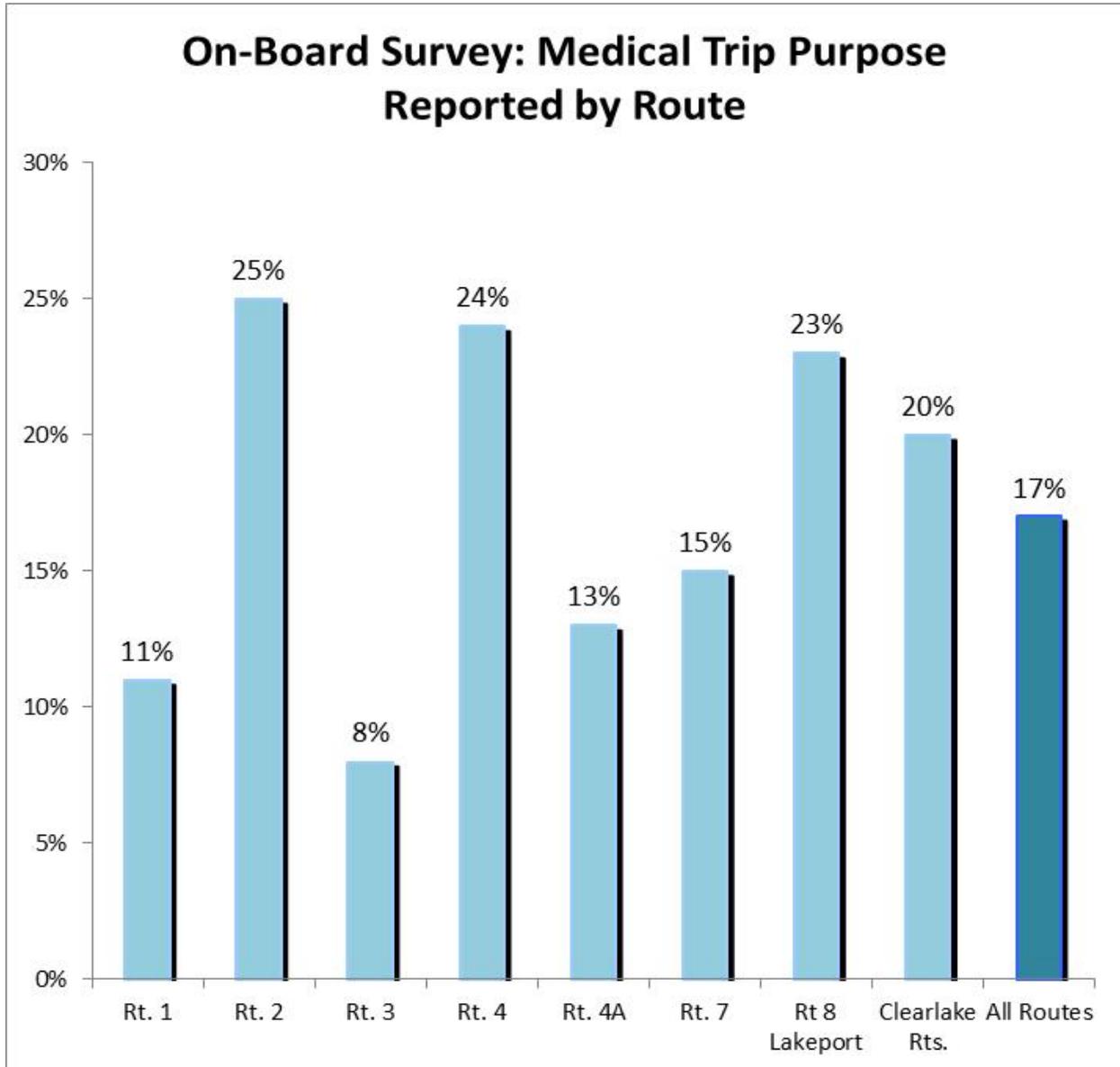
- To St. Helena in Deer Park – Route 3. St. Helena Hospital in Deer Park was most frequently identified as the in-patient hospital to which patients are referred, presumably often from the St. Helena Clearlake medical facility.
- Lake Transit’s Route 3 travels twice daily between St. Helena Hospital Deer Park and Clearlake at Ray’s and Wal-Mart to Deer Park, arriving there at 9:20 am and 2:10 pm, leaving St. Helena Hospital at 9:30 am and 2:20 pm.
- To Ukiah – Route 7 travels four times daily to the second-highest referral community, Ukiah, traveling from downtown Lakeport and through the Robinson’s Rancheria to five stops within Ukiah that include the Veteran’s Clinic.
- Route 7 arrives at the VA Clinic at 9:25 am, 1:20 pm, and 4:10 pm, with the last run of the day not stopping at this clinic but arriving at the airport at 6:25 p.m. Route 7 has westbound stops at the VA Clinic at 9:25 am and 4:15 pm, as well as a 2:00 pm run and a 6:35 pm run, which both leave from the airport where Greyhound connections are possible.

Almost eight in ten responding agencies (76%) are referring weekly to the Ukiah area, served currently by four daily Lake Transit round trips on Route 7. And more than four in ten (44%) of respondents are referring to medical facilities in Ukiah where Lake Transit is making five daily round trips on Route 7. It is important to note that responding organizations report only modest understanding of Lake Transit services and when it comes to the specifics, very limited awareness. This points to value of expanding existing information strategies. Potentially, destination way-finding strategies can help riders connect with their medical destinations when using Lake Transit services.

Lake Transit Medical Trip Purpose Information from the On-Board Survey

To further inform the findings of this out-of-county referral survey, it is important to see how people are using Lake Transit for medical purposes. The fall 2013 on-board passenger survey brought back some additional information about medical trip purposes. Figure 4-12 shows the proportion of passengers’ responses indicating that their trip that day was for medical purposes.

Figure 4-12, Lake Transit On-Board Survey, Medical Trip Purposes by Route



Overall, 17% of the 263 riders surveyed reported that their Lake Transit trip that day was for medically related reasons. The largest proportions are all on routes within Lake County. Route 2 has the highest number of medical trip purposes reported at 25%, followed closely by Route 4 at 24% and Route 8 at 23%. Route 2 along Highway 175 to Clearlake may reflect trips into Clearlake to doctor and clinic appointments. Route 4 which travels along the South Shore to Kelseyville and Lakeport may serve trips to medically related destinations in Lakeport. Route 8 serves Lakeport and connects to Sutter Lakeside Hospital.

The *Clearlake Routes*, with 20% reporting medical trip purposes, include Routes 5, 10, 11, and 12 reported together. Routes 5, 10, and 11 all serve St. Helena Hospital and it is possible to connect from Route 12 at Ray's to get to St. Helena.

The *out-of-county Route 7 to Ukiah* had a 15% reported medical trip purposes. And *Route 3* had only an 8% medical trip purpose rate, although it makes a direction connection to St. Helena Hospital, Deer Park. For these two routes it isn't possible to know from these responses whether medical destinations within Lake County or to destinations in Ukiah or Deer Park, or elsewhere.

Transfer information responses provide a little more insight into transit use for medical purposes. Two individuals responding to the on-board survey indicated they would transfer to a Greyhound bus to complete their trip, traveling on Routes 4 and 8 when they were surveyed. An individual on Route 12 indicated he or she would transfer to Mendocino Transit. Single riders on Route 3 and Route 7 each marked that they would transfer but did not indicate to what service. So some level of out-of-county transit connections are being made, about 13% of trips, a modest at 5 in 64 trips.

Lake County Connections to Other Transit Services

Important connections exist which make it possible for Lake Transit residents to reach other counties and travel to more distant locations.

Table 4-4 following presents the options for long-distance travel into Santa Rosa, San Francisco, and Oakland, with a meaningful connection possible from Route 7 to Mendocino Transit's CC Rider and Golden Gate Transit. At present, there is not a meaningful connection from Route 3 to Napa's VINE Transit.

Table 4-4, Existing Out-of-County Transit Connections, Fall 2014

Start point	Connect	End point	Start point	Connect	End point	Quality of Connection
Lake County, CA <i>Earliest Lakeport Departure: 8:00 AM</i>	Lake Transit Route 7 - Lakeport to Ukiah	Ukiah, CA <i>Arrival: 9:10 AM</i>	Ukiah, CA <i>Departure: 9:20 AM</i>	MTA-Route 65 CC Rider - Fort Bragg to Santa Rosa	Santa Rosa, CA <i>Arrival: 10:30 AM</i>	Meaningful connection
Santa Rosa, CA <i>Departure: 10:43 AM</i>	Golden Gate Transit Route 101 (Basic Route)- Santa Rosa to San Francisco	San Francisco, CA <i>Arrival: 1:06 PM</i>				
Lake County, CA <i>Earliest Clearlake Departure: 7:55 AM</i>	Lake Transit Route 3-- Highway 29 Clearlake to Deerpark	St. Helena, CA <i>Arrival: 9:20 AM</i>	St. Helena, CA <i>Departure: 9:18 AM</i>	Vine Transit Route 29 - Express to BART Station at El Cerrito Del Norte	Richmond, CA	No meaningful connection - The potential connection at St. Helena is to Route 29 but the only run that travels to BART leaves at 5:38 a.m. Not all Route 29 runs have the BART express service.
Richmond, CA	Bay Area Rapid Transit- Richmond to Daly City/Milbrae	San Francisco, CA				
Lake County, CA <i>Earliest Clearlake Departure: 7:55 AM</i>	Lake Transit Route 3 - Highway 29 Clearlake to Deerpark	St. Helena, CA <i>Arrival: 9:20 AM</i>	St. Helena, CA <i>Departure: 9:42 AM</i>	Vine Transit Route 10 - Calistoga to Napa Valley College	Napa, CA <i>Arrival: 10:50 AM</i>	No meaningful connection - involves 4 different transit agencies requiring 5 different connections.
Napa, CA <i>Departure: 11:04 AM</i>	Vine Transit Route 11 - N. Vallejo (Vallejo Transit Center) to Redwood Park N Ride	Vallejo, CA <i>Arrival: 11:56 AM</i>	Vallejo, CA <i>Departure: 12:00 PM</i>	Sol Trans Route 80 -(Vallejo Transit Center) to BART Station at El Cerrito Del Norte	Richmond, CA <i>Arrival: 12:27 PM</i>	
Richmond, CA <i>Departure: 12:42 PM</i>	BART- Richmond to Daly City/Milbrae	San Francisco, CA <i>Arrival: 1:42 PM</i>				

Considering Responses to These Findings

This survey's sample of twenty-five organizations appears to be representative of the range of Lake County health care organizations that are likely to have out-of-county medical referrals. It includes Lake County's two acute care hospitals, although only one provided estimates of weekly out-of-county health care referrals. It includes oncology and obstetrics clinics as well as general medical doctor practices. It also includes dental and optometry offices. Finally, it includes the Public Health Department and two of the larger human service programs in Lake County.

Referral Patterns that Suggest Transit Solutions

From among this sample, 272 patient referrals are estimated weekly, more likely on Monday, Tuesday, Thursday or Friday and least likely on Wednesdays. Importantly, 84% of these 25 organizations are making at least once weekly referrals to out-of-county medical facilities. And 40% of the responding organizations are making out-of-county referrals at several times a week and more.

It is difficult from the data available to know how many of these almost 300 persons might present for medically-related transportation assistance – or are already using Lake Transit for some out-of-county trips. With 17% of the on-board survey riders using Lake Transit for medical trip purposes, that could likely be greater with more information about transit connections possible.

Health Care Professionals Needing Medical-Trip Specific Transit Information

Clearly the health care professionals are only minimally aware of their patients' use of Lake Transit, which may or may not reflect actual patient use of public transportation.

The four top-ranked communities include two to which Lake Transit is already providing daily public transit – twice daily round trips to St. Helena Hospital in Deer Park (Lake Transit Route 3) and four times daily round trips to Ukiah, including to the VA Clinic (Lake Transit Route 7). As noted, the highest ranked community was Santa Rosa while the third ranked region was the Oakland and San Francisco region, clearly a large geographic area with a high number of medical facilities.

There is also likely need to bring the medical community directly into the information-exchange process. Communication strategies can specifically convey Lake Transit's existing service to common medical destinations, for example: "You CAN get there from here!"

Enhancing and Promoting Connections for Distant Travel

Other top out-of-county referrals included trips to Santa Rosa, the most frequently identified referring area at 84%, to San Francisco and Oakland, identified by over half of the responding organizations (56%). Connections to Santa Rosa are possible through Mendocino Transit's CC Rider and through Greyhound service, stopping in Ukiah and from there via Golden Gate Transit into San Francisco and beyond. Furthermore, the VA and Tribal Clinic transportation services provide some additional transportation connection.

4.5–Summary

This chapter presents a wealth of findings from interviews with agency stakeholders and consumer focus groups and from a survey exploring out-of-county medical referrals. Twenty agency interviews plus four consumer focus group involved about 50 persons in identifying mobility needs and gaps. Selected responses from the Lake Transit on-board survey are reported. An additional 25 organizations responded to the out-of-county medical referral survey, a coordinated effort between Lake County Health Services Department and Lake City/County Area Planning Council.

Interviewed stakeholder and focus group themes around mobility needs included:

1. **Good awareness** of Lake Transit services among key stakeholders;
2. **High levels of need for transportation** and additional options for selected Lake County residents;
3. **Non-emergency medical transportation** needs were most commonly reported;
4. **Geographic pockets** in the county have limited transportation and high needs, including North Shore residents living in the hills and the Spring Valley community, the Elem Indian community and Scott’s Valley Ranch;
5. **Bus stop signage, amenities, and path of access** concerns limit riders’ access to and knowledge of existing Lake Transit services;
6. **Lake Transit service changes** were not well known at the time of these interviews, including the Night Riders service on the North Shore and expanding evening service in Clearlake;
7. **Fare affordability** was of concern to a number of groups;
8. **Mobility management** strategies were of interest and include several transportation programs currently operating, or planned for operation, by senior centers and human service organizations, with transportation partnerships among various parties in-place or conceivable; and
9. **Transportation information needs** include some difficulty reading Lake Transit schedules, knowing where to catch buses or connecting between different routes, and a need to address limited-English-proficient populations.

An expanded role for senior centers in transportation and some additional partnership opportunities are discussed.

The **out-of-county medical trips survey** documented referral patterns which indicated that eight in ten responding health care organizations are making out-of-county patient referrals weekly, totaling 272 average weekly referrals by these 25 organizations.

Top out-of-county destination cities were: Santa Rosa (84%), Ukiah (76%), Oakland and San Francisco (56%); St. Helena/ Deer Park (44%); Sacramento (40%); and Willits (36%).

There are meaningful Lake Transit connections to Ukiah, St. Helena/ Deer Park, and to Santa Rosa. Connections into San Francisco and Oakland via Mendocino Transit’s CC Rider are possible once daily via Lake Transit’s Route 7, but are not feasible via Route 3 through St. Helena/ Deer Park. It is also clear that

medical personnel have general awareness of Lake Transit but very limited understanding of how to use its services within the county or to make out-of-county connections.

Key messages from this out-of-county medical trips survey are:

- Defined referral patterns exist that could be further met by enhanced transit connections for both Lake County and to out-of-county destinations;
- Health care professions need medical-trip specific information, both within Lake County and to out-of-county destinations; and
- Additional transportation options are needed for out-of-county medical destinations.

5.0 Coordination Opportunities to Address Gaps

This chapter considers the findings of mobility needs and gaps for the Coordinated Plan’s target groups to craft strategies of response. Three goals are presented which provide a framework for eight strategies and various projects discussed. These projects and strategies explore opportunities for coordination within Lake County.

5.1–Framing the Coordinated Plan

This planning effort has identified needs and transportation of older adults, persons with disabilities and person low income, in addition to military veterans and persons of limited English proficiency. Constructing responses to address these needs begins with articulating three goals that frame the coordinated plan:

- Goal #1 - Support, maintain, and enhance Lake County Public Transportation Services;
- Goal #2 - Build capacity for specialized transit alternatives, including formalizing a sustainable Consolidated Transportation Services Agency (CTSA) appropriate to Lake County; and
- Goal #3 – Develop sustainable on-emergency medical transportation solutions.

Goal # 1 extends the work undertaken for Lake Transit’s Short Range Transit Plan, including the development of its new marketing plan, ensuring that important existing public transportation is sustained and enhanced. Goal #2 supports the structures and activities by which to extend coordinated transportation projects in Lake County. Goal #3 focuses on specific requirements to build an effective and sustainable non-emergency medical transportation capability for Lake County residents.

Table 5-1 following presents the Coordinated Plan recommended three goals and the eight strategies by which these goals can be pursued. In the section following, the rationale for each strategy and some illustrative examples are presented to help Lake County stakeholders pursue.

Table 5-1 Lake County Coordinated Plan’s recommended Three Goals and Nine Strategies

GOALS	STRATEGIES
<p>Goal #1 - Support, Maintain, and Enhance Lake County Public Transportation Services</p>	<p>1.1 Enhance and improve public awareness of and access to Lake County public transportation services through a comprehensive public information and bus stop improvement program.</p>
	<p>1.2 Implement SRTP-recommended service improvements as funding allows and where minimum performance standards can be met.</p>
	<p>1.3 Pursue and secure funding to support, maintain, and improve safety and enhance the Lake County public transportation network.</p>
<p>Goal #2 - Build Capacity for Specialized Transportation Alternatives, Including Formalizing a Sustainable Consolidated Transportation Services Agency (CTSA) Appropriate for Lake County.</p>	<p>2.1 Integrate the Mobility Programs Coordinator position so that it can be a focal point for implementing the Coordinated Plan goals and strategies.</p>
	<p>2.2 Define the CTSA model that is appropriate and sustainable for Lake County.</p>
	<p>2.3 Seek new partnerships with interested, willing, and able agencies and organizations that can participate in projects addressing mobility needs and gaps of the Coordinated Plan target groups.</p>
<p>Goal #3 - Develop Sustainable Non-Emergency Medical Transportation Solutions</p>	<p>3.1 Develop near and long-term non-emergency medical transportation (NEMT) alternatives that will address NEMT trip needs both within Lake County and to out-of-county destinations, including enhanced transit connections, special shuttle or life-line services, brokered trip provision across multiple providers, use of targeted mileage reimbursement, and other such initiatives.</p>
	<p>3.2 Develop way finding and safety-focused, trip specific improvements or information tools to support travel to key NEMT destinations within and beyond Lake County.</p>

5.2–Strategies and Projects to Address Gaps

This sub section describes the nine strategies recommended by which to implement Lake County Coordinated Plan’s recommended three goals. Each strategy is presented with a discussion of its intent and purpose. In some instances, project examples that suggest ways in which strategies could be implemented in Lake County are presented.

Goal #1 – Support, Maintain and Enhance Lake County Public Transportation Services

Strategy 1.1–Enhance and improve public awareness of and access to Lake County public transportation services through a comprehensive public information and bus stop improvement program.

Objective and Purpose

This strategy is intended to improve the mobility of the Coordinated Plan’s target populations through enhancing how they access information about available transportation services and programs. Acquiring and understanding transit information can be a significant challenge for transportation-disadvantaged individuals – a population characterized by limited literacy, high levels of limited-English proficiency, and the attendant problems of limited income levels. Even for well-educated individuals, such as social service providers and human service agency personnel, lack of familiarity with public transit can make understanding and utilizing a diverse set of transportation services difficult.

Use of public transportation requires a significant amount of understanding, planning, and coordination by the rider, including:

- Understanding of what transportation services are available, when they operate, and how to access them;
- Planning to arrange appointments and destinations around the services that are available; and
- Coordination of various systems – demand response and fixed route – to be able to get where you need to go, when you need to be there.

Stakeholder outreach identified riders’ concerns about Lake Transit’s information, including:

Many were not yet unaware of the introduced north shore Nite Rider service or the expanded evening hours in in Clearlake.

Many bus stops are not signed at all, leading to confusion about where to wait (among the passengers) and where to stop (among new drivers). One rider said that even a stripe painted on the curb to indicate the bus stop location would be helpful; otherwise it is very difficult for the new rider.

There is no schedule information, even at major bus stops and transfer stations.

Some description of bus stop signage and information elements follows.

Bus Stop Improvement Program Description

Bus stops can be an effective channel for conveying transit information. They are seen by thousands of people daily – not just transit users, but potential users – as they are generally located in major travel corridors. A basic bus stop sign lets people know that transit is available in a given corridor to a given destination. Enhanced signage or information displays posted at the stop can let potential users see how to actually use the service

While schedule information is valuable at any stop, it is particularly important on routes with low frequencies where a bus may only come once an hour or even just a few times per day.



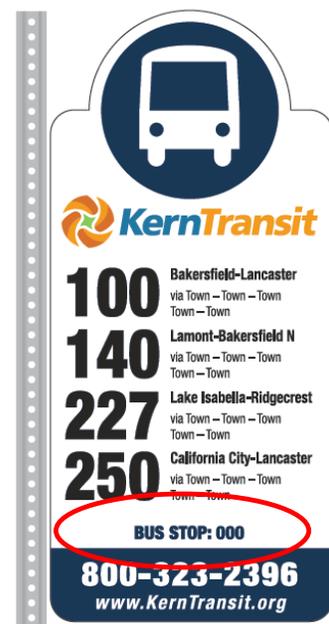
For example: At a minimum, all bus stops should have basic signage with an international bus symbol, identification of the service provider, and contact information (phone and/or website). The Trinity Transit sign at the right is a basic bus stop sign providing these minimal elements.

A second level of information useful at stops is to show what routes serve the stop and where they go from here. The Mountain Transit sign illustrates this concept, showing the names, destinations and days of service for relevant routes. This customized information is added to the basic sign using vinyl decals.

For routes with low frequency service, it is very useful to have schedule information provided at the stop. This information particularly benefits new or occasional riders. Detailed schedule information can be easily provided using changeable information panels which accept a standard sized laminated insert which can be easily produced in-house. These panels can mount to a shelter or existing sign post. When there is a service change, the insert can be quickly and easily replaced.



RED LINE NORTH MON – FRI 6:00 AM – 6:54 PM	HOURLY SERVICE :00
RED LINE SOUTH MON – FRI 6:00 AM – 5:55 PM	HOURLY SERVICE :00
BLUE LINE EAST MON – FRI 6:00 AM – 7:25 PM	HOURLY SERVICE :00
BLUE LINE WEST MON – FRI 6:30 AM – 7:30 PM	HOURLY SERVICE :30



The information included on the panel can take a number of forms:

- For hourly routes, it can show the minutes past the hour when a particular stop is served.
- For rural routes only served a few times a day, it can show the precise times when the bus serves that stop as well as where it travels and the fare.
- The displays should be highly legible, with a minimum of text and bilingual, as needed.
- It is also recommended to provide a stop number at part of the bus stop signage (Kern example shown previously). This facilitates the provision of real-time information via phone, text, or mobile application.
- At major boarding locations, such as transit centers, larger displays can be utilized to show the multiple routes available.

Strategy 1.2–Implement SRTP-recommended service improvements as funding allows and where minimum performance standards can be met.

Objective and Purpose

The Short Range Transit Plan recommends specific strategies that will expand and improve mobility options for the Coordinated plan target populations. The purpose of this strategy is to prioritize implementation of these strategies when funding is sustainable.

Outreach findings that will be addressed by the numerous SRTP recommendations and include evidence of high need for public transportation options.

Nearly one-third of the county’s residents are on MediCal, reflecting low household incomes which usually translate to transportation-disadvantaged status.

Another large proportion of the county are older adults – 18% of the total population. With 45% of St. Helena’s patient population on Medicare, aging status relates to increasing mobility problems and need for more transportation options.

There is an unusually high proportion of persons with disabilities reported within Lake County; increased incidence of disabilities and poor health indicators are commonly associated with low -income and more limited health care access.

Among areas of the county needing additional public transportation solutions are 1) the North Shore where there is a perception of levels of service inadequate to need; and 2) the Spring Valley Road community, north of Highway 20, where a reported 800 older adults live and for whom some type of connection to Lake Transit is needed.

There is interest in expanded evening and weekend service, much of which will have been met by the new Lake Transit services of the Nite Rider and Clearlake service day expanded to 10:00 pm. Continued interest in Sunday service exists.

Intercity services, specifically Route 7 to Ukiah, is reported as needing better connections to Amtrak and Greyhound and schedule adjustments may improve both the reliability of Lake Transit services and shorten rider wait times for these regional transportation services. Local service timing, routing and service frequency topics were raised for various areas of the Lake Transit network, including in Clearlake, Lakeport, and to Yuba College. These will also receive focus through the SRTP process and recommendations.

Strategy 1.3–Pursue and secure funding to support, maintain, improve safety, and enhance the Lake County public transportation network.

Objective and Purpose

The objective of this strategy is to maintain and improve the existing Lake Transit system through a continued mix of state and discretionary grant funding with careful financial planning as this system is important to, and heavily utilized by, Lake County residents. Demographic data presented in Chapter 2 indicated that there are many transit- dependent individuals living in Lake County, including: 1,700 households, or 7% of total households, which do not have access to a vehicle, and 10% of all older adults who are at 100% of the Federal poverty level. Additionally, during the interview process, Stakeholders at social services, medical facilities, and educational institutions commented that many of their clients use public transit and there is great need for public transit services within Lake County due to high levels of poverty and disability among the population.



Lake Transit has exemplary experience in seeking funds that extend the basic state funding that would come to Lake County via population and gasoline sales tax allocations of the Transportation Development Act and State Transit Assistance Funds. Success in using the Federal Transit Administration 5311 (f) funds to secure connections to the intercity bus network has been significant. Success in bringing Section 5310 funding, historically a statewide competitive process, for vehicle grants, and, more recently, for mobility management support, is strongly evidenced. Planning funds from state and federal coffers have been consistently secured by the Lake City/County Area Planning Council.

Such efforts to seek discretionary or other funding, and to write high-quality grant applications that will bring it to Lake County are an important strategy that must continue to extend the otherwise limited and fully committed state funds that come to Lake County via traditional means.

Current Initiatives to Improve Transit Safety, Complete Streets, and Active Transportation Through a Sustainable Transportation Planning Grant

The Lake County/City Area Planning Council recently submitted a Sustainable Transportation Planning grant application to develop a transit hub for Lake Transit. The new transit hub will improve inter-regional connectivity, mobility, access, and safety as well as help reduce greenhouse gases.

Transit Hub Purposes

Lake Transit Authority currently doesn't have a dedicated transit hub. The existing transfer point in the City of Clearlake is located in the middle of a large retail parking lot and can only accommodate up to three buses at one time, while the bus schedule (not including extended hours) anticipates between four and six buses stopping at this point at the same time. The new transit hub will be large enough to accommodate all six buses at one time. The new hub will make the Lake Transit system more efficient and improve local and regional connectivity by eliminating the delay caused by having to wait for a spot to open up and because it will be more centrally located to nearby services educational facilities, and area businesses.

Increasing Safety, Increasing Access and Improving Efficiency

Other problems with the current transfer point include a lack of bicycle and pedestrian facilities, rider and driver safety, and proximity with respect to the riders' destination. There are pedestrian facilities at the exact location of the transfer point, however, there is no continuity between this point and destinations (except Ray's Food Place) where the riders travel to and from. Transit riders, many of whom are families with children, the elderly, and the disabled, currently navigate through a large commercial parking lot. This leaves them at risk with vehicular traffic. The Transit Hub Location Plan will identify the preferred location(s) of a dedicated transit hub. The new facility will be fully compliant with the Americans with Disabilities Act and will include pedestrian and bicycle facilities that will improve the connectivity of the existing system. These new facilities will provide a safe path of travel for all riders traveling to and from the new hub.

The new transit hub will be built with improved lighting and security, creating a safer environment for passengers and drivers. To further improve local connectivity, the new location will be adjacent to the

impending Phillips Avenue Extension project, programmed in the STIP for construction in 2019. This will directly link the transit hub to the “Avenues” neighborhood to the north, making it easier to access the transit system.

As the new transit hub will be more centrally located to nearby services, educational facilities, and area businesses, it will make traveling to and from these destinations easier and more efficient and will improve on-time performance and eliminate some transfers. It will also increase access to jobs, supporting economic development. At every stage, this process will involve a robust public planning process.

Seeking New Program Funding

Continued priority must be placed on securing new funding sources to extend current Lake County transit services and to build new, future programs. The development of successful grant applications will include the following factors—responsibilities likely shared between Lake City/ County APC and Lake Transit:

- Monitoring new funding opportunities through participation in State and National conferences, monitoring FTA initiatives and tracking regulatory development;
- Ensuring staff time to monitor funding cycles and to develop sufficient expertise in grant writing for these funds, leading to successful applications;
- Ensuring staff time and priority to write successful new grants; and
- Developing the internal processes and procedures necessary to ensure that Lake Transit maintains adequate records to comply with funding source rules, including requirements around subrecipient technical assistance and monitoring where that has relevance.

Goal #2 – Build Capacity for Specialized Transportation Alternatives, Including Formalizing a Sustainable Consolidated Transportation Services Agency (CTSA) as Appropriate for Lake County

Strategy 2.1—Integrate the Mobility Programs Coordinator position so that it can be a focal point for implementing the Coordinated Plan goals and strategies.

Objective and Purpose

As has been noted, Lake Transit Authority has already embarked upon the process of hiring a Lake County mobility manager, trip broker, and coordinator who will have a variety of coordination responsibilities. This effort is funded with Caltrans Section 5316/ 5317 dollars from prior cycles. As envisioned, this position will provide a focal point moving the Coordinated Plan’s goals and strategies forward. This individual becomes the human infrastructure by which various partnership projects can be realized—ones that often take substantial staff time to ensure their successful implementation.

As this position is new, it will be shaping its place and responsibilities with respect to this Coordinated Plan and to other activities promised through the grant process.

Emphasis on Reporting

Regardless of decisions about the organizational structure for housing the mobility manager, the mobility management function will have an array of areas in which to work. In addition to moving key projects forward, this strategy will be strengthened by an emphasis on reporting. The mobility management position has been variously understood in different settings. The character and nature of mobility management for Lake County will need to develop.

There are, however, a number of tools and opportunities by which to grow the competency of a local mobility manager. Chief among these are the resources of the National Center for Mobility Management, a collaborative effort sponsored by three organizations: Community Transportation Association of America, American Public Transit Association, and Project Action, which is hosted by Easter Seals. Various resources and training opportunities are offered by NCMM, including some one-on-one training around performance based reporting and outcome measures.



Solid reporting on Lake County-specific outcomes will be most valuable if it is considered up-front, at the outset of the new mobility manager’s tenure. Table 5-2 following presents a structure from the recent TCRP Report 164 Community Living Tools to Improve Veterans’ Transportation. Tied to goals, it presents a sample of outcome measures by which to assess and quantify mobility manager-type activities, in this case related to the veterans’ transportation improvement.

Table 5-2, Sample Reporting -- Excerpt from TCRP Report 164: Mobility Manager Goals and Performance Measures for Veteran Transportation Projects

GOALS AND OBJECTIVES	OUTCOMES	PERFORMANCE MEASURES Both Quantitative and Qualitative
I. Goal – FOCUS ON THE INDIVIDUAL		
1. Provide transportation services addressing needs of veterans and service members.	-Transit service routes that link common origin/ destination patterns.	-Number of routes with stops at key destination serving veterans and service members. -Number of transportation modes/ programs serving key destination for veterans and service members.
2. Develop and offer services to meet needs of veterans and service members.	-New transit services linking common origin/destination patterns.	-Percent increase in passenger boardings and alightings at stops serving key destination for veterans and service members. -Passenger boarding counts identified as veterans or service members.

GOALS AND OBJECTIVES	OUTCOMES	PERFORMANCE MEASURES Both Quantitative and Qualitative
	-Service affordable for new veterans and homeless veterans.	-Fare policy changes implemented supportive of veterans and service members. -Lowest cost service options promoted to and utilized by veterans and service members.
3. Improve the quality of service provided to veterans and service members.	- New or improved services that more directly serve veterans and service members.	-Number of transportation modes/ programs serving key veteran and service member destinations. - Increased frequency of service on routes serving key destinations. -Increased speed of transit travel to access key destinations.
	-Diverse information program to link individuals with services.	-Centralized information center/website (One-Call/One-Click capabilities) established. -Number of “hits” to website (One-Click); number of calls to information center (One-Call). -Increased transit signage and information tools at key destinations (number of stops with schedules; Next Bus technology implemented; printed schedules available and distributed).
	- Educated members of the target groups.	-Travel training for veterans, measured in trainee enrollments, contact hours and successful trip-making. -Increase in transit utilization by target groups.

Strategy 2.2–Define the CTSA model that is appropriate and sustainable for Lake County.

Objective and Purpose

Currently, Lake Transit Authority (LTA) is the designated Consolidated Transportation Services Agency (CTSA) for Lake County. As LTA utilizes a contracted service provider, it is useful to consider what structure makes sense for Lake County’s CTSA that will ensure continuity around CTSA leadership. This strategy seeks to identify the appropriate CTSA model for Lake County, likely assessed through a planning study.

The opportunities identified through this Coordinated Plan will require some leadership to help bring them about. While Lake Transit can, and has, played an important role in securing Section 5310 funding for senior center transportation, it isn’t clear that that should continue as a responsibility of Lake Transit versus becoming a formalized activity of Lake’s CTSA. Lake Transit has also been seeking to hire a mobility manager. This position is the likely “boots-on-the-ground” by which a variety of Coordinated Plan initiatives can secure funding, be implemented, and be monitored. Determining where that

position sits on the Lake Transit organizational chart can be addressed in defining a Lake County appropriate CTSA model.

Two CTSA models are described here with elements of interest to Lake County context.

Project Examples

2. Western Placer Consolidated Transportation Services Agency (WPCTSA)

Description: WPCTSA has power to provide and coordinate social service transportation for the western portion of Placer County, including services for older adults and individuals with disabilities. WPCTSA services went into effect in January 2009 and the programs provide transportation services for Placer County residents who are not able to use conventional public transit services operating within western Placer County. Each program responds to a unique transportation need not otherwise currently met or met well within a prescribed service area.



Structure / Governance: The Western Placer Consolidated Transportation Service Agency (WPCTSA) is a joint powers agency (JPA) created on October 13, 2008 by Placer County and the cities of Auburn, Colfax, Lincoln, Rocklin, and Roseville, and the Town of Loomis. Under the terms of the JPA, Placer County Transportation Planning Agency (PCTPA) is designated as the entity to provide administrative, accounting, and staffing support for WPCTSA.

Reporting: WPCTSA is governed by the Board of Directors of the PCTPA. PCTPA board members were appointed pursuant to Government Code section 67911: three members were appointed by the county Board of Supervisors and one member was appointed by the City Council of each incorporated city in the county. The Board meets monthly or as needed.

Funding: Funding for CTSA services comes from the Transportation Development Act (TDA) Article 4.5 Local Transportation Funds (LTF) and State Transportation Assistance Fund (STA) allocations. WPCTSA activities are also funded by federal and state grants and local programs.

Partners: WPCTSA collaborates with the City of Roseville, Seniors First (a nonprofit dedicated to support Placer County's older adult population), First 5, The Placer Collaborative Network and the public transit providers in Western Placer County.



Services and Projects: WPCTSA currently participates in four transportation services that meet the mobility needs of older adults and individuals with disabilities that are not met by other transit services in the county. These include:

1. *Transit Ambassador Program* – Trained volunteers educate new passengers about using the fixedroute transit system and answer questions by riding buses and visiting transfer locations. As funder, WPCTSA has designated the lead agency to establish and operate this regional program.

2. *Health Express* – Non-Emergency Medical Transportation is provided to older adults, persons with disabilities, and as a last resort to medical destinations in Placer County and some destinations in Sacramento. Health Express is described in further in this Coordinated Plan’s Goal 3-Strategy 3.1. Health Express is one of two programs where the WPCTSA collaborates with Seniors First, a local nonprofit.

3. *My Rides Program* is a volunteer driver reimbursement program for individuals and First 5 families with children, prenatal through five years old, who are unable to use conventional public transit services to and from medical-related appointments, public services, and essential needs destinations. My Rides has operated for more 40 years and the service area has recently been expanded to include all of Placer County. My Rides also offers vouchers for medical trips. Like Health Express, Seniors First administers My Rides and WPCTSA provides funding.

4. *Retired Dial-A-Ride Vehicle Program* – WPCTSA purchased retired Dial-A-Ride vehicles for Placer’s public operators to sell to local nonprofit organizations for a nominal amount. WPCTSA has developed guidelines for this program, including selection and eligibility criteria. Notably, vehicles must be used to transport older adults and persons with disabilities and nonprofits are responsible for funding the vehicles operating and maintenance costs.

3. Ride On Transportation, San Luis Obispo County

Description: Ride-On Transportation is dedicated to improving transportation services in San Luis Obispo County. Ride-on is both the designated Consolidated Transportation Services Agency (CTSA) for San Luis Obispo County and a Transportation Management Agency (TMA). The CTSA provides community service transportation and the TMA provides general public and commuter transportation. This section will focus on Ride-On’s CTSA structure and activities. Ride-On was founded in 1993.



Ride-On CTSA activities include social service social service transportation programs for seniors and persons with disabilities, including mobility option for options for as medical appointments, shopping, or recreation. Ride-On also support social service transportation programs through providing maintenance and driver training.

Structure/Governance: Ride-On Transportation is a nonprofit organization and operates as part of the United Cerebral Palsy (UCP) of San Luis Obispo County, a community based nonprofit public benefit organization. UCP created its first transportation service, the Community Interaction Program (CIP), in 1987. Ride-On is governed by the Board of Directors of the UCP.

Monitoring: As of April 2013, San Luis Obispo Council of Governments (SLOCOG) provides performance monitoring and grant funding to Ride-On. As part of this agreement, Ride-On prepares reports including:

- Quarterly Reports to SLOCOG for Ride-On’s CTSA services, Senior Services, TMA Services and Commuter Vanpool Services; and

- An update on the progress made in the prior fiscal year on bringing new partners under the CTSA umbrella for the delivery of specialized transportation functions.

Ride-On is accountable for the proper allocation of state Article 4.5 TDA funds toward social services transportation and provides a breakdown of TDA dollars spent on each CTSA partner.

Additionally, Ride-On's farebox recovery ratio is determined by SLOCOG.

Funding: Funding for Ride-On CTSA services comes from the Transportation Development Act (TDA) Article 4.5 allocations.

Partners: Ride-On provides a variety of support services to local social service transportation agencies. A number of the services are provided at no cost. Several of the organizations have used multiple support services including transportation, maintenance support, vehicle acquisition consulting, preparation for CHP inspections, and driver training. As of September 2014, Ride-On's partners included:

- 16 agencies that serve individuals with disabilities;
- 14 agencies that serve older adults;
- 13 medical facilities and medical organizations;
- 13 organizations serving children;
- 23 nonprofit organizations;
- 7 governmental agencies, including the County, SLOCOG, and the VA; and
- 2 private companies.

Services and Projects: Ride-On CTSA's existing programs include:

1. *Agricultural Workers Vanpool (AWVP)* Provides commuter vanpools for agricultural workers living or working in San Luis Obispo County. The service, which operates seven dedicated vans year round and leases two additional vehicles during peak season, picks up and drops off agricultural workers at locations that are prearranged between riders and drivers.

2. *Community Interaction Program (CIP)* provides door-to-door transportation service for riders with developmental disabilities. CIP has been in operation since 1987 and is one of the original transportation programs initiated by UCP, Ride-On's parent organization.

3. *Medi-Cal / CenCal* Provides service to approved Medi-Cal users who cannot use public transportation to medical appointments. The program provides services to local appointments as well as regularly scheduled long-distance trips to the UCLA Medical Center, UCSF Medical Center, Stanford Medical Center, and the Los Angeles Veterans Hospital.

4. *Senior Shuttle* provides shuttle services within designated service areas for activities such as shopping, errands, medical appointments, and work for older adults 65 years and older.

5. *Wilshire Good Neighbor Program* trains volunteers to use their own vehicles in order to transport clients to and from pre-approved destinations. The program is aimed at clients who cannot navigate the Senior Shuttle services or other public transit/local Dial-A-Ride options and require a high level of supervision (i.e., door-through-door service instead of curb-to-curb).



6. *Tri-Counties Regional Center (TCRC)* provides door-to-door transportation for clients of TCRC, adults with developmental disabilities, to their day programs or employment sites.

7. *Veterans Express Shuttle* provides door-to-door service to San Luis Obispo and Santa Maria Veteran’s Clinic for veterans with disabilities or veterans who have no means of transportation. The service also provides connections to the VA Bus, which provides service to appointments in Santa Barbara, Ventura, and Los Angeles Counties.

8. *Private Pay* provides a service option for people who are not affiliated with other CTSA programs but who require transportation to locations within San Luis Obispo County and to Northern Santa Barbara County.

Strategy 2.3—Seek new partnerships with interested, willing, and able agencies and organizations that can participate in projects addressing transportation needs and gaps of the Coordinated Plan target groups.

Objective and Purpose

This strategy aims to continue the ongoing process of building collaborative partnerships to provide more mobility options for transportation-disadvantaged populations. Building capacity among human service agency providers will help to extend the existing public transportation network, particularly for those specialized trips that may not be able to be provided by Lake Transit’s services. The developing transportation partnership with the Lucerne Senior Center, historically with the Clear Oaks Senior Center and potentially with People First, each have some potential to leverage additional resources and help expand the mobility options available to Lake County’s older adults, persons with disabilities, and low-income persons.

Stakeholder outreach identified several areas that public transit cannot serve well. Communities that are isolated and rural, such as along Spring Valley Road and the North Shores, and frail riders may be best served by human services transportation.

Building upon Senior Center interest and creating new projects and initiatives could be served by ideas from two model programs presented here.

Project Examples

2. Southern Trinity Health Services

A \$25,000-per-year contract exists between Trinity County and the Southern Trinity Health Services Clinic at Mad River for provision of transportation to and from the Clinic. Southern Trinity Health Services can bill the County at \$1.30 per mile traveled, revenues that help to offset the driver and operating expense of two vehicles. Trinity County helped the agency procure a lift-equipped 17-passenger vehicle with ARRA funding during 2008/2009, to augment its non-accessible van used for the Dental Clinic.



Southern Trinity Health program has had difficulty finding qualified drivers or retaining them, given the challenges of the driving environment in South Trinity County. By the fall of 2013, the program was fully staffed, with a full-time driver, after a long period of part-time and fewer drivers. The program has since fall 2013 been able to run service regularly, a full four-day-a-week schedule.

Trinity County has two effective coordinated projects in place to help support this NEMT trip need. Its specialized transportation contract with Southern Trinity Health Services provides \$25,000 specifically for such south county trip needs. Pockets of additional need do exist, for example from the community of Hyampom and other outlying, small, and isolated communities throughout the county. The county's second specialized transportation contract, currently for \$40,000 with the Human Resource Network (HRN), also helps to support NEMT trip need through mileage reimbursement to volunteer drivers where no Trinity Transit services exist.

Trinity County's strong partnerships with Southern Trinity Health Services and HRN are effective and efficient strategies for addressing non-emergency medical transportation needs. In one case, a rural health care clinic is assisted in getting its patients into services. In the second case a voluntary human services organization, HRN, can better aid its constituents through this transportation program. Both are extending what they can do through their Trinity County coordinated partnerships. The continued support of these – albeit at modest funding levels that the county can sustain – is extremely valuable in addressing ongoing NEMT trip needs. Also important is Trinity County's ability to ensure that its coordinated partners are maintaining solid records of the trip-making supported, that vehicles are maintained in safe operating condition and that effective communication between Trinity County and its human service agency partners continues.

2. Tuolumne County – Little House ‘WHEELS’ Volunteer Transportation

The Little House is a senior activity center in Groveland at the edge of the Yosemite Valley that hosts the South Side Seniors’ operation of the WHEELS program. WHEELS is a transportation program for seniors aged 60 and over in the Groveland area as well as persons with disabilities.



Figure 5-1 Little House Wheels Volunteer Transportation Web Messages

WHEELS uses volunteer drivers to provide trips for daily living activities of older adults. Most trips are provided locally but capability exists to bring individuals down into Sonora. The WHEELS’ volunteer driver program utilizes an innovative scheduling tool, through Google DRIVE, to schedule trips and advise drivers of their schedules.

WHEELS maintains a driver pool of about 28 active drivers and creates five to six driver schedules each week. Its manager reports 37 consumers on its roster of whom five (14%)

make daily trips with WHEELS’ assistance, 15 (40%) use on a regular basis and for the balance, their WHEELS registration is a safety net mobility option. Volunteer drivers go through an extensive orientation and are monitored through various strategies by the program’s administrators for reliability and safety.

WHEELS can drive you places!

Wheels is a *free senior transportation program* within the local Groveland area for *60 years and over seniors* who are unable to drive, due to recent surgery, illness or age. We're available **Monday - Friday from 8AM to 5PM by calling xxx-xxx-xxxx**. Please leave a message or email us: wheels@thelittlehouse.org

New! For medical appointments only, we've added a service to and from Sonora.

Volunteer as a WHEELS Driver!

We're always looking for **volunteers** who are willing to drive seniors to destinations in Groveland, including medical and dental appointments, the library, post office, bank, grocery store and shopping. For medical appointments only, we've added a new service to and from Sonora.

As a volunteer, you would pick up seniors from their home and return them safely back, *mostly within Groveland*.

If you're interested in learning more about volunteering to drive or helping to schedule our volunteer drivers... **Please call Alex at xxx-xxx-xxxx**

Goal #3 – Promote Non-Emergency Medical Transportation Services.

Strategy 3.1–Develop near and long-term non-emergency medical transportation (NEMT) alternatives to address NEMT trip needs both within Lake County and to out-of-county destinations, including enhanced transit connections, special shuttle or life-line services, brokered trip provision across multiple providers, use of targeted mileage reimbursement and other such initiatives.

Objective and Purpose

The objective of this strategy is to begin addressing a perennial challenge for Lake County: transportation for medical trips. Non-emergency medical transportation was the most commonly reported need, particularly for target populations during stakeholder interviews for this 2014 Coordinated Plan and was also reported during outreach for the 2008 Plan, particularly for target populations. Additionally, the Information and Referral service at Lakeport Senior Center says it is the most frequently requested need among their callers.

There may be some instances where a targeted shuttle service can provide non-emergency medical trips to selected persons. Placer County’s Health Express and Imperial County’s Med-Express are both examples of such service, both funded with a mix of Transportation Development Act funds and human service agency funding contributions.

Because of the complex geography of Lake County that makes serving remote areas challenging, as well as the costs associated with Dial-A-Ride and ADA assistance limitations, public transit may not always be the most appropriate or effective mode for every trip. Developing alternatives such as NEMT programs that can travel where Lake Transit buses cannot and provided door-to-door or door-through-door assistance, which may be subsidized for eligible passengers, can make the difference in a vulnerable Lake County resident receiving timely and preventative medical care. A volunteer driver, mileage reimbursement program meets the objective of provision of low-cost transportation that can provide trips where Lake Transit does not travel and can improve mobility for those too frail or whose trip-making is too complicated to be served by public transit.

Project Examples

1. Western Placer County CTSA and Senior’s First Health Express Program

Description: Health Express is a door-to-door transportation service for residents of Western Placer County to and from their non-emergency medical appointments. Eligible riders include senior citizens age 60 and above and persons with disabilities living in Auburn, Colfax, Roseville, Lincoln, Rocklin and the areas in between. Health Express may also be used as trip of “last resort” for riders who may not eligible but have no other means of transportation to medical appointments.



Health Express runs Monday through Friday from 7:30 am until 4:30 pm. Trips are provided to designated medical destinations in Sacramento two times per week a fare of \$1.25 per one-way trip.

Function: A specialized transportation program, Health Express, serves riders and trips types that the local Dial-A-Rides may not be able to serve due to jurisdictional and assistance requirements. The three Dial-A-Rides in Western Placer County serve distinct service areas and cannot always serve trips to medical destinations outside of their jurisdiction. With a service area of Western Placer County from a ¼ mile east of the City of Colfax to the Sacramento County line, Health Express is not bound by the same restrictions.

Riders may also request a higher level of assistance from Health Express and riders do not have to be ADA qualified to ride. As Health Express is administered by a nonprofit who has worked closely with their clients, their caregivers, and their medical providers, it often serves frail and vulnerable riders who may not be able to ride on public transit. As part of the Western Placer County transit network, riders may learn information and reserve rides through the South Placer Call Center.

Health Express is operated by a contractor and its vehicles are lift-equipped and can transport oxygen.

Partners: Health Express is a true product of coordination. The program is administered by Seniors First, a nonprofit dedicated to support Placer County’s older adult population, and is funded by a mix of community partners: the Western Placer CTSA, Kaiser Permanente Medical Center, Placer Collaborative Network, Placer Community Foundation, Sutter Auburn Faith Hospital, Sutter Roseville Medical Center, and private donations.

2. Imperial County Transportation Commission’s Med-Express

Description: Imperial County Transportation Commission (ICTC) funds a medical transportation service that operates Med-Express service offers non-emergency medical transportation from Imperial County to San Diego to access medical facilities, including hospitals, clinics, and doctor appointments. Med-Express has been available for 20 years. The service is primarily designed for older adults and people with disabilities, but is also open to the general public on a space-available basis. Med-Express service is available four days each week (Tuesday, Wednesday, and Thursday, plus alternating Mondays and Fridays every other week), with a van with first pick-up at 5:00 am from Brawley and departing El Centro at 7:00 am and from San Diego at 3:00 pm.

The fare is \$19.50 round-trip, regardless of where passengers need to travel in San Diego County. Riders are required to purchase their trip in advance. Since the process of requiring the advance payment was initiated early in 2013, the numbers of no-shows and late cancellations have decreased substantially.



Function, Costs and Funding: The Med-Express Program provides non-emergency medical trips to passengers who may be members of the general public or are agency clients.

The Med-Express program provided 5,237 trips in 2013, or about 100 one-way passenger trips per week for somewhat less than \$150,000. It has achieved about an 18% farebox return with a funding base that has historically been provided by the state Transportation Development Act (TDA). Med-Express' contract Arc of Imperial Valley is reportedly pursuing a vendor status with Logisticare to provide MediCal reimbursed trips to eligible Imperial County residents but the agency has not yet been willing or able to share any information about this process or its expected results.

Partners: ICTC contracts with the Arc of Imperial Valley, using a wheelchair-accessible Ford E450 15 passenger van. Arc develops partnerships with various human service agencies within Imperial Valley to provide medical trips that their clientele need, in addition to providing these trips to the general public. The California Childrens' Services (CCS) is the largest such partner, reflected in the fact that 40% of Med-Express trips are to San Diego Childrens' Hospital which receives a bulk of the CCS referrals. Partners purchase fare tickets in bulk and make reservations for their consumers just as the general public does, through the Arc dispatch.



3. TRIP (Transportation Reimbursement and Information Program)

Objective and Purposes: Volunteer driver, mileage reimbursement programs are low-cost transportation alternatives that can improve mobility where there are no transit services or for those too frail or who's trip-making is too complicated to be served by public transit. This strategy responds to the previously described challenges of serving remotes areas of Lake County, such as Spring Valley and Scott's Valley Ranches. It also responds to findings in the 2008 Plan that some individuals require a level of door-to-door assistance that cannot be provided by public transit.



Additionally a volunteer driver, mileage reimbursement program is an alternative for some individuals who might be ADA certified, but for whom use of public transportation, even complementary paratransit, is beyond their capabilities. For these individuals, this becomes both key mobility gap filler and can help to manage demand for scarce public paratransit resources.

Description: TRIP is a volunteer driver, mileage reimbursement program, a low-cost, low-maintenance, customer driven approach for providing special, one-on-one transportation assistance. TRIP, which has become a national model of such programs, is a project of Riverside County's Independent Living Partnership. More information is available at: www.ILPconnect.org/TRIP

Key characteristics of Riverside TRIP include:

- Passengers are enabled to choose and recruit their own volunteer drivers from friends and neighbors they know and trust;
- Volunteer drivers receive mileage reimbursement payments through the passenger;
- Rides are scheduled by passengers and volunteer drivers, as mutually convenient;
- Transportation is provided in personal volunteer driver’s vehicles;
- 24/7 transportation is available, as agreeable between riders and volunteers;
- Travel can be provided to other cities or even outside the county, if needed; and
- Rides are free to passengers.

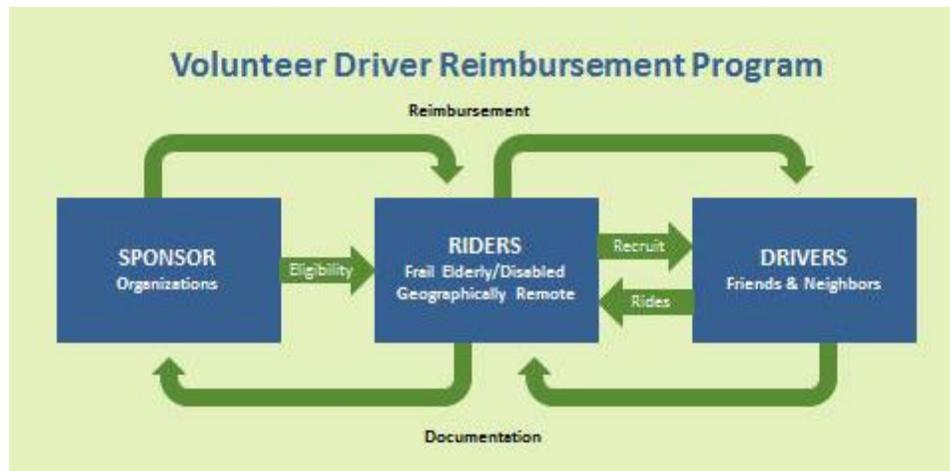
Eligible participants can include older adults, persons with disabilities, low-income individuals, or people accepted into program and living in areas not served by transit.

Function: Not only does a volunteer driver, mileage reimbursement program complement public transit by providing a mobility option where transit cannot operate, it is low maintenance, and scalable to suit the specific needs of Lake County’s transportation disadvantaged individuals.



In the Riverside model (Figure 5-3) the mileage reimbursement is paid to the enrolled rider who, in turn, pays the driver that he or she has located.

Figure 5-2, TRIP Volunteer Driver Reimbursement Program Model



The strength of this model is that it does not require that a pool of volunteers be maintained, something that is difficult in low-income communities where volunteerism is not economically feasible or even in settings where there may be more resources but where a volunteer ethos is less common than it was some decades ago. Riverside TRIP provides assistance in finding a volunteer driver via program materials that provide language and ideas on “how to ask for a volunteer driver,” but does not recruit or managed drivers, does not own vehicles, and does not schedule rides.

This program model is very scalable to the level(s) of available funding. Mileage reimbursements and the enrollment of participants can be “budgeted” by the number of miles available for reimbursement as well as by the number of enrolled persons. Mileage reimbursements can be constrained via trip purpose eligibility or for a minimal level of miles per enrollee per month, or for a certain number of active participants, up to relevant budget parameters. Riverside TRIP provides a reimbursement of \$0.35 per mile to volunteers, a rate purposefully below the IRS mileage reimbursement rate of \$0.56 for business and above the IRS rate for medical and moving purposes of \$0.23. It is meant to cover the operating costs of fuel and maintenance for the volunteer driver.

Partners: Originally, TRIP was the outcome of a collaborative partnership between the Independent Living Partnership, the local Area Agency on Aging, and the Riverside County Transportation Commission (RCTC). TRIP continues to be funded by the RCTC, the Riverside County Office on Aging, foundations, and the various cities and counties where the TRIP program exists.

4. CTAA New Technical Assistance Resource

Among other resources available to Lake County related to non-emergency medical transportation, there is also value in monitoring the resources newly available through CTAAA’s RIMMS: Resource Innovation – Medical Mobility Systems at www.rimms.org/rims/ .

Among various training, webinar and technical assistance tools is one path called the “Market Edge” can provide some concrete assistance to emerging Lake County providers. This includes:

- Explaining the complexities of NEMT operations and how they work in a competitive transportation environment;
- Detailing identification of important NEMT components like customers development, competitive pricing, business system development, and operations service development and planning;
- Generating and evaluating your business plan strategic objectives and options;
- Building communication, marketing, and implementation plans;
- Helping you set up a system to track results to drive performance;
- Training you or any staff on customized development needs; and
- Assisting you in maximizing other services from RIMMS like our insurance program, financing, and related training opportunities.

Figure 5-3, New CTAA Resource for Medical Transportation



**A Comprehensive Set of Development and Support Resources
- Community Transportation Association of America -**

Medical transportation has become an integral part of people being able to access doctors and medical treatment in this country. RIMMS is a system and a service provided by CTAA to assist Non-emergency Medical Transportation providers to deliver the best transportation possible. It provides business planning, technical assistance, financing, and other services and is designed to provide organizations with the resources, information, products, services and skills necessary to efficiently start-up or expand a NEMT program of any size.

5. Seeking MediCal Reimbursement for Eligible Trips

Purpose: The infusion of some additional revenue, particularly for trips that might not otherwise be provided such as on an out-of-county, Lifeline medical transportation service, is an important consideration of a Coordination Plan. MediCal, or Title XIX of the Social Security Act, has been a revenue source in many parts of the country for non-emergency medical trips provided by public transit operators. This has been much less in evidence in California, due to an emphasis on MediCal provider status and the fact that many ambulance-type companies secured that and effectively locked public transit operators out.



Description: Riverside Transit Agency (RTA) in southern California's Riverside County has developed another approach and received \$440,000 in MediCal revenues in FY 2013/14 for about 3,000 passenger trips per month taken on its Dial-A-Ride program. These represent about 10% of all RTA Dial-a-Ride passenger trips taken. Under RTA's agreement with the Riverside County Department of Health Services, 50 percent of actual costs net farebox are reimbursed for eligible trips. In RTA's case, where it's Dial-A-Ride per trip cost is approximately \$27, less a \$2.00 fare, MediCal is reimbursing about \$12.50 to \$13 per eligible trip. Now three years into this endeavor, RTA secured a little of \$100,000 in its first billing year, quadrupling this to the current \$440,000 annual revenue level.

RTA estimates that about 10% of its annual Dial-A-Ride trips are now being MediCal reimbursed, recovering about 5% of RTA's Dial-A-Ride annual program cost.

The process of developing this billing arrangement took almost two years of concerted effort and organizational commitment to surmount numerous administrative hurdles. Under a little-known MediCal regulation, RTA Dial-A-Ride service has been approved as a MediCal Administrative Activity (MAA). MAA designations are either for school-based activities (SMAA) or for public transit agencies who, while not MediCal providers themselves, are enabling the delivery of MediCal services by providing access to consumers to get to their authorized services.

The MAA designation is made by the County Health Department through a petition from the transit provider. The petition resulted in a formal agreement between the County and RTA. A component of that agreement is a formalized, detailed cost estimate. The cost estimate is re-calculated monthly, a standard RTA process of reconciling expense and fare revenue to determine per trip costs. This per trip cost, which changes slightly from month-to-month, is used to calculate the MediCal 50 percent share of eligible trips provided.

Eligible persons are identified through RTA's ADA certification process and flagged in RTA's Trapeze trip scheduling software, identifying MediCal as the primary source of funding for that individual. Eligible trips are determined as to or from destinations providing MediCal eligible services. For example, an Adult Day Health Care program that provides speech therapy or physical therapy will represent a MediCal-eligible trip while one that does not, only providing day care, is not a MediCal-eligible destination. A dialysis center represents a MediCal-eligible trip. Under RTA's system, eligible persons are flagged and eligible destinations are also flagged in the Trapeze software, enabling the weekly generation of an automated report of trips that can potentially be MediCal-reimbursed.

RTA has a part-time staff person who is responsible for weekly reviewing the 700 to 800 flagged trips taken, to ensure that these are indeed still eligible individuals who are traveling to eligible destinations. Under RTA's agreement with the county, it is not necessary to know the actual service an individual is receiving at a given destination, only that there are MediCal-eligible services provided there. Also as part of the monthly billing effort, RTA recalculates its actual Dial-A-Ride costs to derive the per trip cost for that billing cycle.

Comments: RTA staff recognizes that this MediCal billing process has not been secured by many public transit providers, presumably because of limited knowledge of its availability and certainly because of administrative procedural roadblocks that had to be overcome. For example, the county argued initially that since there were two MediCal Managed-Care providers, Molina and Inland Empire Health Plan, in the county, who were both authorized MediCal providers of transportation, there was no need for RTA transportation. RTA successfully countered – with data – that it was providing significant numbers of trips to MediCal-enrolled persons and that many of these were for medical trip purposes. RTA was able to demonstrate that they were enabling significant levels of access to service that would not otherwise be available for some of these persons.

Another hurdle related to RTA's cost structure, working through that with the County Department of Health Services so that they could understand that there were actual added costs to serve these MediCal persons. A consultant to the State Consortium of Counties worked with the two systems, public transit and public health, to help them communicate with each and secure a workable agreement.

Implications for Lake Transit: It will be necessary for Lake Transit to secure rider eligibility information. For MediCal persons this includes their MediCal number. For Dial-A-Ride services, this is potentially feasible through a registration process. This becomes slightly more cumbersome for an out-of-county, lifeline, non-emergency medical transport. Trip reservation and advance registration processes that include the advance purchase of the fare, as is required in Imperial County, could be instituted.

Effective record keeping at the trip level is key for two reasons. First, it is necessary up front in order to demonstrate to the county’s MediCal representatives that accurate billings will be possible. Secondly, it is critical in order to come through the scrutiny of a MediCal audit and ensure that the transit agency won’t be “paying dollars back” to the county MediCal offices.

Strategy 3.2–Develop way finding and trip specific improvements or information tools to support travel to key NEMT destinations within and beyond Lake County.

Objective and Purpose

This strategy’s objective is to utilize cost-effective, easy-to-develop and implementable solutions that equip agency personnel to assist their clients travel to popular medical destinations.

This strategy responds directly to comments received during outreach about the overall difficulty in getting to non-emergency medical appointments as well as comments regarding the difficulty of reading schedules, knowing where to catch the bus and coordinating between different routes. Also, Lake County’s Public Health Department requested transit information that can be easily used by caseworkers. It was also reported in the survey of medical facilities that 48% had some awareness of Lake Transit, but not at route-level familiarity and that 20% had no knowledge at all.

Project Example

Trinity Transit Trip Planners to MD Imaging in Redding, CA

Description: The Transit Mobility and Awareness Plan for Trinity Transit included self-guided paper tools to help riders make intercity trips between rural Trinity County stops and Shasta and Humboldt Counties.

These one-page trip planners show riders step-by-step how to get to their destination via public transit, provide options and direction for activities to do near their destination, and provide return information.

The example provided as Figure 5-4 is a trip planner to MD Imaging in the neighboring Shasta County. Several social services agencies commented that their clients were frequently referred to Redding for mammograms and other imaging needs but had trouble making the long trip. This planner was designed as a social service agency tool to familiarize that agency staff with local public transit.



Figure 5-4, Sample Way-Finding Trip Plan To Regional Medical Facility, from Trinity County

Trinity Transit Trip Plan

Weaverville > MD Imaging > Mt. Shasta Mall

Planning Your Trip

- Travel on Monday, Wednesday or Friday
- Schedule a morning appointment at MD Imaging for 9:30 am or later
- Board Trinity Transit's Redding Route in Weaverville or Douglas City about 7:30 AM
- Spend the afternoon in Redding!
- Return trip on Trinity Transit leaves Redding at 4:00 PM
- Total round trip fare: \$23.00 (Please have exact fare for RABA buses. Drivers cannot make change.)

Amenities at RABA Downtown Transfer Center

- Canopied Waiting Areas with Benches
- Public Restrooms
- Vending Machines
- Bike Racks

1 Traveling from Weaverville to Redding
 Fare: \$10.00
 Approx. time: 1 hr 16 min

Board Trinity Transit Westbound Intercity Bus to Redding:
 Weaverville Library 7:35 am
 Top's Market 7:40 am
 Douglas City Store 7:48 am

Arrive in Redding:
 RABA Downtown Transit Center 8:46 am

2 Connecting to RABA to reach MD Imaging in Redding
 Fare: \$1.50

Board RABA Route 2* 9:00 am
 Exit at Court at South [2nd stop] approx. 9:02 am
 Walk 1 minute toward Gold Street to MD Imaging: 2020 Court Street

*Route 2 also leaves from the transit center at 9:30. On this run, you will exit Placer St. West St. [2nd stop] and

Once your appointment is complete, you'll have the afternoon to enjoy Redding. The back of this flyer provides a trip plan from MD Imaging to the Mt. Shasta Mall. At 3 PM, the Trinity Transit bus will pick you up at the Canby Road Transit Center adjacent to the Mall.



Trinity Transit
 Connects You to the County, the Coast, Redding and the Region
 (530) 623-LIFT (5438) www.trinitytransit.org



Enjoy an afternoon of shopping, have lunch or take in an early movie. Here is a sampling of what you'll find at Mt. Shasta Mall and along Dana Drive.

- JCPenney
- Macy's
- Bath and Body Works
- Sears
- Old Navy
- Lenscrafters
- Bank of America
- Mastercuts
- Food court
- Outback Steakhouse
- Cinemark Movies 10
- And much more

3 Enjoying the Day in Redding: Dana Drive and Mt. Shasta Mall
 Fare: \$1.50

- Walk 1 minute to Northeast corner of Court St. and Gold St
- Board Route 3* at :27 after the hour OR Board Route 2 at :56 after the hour
- Request a Free Transfer Slip when boarding
- Arrive at Downtown Transit Center in only 3-4 minutes
- Transfer to Route 6 at :30 after the hour
- Exit Dana (Discovery Village) [2nd stop] :40 after the hour
- Cross the street to go to Mt. Shasta Mall, or visit stores and restaurants on Dana Drive

*On Route 3: Tell the bus driver you are heading to the Mall—Route 6 will wait for you at the transit center!

4 Returning to Trinity County
 Fare: \$10.00
 Approx. time: 1 hr 28 min

Board Trinity Transit Bus 3:00 pm
 at Canby Road Transfer Center (North East Corner of Mall)

Exit in Trinity County:
 Douglas City Store 4:10 pm
 Top's Market 4:18 pm
 Weaverville Library 4:23 pm



5.3 Summary of 2014 Coordinated Plan Update Goals, Strategies and Projects Matrix

The preceding section presented some discussion of the eight individual strategies by which to implement the Coordinated Plan’s vision. These suggested sample projects and tools of some value to Lake County’s mobility needs and gaps.

Following Table 5-3 summarizes these strategies and identifies numerous, specific projects and related initiatives that the strategies themselves might embrace. This matrix represents both a Work Plan for Lake Transit and its new Mobility Manager and for the agencies and organizations interested and willing to move forward individual strategies and projects that will improve mobility for the Coordinated Plan’s target groups.

Table 5-3, Lake County Coordinated Plan Goals, Strategies and Potential Projects

GOALS	STRATEGIES	POTENTIAL PROJECTS
<p>Goal #1 - Support, Maintain, and Enhance Lake County Public Transportation Services</p>	<p>1.1 Enhance and improve public awareness of and access to Lake County public transportation services through a comprehensive public information and bus stop improvement program.</p>	<p>1.2.1 Implement the SRTP’s anticipated marketing plan, as funding allows, to increase rider and non-rider awareness and understanding of services among Coordinated Plan rider groups, including persons of limited English proficiency.</p> <p>1.2.2 Consider web-based information portals that will incorporate specialized transportation services, as well as provide trip planning for Lake Transit’s fixed route.</p> <p>1.1.3 Seek funding for and implement a bus stop improvement program of improved stop signage, bus stop amenities (including shelters and lighting) and paths of access that support the mobility needs of older adults, persons with disabilities and persons of low-income.</p> <p>1.1.4 Establish a bus stop maintenance program that could both provide local employment and help to maintain the visibility, attractiveness and safety of Lake Transit bus stops, as funding allows.</p>
	<p>1.2 Implement SRTP-recommended service improvements as funding allows and where minimum performance standards can be met.</p>	<p>1.2.1 Implement improved local circulator service in Lakeport; improved evening service on the North Shore and other such improvements, as funding allows, to improve the mobility of the Coordinated Plan’s target populations.</p> <p>1.2.2 Ensure that inter-city routes make timely connections to regional and out-of-county services.</p> <p>1.2.3 Monitor service performance under revised schedules to ensure that services remain timely and reflect published schedules and/or revised schedules.</p>
	<p>1.3 Pursue and secure funding to support, maintain, improve safety and enhance the Lake County public transportation network.</p>	<p>2.3.1 Seek discretionary and other funding for eligible projects related to inter-city services, safety of transit users and pedestrians, elderly and disability population services and other specialized transportation that Lake Transit can feasibly, cost-effectively operate, while ensuring that its minimum performance standards are met.</p> <p>2.3.2 Establish local complete streets ordinances that support “first and last mile” connections to transit, also promoting and increasing safety for active transportation bicyclists and pedestrians.</p>

GOALS	STRATEGIES	POTENTIAL PROJECTS
<p>Goal #2 - Build Capacity for Specialized Transit Alternatives, Including Formalizing a Consolidated Transportation Services Agency (CTSA) appropriate to Lake County.</p>	<p>2.1 Integrate the Mobility Programs Coordinator position so that it can be a focal point for implementing the Coordinated Plan goals and strategies.</p>	<p>2.1.1 With the new Mobility Programs Coordinator position, in conjunction with Lake Transit management, develop a work plan to prioritize key tasks and activities including but not limited to grant writing, MOU development, project development and implementation, monitoring and technical assistance, as well as reporting on outcomes.</p> <p>2.1.2 Provide necessary technical assistance to partners, as may be required by FTA funding participation, to ensure FTA compliance.</p> <p>2.1.3 Develop grants and seek funding for an additional two-year cycle for the Mobility Programs Coordinator.</p>
	<p>2.2 Define the CTSA model that is appropriate and sustainable for Lake County.</p>	<p>2.2.1 Undertake a study of alternatives for Lake County CTSA structure and operating responsibilities that will most effectively extend scarce resources and promote partnerships with key County agencies.</p> <p>2.2.2 Develop recommendations for implementing a Lake County CTSA to accommodate its funding realities, organizational and operating constraints and builds upon existing partnerships within the County.</p>
	<p>2.3 Seek new partnerships with interested, willing, and able agencies and organizations that can promote awareness of public transit and participate in projects addressing transportation needs and gaps.</p>	<p>2.3.1 Support, maintain and enhance the role of Lake County’s Senior Centers in providing specialized transportation.</p> <p>2.3.2 Develop and strengthen working relationships towards creation of new projects with mobility partners that may include but not limited to: People First, the Tribal Health Consortium, the Department of Public Health and the VA Community-Based Outpatient Clinic, among others.</p> <p>2.3.3 With Lake Transit, develop capabilities for a Trip Brokerage that could receive trip requests and to coordinate service delivery.</p> <p>2.3.4 Develop partnerships with other special focus entities on projects of mutual interest, such as with: representatives of Wine Growers Association, Lakeport Economic Development Department, County Economic Development Department and Konocti Regional Trails.</p>

GOALS	STRATEGIES	POTENTIAL PROJECTS
<p>Goal #3. Develop Sustainable Non-Emergency Medical Transportation Solutions</p>	<p>3.1 Develop near and long-term non-emergency medical transportation (NEMT) alternatives that will address NEMT trip needs both within Lake County and to out-of-county destinations, including enhanced transit connections, special shuttle or life-line services, brokered trip provision across multiple providers, use of targeted mileage reimbursement and other such initiatives.</p>	<p>3.1.1 Actively pursue MediCal transportation support opportunities by developing County Public Health Department discussion of MediCal vendor options for Lake Transit.</p> <p>3.1.2 Identify those NEMT trips that can be better served on Lake Transit by some modification of the existing schedule (such as betting timing with Greyhound) and communicate that.</p> <p>3.1.3 Consider defining and implementing specialized lifeline shuttles to key out-of-county NEMT destinations on a once or twice-weekly basis, if funding for such services can be identified.</p> <p>3.1.4 Pursue other funding opportunities, include Section 5310 projects such as NEMT shuttle services or mileage reimbursement projects.</p>
	<p>3.2 Develop way finding and trip specific improvements or information tools to support travel to key NEMT destinations within and beyond Lake County.</p>	<p>3.2.1. Identify special needs stop improvement projects within Lake County, such as at Clearlake St Helena Hospital, which will help Coordinated Plan target groups’ better and more safely use Lake Transit for medical trip purposes.</p> <p>3.2.2 Prepare “way finding” tools and other travel training strategies that help riders, agency personnel and health care staff understand how existing Lake Transit services can serve some in-county and out-of county NEMT needs.</p>

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6. Implementation Approach for Addressing Lake County Mobility Gaps

Transportation Coordination Institutional Issues

Extending Lake APC and Lake Transit Leadership

Leadership is critical to achieving the suggested coordinated projects that could meet the transportation needs of populations addressed in this Plan. Such leadership has already been effectively led by Lake Transit’s manager and working coordinated projects between the senior centers and the public transit program. The planned hiring of the new Mobility Manager will bring attention to Coordinated Plan actions. The Social Services Transportation Advisory Committee (SSTAC) can be informed of and support coordination progress as it develops. Further components of that leadership are suggested here, to marshal and extend the county’s scarce resources to address sometimes hard-to-serve needs of Lake County residents who are frail, isolated, or have very limited means.

Building a Mobility Management Capability

Formalizing the home for Lake County Mobility Management will facilitate a leadership role by which to implement this Coordinated Plan. Some effort to explore the appropriate CTSA organizational model and affiliation is indicated and may further shape Lake County Mobility Management. From a general perspective, Mobility Management in Lake County can pursue the following characteristics and advantages:

- As an **organizing strategy** for initiating coordinated projects to address mobility gaps of the target groups, providing leadership around these projects;
- As a **focal point for getting the right partners to the table** to secure additional funds or overcome institutional barriers or promote new services; and
- To **help to secure funding**, including new and continued funding, by which to implement new mobility projects and to assist local partners in complying with funding rules and regulation.

Most importantly, working from within the appropriate organizational home, the Mobility manager can undertake the leg work necessary to create more non-emergency medical transportation options.

Developing Interested, Willing, and Able Partners

Given the project responses identified, and in light of always limited funding it will be critical to continue to identify additional partners and resources to move this Coordinated Plan forward. Specifically, the priorities presented here must be championed by **“interested, willing and able”** partners, with Lake Transit leadership.

Stakeholders who are “*interested*” in addressing the transportation concerns of their clientele, of a given constituency or of the general public, can be considered key partners. A number of these agency representatives have been identified through this Coordinated Plan process and include existing members of the SSTAC and others. They are “*willing*” in that they are individuals with sufficient authority or their organizational mission will allow them to participate in crafting project solutions. And they are “*able*” stakeholders in that they have the organizational capacity and resources to move projects from concept through to implementation.

Building such local capacity and partnerships must be ongoing and requires ongoing leadership. Thus, it will necessitate securing additional funding.

Priority Strategies and Projects List

Several priority categories and the actions suggested within each by this planning effort follow. For each this Coordinated Plan’s three goals, strategies are discussed as either “critical” or “high” priority.

Lake Transit’s Short Range Transit Plan (SRTP) will drive the various recommended strategies and projects that fall within its purview and facilitate **Goal #1 – Support, Maintain and Enhance Lake County Public Transportation Services**. Of critical priority is to enhance and improve public awareness of Lake Transit (Strategy 1.1) and to secure new and continued funding (Strategy 1.2). Both of these will support and enable implementation of further service improvements, identified as high priority.

Goal #2 – Build Capacity for Specialized Transportation Alternatives, Including Formalizing a Sustainable CTSA is key to developing projects and strategies that will extend what public transportation can do. This Coordinated Plan has identified various transportation needs that go beyond public transit, including the type of trip or the geographic reach of the trip. Of critical priority and as an immediate first step is to integrate the Mobility Programs Coordinator position, the new mobility management function, to align that position work plan with the priorities of this Coordinated Plan (Strategy 2.3).

Subsequent activities, of high importance, but not as critical, will be to define the CTSA model appropriate for Lake County (Strategy 2.1) and to seek new partnerships among potentially interested, willing, and able human service agencies (Strategy 2.2) for purposes of growing capacity to meet these hard-to-meet trip needs.

Finally, but by no means of least importance, **Goal #3 - Develop Sustainable Non-Emergency Medical Transportation Solutions**. With health care reform, the possibilities for developing new non-emergency medical transportation options are increasing and their pursuit is very timely. This activity can be among the critical priorities that the new Mobility Manager pursues. Goal 3 describes a mix of critical strategies that include new institutional relationships with Lake County’s managed health care system as well as the development of a breadth of other strategies (Strategy 3.1). Goal 3 includes as a high priority the development of information tools that are geared specifically to health care professionals, to help them connect with the transportation resources that do exist.

Table 6-1, Lake County Coordinated Plan Priority Strategies List

GOALS	STRATEGIES	PRIORITIZATION
<p>Goal #1 - Support, Maintain, and Enhance Lake County Public Transportation Services</p>	<p>1.1 Enhance and improve public awareness of and access to Lake County public transportation services through a comprehensive public information and bus stop improvement program.</p>	<p>Critical Priority</p>
	<p>1.2 Implement SRTP-recommended service improvements as funding allows and where minimum performance standards can be met.</p>	<p>High Priority</p>
	<p>1.3 Pursue and secure funding to support, maintain, improve safety and enhance the Lake County public transportation network.</p>	<p>Critical Priority</p>
<p>Goal #2 - Build Capacity for Specialized Transportation Alternatives, Including Formalizing a Sustainable Consolidated Transportation Services Agency (CTSA) Appropriate for Lake County.</p>	<p>2.1 Integrate the Mobility Programs Coordinator position so that it can be a focal point for implementing the Coordinated Plan goals and strategies.</p>	<p>Critical Priority</p>
	<p>2.2 Define the CTSA model that is appropriate and sustainable for Lake County.</p>	<p>High Priority</p>
	<p>2.2 Seek new partnerships with interested, willing, and able agencies and organizations that can promote awareness of public transit participate in projects addressing transportation needs and gaps.</p>	<p>High Priority</p>
<p>Goal #3 - Develop Sustainable Non-Emergency Medical Transportation Solutions</p>	<p>3.1 Develop near and long-term non-emergency medical transportation (NEMT) alternatives that will address NEMT trip needs both within Lake County and to out-of-county destinations, including enhanced transit connections, special shuttle or life-line services, brokered trip provision across multiple providers, use of targeted mileage reimbursement and other such initiatives.</p>	<p>Critical Priority</p>
	<p>3.2 Develop way finding and safety-focused, trip specific improvements or information tools to support travel to key NEMT destinations within and beyond Lake County.</p>	<p>High Priority</p>

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Appendices

Appendix A – Non-Emergency Medical Transportation E-Survey



Dear Health Care Colleague,

The Lake County Health Services Department and the Lake City/ County Area Planning Council are jointly conducting a survey to understand medical referrals to out-of-county health care providers. This will enable us to consider whether a public transportation solution or some type of specialized transportation service can address non-emergency medical transportation needs of some individuals.

This survey will help us determine what common travel patterns to out-of-county health care providers may exist and what is and isn't possible in terms of public transit services.

We'd very much appreciate your assistance with this 13 question survey. You may fill it out here and return it via fax or surface mail using the return envelope included. Or you may access the PDF fillable form at www.AmmaTransitPlanning.com/LakeNEMT and electronically submit to us. Please return the survey by Friday, March 7th or call us if there is a timing concern.

Please feel free to duplicate this survey or to invite other colleagues to access the on-line survey. The broadest response possible will allow us to determine what types of transportation solutions make the most sense.

Thank you for your time and attention. If you have any questions, they may be directed to our consultant:

Heather Menninger
Heather@AmmaTransitPlanning.com
(951) 784-1333

Sincerely,

Dr. Karen M. Tait, Health Officer
Lake County Dept. of Public Health

Lisa Davey-Bates, Executive Director
Lake City/County Area Planning Council

Lake County Health Care Provider Survey

Lake County Health Services in partnership with Lake City/County Area Planning Council is seeking to understand out-of-county health care referrals for purposes of developing non-emergency medical transportation responses. Please tell us about your patient load, in relation to where and the frequency with which you refer patients to out-of-county medical providers.

Agency Name: _____
Agency site address: _____
Agency site city: _____ Zipcode: _____
Program or Department within Agency: _____
Name of person completing this survey: _____
Title: _____
Telephone: _____
Email: _____

1. Your organization type? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> in-patient health care provider | <input type="checkbox"/> out-patient health care provider |
| <input type="checkbox"/> doctor's office or clinic | <input type="checkbox"/> dental office or clinic |
| <input type="checkbox"/> other: _____ | |

2.A. Caseload size: (unique number of persons seen ANNUALLY – estimate is fine) _____

2.B. Average daily caseload: _____
(estimate of number of patients coming to the above site address DAILY)

3. Please identify the geographic areas *where the majority of your patients reside* (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Lakeport | <input type="checkbox"/> Clearlake |
| <input type="checkbox"/> Robinson Rancheria | <input type="checkbox"/> Upper Lake |
| <input type="checkbox"/> North shore: Nice/Lucerne/Glenhaven/Clearlake Oaks | <input type="checkbox"/> Lower Lake |
| <input type="checkbox"/> Kelseyville/Soda Bay/Kits Corner | <input type="checkbox"/> Middletown/Hidden Valley |
| <input type="checkbox"/> Loch Lomond/Cobb/Anderson Springs | <input type="checkbox"/> Countywide |
| <input type="checkbox"/> Other: _____ | |

4. How frequently are you referring patients to out-of-county medical facilities?

- every day some patient referrals are made
- at least several times a week
- once a week or less
- once per month or less
- no out-of-county patient referrals are made

5.A. To which communities are you commonly referring patients? (Check all that apply.)

- Ukiah
- Willits
- Santa Rosa
- Petaluma
- St. Helena/Deer Park
- Woodlands/ Davis
- Sacramento
- Yuba City
- Oakland/San Francisco
- Other community, specify: _____

5.B. For each of the communities you checked above, indicate the Average number of referrals PER WEEK by referral type:

Average # of referrals PER WEEK:	Ukiah	Willits	Santa Rosa	Petaluma	St. Helena/ Deer Park
<i>Example: in-patient hospital</i>	2	0	0.5	0	0
in-patient hospital					
hospital specialty visits but not in-patient stay					
out-patient specialty consultation					
out-patient clinic, primary care					
private medical doctor					
dental clinic or dental specialist					
OTHER referral type, specify:					

	Woodlands/ Davis	Sacramento	Yuba City	Oakland/ San Francisco	Other location specified in #5.A. above
in-patient hospital					
hospital specialty visits but not in-patient stay					
out-patient specialty consultation					
out-patient clinic, primary care					
private medical doctor					
dental clinic or dental specialist					
OTHER referral type, specify:					

6. When you make referrals, do you set the appointment or does the patient set the appointment?

(Check all that apply)

- This office always makes referral appointments
- The patient always makes the referral appointment
- This office sometimes makes referral appointments
- The patient sometimes makes the referral appointment
- It varies

7. When you or the patient makes referral appointments, generally how far in advance are appointments being made?

- Next day
- Within three days
- Within next seven days
- Within two weeks
- Within a month
- More than a month
- It varies

8. What days of the week are transportation services for out-of-county medical appointments most likely to be needed? (Check all that apply)

- Monday Tuesday Wednesday Thursday Friday
 Saturday
 Sunday

9. Please identify the top three facilities specifically to which you make referral appointments. (Facility address is optional.)

1. Facility name:	Address: City:
2. Facility name:	Address: City:
3. Facility name:	Address: City:

10. How aware are you of Lake Transit services?

- very aware, including some knowledge of routes and schedule
- generally aware, but not specific Lake Transit routes
- not very aware

10.A. Are you familiar with Lake Transit services into Ukiah? yes no

10.B. Are you familiar with Lake Transit services into St. Helena/Deer Park? yes no

10.C. Did you know that Lake Transit has added later evening service to its Clearlake and Lower Lake routes, effective in late September? yes no

11. Within Lake County, what proportion of your riders are using Lake Transit to get to medical appointments, to the best of your knowledge?

- large, significant numbers of our patients use Lake Transit
- a small proportion of patients use Lake Transit
- very few, if any patients use Lake Transit
- I am not aware as to whether any patients use Lake Transit

12. If a brokered transportation non-emergency medical transportation service was constructed to provide trips to selected out-of-county medical destinations, would your agency be willing to pay for such trips? Note that fees would likely be close to the full cost of the trip, rather than the subsidized public transit fares that generally represent 10% to 20% of full cost. Available local transportation funding that subsidizes Lake Transit Authority is very limited in its ability to pay for out-of-county transportation services.
- Yes, our agency would be *highly likely* to purchase trips, if trip costs were within a reasonable range.
 - Yes, our agency is *potentially interested* in purchasing trips, but more information is necessary.
 - No, our agency is *very unlikely* to be willing or able to purchase out-of-county trips.
 - I *do not know or cannot speak* on behalf of our agency's ability to purchase trips.

Other: _____

13. What comments do you have about non-emergency medical transportation needs, resources or opportunities?



To save the survey to complete at a later time, click SAVE below and designate a location for the saved file.

To print a copy to return by mail, click PRINT below and return form to:

AMMA Transit Planning
393 Two Trees Road
Riverside, CA 92507

To submit the completed survey electronically, click SUBMIT below and allow the file to be sent from your email account to the the survey manager.

SAVE

PRINT

SUBMIT

Thank you for your assistance with this effort.