Alamo Area Public Transit - Human Service Coordinated Transportation Plan

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Prepared for:
Alamo Area Council of Governments

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Chapter 1
Introduction

INTRODUCTION

The Alamo Area Council of Governments (AACOG) requested a service oriented update to the 2011 Alamo Area Coordinated Transit Plan. AACOG and the Alamo Regional Transportation Steering Committee (ARTSC) recognize that an update was needed that focuses on strategies that help eliminate gaps in services.

Planning efforts are directed toward effectively and efficiently increasing service through coordination with an emphasis on transit dependent and Title VI (of the Civil Rights Act of 1964) populations and veterans. These categories include:

- Elderly persons
- Persons with disabilities
- Low income residents
- Zero car households
- Youths
- Veterans
- Limited English proficiency

Potential services can include traditional fixed-route, fixed-schedule, flex-route and paratransit services, while also including coordination strategies, such as mobility management, designed to improve service for customers.

This coordinated plan is the latest phase of the coordination process. This effort emphasizes strategies and operational options and focuses less on the process. The goal of this effort is to encourage the implementation of activities that foster improved public and human service transportation.

This plan has been developed over the course of the past eight months, with input from many interested stakeholders through an open planning process with three rounds of public meetings.

Chapter 1 discusses background to the study, requirements and purpose of the process. Subsequent chapters are as follows:

- Chapter 2 – Review of Existing Services –Reviews the wide variety of services in the region.
• Chapter 3 – Review of Needs in the Region – Reviews demographics, travel patterns and comments received from stakeholders and the public in round one of the meetings. It also emphasizes transit dependent populations (elderly, persons with disabilities, low income, and zero-car households), veterans, and Title VI populations including those with a language barrier.

• Chapter 4 – Gap Analysis – Uses the analysis from Chapters 2 and 3 to determine gaps in service, i.e., unmet needs. The emphasis in the gap analysis is target populations that would gain from coordinated activities – elderly, persons with disabilities, low income, zero-car households, youths, veterans, and non-English speaking persons. These gaps are addressed in detail in the draft plan.

• Chapter 5 – Coordinated Plan Activities – Incorporates all comments and appropriate outreach input. Includes all selected strategies that will benefit veterans and transit dependent populations (as described above). Discusses state and federal planning requirements, followed by the key coordination premise, and goals of the plan.

PURPOSE OF THE COORDINATED PLAN

On December 4, 2015, President Obama signed the Fixing America’s Surface Transportation (FAST) Act (Pub. L. No. 114-94) into law—FAST continued the coordinated transportation planning requirements for the Section 5310 Program administered by Federal Transit Administration (FTA). The purpose of the Section 5310 Program is to enhance mobility for seniors and persons with disabilities by providing funds for programs to serve the special needs of transit-dependent populations beyond traditional public transportation services and Americans with Disabilities Act (ADA) complementary paratransit services.

This Coordinated Plan is designed to meet the coordinated transportation planning requirements. The plan incorporates the four required elements:

1. An assessment of available services that identifies current transportation providers (public, private and nonprofit).
2. An assessment of transportation needs for individuals with disabilities and seniors. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service.
3. Strategies, activities, and/or projects to address the identified gaps between current services and needs, and opportunities to achieve efficiencies in service delivery.
4. Priorities for implementation based on resources (from multiple program sources), time and feasibility for implementing specific strategies and/or activities identified.
The purpose of this planning process was twofold. The first was to continue moving forward with implementation of existing coordinated efforts. The ARTSC’s approach to mobility and transportation choices calls for local planning and local decision-making based on sound planning activities. The second purpose was to meet the requirements of the Federal Transit Administration’s (FTA) rules regarding development of a coordinated transportation plan for any locale to receive funds from the FTA, a very important resource for funding.

State Coordination Requirements

The Texas Department of Transportation (TxDOT) administers the Section 5310, 5311, 5311(f) and Rideshare Programs for the State of Texas. TxDOT’s Public Transportation Division (PTN), manages these funding programs that are affected by the coordinated planning process.

**KEY COORDINATION PREMISE**

*Excellent public transportation is the best way to address and coordinate the majority of transit dependent and human service client transportation needs.*

Experience and research across the country in both urban and rural areas tells us that scheduled public transit is the best way to provide coordinated transit service as most transit dependent and human service clients can ride fixed-route/scheduled service or the Americans with Disabilities Act (ADA) paratransit. The best way to support the needs of human service agency clients, veterans, the transit dependent and Title VI populations as well as other priority groups of potential riders, is through excellent public transportation rather than expensive one-on-one specialized service (with exceptions).

When public transit systems are able to meet the majority of needs through the existing fixed-route/scheduled public transit network, then human service agency resources can be freed up to focus on the specialized needs of their most difficult to serve clients – true coordination.

**Unique Needs in the Alamo Area**

Continuing with the need to build rural public transit, large portions of the service area are in need of more effective, scheduled transportation options. Experience across the country in both urban and rural areas tells us that scheduled public transit is the best way to provide coordinated transit service as most transit dependent persons and human service clients can ride fixed-route/scheduled service or the Americans with Disabilities Act (ADA) complementary paratransit.
Any coordination effort should start with building the public transit network and maximizing the use of higher productivity services such as fixed-route and fixed-schedule services (in rural areas).

Efforts to support or improve public transportation are supported by the ARTSC, human service agencies, and public transit systems as an essential element of coordinated transportation.

Any coordination effort should start with maximizing the use of higher productivity services such as fixed route services and fixed schedule services (in rural areas). Efforts to support or improve public transportation should be fully supported by ARTSC, human service agencies, and public transit systems as an essential element of coordinated transportation.

At the same time, the use of public paratransit services by human service transportation programs should be appropriately compensated by those agencies. Any demands placed upon public paratransit by human service agencies should include funding necessary to support them.

**Lead Agency**

AACOG as the lead agency working with ARTSC prioritizes the goals based on the strategies selected. Some tasks can be implemented easily when funds are not an issue. While some tasks may receive priority due to needs, the ultimate priority will depend on funding availability.

**VISION, MISSION, GOALS AND OBJECTIVES**

Developing the vision, mission, goals, and objectives of the plan is an essential step in development of the updated Regional Coordinated Transportation Plan. Goals were first established in 2006 as part of the Regional Transportation Coordination Plan prepared by the Alamo Area Regional Transit Coordination Committee (ARTSC). In 2011, these goals and objectives were modified and the four goals were used to guide the plan update.

Based on this, the ARTSC developed a final draft of the Goals and Objectives in 2011 which for the most part, the committee believes are still the goals needed to guide the service. ARTSC in its May, 2016 meeting decided to keep the vision statement and the mission as is. Members felt they worked hard to craft the vision, mission and goals and while much progress is being made, the goals set in 2011 should for the most part still guide this effort. They are discussed in the following narrative.
ARTSC Vision

To provide full mobility and access to healthcare, human services, employment, education, commerce, social, and community services for all persons in the region.

ARTSC Mission

To foster the development of a seamless public transportation system that achieves efficiencies, eliminates duplication, increases coordination, and addresses service gaps.

GOALS AND OBJECTIVES OF THE PLAN

The previous plans were specific about the overall goals for the program. These goals start with the overarching goal or vision.

Overarching Goal

To provide safe and effective service and mobility for more residents and visitors in the Alamo Region

In order to effect a change – ultimately there must be service improvements – an improvement in what the customer sees.

Coordinated Plan Goals

The four goals that have been carried forward for ten years remain relevant. The stakeholders and ARTSC agreed to continue with the existing goals.

Goal No. 1: Enhance the quality of the customer’s travel experience – Customer service and safety are emphasized. Services that can be used conveniently and at a reasonable cost by the public.

Goal No. 2: Expand the availability of services to those who are unserved – A full range of public transit services should be offered to all residents and visitors.

Goal No. 3: Increase the cost-effectiveness and efficiency of service delivery – Efficiency is a measure of doing things right, while effectiveness is a measure of doing the right things.
**Goal No. 4:** Establish and sustain communication among stakeholders in the region's transportation plan – Trust, and leadership continue to be the most important elements to sustaining communication.
Chapter 2
Review of Current Transportation Services

INTRODUCTION

This chapter inventories the transportation services identified in the region through the previous plan (Alamo Area Regional Public Transportation Coordination Plan, Nov. 2011) and additional services as identified through this planning process. This includes data currently available through the Texas Transportation Institute (TTI) and TxDOT. The study team also identified transportation providers in the Alamo region that are not FTA funding recipients and therefore were not found in the TTI and TxDOT data sources. This review is organized as follows:

- **Public Transportation Providers** – recipients of FTA Section 5307 and/or 5311 funding, including transit districts and authorities operating transportation services that are open to the general public.

- **Specialized Transportation Providers** – recipients of FTA Section 5310 funding providing specialized transportation services to seniors and people with disabilities.

- **Non-Governmental Human Service Transportation Providers** – typically include small and self-contained transportation in support of a greater mission. The drivers are typically staff that have primary functions at the facility. Out of pocket expenses are typically very low. These operators are least likely to coordinate services.

It is important to note that the TTI database is limited to recipients of FTA funding (either as direct recipients or, for Section 5310 and 5311 funding, as subrecipients through an FTA designated recipient such as TxDOT or VIA). There are additional known transportation service providers in the Alamo region that are identified at the end of this chapter.

PUBLIC TRANSPORTATION PROVIDERS

The following FTA-funded public transportation providers currently provide services in the Alamo Area:

- Alamo Area Council of Governments (AACOG) - Alamo Regional Transit (ART)
- Southwest Area Regional Transit District (SWART)
- VIA Metropolitan Transit (VIA)
Alamo Area Council of Governments (AACOG)

AACOG is a political subdivision of the State of Texas, established under Chapter 391 of the Local Government Code as a voluntary association of local governments and organizations that serves its members through planning, information, and coordination activities. One of AACOG’s programs is Alamo Regional Transit (ART). ART is a Section 5311-funded Rural Transit District. AACOG governs ART with a 33-member board of directors and created the Alamo Regional Transportation Steering Committee to make strategic decisions concerning regional transportation issues.

ART provides demand-response transportation services throughout the Alamo region, covering the rural parts of Comal and Guadalupe Counties and all of Atascosa, Bandera, Frio, Gillespie, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson Counties. ART also makes limited trips between the rural areas and destinations in Bexar County and the urbanized area. ART’s 11,173 square-mile-service area (Figure 2-1) surrounds the San Antonio urbanized area (UZA) that VIA serves. In Comal and Guadalupe Counties, ART provides service to Cibolo, Garden Ridge, Marion, New Braunfels, Selma, and the McQueeney area, which are wholly or partially in the San Antonio UZA, under agreements among ART, VIA, and the cities. ART’s service area is home to an estimated population of 419,823 people.

ART’s demand-response service is available Monday through Friday from 7:00 a.m. to 6:00 p.m. and must be prescheduled by noon the day before service. Service to destinations in Bexar County is generally limited to mid-day Mondays, Wednesdays, and Fridays.

Service is operated on a curb-to-curb basis; door-to-door service may be requested for those customers needing additional mobility assistance. Although the service is open to the general public, when demand for service exceeds available capacity, priority is given to seniors, low income families, people with disabilities, and veterans. Trip purposes of any kind are served, including those related to medical, employment, education, daycare, and personal needs.

One-way fares for ART demand-response trips are based on pick-up and drop-off points and the number of county lines crossed: $2.00 within one town, $6.00 out of town within same county, $8.00 crossing one county over, and $12.00 to two or more counties over. ART also provides human service transportation throughout its service area under contracts with a workforce center.

ART also operates the Connect Seguin (Figure 2-2), a fixed bus route that circulates within the City of Seguin within Guadalupe County. Connect Seguin operates in hourly headways Monday through Friday from 7:00 a.m. to 5:00 p.m. The general public fare is $1.00, with reduced fares ($0.50) charged to students and seniors ages 60 and older. Police, fire, and military personnel rider free in uniform. This service is funded in part by the City of Seguin and Texas Lutheran University student fees. ART uses its regional demand-response service to meet complementary ADA paratransit service requirements for Connect Seguin.
Figure 2-1: ART Service Area (AACOG Region)

Source: AACOG website, as accessed August 2016
FY 2012 data available from TTI and TxDOT indicate that ART provided 139,086 unlinked passenger trips, 1,361,126 revenue miles, and 75,602 revenue hours in FY 2012, with a fleet of 89 vehicles, predominately minibuses and vans. FY 2012 operating expenses totaled $4,726,204.

FY 2014 data available from TTI and TxDOT indicate that ART provided a total of 113,161 unlinked passenger trips, 1,187,887 revenue miles, and 64,347 revenue hours. This profile indicates a total fleet size of 102 vehicles.

ART’s FY 2014 expenses and revenues totaled $5,349,196. TTI’s breakdown of expenses for FY 2014 indicates 13 percent capital, 75 percent operating ($4,059,810), 4 percent maintenance, 5 percent administrative, and 3 percent planning. ART’s funding for this period was 45 percent from federal sources (including Section 5311 – 30 percent of ART’s total budget, Section 5309 Capital, Section 5310, and Section 5303 Planning), 17 percent from the State Section 5311 program, 23.8 percent from the Texas Medicaid Transportation Program, 9.4 percent from
local contributions, 3.6 percent from passenger fares, 0.6 percent from local contract revenues, and 0.4 percent from indirect transit funding.

Figure 2-3 provides FY 2014 performance measures from in the TTI Rural Transit District Profile for AACOG in February 2016.

**Figure 2-3: Performance Measures for ART**

<table>
<thead>
<tr>
<th>Productivity in the Past 5 Years</th>
<th>Efficiency in the Past 5 Years</th>
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<tr>
<td><strong>Unlinked Passenger Trips</strong></td>
<td><strong>Operating Cost</strong></td>
</tr>
<tr>
<td>per Revenue Mile</td>
<td>per Revenue Hour</td>
</tr>
<tr>
<td>2010: 0.09</td>
<td>2010: $2.60</td>
</tr>
<tr>
<td>2011: 0.11</td>
<td>2011: $3.14</td>
</tr>
<tr>
<td>2012: 0.10</td>
<td>2012: $3.47</td>
</tr>
<tr>
<td>2013: 0.09</td>
<td>2013: $3.36</td>
</tr>
<tr>
<td>2014: 0.10</td>
<td>2014: $3.92</td>
</tr>
<tr>
<td></td>
<td><strong>Operating Cost</strong></td>
</tr>
<tr>
<td></td>
<td>per Passenger</td>
</tr>
<tr>
<td></td>
<td>2010: $29.65</td>
</tr>
<tr>
<td></td>
<td>2011: $28.97</td>
</tr>
<tr>
<td></td>
<td>2012: $33.98</td>
</tr>
<tr>
<td></td>
<td>2013: $39.35</td>
</tr>
<tr>
<td></td>
<td>2014: $41.20</td>
</tr>
<tr>
<td></td>
<td><strong>Fare Recovery Ratio</strong></td>
</tr>
<tr>
<td></td>
<td>2010: 1.79%</td>
</tr>
<tr>
<td></td>
<td>2011: 2.42%</td>
</tr>
<tr>
<td></td>
<td>2012: 4.06%</td>
</tr>
<tr>
<td></td>
<td>2013: 3.78%</td>
</tr>
<tr>
<td></td>
<td>2014: 4.09%</td>
</tr>
</tbody>
</table>

Source: TTI Texas Transit District Profile for AACOG, Feb 2016

As seen in these graphs, in FY 2014, ART provided 0.10 trips per mile and 1.76 trips per hour. Operating costs are $3.92 per mile, $72.45 per hour, and $41.20 per passenger, with a farebox recovery ratio of 4.09 percent.

FY 2015 data were found in TxDOT’s *2015 Texas Transit Statistics, 2nd Edition*: 111,145 unlinked passenger trips, 969,085 revenue miles, 55,929 revenue hours, and 93 vehicles.
Southwest Area Regional Transit District (SWART)

Southwest Area Regional Transit District (SWART) is a Section 5311-funded rural transit district authorized under Texas Transportation Code Chapter 458. SWART serves the Middle Rio Grande Region, including Dimmit, Edwards, Kinney, La Salle, Maverick, Real, Uvalde, and Zavala Counties. Its governing body is the eight-member board of directors made up of each county’s county judge or representative.

SWART operates demand-response service throughout its 11,121 square-mile service area (population 119,505), and also connects local cities with destinations out of the SWART service area including Kerrville and San Antonio. SWART operates Monday through Friday, with days and times varying by destination. Service to the Alamo region is summarized in Table 2-1.

Table 2-1: SWART Service to the Alamo Region

<table>
<thead>
<tr>
<th>Service from:</th>
<th>Service to Kerrville</th>
<th>Service to San Antonio</th>
</tr>
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<tbody>
<tr>
<td>Dimmit County</td>
<td>---</td>
<td>Two round trips Daily, Mon-Fri</td>
</tr>
<tr>
<td>Edwards County</td>
<td>One round trip each Mon, Wed, Fri</td>
<td>One round trip Every Thu</td>
</tr>
<tr>
<td>Kinney County</td>
<td>---</td>
<td>One round trip Each Mon, Wed, Fri</td>
</tr>
<tr>
<td>La Salle County</td>
<td>---</td>
<td>One round trip Each Mon, Wed</td>
</tr>
<tr>
<td>Maverick County</td>
<td>---</td>
<td>Two round trips Daily, Mon-Fri</td>
</tr>
<tr>
<td>Real County</td>
<td>---</td>
<td>One round trip Each Tue, Thu</td>
</tr>
<tr>
<td>Uvalde County</td>
<td>One round trip 2nd Wed of month</td>
<td>Two round trips Daily, Mon-Fri</td>
</tr>
<tr>
<td>Zavala County</td>
<td>---</td>
<td>Two round trips Daily, Mon-Fri</td>
</tr>
</tbody>
</table>

SWART services are open to the general public and there are no limits on trip purposes served. Fares are distance-based. Trips into San Antonio range from $30-$35, with reduced fares ($25-$30) for seniors ages 60 or older. Trips into Kerrville are $35 general public and $30 for seniors ages 60 and older. Additional out-of-area stops are $2.50 general public/$2.00 seniors.

In addition, SWART is a subcontractor of American Medical Response, providing non-emergency medical transportation for eligible riders in the region.

FY 2012 data available from TTI and TxDOT indicate that SWART provided 142,923 unlinked passenger trips, 1,214,066 revenue miles, and 64,316 revenue hours in FY 2012, with a fleet of 57
vehicles, including minibuses, vans, and smaller vehicles, and a total of $2,648,207 in operating expenses.

FY 2014 data available from TTI and TxDOT indicate that SWART provided a total of 158,305 unlinked passenger trips, 1,170,027 revenue miles, and 57,269 revenue hours, using a total of $2,740,019 in operating expenses and a total fleet size of 76 vehicles.

In FY 2015, SWART's data include 158,725 unlinked passenger trips, 937,582 revenue miles, and 47,343 revenue hours, using a total of $2,501,526 in operating expenses and a total fleet size of 62 vehicles.

**VIA Metropolitan Transit (VIA)**

VIA Metropolitan Transit is the metropolitan transit authority that serves the San Antonio urbanized area. VIA is funded by a one-half cent sales tax levied in San Antonio, 13 other incorporated municipalities, and unincorporated Bexar County. In addition, VIA receives one-half of the one-quarter cent sales tax levied in San Antonio by the Advanced Transportation District. VIA is governed by an appointed 11-member Board of Trustees. Board members are appointed by San Antonio City Council (five), Bexar County Commissioners Court (three), and the Suburban Mayors (two). The Chair is elected by the board to serve as an 11th member. VIA is the designated recipient of FTA Section 5307 funds for the metro area. VIA's extensive network of public transit services include fixed-route local and express bus routes, bus rapid transit (BRT), VIAtrans ADA paratransit, and VIA Vanpool Services.

Fares for VIA bus services are: $1.30 for regular bus routes ($0.65 for those eligible for reduced fares), $2.60/$1.30 reduced for express buses, and $0.15/$0.07 reduced for transfers between routes. Those eligible for reduced fares include children 5-11, seniors age 62 or older, Medicare recipients, people with certain disabilities, active-duty military and students. A variety of day/weekly/monthly passes are available. VIA offers travel training to assist seniors and people with disabilities in learning to ride fixed route.

VIAtrans is a demand-response service open only to people with disabilities who can’t ride fixed route. VIAtrans operates in the same areas, during the same days and hours as the fixed route bus services. Fares on VIAtrans are $2.00 per adult trip and $0.90 per child.

VIA Vanpool Service serves employment trips in the Greater San Antonio area. The cost to commuters using this service is a monthly vanpool rent, based on vehicle size and round-trip miles, divided among all of the passengers on each van (ranging from $50-$150/month).
**SPECIALIZED TRANSPORTATION PROVIDERS**

The following Section 5310-funded specialized transportation providers are included in the Alamo Area, based on the 2013 TTI database and TxDOT’s *2015 Texas Transit Statistics, 2nd Edition*:

- Air Force Village Foundation, Inc. – note that this organization now appears to be called Blue Skies of Texas, a retirement community “in the tradition of Air Force Villages.”
- Blessed Sacrament Church Senior Center
- Eden Heights Apartments (New Braunfels)
- Eden Hill Communities (New Braunfels)
- Greater Randolph Area Services Program
- Inman Christian Center (San Antonio)
- Kirby Senior Center
- Mission Road Developmental Center
- Morningside Ministries
- Presa Community Service Center
- San Antonio AIDS Foundation
- San Antonio Lighthouse
- St Gregory the Great Parish
- St. Vincent De Paul Catholic Church
- SWOOP - Southwest Outreach for Older People (new Section 5310 recipient)

Table 2-2 provides an overview of each of these Section 5310-funded specialized transportation providers, as well as the most recent data available through TTI or the TxDOT website.
**Table 2-2: Section 5310-Funded Specialized Transportation Providers**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Type of Entity</th>
<th>Type of Transportation Service</th>
<th>Population / User Groups Served</th>
<th>Service Area</th>
<th>Days and Hours of Operation</th>
<th>Trip Purposes Served</th>
<th>Vehicle Fleet</th>
<th>Costs to Passengers (Fares or Suggested Donations)</th>
<th>Annual Operating Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blessed Sacrament Church Senior Center (Hogan House)</td>
<td>Private Non-Profit (5310)</td>
<td>Specialized</td>
<td>Seniors</td>
<td>Senior center and church are in San Antonio</td>
<td>As needed</td>
<td>As needed</td>
<td>FY 2012 1 Minibus</td>
<td>Donations</td>
<td>FY 2012 371 trips 843 miles 66 hours $1,284 operating expenses FY 2015 Not in TxDOT report</td>
</tr>
<tr>
<td>Blue Skies of Texas (formerly Air Force Village Foundation)</td>
<td>Private Non-Profit (5310)</td>
<td>Specialized</td>
<td>Residents of retirement community</td>
<td>Two residential retirement communities in San Antonio</td>
<td>As needed</td>
<td>Medical recreation shopping</td>
<td>FY 2012 11 Minibuses, sedans, and minivans</td>
<td>Donations</td>
<td>FY 2012 32,905 trips 151,935 miles 8,035 hours $337,494 operating expenses FY 2015 361 trips 1,758 miles 170 hours $0 operating expenses</td>
</tr>
<tr>
<td>Provider</td>
<td>Type of Entity</td>
<td>Type of Transportation Service</td>
<td>Population / User Groups Served</td>
<td>Service Area</td>
<td>Days and Hours of Operation</td>
<td>Trip Purposes Served</td>
<td>Vehicle Fleet</td>
<td>Costs to Passengers (Fares or Suggested Donations)</td>
<td>Annual Operating Statistics</td>
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</table>
| Eden Heights Apartments (National Church | Private Non-Profit (5310) | Specialized                    | Residents of affordable housing (low income seniors) | Located in New Braunfels | As needed                   | Shopping medical | FY 2012       | 1 Mini-bus                                                  | Donations
|                                           |                   |                                |                                                      |                     |                             | FY 2015 No data in TxDOT report |                          | $2,682 operating expenses                         |
| Eden Hill Communities                    | Private Non-Profit (5310) | Specialized                    | Residents of assisted living and nursing home        | Located in New Braunfels | As needed                   | As needed            | FY 2012       | 3 Mini-buses and 1 sedan or minivan | Donations
|                                           |                   |                                |                                                      |                     |                             | FY 2015 8           |                          | $74,011 operating expenses                        |

FY 2012
- 860 trips
- 1,541 miles
- 146 hours
- $2,682 operating expenses

FY 2015
Listed but no data in TxDOT report

FY 2012
- 10,284 trips
- 47,563 miles
- 8,280 hours
- $74,011 operating expenses

FY 2015
- 83,649 trips
- 128,645 miles
- 22,147 hours
- $238,879 operating expenses

FY 2015 No data in TxDOT report
## Chapter 2: Review of Current Transportation Services

<table>
<thead>
<tr>
<th>Provider</th>
<th>Type of Entity</th>
<th>Type of Transportation Service</th>
<th>Population / User Groups Served</th>
<th>Service Area</th>
<th>Days and Hours of Operation</th>
<th>Trip Purposes Served</th>
<th>Vehicle Fleet</th>
<th>Costs to Passengers (Fares or Suggested Donations)</th>
<th>Annual Operating Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Randolph Area Services Program (GRASP Transit)</td>
<td>Private Non-Profit (5310)</td>
<td>Demand response – scheduled 48 hours in advance</td>
<td>Seniors (ages 62+) and people with disabilities (residents)</td>
<td>Randolph Metrocom Area – portions of Bexar, Comal, and Guadalupe Counties and into San Antonio</td>
<td>Mon-Fri 7 am-4 pm</td>
<td>Senior center, medical, shopping</td>
<td>FY 2012 4 Mini-bus, van, mini-van or sedan FY 2015 4</td>
<td>• $5.00 roundtrip to senior center • $5.00 one-way shopping or medical appointment in home city • $5-$25 plus $10/hr. wait time for longer-distance medical trips • Free for caregiver or family member assisting the rider</td>
<td>• 4,669 trips • 25,080 miles • 1,705 ours $87,190 operating expenses FY 2015 • 4,529 trips • 22,705 miles • 1,341 hours • $73,076 operating expenses</td>
</tr>
</tbody>
</table>
### Chapter 2: Review of Current Transportation Services

<table>
<thead>
<tr>
<th>Provider</th>
<th>Type of Entity</th>
<th>Type of Transportation Service</th>
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<th>Days and Hours of Operation</th>
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<th>Vehicle Fleet</th>
<th>Costs to Passengers (Fares or Suggested Donations)</th>
<th>Annual Operating Statistics</th>
</tr>
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<tbody>
<tr>
<td>Inman Christian Center</td>
<td>Private Non-Profit</td>
<td>Specialized</td>
<td>Low-income residents of inner city San Antonio</td>
<td>Located in San Antonio</td>
<td>As needed</td>
<td>As needed</td>
<td>FY 2012 None</td>
<td>FY 2012 Donations</td>
<td>FY 2012</td>
</tr>
<tr>
<td></td>
<td>(5310)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>• 617 trips</td>
<td>• 4,100 miles</td>
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<td></td>
<td></td>
<td></td>
<td>• 200 hours $11,314 operating expenses</td>
<td>• 129 hours $10,501 operating expenses</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>FY 2015 None</td>
<td>FY 2015</td>
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<tr>
<td>Kirby Senior Center</td>
<td>Private Non-Profit</td>
<td>Demand response</td>
<td>Seniors</td>
<td>Kirby, Bexar County</td>
<td>Mon-Fri 8 am – 3 pm</td>
<td>Senior center, others thru Presa Center</td>
<td>FY 2012 4 Minibuses</td>
<td>FY 2012 Donations</td>
<td>FY 2012</td>
</tr>
<tr>
<td></td>
<td>(5310)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>• 2,972 trips</td>
<td>• 41,101 miles</td>
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<td></td>
<td></td>
<td>• 3,585 hours $9,596 operating expenses</td>
<td>• 119,425 miles</td>
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<td></td>
<td></td>
<td>FY 2015 None</td>
<td>• 6,037 trips</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• 6,747 hours $20,250 operating expenses</td>
<td>• 119,425 miles</td>
</tr>
</tbody>
</table>
## Chapter 2: Review of Current Transportation Services

<table>
<thead>
<tr>
<th>Provider</th>
<th>Type of Entity</th>
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<th>Service Area</th>
<th>Days and Hours of Operation</th>
<th>Trip Purposes Served</th>
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<th>Costs to Passengers (Fares or Suggested Donations)</th>
<th>Annual Operating Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Road Ministries / Mission Road Developmental Center</td>
<td>Private Non-Profit (5310)</td>
<td>Specialized</td>
<td>Residents (adults with intellectual and development disabilities)</td>
<td>Residential and service programs at various locations in San Antonio; Developmental Center is on Mission Road Ministries 20-acre campus in South San Antonio</td>
<td>As needed</td>
<td>Employment, recreation</td>
<td>FY 2012</td>
<td>1 Standard bus Donations</td>
<td>FY 2012</td>
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<td></td>
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<td></td>
<td>FY 2015</td>
<td>Not in TxDOT report</td>
<td>Donations</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>771 trips 3,807 miles 176 hours $5,256 operating expenses</td>
<td>FY 2015 Not in TxDOT report</td>
</tr>
<tr>
<td>Morningside Ministries</td>
<td>Private Non-Profit (5310)</td>
<td>Specialized</td>
<td>Residents (seniors)</td>
<td>Bandera, Comal, Kendall Counties (5 residential communities in San Antonio and Boerne)</td>
<td>As needed</td>
<td>As needed</td>
<td>FY 2012</td>
<td>1 Mini-bus FY 2015</td>
<td>Donations</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>FY 2015</td>
<td>1233 trips 1,669 miles 64 hours $11,955 operating expenses</td>
<td>FY 2015 Not in TxDOT report</td>
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</table>
### Chapter 2: Review of Current Transportation Services

<table>
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<tr>
<th>Provider</th>
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<th>Annual Operating Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presa Community Center</td>
<td>Private Non-Profit (5310)</td>
<td>Demand-response with 2-3 weeks advanced notice</td>
<td>Seniors (ages 60+) and people with disabilities</td>
<td>Senior center trips provided within 3 miles of center in San Antonio; other trips throughout Bexar County</td>
<td>Mon-Fri</td>
<td>Medical, grocery shopping, errands, senior center</td>
<td>FY 2012 9 Minibuses and vans</td>
<td>$5.00 each way for medical, grocery shopping, errands</td>
<td>FY 2012</td>
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<td></td>
<td>FY 2015 9</td>
<td>Free for trips to senior center for seniors within 3 miles</td>
<td>FY 2015</td>
</tr>
<tr>
<td>San Antonio AIDS Foundation</td>
<td>Private Non-Profit (5310)</td>
<td>Specialized</td>
<td>People with HIV</td>
<td>Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, Wilson Counties</td>
<td>As needed</td>
<td>Medical and social service appointments</td>
<td>FY 2012 None</td>
<td>Donations</td>
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<td></td>
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<td>FY 2015 None</td>
<td>FY 2015</td>
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</tr>
</tbody>
</table>

** FY 2012
  - 8,086 trips
  - 109,632 miles
  - 8,262 hours
  - $694,128 operating expenses

** FY 2015
  - 2,625 trips
  - 31,099 miles
  - 2,484 hours
  - $125,904 operating expenses

** FY 2012
  - 1,611 trips
  - 14,094 miles
  - 1,863 hours
  - $53,533 operating expenses

** FY 2015
  - 2,010 trips
  - 17,439 miles
  - 1,304 hours
  - $66,223 operating expenses
<table>
<thead>
<tr>
<th>Provider</th>
<th>Type of Entity</th>
<th>Type of Transportation Service</th>
<th>Population / User Groups Served</th>
<th>Service Area</th>
<th>Days and Hours of Operation</th>
<th>Trip Purposes Served</th>
<th>Vehicle Fleet</th>
<th>Costs to Passengers (Fares or Suggested Donations)</th>
<th>Annual Operating Statistics</th>
</tr>
</thead>
</table>
| San Antonio Lighthouse for the Blind         | Private Non-Profit (5310) | Specialized                   | People who are blind or visually impaired | Located in San Antonio | As needed                   | As needed            | FY 2012 2 Minibuses | Donations                                                  | FY 2012 192 trips
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | 1,336 miles
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | 57 hours
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | $1,616 operating expenses |
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | FY 2015 121 trips
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | 632 miles
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | 59 hours
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | $427 operating expenses |
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | FY 2015 3,030 trips
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | 32,524 miles
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | 2,024 hours
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | $57,200 operating expenses |
| St Gregory the Great Parish                  | Private Non-Profit (5310) | Specialized                   | Seniors                       | Located in San Antonio | As needed                   | As needed            | FY 2012 2 Minibuses | Donations                                                  | FY 2012 5,775 trips
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | 55,436 miles
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | 3,592 hours
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | $112,250 operating expenses |
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | FY 2015 3,030 trips
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | 32,524 miles
|                                              |                |                               |                                 |                        |                             |                      |               |                                              | 2,024 hours
<p>|                                              |                |                               |                                 |                        |                             |                      |               |                                              | $57,200 operating expenses |</p>
<table>
<thead>
<tr>
<th>Provider</th>
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<th>Annual Operating Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Vincent De Paul Catholic Church</td>
<td>Private Non-Profit (5310)</td>
<td>Specialized</td>
<td>Seniors</td>
<td>Located in San Antonio</td>
<td>As needed</td>
<td>As needed</td>
<td>FY 2012</td>
<td>Not in TTI database</td>
<td>FY 2012 Not in TTI database</td>
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<td>FY 2015 1</td>
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<td>2,303 trips</td>
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<td>4,790 miles</td>
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<td>867 hours</td>
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<td></td>
<td>$9,608 operating expenses</td>
<td></td>
</tr>
<tr>
<td>SWOOP - Southwest Outreach for Older People</td>
<td>Private Non-Profit (new 5310, van forthcoming)</td>
<td>Demand-response, volunteer-operated scheduled 7-10 days in advance – door-through-door service</td>
<td>Seniors (ages 60+) and their caregivers who live in southwest San Antonio</td>
<td>Southwest Bexar County</td>
<td>As needed</td>
<td>Medical, grocery shopping, senior center</td>
<td>FY 2012 Not in TTI database</td>
<td>Donations encouraged</td>
<td>FY 2012 Not in TTI database</td>
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<td>2,303 trips</td>
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<td>$9,608 operating expenses</td>
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</table>
# Inventory of Non-FTA Providers

This section identifies the transportation providers in the Alamo region that are not FTA funding recipients and therefore were not found in the TTI and TxDOT data sources which were used to prepare the preceding sections. These providers were identified through several sources, including:

- Alamo Service Connection Network of Care for Bexar County - [http://bexar.tx.networkofcare.org/aging/](http://bexar.tx.networkofcare.org/aging/)
- Strategic Internet searches.

The inventory of these providers, along with information gathered and available on each through the above sources as well as their own web pages, has been organized into the following categories:

- Human Service and Medical Transportation Providers
- Intercity Bus and Rail Services
- Taxi and Transportation Network Companies

Charter bus companies and limousine companies were not inventoried, as these types of services are not are typically designed or priced to be practical in meeting human service transportation needs. School bus transportation providers are also not inventoried due to their particular focus. However, all interested private providers should be included in any public participation outreach and invited to submit proposals in response to any procurements of transportation services that would be funded with FTA grants.

## Human Service and Medical Transportation Providers

Various types of organizations provide transportation services which can be considered under the “human service” umbrella – public agencies, private non-profit organizations, and even private for-profit companies provide “lifeline” services targeted to seniors, people with disabilities, low income individuals, and other vulnerable populations. Transportation is often provided in the context of other services and programs. For this inventory, human service and medical transportation services have been grouped into the following subcategories:
• **Medical transportation**, exclusively serving scheduled medical needs.

• **Residential facilities** providing transportation to residents of agency facilities, such as apartments for seniors & people with disabilities, retirement homes, assisted living, nursing homes, group homes, and shelters or protective custody.

• **In-home care service providers**, which provide transportation services (typically to medical or shopping destinations) among other services such as health care, personal assistance, and chore services.

• **Other human service transportation providers** that may serve medical appointments in addition to other trip purposes.

• **Other providers of financial assistance** to individuals to cover the cost of their transportation.

### Scheduled Medical Transportation

There are numerous providers that focus exclusively on scheduled medical transportation for individuals. Distinct from this is the Non-Emergency Medical Transportation Program (NEMT) of Medicaid, funded by the Health and Human Services Commission. Providers and brokers of local scheduled medical services include those listed on Table 2-3.

### Residential Facilities

Table 2-4 presents the non-FTA-funded residential facilities which have been identified in the Alamo region as providing transportation services to residents. Such facilities include apartments for seniors and people with disabilities, retirement homes, assisted living, nursing homes, group homes, and shelters or protective custody. The organizations in this category typically have very different transportation needs from those serving clients who live in individual homes scattered around the service area (rather than grouped in a shared facility).
### Table 2-3: Local Medical Transportation Providers (Non ambulance)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Type of Organization</th>
<th>Type of Transportation Service</th>
<th>Population / User Groups Served</th>
<th>Service Area</th>
<th>Days and Hours of Operation</th>
<th>Trip Purposes Served</th>
<th>Costs to passengers (Fares or Suggested Donations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alamo Area Resource Center</td>
<td>Private Non-Profit</td>
<td>Demand-response</td>
<td>People who are homeless, disabled or facing life challenging illnesses including HIV</td>
<td>San Antonio area</td>
<td>As needed</td>
<td>Medical</td>
<td>Donation</td>
</tr>
<tr>
<td>American Cancer Society Road to Recovery Program</td>
<td>Private Non-Profit</td>
<td>Demand-response, volunteer-operated</td>
<td>People with cancer without other transportation</td>
<td>Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, Wilson Counties</td>
<td>Mon-Fri 8:00 am - 4:30 pm</td>
<td>Medical - cancer treatments</td>
<td>None</td>
</tr>
<tr>
<td>American Medical Response (AMR)</td>
<td>Private For-Profit</td>
<td>Demand-response</td>
<td></td>
<td>As needed</td>
<td></td>
<td>Medical</td>
<td>Fee</td>
</tr>
<tr>
<td>Cancer Therapy &amp; Research Center (part of UT Health Science Center San Antonio)</td>
<td>State university</td>
<td>Demand-response</td>
<td>Ambulatory patients with financial need or ages 60+</td>
<td>Within the 1604 Loop</td>
<td>Mon-Fri 5 am – 5 pm</td>
<td>Medical - cancer treatments</td>
<td>None</td>
</tr>
<tr>
<td>Disabled Veterans Rides Program / Guadalupe County</td>
<td>Veterans</td>
<td>Demand Response</td>
<td>Veterans with disabilities</td>
<td>Guadalupe County – stops in Seguin (to VA Hospital)</td>
<td>As needed</td>
<td>Medical</td>
<td>Donation accepted</td>
</tr>
<tr>
<td>Provider</td>
<td>Type of Organization</td>
<td>Type of Transportation Service</td>
<td>Population / User Groups Served</td>
<td>Service Area</td>
<td>Days and Hours of Operation</td>
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<td>Costs to passengers (Fares or Suggested Donations)</td>
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</tr>
<tr>
<td>Guadalupe Regional Medical Center / The Heritage Program for Seniors</td>
<td>Private Non-Profit</td>
<td>Demand response</td>
<td>Seniors (ages 65+) needing counseling services</td>
<td>Guadalupe, Comal, Wilson</td>
<td>Mon-Fri 8 am – 5 pm</td>
<td>Mental health appointments</td>
<td>None</td>
</tr>
<tr>
<td>Health Texas</td>
<td>Private For-Profit</td>
<td>Demand response, scheduled 5 days in advance</td>
<td>Senior patients</td>
<td>Bexar County (14 clinics in San Antonio)</td>
<td>Mon-Fri</td>
<td>Medical</td>
<td>None</td>
</tr>
<tr>
<td>Jefferson Outreach</td>
<td>Private Non-Profit</td>
<td>Demand response, volunteer-operated scheduled 7-10 days in advance</td>
<td>Seniors (ages 60+) who live in San Antonio and do not drive</td>
<td>Northwest San Antonio</td>
<td>Mon-Fri 8:30 am – 2:30 pm</td>
<td>Medical</td>
<td>Donations encouraged; riders must pay parking fees</td>
</tr>
<tr>
<td>Komedix Healthcare</td>
<td>Private For-Profit</td>
<td>Demand response</td>
<td>Seniors who are patients</td>
<td>Comal County</td>
<td>As needed</td>
<td>Medical</td>
<td>None</td>
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<tr>
<td>Le Fleur Transportation</td>
<td>Private For-Profit</td>
<td>Non-emergency medical transportation</td>
<td>Eligible Medicaid clients</td>
<td>Current or previous MTO Region 10 which includes McMullen County</td>
<td>As needed</td>
<td>Medical</td>
<td>No cost/No donation</td>
</tr>
<tr>
<td>Legacy Place Medical Center</td>
<td>Private For-Profit</td>
<td>Demand response</td>
<td>Patients</td>
<td>Bexar, Comal, Guadalupe, Kendall Counties (located in San Antonio)</td>
<td>As needed</td>
<td>Medical</td>
<td>None</td>
</tr>
</tbody>
</table>
### Chapter 2: Review of Current Transportation Services

<table>
<thead>
<tr>
<th>Provider</th>
<th>Type of Organization</th>
<th>Type of Transportation Service</th>
<th>Population / User Groups Served</th>
<th>Service Area</th>
<th>Days and Hours of Operation</th>
<th>Trip Purposes Served</th>
<th>Costs to passengers (Fares or Suggested Donations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LogistiCare Solutions</td>
<td>Private For-Profit</td>
<td>Non-emergency medical transportation brokerage</td>
<td>Medicaid clients</td>
<td>Counties of Atascosa, Bandera, Bexar, Comal, Frio, Guadalupe, Karnes, Kendall, Kerr, Medina, and Wilson (MTO Region 8), also MTO Region 7 which includes Gillespie County</td>
<td>As needed</td>
<td>Medicaid-eligible non-emergency medical</td>
<td>No cost/no donation</td>
</tr>
<tr>
<td>Methodist Healthcare / Health Bus</td>
<td>Private Non-Profit</td>
<td>Demand-response with 48 hours advance notice</td>
<td>Patients of Metropolitan and Northeast Methodist Hospitals</td>
<td>Hospitals located in San Antonio and Live Oak. Bus service area is limited to specific zip codes surrounding each hospital</td>
<td>As needed</td>
<td>Medical</td>
<td>None</td>
</tr>
<tr>
<td>Methodist Healthcare / Well Waldo's Wheels</td>
<td>Private Non-Profit</td>
<td>Demand-response with 48 hours advance notice</td>
<td>Patients of Methodist Children’s Hospital</td>
<td>Hospital located in San Antonio. Well Waldo’s Bus service area is limited to specific zip codes surrounding the hospital</td>
<td>As needed</td>
<td>Medical</td>
<td>None</td>
</tr>
<tr>
<td>Provider</td>
<td>Type of Organization</td>
<td>Type of Transportation Service</td>
<td>Population / User Groups Served</td>
<td>Service Area</td>
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</tr>
<tr>
<td>My Ride to Wellness (myR2W) - American Cancer Research Center &amp; Foundation</td>
<td>Private Non-Profit</td>
<td>Demand-response</td>
<td>Cancer patients</td>
<td>San Antonio area</td>
<td>Mon-Fri 8 am – 6 pm</td>
<td>Medical - cancer treatments</td>
<td>None; donations encouraged</td>
</tr>
<tr>
<td>NESA - Northeast Senior Assistance</td>
<td>Private Non-Profit</td>
<td>Demand-response, volunteer-operated scheduled 1-3 weeks in advance</td>
<td>Seniors 60+ who live in northeast San Antonio, do not drive and are ambulatory</td>
<td>Rides must originate in northeast San Antonio; medical destinations anywhere in San Antonio area</td>
<td>Mon-Fri 9 am – 3 pm; Limited to one ride per week</td>
<td>Medical</td>
<td>None; donations encouraged</td>
</tr>
<tr>
<td>Ride Aid</td>
<td>Medical transportation</td>
<td></td>
<td>Based in San Antonio</td>
<td>As needed</td>
<td>Medical</td>
<td>Donation</td>
<td></td>
</tr>
<tr>
<td>South Texas Rural Health Services, Inc. / Dilley Clinic Wellness Center</td>
<td>Private Non-Profit</td>
<td>Demand-response</td>
<td>Low income</td>
<td>Frio County</td>
<td>As needed</td>
<td>Medical</td>
<td>Donation</td>
</tr>
<tr>
<td>Thrive Well Cancer Foundation</td>
<td>Private Non-Profit</td>
<td>Demand-response</td>
<td>Cancer patients</td>
<td>Bexar County</td>
<td>As needed</td>
<td>Medical - cancer treatments</td>
<td>Donation</td>
</tr>
<tr>
<td>WellMed / Comfort Care Transportation</td>
<td>Private For-Profit</td>
<td>Demand-response</td>
<td>Medicare-eligible patients</td>
<td>Bexar County</td>
<td>As needed</td>
<td>Medical</td>
<td>Donation</td>
</tr>
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</table>
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<table>
<thead>
<tr>
<th>Provider</th>
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<th>Costs to passengers (Fares or Suggested Donations)</th>
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</thead>
<tbody>
<tr>
<td>Wilson Community Health Center</td>
<td>Private Non-Profit</td>
<td></td>
<td>Wilson County</td>
<td>As needed</td>
<td>Medical</td>
<td>Donation</td>
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</tbody>
</table>
Table 2-4: Non-FTA Residential Facilities that Provide Transportation to Residential Clients

<table>
<thead>
<tr>
<th>Provider</th>
<th>Type of Organization</th>
<th>Type of Transportation Service</th>
<th>Population / User Groups Served</th>
<th>Service Area</th>
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<th>Trip Purposes Served</th>
<th>Costs to passengers (Fares or Suggested Donations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Long Stay Retirement Village</td>
<td>Private Non-Profit</td>
<td>Demand-response (confidential)</td>
<td>Residents of retirement community</td>
<td>Comal, Guadalupe, Kendall Counties (located in Boerne)</td>
<td>As needed</td>
<td>Medical, shopping</td>
<td>None</td>
</tr>
<tr>
<td>Atascosa Family Crisis Center Inc.</td>
<td>Private Non-Profit</td>
<td>Demand-response</td>
<td>Victims of domestic violence and sexual assault</td>
<td></td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>Bexton Place (Bexar Retirement Housing Foundation)</td>
<td>Private Non-Profit</td>
<td>Residents</td>
<td>Residents (low income seniors ages 62+ and people with disabilities)</td>
<td>Located in San Antonio</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>Brookdale Guadalupe River Plaza</td>
<td>Private For-Profit</td>
<td>Residents</td>
<td>Residents (seniors) of assisted living apartments</td>
<td>Kerr County (located in Kerrville)</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>D&amp;S Community Services</td>
<td>Private For-Profit (?)</td>
<td>Group home residents</td>
<td>Group home residents (individuals with intellectual disabilities)</td>
<td>Bexar</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>Gruene Senior Living Of New Braunfels</td>
<td>Private For-Profit (?)</td>
<td>Residents</td>
<td>Residents of assisted living</td>
<td>Comal, Guadalupe Counties (located in New Braunfels)</td>
<td>Weekly</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>Hacienda Oaks Nursing and Rehab</td>
<td>Private For-Profit (?)</td>
<td>Demand-response</td>
<td>Residents of nursing home</td>
<td>Comal, Guadalupe, Wilson (located in Seguin)</td>
<td>As needed</td>
<td>Medical</td>
<td>None</td>
</tr>
</tbody>
</table>
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<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Hill Country Assisted Living</td>
<td>Private Non-Profit</td>
<td></td>
<td>Residents of assisted living (seniors with dementia)</td>
<td>Kendall, Kerr, Gillespie, Comal, Bandera Counties (located in Boerne)</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>Le Parc Safe Haven</td>
<td>Private For-Profit</td>
<td>Demand-response</td>
<td>Residents (seniors)</td>
<td>Medina County</td>
<td>As needed</td>
<td>Medical, shopping</td>
<td>None</td>
</tr>
<tr>
<td>New Haven Assisted Living &amp; Memory Care</td>
<td>Private For-Profit</td>
<td></td>
<td>Residents of assisted living (seniors)</td>
<td>Guadalupe County (located in Schertz)</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>New Hope Assisted Living</td>
<td>Private For-Profit</td>
<td>Demand-response</td>
<td>Residents of assisted living (seniors with dementia or disabilities)</td>
<td>Bandera, Bexar, Comal, Kendall Counties (located in Boerne)</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>Newell Retirement Plaza Apartments – program of George Gervin Youth Center</td>
<td>Private Non-Profit</td>
<td>Demand-response</td>
<td>Residents (low income seniors ages 62+)</td>
<td>Bexar County</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>Palacio Del Sol (MAUC)</td>
<td>Private Non-Profit</td>
<td></td>
<td>Residents (low income seniors ages 62+)</td>
<td>Bexar County</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>Primrose at Mission Hills and Monticello Park</td>
<td>Private For-Profit</td>
<td></td>
<td>Residents (seniors ages 55+)</td>
<td>Two residential communities; Bexar County</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
</tbody>
</table>
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<th>Costs to passengers (Fares or Suggested Donations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remarkable Healthcare</td>
<td>Private For-Profit</td>
<td>Demand-response</td>
<td>Residents of nursing/ rehab facility</td>
<td>Guadalupe, Comal Counties (located in Seguin)</td>
<td>As needed</td>
<td>Medical</td>
<td>None</td>
</tr>
<tr>
<td>Rio Terra Assisted Living</td>
<td>Private For-Profit</td>
<td></td>
<td>Residents of retirement community (seniors)</td>
<td>Comal, Guadalupe, Kendall (located in New Braunfels)</td>
<td>As needed</td>
<td>Shopping, medical</td>
<td>None</td>
</tr>
<tr>
<td>San Antonio Housing Authority (SAHA)</td>
<td>Local Government</td>
<td></td>
<td>Residents (low income seniors or with disabilities)</td>
<td>Bexar County – 10 apartment communities for seniors and people with disabilities</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>Stonebrook Manor At Broadway / Advanced Healthcare Solutions</td>
<td>Private For-Profit</td>
<td></td>
<td>Residents of nursing home</td>
<td>Bexar County (located in San Antonio)</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>Texas Department of Family &amp; Protective Services</td>
<td>State Government</td>
<td></td>
<td>Children and adults in protective service</td>
<td>Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson Counties</td>
<td>As needed</td>
<td>As needed</td>
<td>None</td>
</tr>
<tr>
<td>Vista Village Senior Living</td>
<td>Private For-Profit</td>
<td></td>
<td>Residents of retirement community</td>
<td>Comal, Guadalupe (located in New Braunfels)</td>
<td>As needed</td>
<td>Medical, shopping, outings</td>
<td>None</td>
</tr>
</tbody>
</table>
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</tr>
</thead>
<tbody>
<tr>
<td>Windsor Nursing &amp; Rehabilitation Center of Seguin / Regency Health Services</td>
<td>Private For-Profit</td>
<td>Demand-response</td>
<td>Residents of nursing home</td>
<td>Guadalupe County</td>
<td>As needed</td>
<td>Medical</td>
<td>None</td>
</tr>
</tbody>
</table>
Other Human Service Transportation Providers

The following additional human service transportation providers (Table 2-5) were identified in the Alamo region. It should be noted that many of these organizations provide medical transportation, as well as other trip purposes, for their clients.

Providers of Transportation Financial Assistance

Finally, several organizations were identified that do not provide transportation services, but do provide financial assistance toward a client’s expense for transportation. These include:

- ALS Association
- Blind Veterans Association
- Operation First Response – supports wounded warriors (veterans) and their families
- Salvation Army Hope Center
- Texas Department of Aging and Disability Services
- Texas Department of State Health Services
- Texas Health and Human Services (Medicaid Transportation Program)
- Texas Medicaid and Healthcare Partnership
- We Are Alive, Inc.

**INTERCITY BUS AND RAIL SERVICES**

Three providers of intercity bus or rail were identified in the Alamo area:

- Amtrak
- Greyhound
- Megabus

Their services are summarized in Table 2-6. Intercity bus and rail services connect the Alamo region to locations outside the region.
### Table 2-5: Other Non-FTA Human Service Transportation Providers

<table>
<thead>
<tr>
<th>Provider</th>
<th>Type of Organization</th>
<th>Type of Transportation Service</th>
<th>Population / User Groups Served</th>
<th>Service Area</th>
<th>Days and Hours of Operation</th>
<th>Trip Purposes Served</th>
<th>Costs to Passengers (Fares or Suggested Donations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agape Adult Day Care</td>
<td>Non-Profit</td>
<td></td>
<td>Dependent adults including those with Alzheimer’s</td>
<td>Bexar County</td>
<td>Mon-Fri 7:30 am – 5:00 pm</td>
<td></td>
<td>Donations</td>
</tr>
<tr>
<td>Calidad – The Center for Health Care Services</td>
<td>Quasi-Government</td>
<td></td>
<td>People with mental illness, intellectual disabilities, substance abuse issues</td>
<td>Bexar County</td>
<td>Mon-Fri</td>
<td></td>
<td>Program</td>
</tr>
<tr>
<td>Catholic Charities, Archdiocese Of San Antonio / RSVP (Retired and Senior Volunteer Program)</td>
<td>Private Non-Profit</td>
<td>Demand-response, volunteer-operated</td>
<td>Those in need</td>
<td>Bexar County</td>
<td>Mon-Fri 8:00 am – 5:00 pm</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Christian Assistance Ministry (CAM) / Kerr County Churches</td>
<td>Volunteer Coop among Kerr County Churches</td>
<td>Demand-response, volunteer-operated</td>
<td>Low-income persons</td>
<td>Kerr County</td>
<td>Mon 2 pm – 6 pm Tu-Fri 2 pm – 4 pm</td>
<td>Program</td>
<td>None</td>
</tr>
<tr>
<td>Close to Home Adult Day Care</td>
<td>Non-Profit</td>
<td>As needed</td>
<td>Adults with cognitive and physical disabilities</td>
<td>Bexar</td>
<td>Mon-Fri 7 am - 5 pm</td>
<td>Adult day care</td>
<td>None</td>
</tr>
</tbody>
</table>
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<th>Costs to Passengers (Fares or Suggested Donations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comal County Senior Citizens' Foundation / My Friend's Haus / Adult Daycare and Skilled Nursing</td>
<td>Private Non-Profit</td>
<td>Demand response</td>
<td>Seniors and adults with disabilities</td>
<td>Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson Counties</td>
<td>Mon-Fri 7 am - 5 pm</td>
<td>Adult medical day care</td>
<td>Donations</td>
</tr>
<tr>
<td>Guadalupe Community Center (Part of Catholic Charities)</td>
<td>Private Non-Profit</td>
<td>Elementary school children</td>
<td></td>
<td>Bexar (elementary schools surrounding center in West San Antonio)</td>
<td>Mon-Fri</td>
<td>After-school youth programs</td>
<td>Donations</td>
</tr>
<tr>
<td>Hill Country Community Needs Council – Volunteer “Help a Senior” and Medical Transportation Programs</td>
<td>Private Non-Profit</td>
<td>Demand response, volunteer-operated, scheduled 2-7 days in advance</td>
<td>Seniors and individuals with no other resource for transportation</td>
<td>Gillespie County, medical destinations in Fredericksburg, Kerrville, San Antonio, and Austin</td>
<td>Mon-Fri</td>
<td>Medical, senior grocery shopping</td>
<td>Donations</td>
</tr>
</tbody>
</table>
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</thead>
<tbody>
<tr>
<td>Hill Country MHDD Centers</td>
<td>Provided as part of Foster and Companion Care, group homes</td>
<td>Adults with mental illness or ages 3+ with developmental disabilities</td>
<td>Bandera, Comal, Gillespie, Kendall, Kerr and Medina Counties. DD day programs: • Comal County Developmental Training Center, New Braunfels • New Horizons Center, Fredericksburg • Kerrville Special Opportunity Center • Tex-Spice, Devine (Medina County)</td>
<td>Mon-Fri</td>
<td>Program</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Karnes County Adult Day Care</td>
<td>Private For-Profit (?)</td>
<td>Adult day care participants (includes Alzheimer’s)</td>
<td>Karnes, Wilson, Atascosa Counties (located in Kenedy)</td>
<td>Mon-Fri</td>
<td>Adult day care, medical</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Madonna Neighborhood Centers / Senior Citizen Program</td>
<td>Private Non-Profit</td>
<td>Demand-response (limited)</td>
<td>Seniors (ages 60+)</td>
<td>Bexar County</td>
<td>Mon-Fri</td>
<td>Medical, grocery</td>
<td>$20.00 yearly membership fee</td>
</tr>
<tr>
<td>Provider</td>
<td>Type of Organization</td>
<td>Type of Transportation Service</td>
<td>Population / User Groups Served</td>
<td>Service Area</td>
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<td>Costs to Passengers (Fares or Suggested Donations)</td>
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<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Mexican American Unity Council, Inc. (MAUC) Senior Services</td>
<td>Private Non-Profit</td>
<td>Demand-response</td>
<td>Seniors who are low income and Hispanic</td>
<td>San Antonio area</td>
<td>Mon-Fri</td>
<td>Medical, grocery</td>
<td>Donations</td>
</tr>
<tr>
<td>Rainbow Senior Center</td>
<td>Private Not-For-Profit</td>
<td>Demand-response with 1 day advance notice</td>
<td>Seniors (ages 55+) within income thresholds</td>
<td>Kendall County</td>
<td>Mon-Fri</td>
<td>Senior center, grocery shopping, medical</td>
<td>$1.50 each way</td>
</tr>
<tr>
<td>San Antonio Senior Transportation</td>
<td>Local Government</td>
<td>Demand-response</td>
<td>Seniors (ages 60+) enrolled at city-operated senior center</td>
<td>Within 5-mile radius of each city-operated senior center (60 of them in San Antonio)</td>
<td>Morning pick-up and afternoon drop-off varies by senior center</td>
<td>Senior center</td>
<td>Donations encouraged</td>
</tr>
<tr>
<td>SCOOP - Southeast Community Outreach for Older People</td>
<td></td>
<td></td>
<td>Seniors (ages 60+) who are ambulatory</td>
<td>Southeast San Antonio</td>
<td>Mon-Fri</td>
<td>Medical, social, grocery shopping</td>
<td>Donations encouraged</td>
</tr>
<tr>
<td>SLEW Wellness Center (Support Lending For Emotional Wellbeing)</td>
<td>Private Non-Profit</td>
<td>Demand-response, volunteer-operated</td>
<td>Low-income women recovering from cancer</td>
<td>Bexar County</td>
<td>Mon-Fri</td>
<td>Counseling, classes</td>
<td>None</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>Supportive Services for the Elderly - City of San Antonio Department of Human Services</td>
<td>Local Government</td>
<td>Demand-response</td>
<td>Seniors (ages 60+)</td>
<td>San Antonio</td>
<td>Mon-Fri 9 am – 2 pm</td>
<td>Medical, personal business, grocery shopping</td>
<td>Donations encouraged</td>
</tr>
<tr>
<td>Texas Department of Assistive &amp; Rehabilitative Services (DARS)</td>
<td>State Government</td>
<td>Demand-response in staff vehicles</td>
<td>Children and adults with disabilities</td>
<td>Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson Counties</td>
<td>Weekdays</td>
<td>Medical and other appointments</td>
<td>None</td>
</tr>
</tbody>
</table>
### Chapter 2: Review of Current Transportation Services

#### Table 2-6: Intercity Bus and Rail Services Providers

<table>
<thead>
<tr>
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<th>Days and Hours of Operation</th>
<th>Trip Purposes Served</th>
<th>Costs to Passengers (Fares or Suggested Donations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amtrak</td>
<td>Quasi-Public Corporation</td>
<td>Intercity rail</td>
<td>General public</td>
<td>Texas Eagle operates between Chicago and San Antonio; Sunset Limited operates between San Antonio and Los Angeles</td>
<td>Daily to/from Chicago departs San Antonio 7 am, arrives 9:55 pm; departs for Los Angeles Tu-Th-Su, 2:45 am, arrives from Los Angeles Tu-Fri-Sun, 4:50 am</td>
<td>Any</td>
<td>Varies by destination and type of ticket purchased. Example: flexible one-way coach fares are $27 to Austin and $61 to Del Rio</td>
</tr>
<tr>
<td>Greyhound</td>
<td>Private For-Profit</td>
<td>Intercity bus</td>
<td>General public</td>
<td>Nationwide; stops in AACOG region include San Antonio, Pleasanton, Hondo, Castroville, Karnes, Kenedy, Fredericksburg, Kerrville, Comfort and Boerne</td>
<td>Varies by route and location</td>
<td>Any</td>
<td>Varies by destination</td>
</tr>
<tr>
<td>Megabus</td>
<td>Private For-Profit</td>
<td>Intercity bus</td>
<td>General public</td>
<td>San Antonio to New Orleans; San Antonio is only stop in AACOG region</td>
<td>3 round trips daily</td>
<td>Any</td>
<td>Varies by destination; one-way advanced purchase to Austin is $5.00</td>
</tr>
</tbody>
</table>
Taxi companies and “transportation network companies” (TNCs) were also inventoried. The following taxicab companies were identified in the Alamo region:

- A-1 South Texas Taxi, Floresville
- AAA Taxi - Wheelchair accessible services available upon request
- Big Country Cabs, Fredericksburg
- Comal Cabs, New Braunfels
- Easy Ride Taxi, Kerrville
- Hill Country Cab, Kerrville
- New Braunfels Taxi
- San Antonio Taxis – A consortium that includes:
  - Armadillo Taxi
  - Arrow Cab
  - Concord Cab
  - Crown Cab
  - Diplomat Cab
  - Fabulous Taxi
  - Jet Line Cab
  - Kwick Kab
  - Legacy Cab
  - Owl Cab
  - Quality Cab
  - River City Taxi Cab
  - Royal Cab
  - S.A. Cab
  - S.A. Executive Taxi Cabs
  - Sun Cab
  - Superior Cab
  - United Taxi
- Star Cab - Alamo Area - wheelchair accessible services available upon request
- Top Dog Taxi, Fredericksburg
- Universal Taxi, Greater Randolph area
- Yellow Cab - Greater San Antonio Transportation Company – greater San Antonio area, wheelchair accessible vehicles are available with advanced reservation

Currently, TNCs Lyft and Uber both operate in urbanized parts of the Alamo area. These services require a smartphone application and credit card to use and are inaccessible to many persons with disabilities. These issues are likely to be a “barrier” (that can be overcome) to many persons that are part of the human service transportation client groups.
OTHER PROVIDERS

This includes organizations that operate small transportation programs in support of their greater mission. They do not receive governmental funding and are unlikely to become engaged except perhaps in coordinated driver training.

Medical Transportation

- Alamo Area Resource Center
- American Cancer Society Road to Recovery Program
- Disabled Veterans Rides Program/Guadalupe County
- Guadalupe Regional Medical Center/The Heritage Program for Seniors
- Health Texas
- Jefferson Outreach
- Methodist Healthcare/Health Bus
- Methodist Healthcare/Well Waldo’s Wheels
- My Ride to Wellness (myR2W) - American Cancer Research Center & Foundation
- NESA - Northeast Senior Assistance
- South Texas Rural Health Services, Inc./Dilley Clinic Wellness Center
- Thrive Well Cancer Foundation
- WellMed/Comfort Care Transportation
- Wilson Community Health Center

Residential Facilities

- San Antonio Housing Authority (SAHA)

Other Human Service Transportation Providers

- Calidad – The Center for Health Care Services
- Catholic Charities, Archdiocese of San Antonio/RSVP (Retired & Senior Volunteer Program)
- Christian Assistance Ministry (CAM)/Kerr County
- Hill Country Community Needs Council – volunteer “Help a Senior” and Medical Transportation programs
- Hill Country MHDD Centers
- Madonna Neighborhood Centers/Senior Citizen Program
- Mexican American Unity Council, Inc. (MAUC) Senior Services
- Rainbow Senior Center
- San Antonio Senior Transportation
• SCOOP - Southeast Community Outreach for Older People
• SLEW Wellness Center (Support Lending For Emotional Wellbeing)
• Supportive Services for the Elderly - City of San Antonio Department of Human Services
Chapter 3
Demographics and Land Uses – A Review of Needs

INTRODUCTION

This chapter reviews the demographics, land uses and travel patterns used to assist in identifying the locational needs (origins and destinations) of the public and the transit dependent population including seniors, and persons with disabilities.

This demographic and land use analysis, coupled with input from public meetings, regional stakeholders, surveys, the review of existing services (Chapter 2) and previous plans and studies will give the information needed to conduct the gap analysis. This analysis will then be used to develop strategies, projects and services to meet identified needs and expand mobility and generate recommendations to improve coordination within the region.

DEMOGRAPHICS

This section provides an analysis of current and future population trends in the Alamo Area Council of Governments (AACOG) Region, and an analysis of the demographics of population groups that often depend on transportation options beyond an automobile. Data sources for this analysis include the 2010 U.S. Census and the American Community Survey (ACS) 2009-2013 5-year estimates.

Population Analysis

The following section examines the current population and population density in the AACOG Region, and discusses population projections for the region.

Population

Table 3-1 shows the U.S. Census population counts for counties in the AACOG region from 1990-2010. During this timeframe, Kendall County experienced the greatest population percent increase in the region, an increase from 14,696 residents to 33,688 (a 129% increase). Karnes County experienced the lowest population percent increase (19.75%). McMullen County is the only county in the region that had a population decline (-12.75%). As a whole the region’s population increased over 50 percent over the last twenty years. Bandera, Comal, Guadalupe, and Kendall Counties experienced significant growth as the greater San Antonio area continues
to be a major economic engine in South-Central Texas. The slowest growing counties in the region are some of the most rural and include Frio County and Karnes County.

**Table 3-1: Historical Population**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Atascosa</td>
<td>30,544</td>
<td>38,874</td>
<td>44,958</td>
<td>27.27%</td>
<td>15.65%</td>
<td>47.19%</td>
</tr>
<tr>
<td>Bandera</td>
<td>10,629</td>
<td>17,811</td>
<td>20,552</td>
<td>67.57%</td>
<td>15.39%</td>
<td>93.36%</td>
</tr>
<tr>
<td>Bexar</td>
<td>1,188,641</td>
<td>1,398,389</td>
<td>1,723,565</td>
<td>17.65%</td>
<td>23.25%</td>
<td>45.00%</td>
</tr>
<tr>
<td>Comal</td>
<td>51,935</td>
<td>78,748</td>
<td>109,462</td>
<td>51.63%</td>
<td>39.00%</td>
<td>110.77%</td>
</tr>
<tr>
<td>Frio</td>
<td>13,557</td>
<td>16,194</td>
<td>17,233</td>
<td>19.45%</td>
<td>6.42%</td>
<td>27.12%</td>
</tr>
<tr>
<td>Gillespie</td>
<td>17,226</td>
<td>20,991</td>
<td>24,876</td>
<td>21.86%</td>
<td>18.51%</td>
<td>44.41%</td>
</tr>
<tr>
<td>Guadalupe</td>
<td>65,088</td>
<td>89,883</td>
<td>132,431</td>
<td>38.09%</td>
<td>47.34%</td>
<td>103.46%</td>
</tr>
<tr>
<td>Karnes</td>
<td>12,413</td>
<td>15,431</td>
<td>14,865</td>
<td>24.31%</td>
<td>-3.67%</td>
<td>19.75%</td>
</tr>
<tr>
<td>Kendall</td>
<td>14,696</td>
<td>23,965</td>
<td>33,688</td>
<td>63.07%</td>
<td>40.57%</td>
<td>129.23%</td>
</tr>
<tr>
<td>Kerr</td>
<td>36,359</td>
<td>43,826</td>
<td>49,643</td>
<td>20.54%</td>
<td>13.27%</td>
<td>36.54%</td>
</tr>
<tr>
<td>McMullen</td>
<td>816</td>
<td>851</td>
<td>712</td>
<td>4.29%</td>
<td>-16.33%</td>
<td>-12.75%</td>
</tr>
<tr>
<td>Medina</td>
<td>27,422</td>
<td>39,462</td>
<td>46,124</td>
<td>43.91%</td>
<td>16.88%</td>
<td>68.20%</td>
</tr>
<tr>
<td>Wilson</td>
<td>22,803</td>
<td>32,706</td>
<td>43,083</td>
<td>43.43%</td>
<td>31.73%</td>
<td>88.94%</td>
</tr>
<tr>
<td><strong>Regional Totals</strong></td>
<td><strong>1,492,129</strong></td>
<td><strong>1,817,131</strong></td>
<td><strong>2,261,192</strong></td>
<td><strong>21.78%</strong></td>
<td><strong>24.44%</strong></td>
<td><strong>51.54%</strong></td>
</tr>
</tbody>
</table>

Source: U.S. Census and American Community Survey

Figure 3-1 illustrates the region’s total population at the census block group level. To supplement this map a population density analysis will be shown later in this chapter.

Table 3-2 features recent population estimates from the ACS. The data shows that since 2010 all of the counties in the region have experienced at least some population increases. Bandera, Karnes and Kerr Counties have experienced the slowest growth. Kendall and Comal Counties have the highest growth rates with Kendall County growing over 15 percent from 2010 to 2014.

**Population Density**

One of the most important factors in determining the most appropriate transportation mode for a community is population density. Population density is often used as an indicator of the type of public transit services that are feasible within a study area. Typically an area with a density of 1,000 persons per square mile will be able to sustain some form of daily fixed-route transit service. An area with a population density below 1,000 persons per square mile may be a better candidate for fixed-schedule or demand-response services.
Figure 3-1: 2010 Census Population

Source: U.S. Census and American Community Survey
Figure 3-2 shows the region’s population density at the census block group level. Not surprisingly the most densely populated areas are in the San Antonio urbanized area. Most counties have one or two small cities with pockets of population density at or near 1,000 persons per square mile.

Table 3-2: Recent Population Trends

<table>
<thead>
<tr>
<th>County</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2010-2014 Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atascosa</td>
<td>44,958</td>
<td>46,529</td>
<td>46,871</td>
<td>47,339</td>
<td>47,761</td>
<td>6.23%</td>
</tr>
<tr>
<td>Bandera</td>
<td>20,552</td>
<td>20,560</td>
<td>20,586</td>
<td>20,601</td>
<td>20,708</td>
<td>0.76%</td>
</tr>
<tr>
<td>Bexar</td>
<td>1,723,565</td>
<td>1,754,003</td>
<td>1,786,127</td>
<td>1,818,024</td>
<td>1,838,186</td>
<td>6.65%</td>
</tr>
<tr>
<td>Comal</td>
<td>109,462</td>
<td>111,568</td>
<td>114,590</td>
<td>118,480</td>
<td>121,431</td>
<td>10.93%</td>
</tr>
<tr>
<td>Frio</td>
<td>17,233</td>
<td>17,416</td>
<td>17,776</td>
<td>18,065</td>
<td>18,277</td>
<td>6.06%</td>
</tr>
<tr>
<td>Gillespie</td>
<td>24,876</td>
<td>25,032</td>
<td>25,144</td>
<td>25,357</td>
<td>25,545</td>
<td>2.69%</td>
</tr>
<tr>
<td>Guadalupe</td>
<td>132,431</td>
<td>135,949</td>
<td>139,873</td>
<td>143,183</td>
<td>146,194</td>
<td>10.39%</td>
</tr>
<tr>
<td>Karnes</td>
<td>14,865</td>
<td>14,957</td>
<td>14,873</td>
<td>15,081</td>
<td>15,101</td>
<td>1.59%</td>
</tr>
<tr>
<td>Kendall</td>
<td>33,688</td>
<td>34,676</td>
<td>35,968</td>
<td>37,766</td>
<td>38,921</td>
<td>15.53%</td>
</tr>
<tr>
<td>Kerr</td>
<td>49,643</td>
<td>49,631</td>
<td>49,826</td>
<td>49,953</td>
<td>50,015</td>
<td>0.75%</td>
</tr>
<tr>
<td>McMullen</td>
<td>712</td>
<td>701</td>
<td>730</td>
<td>764</td>
<td>790</td>
<td>10.96%</td>
</tr>
<tr>
<td>Medina</td>
<td>46,124</td>
<td>46,529</td>
<td>46,871</td>
<td>47,399</td>
<td>47,750</td>
<td>3.53%</td>
</tr>
<tr>
<td>Wilson</td>
<td>43,083</td>
<td>43,689</td>
<td>44,396</td>
<td>45,418</td>
<td>46,331</td>
<td>7.54%</td>
</tr>
<tr>
<td><strong>Regional Totals</strong></td>
<td><strong>2,261,192</strong></td>
<td><strong>2,301,240</strong></td>
<td><strong>2,343,631</strong></td>
<td><strong>2,387,430</strong></td>
<td><strong>2,417,010</strong></td>
<td><strong>6.89%</strong></td>
</tr>
</tbody>
</table>

Source: U.S. Census and American Community Survey

**Population Forecast**

Future forecasts for the region anticipate significant population growth\(^1\). The region is expected to experience just over a 41 percent growth rate during the period from 2020 to 2050. During this period, the region is expected to grow from 2,639,063 persons to 3,704,528 persons, an increase of about 1,065,465 persons. The largest percentage population growth is expected in Comal County which is expected to grow from 140,825 to 255,092 by 2050, an 81 percent increase. Kendall County and Guadalupe County are also anticipated to see significant population increases within this timeframe. Conversely, the populations of Karnes County and McMullen County are projected to grow marginally between 2020 and 2040. Table 3-3 provides the forecasted population growth for the region out to 2050.

---

\(^1\) Texas Water Development Board: 2016 Regional Water Plan. County Population Projections
Figure 3-2: 2010 Census Population Density

Source: U.S. Census and American Community Survey
Table 3-3: Population Forecasts

<table>
<thead>
<tr>
<th>County</th>
<th>2020</th>
<th>2030</th>
<th>2040</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atascosa</td>
<td>52,574</td>
<td>60,755</td>
<td>68,210</td>
<td>75,481</td>
</tr>
<tr>
<td>Bandera</td>
<td>24,991</td>
<td>28,780</td>
<td>30,881</td>
<td>31,742</td>
</tr>
<tr>
<td>Bexar</td>
<td>1,974,041</td>
<td>2,231,550</td>
<td>2,468,254</td>
<td>2,695,668</td>
</tr>
<tr>
<td>Comal</td>
<td>140,825</td>
<td>178,399</td>
<td>216,562</td>
<td>255,092</td>
</tr>
<tr>
<td>Frio</td>
<td>19,186</td>
<td>21,144</td>
<td>22,846</td>
<td>24,488</td>
</tr>
<tr>
<td>Gillespie</td>
<td>26,795</td>
<td>28,852</td>
<td>30,548</td>
<td>32,536</td>
</tr>
<tr>
<td>Guadalupe</td>
<td>182,693</td>
<td>235,318</td>
<td>276,064</td>
<td>315,934</td>
</tr>
<tr>
<td>Karnes</td>
<td>15,456</td>
<td>15,938</td>
<td>15,968</td>
<td>15,968</td>
</tr>
<tr>
<td>Kendall</td>
<td>42,185</td>
<td>52,213</td>
<td>62,807</td>
<td>73,308</td>
</tr>
<tr>
<td>Kerr</td>
<td>52,664</td>
<td>55,407</td>
<td>57,044</td>
<td>58,665</td>
</tr>
<tr>
<td>McMullen</td>
<td>734</td>
<td>734</td>
<td>734</td>
<td>734</td>
</tr>
<tr>
<td>Medina</td>
<td>52,653</td>
<td>59,694</td>
<td>65,676</td>
<td>70,896</td>
</tr>
<tr>
<td>Wilson</td>
<td>54,266</td>
<td>66,837</td>
<td>79,044</td>
<td>90,016</td>
</tr>
<tr>
<td>Regional</td>
<td>2,639,063</td>
<td>3,035,621</td>
<td>3,394,638</td>
<td>3,740,528</td>
</tr>
</tbody>
</table>


Transit Dependent Populations

Public transportation needs are defined in part by identifying the relative size and location of those segments within the general population that are most likely to be dependent on transit services. This includes individuals who may not have access to a personal vehicle or are unable to drive themselves due to age or income status. The results of this demographic analysis highlight those geographic areas of the service area with the greatest need for transportation.

For the purpose of developing a relative process of ranking socioeconomic need, block groups are classified relative to the service area as a whole using a five-tiered scale of “very low” to “very high.” A block group classified as “very low” can still have a significant number of potentially transit dependent persons; as “very low” is a relative term and indicates the block group is well below the service area average of transit dependent persons. At the other end of the spectrum, “very high” means greater than twice the service area average. The specifications for each score are summarized below in Table 3-4.

The need for public transportation is often derived by recognizing the size and location of segments of the population most dependent on transit services. Transit dependency can be a result of many factors. Some of these include no access to a personal vehicle, a disability that prevents a person from operating a personal vehicle, age, and low income. Establishing the location of transit dependent populations aids in the identification and evaluation of potential gaps in transit services.
Table 3-4: Relative Ranking Definitions for Transit Dependent Populations

<table>
<thead>
<tr>
<th>Amount of Vulnerable Persons or Households</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than and equal to the service area’s average</td>
<td>Very Low</td>
</tr>
<tr>
<td>Above the average and up to 1.33 times the average</td>
<td>Low</td>
</tr>
<tr>
<td>Above 1.33 times the average and up to 1.67 times the average</td>
<td>Moderate</td>
</tr>
<tr>
<td>Above 1.67 times the average and up to two times the average</td>
<td>High</td>
</tr>
<tr>
<td>Above two times the average</td>
<td>Very High</td>
</tr>
</tbody>
</table>

The Transit Dependence Index (TDI) is an aggregate measure displaying relative concentrations of transit dependent populations. Five factors make up the TDI calculation including population density, autoless households, elderly populations (ages 65 and over), youth populations (ages 10-17), and below poverty populations.

In addition to population density, the factors mentioned above represent specific socioeconomic characteristics of the region’s residents. For each factor, individual block groups were classified according to the frequency of the vulnerable population relative to the county average. The factors were then put into the TDI equation to determine the relative transit dependence of each block group.

The relative classification system utilizes averages in ranking populations. For example, areas with less than the average transit dependent population fall into the “very low” classification, where areas that are more than twice the average will be classified as “very high.” The classifications “low, moderate, and high” fall between the average and twice the average. These classifications are divided into thirds.

Figure 3-3 displays TDI rankings for the AACOG Region. The San Antonio urbanized area has “high” and “very high” transit needs according to density. A majority of the region has “very low” transit needs according to the TDI.

The Transit Dependence Index Percent (TDIP) provides an alternative analysis to the TDI measure. It is similar however it excludes the population density factor. The TDIP for each block group was calculated based on autoless households, elderly, youth, and below poverty populations. By removing the population density factor, the TDIP measures the degree of vulnerability. It represents the percentage of population within the block group with the above socioeconomic characteristics, and follows the TDI five-tiered categorization of very low to very high.

However, it does not highlight block groups that are likely to have higher concentrations of vulnerable populations only because of their population density. Figure 3-4 shows transit need based on the percentage of vulnerable population. Block groups in western Bexar County and the southern areas of San Antonio have high transit need.
Figure 3: Transit Dependence Index Density

Source: U.S. Census and American Community Survey
Figure 3-4: Transit Dependence Index Percentage

Source: U.S. Census and American Community Survey
Senior Adult Population

One of the socioeconomic groups analyzed is the senior adult population, individuals ages 65 and older. Persons in this age group may begin to decrease their use of a personal vehicle and rely more heavily on public transit. Figure 3-5 shows the relative concentration of seniors in the region. The western portion of the region has the most block groups with very high elderly populations. This includes large portions of Bandera, Kerr and Gillespie Counties.

Individuals with Disabilities

Figure 3-6 illustrates individuals with disabilities in the AACOG Region. The American Community Survey was used to obtain data for the disabled population at the census tract level. Persons who have disabilities that prevent them or make it difficult to own and operate a personal vehicle often rely on public transit for their transportation needs. Areas in the region with high or very high concentrations of individuals with disabilities include the suburban edge of San Antonio and northern Atascosa County. Rural census tracts in Frio, Medina and Comal Counties also have high concentrations of persons with disabilities.

Zero Car Households

Households without at least one personal vehicle are more likely to depend on the mobility offered by public transit. Although autoless households are reflected in both the TDI and TDIP measures, displaying this segment of the population separately is important since many land uses in the region are at distances too far for non-motorized travel. Figure 3-7 displays the relative number of autoless households. Areas with very high numbers of autoless households include the San Antonio urbanized area, and rural block groups in Frio, Karnes, Guadalupe and Comal Counties.

Youth Population

The youth population is often used as an identifier of transit dependent population. Persons ages 10 to 17 either cannot drive or are just beginning to drive and often do not have a personal automobile assessable to them. For this population, public transit is often the means that offers mobility. Figure 3-8 illustrates the concentrations of youth populations relative to the study area.

Portions of the San Antonio suburban areas and extending along major corridors have the highest concentration of youth population.
Figure 3-5: Distribution of Senior Population by Block Group

Source: U.S. Census and American Community Survey
Figure 3-6: Distribution of Individuals with Disabilities by Census Tract

Source: U.S. Census and American Community Survey
Figure 3-7 Distribution of Autoless Households by Block Group

Source: U.S. Census and American Community Survey
Figure 3- 8: Distribution of Youth Population (Aged 10 to 17) by Block Group

Source: U.S. Census and American Community Survey
Title VI Demographic Analysis

Title VI of the Civil Rights Act of 1964, prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal subsidies. This includes agencies providing federally funded public transportation. The following section examines the minority and below poverty level populations in the AACOG Region.

Minority Population

It is important to ensure that areas with an above average percentage of racial and/or ethnic minorities are not negatively impacted by proposed alterations to existing public transportation services. In the region, the average minority population per block group is 203 people. Figure 3-9 illustrates the concentration of minority populations. Most block groups in San Antonio and extending to the suburban areas have above average minority populations. Rural block groups in Medina, Frio, Karnes, Wilson, Guadalupe and Comal Counties have above average minority populations as well.

Below Poverty Populations

The second group included in the Title VI analysis represents individuals who earn less than the federal poverty level. This segment of the populations may find it a financial burden to own and maintain a personal vehicle, thus relying on public transit as their primary means of transportation. In the AACOG Region, the average number of individuals living below the federal poverty level per block group is 218 people. Figure 3-10 depicts the concentration of the population above or below the average relative to the study area. Portions of the San Antonio urbanized area, particularly to the south, have above average populations of low income residents. Block groups of the Cities of Fredericksburg, Kerrville, Hondo, Pearsall, Pleasanton, Floresville, Stockdale, Bandera, and Seguin have block groups with above average populations living below the poverty level. Many rural block groups in Comal, Karnes, Bandera, Gillespie and Kerr Counties also have block groups with above average populations living below the poverty level.

Limited-English Proficiency

It is also important to serve and disseminate information to those of different linguistic backgrounds. As shown in Table 3-5, AACOG Region residents predominately speak English. Frio County has the highest percent of non-English speakers (60.10%). Of those who primarily speak languages other than English, the vast majority is able to speak English “very well” or “well”.

Figure 3-9: Distribution of the Minority Population

Source: U.S. Census and American Community Survey
Figure 3-10: Distribution of Individuals Living Below the Poverty Level

Source: U.S. Census and American Community Survey
### Table 3- 5: Limited English Proficiency

<table>
<thead>
<tr>
<th>County</th>
<th>Atascosa</th>
<th>Bandera</th>
<th>Bexar</th>
<th>Comal</th>
<th>Frio</th>
<th>Gillespie</th>
<th>Guadalupe</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 years and older</td>
<td>42,971</td>
<td>19,675</td>
<td>1,657,017</td>
<td>109,298</td>
<td>16,681</td>
<td>23,953</td>
<td>130,475</td>
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<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>English Only</td>
<td>25,853</td>
<td>0.60%</td>
<td>17,442</td>
<td>68.65%</td>
<td>970,925</td>
<td>58.59%</td>
<td>90,897</td>
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<tr>
<td>Speak Non-English</td>
<td>17,118</td>
<td>39.84%</td>
<td>2,233</td>
<td>11.35%</td>
<td>686,092</td>
<td>41.41%</td>
<td>18,401</td>
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<tr>
<td>Spanish</td>
<td>16,805</td>
<td>39.11%</td>
<td>1,921</td>
<td>9.76%</td>
<td>625,480</td>
<td>37.75%</td>
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<tr>
<td>Indo- European languages</td>
<td>68</td>
<td>0.16%</td>
<td>195</td>
<td>0.99%</td>
<td>25,101</td>
<td>1.51%</td>
<td>2,092</td>
</tr>
<tr>
<td>Asian/Pacific Island languages</td>
<td>153</td>
<td>0.36%</td>
<td>117</td>
<td>0.59%</td>
<td>27,773</td>
<td>1.68%</td>
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<td>Other</td>
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<td>7,738</td>
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<td><strong>Non-English Speakers Ability to Speak English</strong></td>
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<td></td>
</tr>
<tr>
<td>&quot;Very Well&quot; or &quot;Well&quot;</td>
<td>15,163</td>
<td>88.58%</td>
<td>2,082</td>
<td>93.24%</td>
<td>582,593</td>
<td>84.91%</td>
<td>15,791</td>
</tr>
<tr>
<td>&quot;Not Well&quot; or &quot;Not at All&quot;</td>
<td>1,955</td>
<td>11.42%</td>
<td>151</td>
<td>6.76%</td>
<td>103,499</td>
<td>15.09%</td>
<td>2,610</td>
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<td>Karnes</td>
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<td>Kendall</td>
<td>34,199</td>
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<td>Wilson</td>
<td>42,083</td>
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<td>Region Totals</td>
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<td></td>
</tr>
<tr>
<td>English Only</td>
<td>9,650</td>
<td>68.49%</td>
<td>28,307</td>
<td>82.77%</td>
<td>38,705</td>
<td>81.72%</td>
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<tr>
<td>Speak Non-English</td>
<td>4,439</td>
<td>31.51%</td>
<td>5,892</td>
<td>17.23%</td>
<td>8,342</td>
<td>17.61%</td>
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<tr>
<td>Spanish</td>
<td>4,212</td>
<td>29.90%</td>
<td>5,230</td>
<td>15.29%</td>
<td>8,029</td>
<td>16.95%</td>
<td>287</td>
</tr>
<tr>
<td>Indo- European languages</td>
<td>159</td>
<td>1.13%</td>
<td>500</td>
<td>1.46%</td>
<td>313</td>
<td>0.66%</td>
<td>0</td>
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<tr>
<td>Asian/Pacific Island languages</td>
<td>42</td>
<td>0.30%</td>
<td>162</td>
<td>0.47%</td>
<td>251</td>
<td>0.53%</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>0.18%</td>
<td>0</td>
<td>0.00%</td>
<td>65</td>
<td>0.14%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Non-English Speakers Ability to Speak English</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Very Well&quot; or &quot;Well&quot;</td>
<td>3,693</td>
<td>83.19%</td>
<td>4,695</td>
<td>79.68%</td>
<td>7,379</td>
<td>88.46%</td>
<td>243</td>
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<tr>
<td>&quot;Not Well&quot; or &quot;Not at All&quot;</td>
<td>746</td>
<td>16.81%</td>
<td>1,197</td>
<td>20.32%</td>
<td>963</td>
<td>11.54%</td>
<td>44</td>
</tr>
</tbody>
</table>

Source: American Community Survey, Five-Year Estimates (2010-2014), Table 3- B16004.
Regional Trip Generators

Identifying regional trip generators serves to complement the previous demographic analysis by indicating where transit services may be most needed. Trip generators attract transit demand and include common origins and destinations. Examples include higher level educational facilities, major employers, regional medical facilities, and Veteran Affair’s Facilities. Figure 3-11 provides a map of regional trip generators in the AACOG Region. The trip generator categories are briefly detailed below.

Educational Facilities

Many individuals that comprise the school age population are unable to afford or operate their own personal vehicle; therefore, it may be assumed that this segment of the population is reliant on public transportation. Additionally, many faculty and staff members are associated with these institutions as a place of employment. Some of the major educational facilities in the region include The University of Texas San Antonio, University of the Incarnate Word, San Antonio College, Trinity University, and Texas A & M University in San Antonio.

Major Employers

This section examines the top regional employers in the region (500+ employees in one location). Providing transit services to major employment locations is advantageous to both the employee, as the individual is provided with direct access to their occupation and subsequent source of income, and the employer, as this entity will have assurance that their current or potential workforce will have diverse options of accessing the destination. Some of the major employers in the AACOG Region include:

- Comal County: Schlitterbahn Waterpark, Wal-Mart Distribution Center, Sysco, IBEX Corporation, Hunter Industries, Ltd.
- Guadalupe County: Continental, CMC Steel Texas, Tyson Foods
- Kerr County: VA Medical Center, Peterson Regional Medical Center,
- Gillespie County: Hill Country Memorial Hospital, Knoop Nursing Homes

Figure 3-11: Regional Trip Generators

Major Trip Generators
- College or University
- Human Service
- Major Employer
- Major Medical
- Veteran Affairs Facility
Major Medical Facilities

Major medical facilities, classified as regional and general hospitals, represent significant destinations. Older adults and persons with disabilities often rely more heavily upon the services offered by medical facilities than other population segments. Since this group represents a large faction of the transit dependent population, these facilities should be accessible through public transit. The major regional medical facilities include:

- Bexar County: Audie L. Murphy Memorial VA Hospital, Methodist Hospital, University Hospital, Children’s Hospital of San Antonio, multiple Baptist Hospitals, Southwest General Hospital, CRISTUS Santa Rosa Hospital
- Guadalupe County: Guadalupe Regional Medical Center
- Comal County: CRISTUS Santa Rosa Hospital, Resolute Health Hospital
- Gillespie County: Hill country Memorial Hospital
- Kerr County: VA Medical Clinic, Peterson Regional Medical Center
- Median County: Medina Community Hospital
- Atascosa County: South Texas Regional Medical Center
- Wilson County: Connally Memorial Medical Center

Human Service Locations

Human Service organizations often serve clients that are dependent on transportation services. These organizations can help low income residents, senior adults and/or people with disabilities. Throughout the AACOG Region there are human service locations that provide services such as food assistance, workforce assistance, health care, training, adult daycare, and other important human and social services.

Veteran Affairs Medical Facilities

The Department of Veterans Affairs oversees a network of medical centers and smaller community based services. Transportation to facilities can be a major barrier for veterans. The AACOG Region is home to two major VA hospitals in San Antonio, several VA Outpatient Clinics including a large VA clinic in Kerrville, and a variety of Veterans Service offices.

Local Trip Generators

In addition to the major regional trip generators it is also important to identify the communities containing local trip generators. Local trip generators attract transit demand and include common origins and destinations, like colleges and universities, multi-unit housing, non-profit and governmental agencies, major employers, medical facilities, and shopping centers. Table 3-6 provides an overview of these major destinations at a county-by-county level.
Table 3-6: Local Trip Generators

<table>
<thead>
<tr>
<th>Trip Generators</th>
<th>College/University</th>
<th>Subsidized Housing</th>
<th>Human Service Agency</th>
<th>Major Employer</th>
<th>Major Medical Facility</th>
<th>Shopping Destinations</th>
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<tbody>
<tr>
<td>Comal County</td>
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<td>New Braunfels</td>
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<td>Garden Ridge</td>
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<tr>
<td>Wilson County</td>
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<td>Stockdale</td>
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<td>Universal City</td>
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</tbody>
</table>

Employment Travel Patterns

It is beneficial to account for the commuting patterns of residents within the region. Table 3-7 presents the results of the Census Bureau’s Journey to Work data which provides location of employment (in county vs. out of county and in state vs. out of state) and means of transportation to work. Figure 3-12 illustrates the major commute corridors in the region. County employment travel patterns are summarized below:
• **Atascosa County** – With 18,905 residents of working age, Atascosa County has 50 percent of its residents working outside of the county. The vast majority of residents drive to work and less than one percent take public transit (as there is no service available).

• **Bandera County** – This rural county has 8,615 working residents. More residents work outside of the county than within it. Bandera County has the highest percentage of commuters that use a personal automobile in the region.

• **Bexar County** – Bexar County is the most populated county in the region and has the most diversity in mode split. The vast majority of residents work within the county.

• **Comal County** – This county sits between two major urban areas (San Antonio and Austin) Comal County has 45 percent of its residents working outside of the county.

• **Frio County** – This rural county has 6,391 working residents. Frio County has the highest percentage of residents that carpool to work in the AACOG Region.

• **Gillespie County** – Gillespie County has 11,072 working residents. The majority work within Gillespie County and use a personal automobile to access their place of employment.

• **Guadalupe County** – This county has 65,287 working residents and the second highest rate of commuting by single occupancy vehicles in the region.

• **Karnes County** – This rural county is one of the most rural counties in the region. It has one of the highest percentages of walking commuters in the region (2.74%).

• **Kendall County** – Kendall County has of 16,151 workers that reside in the county and has the highest rate of walking commuters in the region (2.79%).

• **Kerr County** – There are 20,293 workers residing in the county. The overwhelming majority of commuters drive alone to work.

• **McMullen County** – McMullen County is the most rural county in the region, with only about 700 residents. As a result of its low population, it has the highest percentage of alternative mode commuters.

• **Medina County** – Over 50 percent of workers are employed outside of the county.

• **Wilson County** – This county has 20,219 workers and the highest rate of residents working outside their home county in the region.
Figure 3-12: Major Regional Corridors
### Table 3-7: Journey to Work Patterns

<table>
<thead>
<tr>
<th>Location of Employment</th>
<th>Atascosa</th>
<th>Bandera</th>
<th>Bexar</th>
<th>Comal</th>
<th>Frio</th>
<th>Gillespie</th>
<th>Guadalupe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers 16 Years and Older</td>
<td>18,905</td>
<td>8,615</td>
<td>809,402</td>
<td>51,516</td>
<td>6,391</td>
<td>11,072</td>
<td>65,287</td>
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<td><strong>Means of Transportation to Work</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Car, Truck, or Van - Drove Alone</td>
<td>14,753</td>
<td>78.04%</td>
<td>7,267</td>
<td>84.35%</td>
<td>639,126</td>
<td>78.96%</td>
<td>40,820</td>
</tr>
<tr>
<td>Car, Truck, or Van - carpooled</td>
<td>2,769</td>
<td>14.65%</td>
<td>610</td>
<td>7.08%</td>
<td>90,666</td>
<td>11.20%</td>
<td>5,303</td>
</tr>
<tr>
<td>Public Transportation</td>
<td>26</td>
<td>0.14%</td>
<td>28</td>
<td>0.33%</td>
<td>22,146</td>
<td>2.74%</td>
<td>41</td>
</tr>
<tr>
<td>Walked</td>
<td>329</td>
<td>1.74%</td>
<td>212</td>
<td>2.46%</td>
<td>15,424</td>
<td>1.91%</td>
<td>493</td>
</tr>
<tr>
<td>Bicycle/Other</td>
<td>81</td>
<td>0.43%</td>
<td>53</td>
<td>0.62%</td>
<td>11,166</td>
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</tr>
<tr>
<td>Worked at Home</td>
<td>947</td>
<td>5.01%</td>
<td>445</td>
<td>5.17%</td>
<td>30,874</td>
<td>3.81%</td>
<td>4,111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Employment</th>
<th>Karnes</th>
<th>Kendall</th>
<th>Kerr</th>
<th>McMullen</th>
<th>Medina</th>
<th>Wilson</th>
<th>Region Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers 16 Years and Older</td>
<td>4,854</td>
<td>16,151</td>
<td>20,293</td>
<td>332</td>
<td>19,032</td>
<td>20,219</td>
<td>1,052,069</td>
</tr>
<tr>
<td><strong>Means of Transportation to Work</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car, Truck, or Van - Drove Alone</td>
<td>3,876</td>
<td>79.85%</td>
<td>12,523</td>
<td>77.54%</td>
<td>16,268</td>
<td>80.17%</td>
<td>259</td>
</tr>
<tr>
<td>Car, Truck, or Van - carpooled</td>
<td>598</td>
<td>12.32%</td>
<td>1,845</td>
<td>11.42%</td>
<td>2,325</td>
<td>11.46%</td>
<td>15</td>
</tr>
<tr>
<td>Public Transportation</td>
<td>0</td>
<td>0.00%</td>
<td>3</td>
<td>0.02%</td>
<td>8</td>
<td>0.04%</td>
<td>13</td>
</tr>
<tr>
<td>Walked</td>
<td>133</td>
<td>2.74%</td>
<td>451</td>
<td>2.79%</td>
<td>318</td>
<td>1.57%</td>
<td>30</td>
</tr>
<tr>
<td>Bicycle/Other</td>
<td>78</td>
<td>1.61%</td>
<td>135</td>
<td>0.84%</td>
<td>294</td>
<td>1.45%</td>
<td>15</td>
</tr>
<tr>
<td>Worked at Home</td>
<td>169</td>
<td>3.48%</td>
<td>1,194</td>
<td>7.39%</td>
<td>1,080</td>
<td>5.32%</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: American Community Survey, Five-Year Estimates (2010-2014), Table 3- B081
Chapter 4
Gap Analysis

INTRODUCTION

The gap analysis is the culmination of the needs assessment, identifying a variety of unmet needs of different types. In some respects it is a quantitative review, but many of the gaps will be qualitative or anecdotal.

Unmet needs were determined based on public and stakeholder outreach, survey of riders, an online survey, meetings with transit and human service providers, review of current services, demographic and land use analysis and observation. This chapter will include where changes have either accomplished goals and/or objectives or created new challenges/a need for new goals, as this rapidly growing study area expands and transforms. Each recognized unfilled need will be categorized.

Transportation needs come in many forms. Utilizing data from the needs assessment, the project team compiled and categorized unmet needs of the service. These include:

- Geographic locations of needs – Areas where there is little or no service.
- Targeted populations in need – Transit dependent populations, limited English proficiency, and those persons using wheelchairs.
- Underserved areas - For example, may only receive weekly service or commuter service.
- Type of service (Medical, shopping) – For example, all Medicaid eligible persons have access to transportation for medical services, but in some cases there may be no way for that person to get to the grocery store for basic necessities.
- Type of transportation – There is a need in some cases for demand-response or fixed-route services.
- Human service needs – Often in support of their programs.

IDENTIFICATION OF CHANGES

Since the last round of coordinated planning the Alamo Area Region has experienced many demographic and service related changes. The changes are summarized below:

- Regional Service Changes
  - The City of Seguin has implemented a fixed-route service.
  - VIA is working with ART to provide service around the urbanized fringe of the San Antonio area. This includes contracting with ART to provide service in New
Braunfels, Schertz, Cibolo, Marion, and within the Guadalupe UZA. These services were previously without transit.

- Demographic Changes
  - Over the last five years the region has grown in population by almost 7 percent. Table 4-1 details the population change since 2010.

<table>
<thead>
<tr>
<th>County</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2010-2014 Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atascosa</td>
<td>44,958</td>
<td>46,529</td>
<td>46,871</td>
<td>47,339</td>
<td>47,761</td>
<td>6.23%</td>
</tr>
<tr>
<td>Bandera</td>
<td>20,552</td>
<td>20,560</td>
<td>20,586</td>
<td>20,601</td>
<td>20,708</td>
<td>0.76%</td>
</tr>
<tr>
<td>Bexar</td>
<td>1,723,565</td>
<td>1,754,003</td>
<td>1,786,127</td>
<td>1,818,024</td>
<td>1,838,186</td>
<td>6.65%</td>
</tr>
<tr>
<td>Comal</td>
<td>109,462</td>
<td>111,568</td>
<td>114,590</td>
<td>118,480</td>
<td>121,431</td>
<td>10.93%</td>
</tr>
<tr>
<td>Frio</td>
<td>17,233</td>
<td>17,416</td>
<td>17,776</td>
<td>18,065</td>
<td>18,277</td>
<td>6.06%</td>
</tr>
<tr>
<td>Gillespie</td>
<td>24,876</td>
<td>25,032</td>
<td>25,144</td>
<td>25,357</td>
<td>25,545</td>
<td>2.69%</td>
</tr>
<tr>
<td>Guadalupe</td>
<td>132,431</td>
<td>135,949</td>
<td>139,873</td>
<td>143,183</td>
<td>146,194</td>
<td>10.39%</td>
</tr>
<tr>
<td>Karnes</td>
<td>14,865</td>
<td>14,957</td>
<td>14,873</td>
<td>15,081</td>
<td>15,101</td>
<td>1.59%</td>
</tr>
<tr>
<td>Kendall</td>
<td>33,688</td>
<td>34,676</td>
<td>35,968</td>
<td>37,766</td>
<td>38,921</td>
<td>15.53%</td>
</tr>
<tr>
<td>Kerr</td>
<td>49,643</td>
<td>49,631</td>
<td>49,826</td>
<td>49,953</td>
<td>50,015</td>
<td>0.75%</td>
</tr>
<tr>
<td>McMullen</td>
<td>712</td>
<td>701</td>
<td>730</td>
<td>764</td>
<td>790</td>
<td>10.96%</td>
</tr>
<tr>
<td>Medina</td>
<td>46,124</td>
<td>46,529</td>
<td>46,871</td>
<td>47,399</td>
<td>47,750</td>
<td>3.53%</td>
</tr>
<tr>
<td>Wilson</td>
<td>43,083</td>
<td>43,689</td>
<td>44,396</td>
<td>45,418</td>
<td>46,331</td>
<td>7.54%</td>
</tr>
<tr>
<td>Regional Totals</td>
<td>2,261,192</td>
<td>2,301,240</td>
<td>2,343,631</td>
<td>2,387,430</td>
<td>2,417,010</td>
<td>6.89%</td>
</tr>
</tbody>
</table>

- Geographic Changes
  - The Alamo Area Region has grown geographically. McMullen County is now a part of the AACOG and ART service area. This is the most rural county in the region and has the lowest demand for transit service.

**PUBLIC AND STAKEHOLDER OUTREACH**

Substantive outreach was completed in order to gauge the communities’ understanding of the transportation services available to them and to determine what needs are not being met.

**Public Meetings**

Eight public meetings were held throughout the Alamo Area Region for the needs review. These meetings included a short presentation of coordination planning word to date, an
interactive origin/destination mapping exercise and discussion on unmet transportation needs. Meetings were held in:

- San Antonio – La Vernia City Park
- San Antonio – AACOG Building
- Floresville – Floresville Food Pantry
- New Braunfels – Westside Community Center
- Kerrville – Dietert Center
- Jourdanton – Library and Community Center
- Seguin – Guadalupe Regional Wellness Center
- Bandera – Silver Sage Community Center

**Major Themes – Public Meetings**

- Cost of service for out-of-town trips is prohibitive for many transit dependent residents.
- Rural residents have a difficult time scheduling trips if they are not on Medicaid.
- ART services are not conducive to workforce and employment transportation.
- Many people have had unsatisfactory experiences with ART services in the past and have not used the service in several years.
- Regularly scheduled service in major locations such as Kerrville, Fredericksburg, Boerne, Floresville, Pleasanton, and New Braunfels is needed.
- Regularly scheduled service from small cities and rural areas into San Antonio is desired.
- Residents find working with ART dispatch difficult and untimely.
- Bandera seniors do not get service to the senior center.

**Stakeholder Interview and Surveys**

The consultant team interviewed several stakeholder agencies in the Alamo Region and distributed stakeholder surveys to several organizations. Organizations that participated include:

- Alamo Regional Transit
- VIA
- Texas Workforce Solutions
- Hill Country Community Needs Council
- Alamo Area Resource Center
- Christian Assistance Ministries
- Hill Country MHDD Centers
- Comal County Senior Citizens Foundation
- American Cancer Research Center and Foundation
- Madonna Neighborhood Center, Inc.
- Rainbow Center
• San Antonio Housing Authority
• Texas Association of Community Centers

**Major Themes – Stakeholder Interviews and Surveys**

• Cost of ART service is an issue, county and out-of-county costs in particular.
• Dispatch, scheduling, customer service and timeliness of service have all been complaints of rural human service clients.
• Service is needed earlier in the morning and on weekends.
• Regularly scheduled service into San Antonio is needed.
• Better coordination with human service agencies is needed.

**GAP ANALYSIS**

By coupling the demographic analysis, inventory of current service and the outreach effort, service gaps and unmet need are revealed. The following section summarizes service gaps and unmet need by:

• Location
• Population
• Service type
• Human service need

**Gaps and Needs by Geographic Location**

There are many parts of the service area with little or no local or out-of-town service for non-Medicaid customers. Many stakeholders also cited gaps in service into San Antonio. Figure 4-1 shows the basic needs by county.

**Atascosa County**

Needs in Atascosa County were determined by a public meeting in Jourdanton, consultant observations, service data and public surveys.
Figure 4-1: Basic Needs by County
Chapter 4: Gap Analysis

Major Needs Cited

The major theme is that fuel prices have increased the need for transit among low income workers – especially those commuting to San Antonio. Needs include:

- Commuter service to San Antonio from rural areas and cities – vanpools or buses – this includes service to Palo Alto College.
- Scheduled service from the rural areas into Pleasanton/Jourdanton.
- Local circulator service – fixed/flex-route.

Other Issues

- Marketing service – This includes more than telling agency representatives – it is the total package: market to the general public.
- Trip denials due to limited space and Medicaid service
- Need for sponsors
- Difficulty hiring drivers

Bandera County

Analysis is based on a public meeting at the Silver Sage Community Center, meeting with the senior center director, consultant observations, service data and public surveys.

Major Needs Cited

- Commuter service to San Antonio is a continuing need
- Coordination partners are giving ART facility space, parking, utilities and internet without receiving anything in return (including service)
- Image needs building – Most people associate Alamo Regional Transit (ART) service with Medicaid transportation.
- Countywide service into Bandera for a variety of needs: children, elderly, and employees

Other Issues

- Marketing service – This includes more than telling agency representatives – it is the total package: market to the general public.
- Fares are much too high for commuters and most other potential riders

Bexar County

Needs in Bexar County are not dramatic as the vast majority of public transit and commuter needs are met by VIA’s various services. In addition, there is a strong network of human service
agencies and cooperatives that continue to work in coordination with transit. The needs in the urban area relate more to serving the urbanized areas that have not voted into the VIA service area. ART cannot service these areas with rural service and VIA cannot serve these areas without some local funding support.

Figure 4-2 shows the portions of the urbanized area that fall outside the VIA service area. Currently, VIA contracts with ART to serve New Braunfels, Schertz, Cibolo, Marion, and within the Guadalupe UZA with rural demand-response transit. Most communities have demand for regularly scheduled local fixed-route service and commuter service into San Antonio.

**Comal County**

Needs in Comal County were determined by a public meeting at the Westside Community Center in New Braunfels, consultant observations, service data and public surveys.

**Major Needs Cited**

The need for transportation is growing rapidly as fuel prices continue to increase. As a close-in suburban community, Comal County has needs typical of the region. These include:

- Fixed-route service in New Braunfels
- Regular service from Canyon Lake to New Braunfels
- Commuter service from the New Braunfels to San Antonio and Austin

**Other Issues**

- Fares are much too high for most potential riders needing service outside of their existing community
- The image of the human service bus is that it is for Medicaid trips and not the general public.
- Need for public/private partnership and sponsors
- Such a populated and urban area like New Braunfels needs fixed-route

**Frio County**

Needs in Frio County were determined by consultant observations, service data and public surveys.

**Major Need**

- Service within Frio County into Pearsall
- Service into San Antonio
Figure 4-2: Urban Area Service Gaps
Other Issues

- Marketing of service availability
- Existing services are much too expensive when trying to get access to San Antonio
- Existing commuter service not well known

**Gillespie County**

Needs in Gillespie County were determined by consultant observations, service data and public surveys.

**Major Needs**

- Local fixed-route service for residents and tourists in Fredericksburg
- A solution to downtown traffic/parking issues
- Rural service into Fredericksburg

**Other Issues**

- Cost for service is high for out-of-county trips
- Need for service to Austin

**Guadalupe County**

Needs in Guadalupe County were determined by a public meeting at the Guadalupe Regional Wellness Center in Seguin, consultant observations, service data and public surveys.

**Major Needs**

- Commuter service (including vanpools) from outside the county (New Braunfels and San Marcos) to local employers in Seguin
- Reconfiguration of the fixed-route service in Seguin
- Service from rural areas into Seguin for health care, shopping, personal business, and recreation
- Service to Audie Murphy VA Hospital
- Service to major employers along the I-35 corridor

**Other Issues**

- Professionalize marketing efforts
• Set up schedules
• Rebuild the system image
• Increase service for persons with disabilities

**Karnes County**

Needs in Karnes County were determined by consultant observations, service data and public surveys.

**Major Needs Cited**

• Service throughout the county
• Service to Beeville – Coastal Bend Community College
• Vanpools/commuter service in the county

**Other Needs**

• Fares are too high for out-of-county trips

**Kendall County**

Needs in Kendall County were determined by consultant observations, service data and public surveys.

**Major Needs**

• Commuter service into San Antonio
• Local commuter service
• Fixed-route service in Boerne

**Other Needs Cited**

• Fares from Boerne into San Antonio, and from Comfort into Kerrville, are too high.

**Kerr County**

Needs in Kerr County were determined by a well-attended public meeting at the Dietert Center in Kerrville, consultant observations, service data and public surveys.
Major Needs Cited

- Local circulator service – fixed/flex-route
- Local volunteer service
- Service to local businesses including larger employers such as James Avery, the VA Hospital, Kerrville State Hospital, Mooney, and the hotels, motels, and retail establishments.
- Service from rural areas into Kerrville
- Service to Fredericksburg

Other Issues

- Reasonable fares particularly for residents just outside of the Kerrville city limits looking for service into Kerrville
- Support the local transportation committee and their efforts to increase and improve transportation services in Kerrville

McMullen County

Needs in McMullen County were determined by consultant observations, service data and public surveys.

Major Needs

- Non-emergency medical transportation to regional medical centers

Medina County

Needs in Medina County were determined by consultant observations, service data and public surveys.

Major Needs

- Commuter service to San Antonio
- Commuter service to Hondo
- Fixed-schedule service in rural areas into Hondo and San Antonio
- Service within Hondo

Other Issues

- Connect to Uvalde Bus into San Antonio
Wilson County

Needs in Wilson County were determined by a public meeting at the Floresville Food Pantry, consultant observations, service data and public surveys.

Major Needs

- Commuter service to San Antonio
- Rural service to Floresville
- Local Floresville service beyond Medicaid

Other Issues

- Vanpool service
- Fares too high going to San Antonio

Needs by Population

The needs assessment looking at population groups is an important aspect of this planning effort. The first population group is people that have characteristics indicative of transit dependency. These groups include autoless households, elderly populations (ages 65 and older), youth populations (ages 10-17), people with disabilities, and below poverty populations. Figure 4-3 depicts the percentage of these population cohorts by census block group throughout the Alamo area Region. According to this analysis, block groups in western Bexar County and the southern areas of San Antonio are in high need of transit.

The Hill Country is seeing a rapidly aging population. The western portion of the region has the most areas with very high elderly populations. This includes large portions of Bandera, Kerr and Gillespie Counties. These counties are seeing an increase in demand for transit services but are having a difficult time competing for service with Medicaid customers.

Underserved Areas

Underserved areas in the Alamo Region consist of larger towns and cities that are only receiving rural demand-response services. These areas include:

- San Antonio Urbanized areas not served by VIA. Most areas are served by ART under contract to VIA and include New Braunfels, Schertz, Cibolo, Marion, and within the Guadalupe UZA.
- Kerrville
- Fredericksburg
- Pleasanton/Jourdanton
Figure 4-3: Transportation Need Based on Percentage of Transit Dependent Residents by Block Group
Many areas can sustain fixed-route, flex-route or same-day dial-a-ride service.

**Trip Type Needs**

A major reoccurring issue throughout the outreach process was the difficulty in scheduling non-Medicaid trips. Non-Medicaid customers trying to access medical appointments, human service locations, shopping or employment locations often find it difficult to get on the schedule. ART is aware of this issue and is currently working to overcome this barrier to service. Additional transportation development planning may be needed to find a sustainable solution.

Due to scheduling difficulties and service times, many human service agencies that focus on workforce opportunities stated that ART services are not feasible for many workforce needs. Additional commuter services, van pools and workforce transportation are needed throughout the region.

**Type of Transportation Service Needs**

There are areas that have demand for different service typologies and the ability to sustain these services. Outside of the VIA service area the only type of public transit service offered is rural demand-response transit.

**Fixed-Routes**

For many of the larger cities outside the current VIA service area, fixed-route should be explored. These areas include New Braunfels, Schertz, Cibolo, Marion, Kerrville, Fredericksburg, Pleasanton/Jourdanton, Boerne, Floresville, and within the Guadalupe UZA.

**Dial-a-Ride**

Cities such as Hondo, Karnes City and Bandera may be able to sustain a same day dial-a-ride service. This will require additional dispatch training and commitment of vehicles in these communities.

**Fixed-Schedule**

Regularly scheduled service from small cities and towns and rural areas into adjacent towns and San Antonio is a major need. Fixed-schedule services such as the service run by the Capital
Area Rural Transit System (CARTS) can be employed in the Alamo Region. This service is still curb-to-curb, but runs on a fixed schedule from one area into another. Route configuration to be considered should include:

- Fredericksburg > Austin
- Kerrville > Boerne > San Antonio
- Kenedy > Karnes City > Floresville > San Antonio
- Seguin > New Braunfels > San Antonio
- Bandera > Kerrville
- Bandera > San Antonio
- Hondo > San Antonio
- Pearsall > San Antonio
- Pleasanton > San Antonio

**Human Service Needs**

During the outreach process many human service organizations were engaged. The major needs and issues expressed by these agencies are as follows:

- Additional service for seniors in Bandera, Kerr, Gillespie and Kendall Counties
- More service to major human service locations in Hondo, Bandera and Kerrville
- More workforce transportation to Seguin and New Braunfels
- Guaranteed service for non-Medicaid customers
- Adjusted fares for ART service
- Dispatch, scheduling, customer service and timeliness of service have all been complaints of rural human service clients
- Service is needed earlier in the morning and on weekends
- Regularly scheduled service into San Antonio is needed
- Better coordination with human service agencies is needed

**GAP ANALYSIS SUMMARY**

The majority of the urbanized area is covered well by VIA services and human service agencies. VIA is contracting with ART to provide service in the urbanized area but outside of VIA and ART service areas, with demand-response service. ART provides rural demand-response and Medicaid transportation in the rural areas of the region. Additionally they provide school related services in some areas and fixed-route service in Seguin.

The major gaps in the region are not unserved areas but underserved areas. Many areas can sustain higher levels of service coming from different service designs. Fixed-routes in New Braunfels, Schertz, Cibolo, Kerrville, Fredericksburg, Pleasanton/Jourdanton, Boerne, Floresville, and within the Guadalupe UZA should be explored. Fixed-schedule service can
provide rural residents with a more timely service into major areas and increase productivity for ART.

ART needs to increase marketing and improve its reputation in the region. Efforts to ensure that services are available to customers who are not on Medicaid should be continued and expanded.

Regional fares are pricing transit dependent people out of transit. A $24 round trip cannot be taken on regular bases by human service clients or people on a fixed income. There is latent demand for service and reducing fares will increase demand. Reduced fares coupled with service improvements can drastically improve the customer experience and system productivity.
Chapter 5
Transportation Strategies and Pilot Programs

Introduction

The Alamo Area Council of Governments (AACOG) requested a service oriented update to the 2011 Alamo Area Coordinated Human Service Transportation Plan. AACOG and the Alamo Regional Transit Steering Committee (ARTSC) recognize that an update was needed to focus on strategies that help eliminate the gaps in services (unserved and underserved) and improve existing service.

The gaps in service unduly burden the transit dependent population – those without access or unable to drive a car (elderly, persons with disabilities, low income, zero car households, and youths) as well as limited English proficiency persons and veterans. In other words, coordinated planning efforts should be directed toward effectively and efficiently increasing service for transit dependent, veterans and Title VI (of the Civil Rights Act of 1964) populations. These potential services can include traditional fixed-route and paratransit services as well as hybrid services and include approaches such as mobility management, volunteers and a variety of coordination strategies designed to expand and/or improve service for customers.

This coordinated plan is the latest phase of the coordination process. It emphasizes service strategies and operational options, focusing less on process oriented strategies. The goal is to encourage implementation of coordinated activities that foster improved public and human service transportation.

This plan has been developed over the past nine months, with input from interested stakeholders through an open planning process including two rounds of public meetings, interviews with stakeholders and rider and stakeholder surveys. These meetings and surveys, the review of existing services, demographic and land use analysis, and details of the planning process are summarized in the previous chapters.

Guiding Principles and Goals

The key premise and guiding themes are discussed, followed by the goals. These goals, as well as the mission, are discussed in detail in Chapter 1, and the key points are repeated here to reinforce their importance. The largest section is the compilation of strategies and projects, followed by performance measures and an implementation/priorities timeline.
Key Coordination Premise – The Foundation of Coordinated Transportation

Excellent public transportation is the best way to address and coordinate the majority of transit dependent, Title VI, veteran and human service transportation needs in the Alamo Area.

Experience across the country in both urban and rural areas tells us that scheduled public transit is the best way to provide coordinated transit service as most veterans, transit dependent persons, Title VI and human service clients can ride fixed-route/scheduled service or Americans with Disabilities Act (ADA) paratransit.

When the public transportation systems are able to meet the majority of these needs through the existing fixed-route public transit network, then human service agency resources can be freed up to focus on the specialized transportation needs of their most difficult to serve clients. Efforts to support or improve general public transportation should be fully supported by ARTSC, human service agencies, and public transit systems as the foundation of coordinated transportation.

Planning for Comprehensive Services

When planning for comprehensive services, the foundation of these services is public transit. In the case of the Alamo area the foundation includes both VIA and ART. This five year plan calls integrating services to the greatest extent possible with:

- FTA Section 5307, 5310 and 5311
- Health and human service programs
- Workforce programs

Any comprehensive planning effort should start with building public transit and providing as many trips as possible on public transit buses. For those agencies unable to afford contracting with a coordinated operator or whose clients are not suited to any form of public transit; mentoring programs, training and providing used vehicles is most appropriate. When public transit systems are able to meet the majority of needs through the existing fixed-route or scheduled public transit network, then human service agency resources can be freed up to focus on the specialized needs of their most difficult to serve clients – true coordination.

It allows transit to do what it does best and inexpensively and calls for transit mentors to work with human service agencies to improve their transportation programs for those with special needs. These coordinated activities include:
- Maximizing the use of fixed-route services and fixed-schedule services (in rural areas). These services can be used by many persons with disabilities. Paratransit will only be for those that cannot use fixed route or fixed schedule service.
- Efforts to assist human service agencies in providing their own transportation (where appropriate) to the greatest extent possible. This includes mentoring, training and vehicle assistance.
- At the same time, the use of public paratransit services by human service transportation programs should be appropriately compensated by those agencies. Demands placed upon public paratransit by human service agencies should include the funding necessary to support them.

The coordination tasks below detail the activities related to this comprehensive planning effort.

**The Overarching Goal**

*Help provide for more trips for more people while providing cost effective high quality and safe transportation for our community.*

**Coordinated Plan Goals**

The four goals that have been carried forward for ten years remain relevant. Stakeholders and ARTSC agreed to continue with the existing goals.

**Goal No. 1:** Enhance the quality of the customer’s travel experience. Customer service and safety are emphasized. Provide services that can be used conveniently and at a reasonable cost by the public.

**Goal No. 2:** Expand the availability of services to those who are unserved. A full range of public transit services should be offered to all residents and visitors.

**Goal No. 3:** Increase the cost-effectiveness and efficiency of service delivery. Efficiency is a measure of doing things right, while effectiveness is a measure of doing the right things.

**Goal No. 4:** Establish and sustain coordination and communication among stakeholders in the region’s transportation plan. Trust and leadership continue to be the most important elements to sustaining communication.

**Key Themes**

Mobility and access to opportunity are fundamental needs in our society. This is particularly important for transit dependent consumers including elderly, persons with disabilities, low income, youth, zero car households, veterans and Title VI populations. Well-designed and
well-managed public and human service transportation can maximize ridership and benefit all. In particular, veterans in need of transportation can benefit most from a full-scale reliable public transit system rather than a very expensive one-on-one service.

**Priority Areas of Need**

The priority areas of need are summarized here and formed the basis for many of the potential strategies to be considered by ARTSC. These priorities were based on interviews with providers, human service agencies and stakeholders, meetings, surveys, analysis of data, observation, and the consultant’s knowledge of the service area. These needs are detailed in the chapter on Gap Analysis.

Specifically, the following areas will be addressed:

a. **Requirements of coordination** – Coordination requires three essential elements for success. When implementing change it is important to ensure these elements are in place:
   i. a good business deal
   ii. trust among the participants
   iii. leadership

b. **Regional service with more options for out-of-county service** – Significant commuter and medical needs exist for service into the San Antonio area, especially from adjacent counties. There is a need for scheduled service between other communities within the region (for example, Kerrville – Fredericksburg).

c. **Maintain and expand comprehensive transit in all communities** – Rural areas can benefit from new service designs that can attract more riders. Commuter service into San Antonio is also a major need. AACOG uses paratransit, the least productive service designs available for the public, and should only use paratransit as a last resort for special needs. Earlier and later service is needed to meet the commuter and medical needs outside the county.

d. **Maintain and expand coordination arrangements** – VIA and ART have built and maintained a number of coordinated relationships. ART coordinates with Non-Emergency Medical Transportation (NEMT) which provides over 95 percent of the human service transportation funding (available for coordination). VIA coordinates FTA funding for elderly and persons with disabilities and works closely with ART, the volunteer cooperatives and human service organizations.

e. **Medicaid Transportation Program (MTP):** Medicaid is the largest funder of human service transportation. It is estimated that MTP spends up to 90 – 95 percent of all human service agency funds available for coordinated transportation. This
service is partially coordinated. It may be changing and it is essential for ART to be properly positioned for the changes.

f. **Fare policy (Rural)** – According to many, fares in rural areas are too high especially for out-of-town service, which discourages use.

g. **Mobility management and coordination efforts** – Mobility management efforts have been implemented in the Bexar County area through a partnership of VIA and AACOG/ART. This is one of the major successes in coordination in the Alamo area. This work should continue in the San Antonio urbanized area and be expanded to rural areas. One entity (to be determined) can become the rural mobility manager. Activities can include some or all of the following:

   i. Creating a one-stop information center where people can get information on various transportation services and options
   ii. Providing centralized leadership and assisting ARTSC with partnerships
   iii. Mentoring/education – with human service transportation providers
   iv. Coordinating training
   v. Coordinating maintenance
   vi. Coordinating/consolidating transportation resources
   vii. Coordinating with volunteer networks

h. **Maintain relationships with urban human service agencies** – VIA, working with AACOG and about eight human service agencies, should continue working together and directing FTA Section 5310 funds to these organizations.

i. **Development of sponsorships and partnerships** – Development of public/private partnership (P3) opportunities on a small scale can help support service for targeted locations or groups of people for specific needs. For example, numerous large retailers across the country have (and continue to) support specific routes that provide access to their facilities.

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**STRATEGIES, PROJECTS AND PARTNERSHIPS FOR MEETING THE GOALS OF ARTSC**

The strategies, projects and partnerships selected for inclusion in the plan include both existing and new strategies. These activities are broken out by type of strategy:

1. **Coordination Strategies** – Planning, mobility management, coordination of services, traveler information and other coordination options.
2. **Service Strategies** – Designed to coordinate or grow transit options for the future. The primary focus is on the unserved and underserved areas identified in the Gap Analysis.

The following strategies and projects are based on choices made by ARTSC. Each strategy is guided by project goals and the gap analysis and includes:

- A narrative discussion of the strategy
- Examples of potential activities and projects (where appropriate)
- Impact on goals
- Potential costs/benefits to implement

**Coordination and Planning Strategies, Programs and Partnerships**

These strategies include efforts to coordinate public transit providers using mobility management, coordination of support functions, and traveler information. This also includes coordinating with human service agencies where a reasonable agreement can be reached.

**Coordination Task 1 - Coordinating and Planning for Comprehensive Human Service Transportation in San Antonio**

The comprehensive network calls for fixed route and fixed schedule as the first choice for most human service clients with ADA paratransit being the second choice and beyond that, human service transportation will pay for or provide the transportation directly. That is the comprehensive approach – transit does what it does best and human service agencies doing what they do best.

**Coordination opportunities: mentoring and support** – VIA, working with a number of human service agencies, has built a network of support. Mentoring should be initiated by this working group, to include driver training, maintenance support/advice and planning. Vehicles are also distributed through this task. The first efforts included focusing on volunteer cooperatives that provide transportation in various parts of the city. It is the intent of this task to assist in maintaining this network of services.

**Collaborating with Dialysis Clinics, Adult Day Activities** – VIA and ART, working with human service agencies should attempt to collaborate with dialysis and other clinics and find ways to work together to minimize transportation costs while meeting the needs of the passengers. Opportunities to group trips geographically should be pursued. Efforts should be made to work with Adult Day Activities Health Services (DAHS) to use their own services through mentoring as well as maximizing productivity.
Impact on Goals

This task, meets the following goals:

- Goal 1 – Enhance quality of service
- Goal 2 – Expand service and opportunity
- Goal 3 – Increase efficiency and effectiveness
- Goal 4 – Expand coordination and communication efforts

Potential Costs and Benefits

The costs associated with this task are minimal and consist mostly of staff time for meetings, planning and support. The benefits include more efficient and effective service by improving productivity/grouping of trips.

Coordination Task 2 – Maintaining and Expanding Coordinated Services between ART and VIA

A potential gap in service includes areas outside of the VIA and ART service areas, such as New Braunfels. Excellent progress has been made in this area. VIA has been aggressively planning new transit efforts outside their service area. ART is working closely with VIA and has implemented a number of services in formerly high unmet needs areas. This activity is continuing. These activities are an excellent case study of successful coordination to achieve new service in previously unserved areas. The implementation of service is discussed in detail in the service tasks below.

Impact on Goals

This task, meets the following goals:

- Goal 1 – Enhance quality of service
- Goal 2 – Expand service and opportunity
- Goal 3 – Increase efficiency and effectiveness
- Goal 4 – Expand coordination and communication efforts

Potential Costs and Benefits

The costs associated with this task are minimal and consist mostly of staff time for planning and support. The benefits include more efficient and effective service as each entity would do what it does best.

Coordination Task 3: Medicaid Coordination

Medicaid transportation expenditures include over 90 percent of available human service transportation funding. Therefore without coordinating Medicaid transportation, many
advantages of coordination fade. These strategies seek to bring ARTSC to work with various entities to allow for coordination of the largest human service transportation program.

Currently, the Medicaid transportation brokerage is a duplication of effort and adds another call center that duplicates the work CARTS does. Further, without actually knowing who is driving what vehicles, there are serious safety concerns. The ARTSC with CARTS should attempt to engage HHSC at the director level and offer to work with HHSC to develop a coordinated pilot program that helps all clients, customers and the state without duplicating services.

Examples of Potential Activities and Projects

**Strategy 3A: Engage Texas Health and Human Services Regarding the Medicaid Program**

Emphasize grouping trips and reducing costs. The second step in the process can be to attempt to educate HHSC upper management regarding the safety, quality, and cost advantages of coordinating service with public transit.

**Strategy 3B: Seek Pilot Project to Demonstrate the Effectiveness and Power of Coordinated Services**

When advocating for a change, it is best to have a viable solution. Many elements of a solution would include tools used in years past. These tools are still viable and make sense from a transportation perspective. Previous attempts failed – there are now new opportunities.

**Impact on Goals**

This strategy will address the following goals:

- Goal 1 – Enhance quality of service
- Goal 2 – Expand service and opportunity
- Goal 3 – Increase efficiency and effectiveness
- Goal 4 – Expand coordination and communication efforts

**Potential Costs and Benefits to Implement**

Costs include an investment of time and energy and perhaps a consultant to assist in planning efforts. Benefits include improved safety (a fully trained driver versus the possibility of an untrained driver) and quality. In addition, Medicaid Coordination will be in place again.

**Coordination Task 4 – Conduct a Full Transit Development Plan**

ART is hearing from the community that there needs to be an upgrade in service. This will be addressed in the operational strategies of this plan. First however, ART is in need of a transit development plan (TDP) to:
• Help set the direction of transit in the future
• Determine the most appropriate service design for every community
• Design routes and schedules as appropriate.

ART has never conducted a major review of its services to determine if schedules and areas served need to be changed due to changing conditions in this growing area. These changes would have a positive influence on ridership.

Impact on Goals

This strategy addresses the following goals:

• Goal 1 – Enhance quality of service
• Goal 2 – Expand service and opportunity
• Goal 3 – Increase efficiency and effectiveness
• Goal 4 – Expand coordination and communication efforts

Potential Costs and Benefits

A study of this type typically costs about $100,000 if contracted. Potential benefits include improved service and higher ridership for transit dependent and other riders.

Coordination Task 5 – Integrated and Sustained Planning and Implemented

The planning processes related to transit and human service transportation consists of a handful of planning processes. At the same time, this planning must focus on sustaining the planning activities and implementation activities. This task addresses the committee and AACOG planning requirements.

Strategy 5A: Integrate Planning Processes

ARTSC and AACOG will continue to integrate their planning processes. This plan integrated the following efforts from previous plans, supplied by VIA and ART:

• 2011 Coordinated Public Transit – Human Service Transportation Plan: This is the previous coordinated plan. The new plan used the 2011 study as a benchmark and was critical in identifying strategies to continue.
• 2008 – 2009 ART Business Plan: This plan was reviewed and where appropriate similar approaches were taken.
• 2016 Via Vision 2040: This plan includes efforts to bolster transportation outside of VIA’s service area. It should be noted that ART collaborates with VIA and actually provides much of the service in the targeted areas of New Braunfels, Cibolo, Seguin and Shertz. The new coordinated plan coordinates closely with this plan.
• **VIA Section 5310 Plans** – While not an official plan, VIA planning staff have an approach to the use of FTA Section 5310 funds. This is closely coordinated with at least eight human service agencies. The new plan coordinates with these efforts to ensure agreement among all parties.

This new plan will ensure continued close coordination with the existing plans as has been the case for many years.

**Strategy 5B: Sustain Planning and Implementation Efforts**

ARTC and AACOG will sustain their coordinated planning efforts, through their two existing staff. VIA uses its strategic planning staff and ART uses its internal staff to coordinate activities. In this sub strategy, AACOG as the lead agency will ensure that:

- The committee is sustained through AACOG and will meaningfully engage regional stakeholders, including persons with low income, elderly, persons with disabilities, veterans, advocates and others who may be transit dependent.
- Funds will be sought as necessary. These funds will be sought by either (or both) – VIA and AACOG. Meetings will be managed and funded by AACOG.
- Quarterly meetings will be held at appropriate locations in the service area. VIA and human service agencies will be recruited to attend the meetings.

**Service Strategies, Programs and Partnerships**

The best way to coordinate services is to provide quality public transit, as most transit dependent/Title VI persons and veterans can use public transit if properly planned. Additional services would be available for persons that cannot use fixed-route or paratransit. The majority of input received indicated that rural areas need additional intra- and inter-county service. The following strategies focus on these underserved areas and improving connectivity.

**Service Task 1 – Reconfigure Rural Services**

ART should begin to focus on improving transportation across its service area in order to provide better service for all. It is essential that services available, in any part of the service area, meet the needs of that community. It is here that the variety of service designs are introduced.

This does not necessarily require ART to expand service as it may be more effective just to reallocate service based on expressed need and ridership. Costs would be associated with conducting the study. Advantages include improved service, greater ridership and productivity. There are no real disadvantages.

Please note that in each of these service tasks it is essential that the transit system does not compete with itself. For example, in a community that operates paratransit for the general
public, when implementing fixed-route must scale back paratransit to only the service level needed by those that cannot use fixed-route even with training. To do otherwise would to compete with yourself, almost always a bad choice.

Service Task 1A: Implement Fixed-Route and Flex-Route Service

This task requires AACOG, working with each city to develop a reasonable transit program. Boerne, Fredericksburg, Kerrville, New Braunfels and Pleasanton-Jourdanton can sustain a fixed-route service to support local needs, work trips and in the case of Boerne, Fredericksburg, Kerrville, and New Braunfels, the significant tourist population. Persons with disabilities will be particularly well served with Americans with Disabilities Act (ADA) paratransit service. In many cases existing demand-response vehicles can be placed in fixed-route service with one or two vehicles for those that cannot use fixed-route.

Service Task 1B: Dial-a-Ride Service in Smaller Communities

The primary cities of each county with at least 3,500 in population are candidates for dial-a-ride service. These include Bandera, Floresville, Hondo, Karnes City/Kenedy and Lytle. This immediate response type of service is designed to attract more users through its convenience. Many persons with disabilities will find it very convenient to use for routine needs. Smaller towns can sustain a dial-a-ride with one vehicle.

Service Task 1C: Fixed-Schedule Service

Rural areas would receive a fixed-schedule service where service would be available different times on different days on a scheduled basis. For example, the rural southwest quadrant of Wilson County might receive service Monday, Wednesday and Friday to Floresville and service the first and third Wednesday of the month to San Antonio. The Northeast quadrant would receive similar service, etc.

All rural areas outside of the cities and towns would be covered by fixed-schedule service. The level of service in each area would be dependent on the needs.

Impact on Goals

- Goal 1 – Enhance quality of service
- Goal 2 – Expand service and opportunity
- Goal 3 – Increase efficiency and effectiveness
- Goal 4 – Expand coordination and communication efforts

Potential Costs and Benefits

The reconfiguring of service may require less of a need for more service than better service. Vanpools, fixed-schedule and fixed-route services can all maximize ridership at little cost. For ART’s rural services, a reconfiguration is in order that does not necessarily increase costs in any significant way as services are mostly redirected. Scheduled service with proper marketing will improve ridership and accommodate both Medicaid clients and the general public.
While the vast majority of needs will be filled through this public transit network, the needs of certain passengers may go beyond public transit. These passengers will also receive the ride they need either through a volunteer, human service agency or the transit system. It is the intent of this task that all passengers use the most appropriate mode based on their needs.

Summary

The consultant recommends pursuing the enhanced public transit options as discussed above. Fixed-route and fixed-schedule public transit can provide far more service than other modes and will benefit transit dependent populations the most. Public transit provides basic mobility and should be the core value in the rural areas as it is in Bexar County. These strategies will help guide the way toward the overarching goal of greater mobility.

Service Task 2: Regional Approach - Implement New Service across Region

Regularly scheduled service from small cities and towns and rural areas into adjacent towns and San Antonio is a major need. This need has accelerated rapidly and a network of commuter service – bus routes, vanpools, and ridesharing - are essential.

This effort is perfectly suited to a mobility management function and should include organizing all rideshare functions, marketing service, securing vehicles and a host of other activities.

Fixed-schedule or fixed-route services can be employed in the Alamo Region. This service can still operate curb-to-curb for those in need, but runs on a fixed-schedule from one area into another. Service corridors can include either fixed-schedule or fixed-route service (Figure 5-1):

- Fredericksburg > Austin (coordinated with CARTS)
- Kerrville > Boerne > San Antonio
- Kenedy > Karnes City > Floresville > San Antonio
- Seguin > New Braunfels > San Antonio
- Kerrville > Fredericksburg
- Bandera > Kerrville
- Bandera > San Antonio
- Hondo > San Antonio
Figure 5-1: Regional Service Corridors

Fixed Schedule Routes
- Fredricksburg - Austin
- Kerrville - Boerne - San Antonio
- Kenedy - Karnes - Floresville
- Seguin - New Braunfels - San Antonio
- Kerrville - Fredricksburg
- Bandera - Kerrville
- Bandera - San Antonio
- Hondo - San Antonio
- Pearsall - San Antonio
- Pleasanton - San Antonio
• Pearsall > San Antonio
• Pleasanton > San Antonio

Route configuration to be considered should include:

• Commuter/medical service – There is considerable need for daily service through the identified corridors to San Antonio. This service would start early enough to get commuters to work, students to school, and people to medical facilities, including the Veterans Administration facilities.
  o Connections would also be made to other systems as appropriate
  o The commuter bus would meet VIA at a designated transfer center (at a major destination), where most people would get off for their destination, or to transfer, while medical appointments can go straight to their destination on the ART vehicle
  o Where demand warrants, a mid-day run can be implemented

• Vanpools and ridesharing can provide commuter service in a very flexible manner, especially in corridors that cannot support a commuter bus. Vanpools should be emphasized especially in low density corridors.

Collaboration with the San Antonio Food Bank

The San Antonio Food Bank serves virtually all of the Alamo area with food deliveries. Logistically it becomes very expensive to transport food (typically canned and packaged goods) across 16 counties. ART and the Food Bank should explore opportunities where ART can provide transportation. When developing new route structures ART should meet with the Food Bank to determine if needs align. This could be mutually beneficial if the Food bank can reduce its transportation costs while Art is able to generate revenue.

Impact on Goals

• Goal 1 – Enhance quality of service
• Goal 2 – Expand service and opportunity
• Goal 3 – Increase efficiency and effectiveness
• Goal 4 – Expand coordination and communication efforts

Potential Costs and Benefits

Vanpools, fixed-schedule and fixed-route type services can maximize ridership at little cost. For ART rural services, a reconfiguration is in order that does not necessarily increase costs in any significant way. Scheduled service with proper marketing will improve ridership and accommodate both Medicaid clients and the general public.

The benefits for transit dependent populations and veterans will be very significant as new scheduled service will allow for dependable service.
**Service Task 3 - Development of Public Private Partnerships**

Public/private partnerships (P3) and sponsorships are a way to allow the private sector and other entities an opportunity to contribute to and gain from public transit efforts. These can range from large scale rail projects such as in Denver, to small scale partnerships as are occurring in other communities.

**Potential Services and Projects**

There are a number of non-traditional services that are low cost in nature and flexible enough to meet a variety of needs. The nature of the non-traditional family of services is that service is not implemented (and costs are not incurred) until demand has met minimum thresholds.

**Sponsorship Program**

Transit has a long history of providing advertising on and in buses for additional revenue. Many systems including VIA have engaged in advertising over the years, but a sponsorship program is more than simply advertising. Instead of the usual selling of just one form of advertising, the service should sell sponsorship packages. Sponsorship and advertising funds are an important source of local funding.

In Paris, Texas a new local transit system was recently set up by partnering with United Way, Paris Junior College, local medical facilities and the city. The system was able to secure several $25,000 sponsorships totaling over $160,000. There are many opportunities across the Alamo Area region to secure significant levels of funding through local partnerships.

**Shopper Shuttles**

With peak hour vehicles available for other services during mid-day, it may be possible to offer shopper shuttle services to sponsors willing to support the transit system. The shopper shuttle targets neighborhoods with high numbers of transit dependent populations and frequent destinations (e.g. Walmart, HEB, and medical centers), and can be effective during off peak hours. Often these arrangements pay for themselves through funding from retailers, who in return, receive business, advertising/promotion, and get involved in a positive way with their communities. There are numerous examples (in Texas and across the country) of this type of service being successful with supermarkets and discount “big boxes.” Typically shuttles target transit dependent populations – elderly, persons with disabilities, youths, low income and zero car households, as well as Title VI populations and veterans in their neighborhoods.

**Market Development Service**

There are a number of non-traditional services that are low cost in nature and flexible enough to meet a variety of needs. The nature of the non-traditional family of services is that service is not implemented (and costs are not incurred) until demand has met minimum thresholds or a
sponsor has stepped forward (such as an employer, enough riders or a local jurisdiction). Market development service, a form of ridesharing but with a paid driver, requires a minimum number of riders for a group to request service.

Impact on Goals

This service addresses the following goals:

- Goal 2 – Expand service and opportunity
- Goal 3 – Increase efficiency and effectiveness
- Goal 4 – Expand coordination and communication efforts

Potential Costs and Benefits

The cost to implement new service is dependent on the type of service, size of vehicle and other factors. With shoppers shuttles it may be feasible to contract with local businesses to offset all or part of the costs. In particular the transit dependent population – elderly, persons with disabilities, youths, low income and zero car households, as well as Title VI populations and veterans will benefit from this service.

**PERFORMANCE MEASUREMENT**

This section initiates the discussion regarding the performance measurement of strategies and projects emanating from the coordinated transportation planning effort. The setting of goals and objectives was the first step in guiding the process. The second step is to identify the types of quantitative and qualitative performance measures followed by setting specific measures for each strategies to be developed in the draft plan.

Performance measurement is an important component of transportation programs and particularly a demonstration program, providing an assessment of the program operation and its effectiveness in meeting its stated goals. Performance measurement also supplies important information that can be used to inform and educate community partners and stakeholders on the progress of the program. Evaluation of a demonstration program additionally serves to assess the potential for transitioning the program from pilot to permanent ongoing status.

Performance measures should be both quantitative and qualitative in nature. Therefore, operating data such as trips provided and input from users and operators should be components of the evaluation process.

**Basic Concepts – Setting Performance Measures**

Transportation Cooperative Research Program (TCRP) Report No. 124: Guidebook for Measuring, Assessing, and Improving Performance of Demand-Response Transportation and its
rural companion report TCRP Report No. 136 Guidebook for Rural Demand-Response Transportation: Measuring, Assessing, and Improving Performance continue to serve as our guide for operational performance measures for demand response types of service. There are a number of basic concepts that will be used when setting of performance measures:

- Aligning performance measures to established vision, goals and objectives
- Aligning performance measures to strategies identified through the coordinated planning process
- Keeping performance measures simple and using a small number of measures. For example, TCRP Reports Nos. 124 and 136 recommend between 5 and 6 measures for rural and urban paratransit
- Measuring both:
  - Efficiency of services – “doing things right”
  - Effectiveness of services – “doing the right things”
- Ensuring each measure has a stated purpose
- Recognizing that data collection and analysis is expensive and time consuming;
- Measuring performance using as few indicators as needed. If it is not a problem, measure it on a sample basis as needed.

**Quantitative Data**

Following are transit specific performance measures that can be applied to operational strategies. Each performance measure evaluates different aspects of a service:

- Passenger trips per vehicle hour or vehicle mile – These are key measures of productivity.
- Operating cost per vehicle hour or vehicle mile – These measures determine the basic cost of providing service.
- Operating cost per passenger trip – This measure is a reflection of the cost per hour and system productivity. The higher the productivity, the lower the cost per trip.
- Safety incidents per 100,000 vehicle-miles – A basic measure of safety.
- On-time performance – A measure for determining the quality of service being provided.
- Annual one way trips per capita – This measure helps depict the impact of the service in the community.

Quantitative data related to non-operational strategies are not always applicable, however in many cases numbers can be used to measure success. For example, where a strategy may include developing a brochure to guide medical facilities in locating at or near a bus route, a quantitative measure can include the number of brochures distributed to the medical and human service communities. In addition, an outreach strategy that involves a mobility manager approach may include quantitative data on the number of phone contacts, the number of website hits, or the number of people who received travel training.
Qualitative Data

The Alamo Regional Transportation Steering Committee (ARTSC) should collect qualitative data about the program on a periodic basis, obtaining feedback from users, agencies and operators. This information will help assess the degree to which the project or demonstration program is meeting its goals. Qualitative data may also:

- Suggest revisions and improvements to the program.
- Help assess the impact of a strategy on the community, going beyond just the data and numbers.
- Provide information that can be used to report broader outcomes to elected officials, funding partners, and key community stakeholders, and help educate them on the importance and benefits of coordinated transportation.

When obtaining and assessing qualitative data, the following should be considered:

- User Benefits – Direct benefits to users from increased access to services and activities (i.e. medical services, employment, education facilities, and shopping).
- Economic Benefits – Economic impact of expanding access to jobs shopping, and community locations, as well as expanded business opportunities for taxi providers.
- Public Service Support – Support for government agency activities and programs by allowing access to medical services to avoid more acute and expensive medical problems, helping reduce welfare dependency and unemployment, and providing the ability to live independently and reduce care facility costs.
- Equity Benefits – Increased economic and social opportunities for people who may be economically, physically and socially disadvantaged.
- Option Value – Value people place on having a service available, even if they do not currently use it, i.e., during emergencies or when a family member can suddenly no longer drive.

TxDOT Statewide Metrics

TxDOT has a series of measurements that the Lead Agency should use in the review of performance measures. At this time these measures include the following:

- Collaboration
  - Numbers of partnerships
  - Number of stakeholders
  - Number of people informed of the process
• Identification of gaps and inefficiencies
  o Number of gaps
  o Number of gaps with identified solutions
• Resolution of gaps and inefficiencies
  o Number of solutions implemented
  o Number of solutions that achieved their goal

**Program Interviews**

A possible technique for gathering both quantitative and qualitative information is to conduct project interviews. Interviews can be conducted in person or over the phone, and can provide a wide range of information that can be used to evaluate services originating from the coordinated transportation planning process.

Information and data obtained through the interview process can be used beyond the evaluation process. For instance, it can be used for peer-sharing efforts with other projects in the area, and to help identify opportunities for additional supports or trainings that may be needed to ensure success of the project.

**User Feedback**

Participants should have opportunities to give feedback and input on the program. There are several options available, and this input can be obtained through different techniques. A short user survey could be posted on the website of the administrator of the program. A written survey could be administered to users of the program as a mail-out, mail-back instrument.

Service quality information can also be obtained through a “secret shopper” method, whereby a designated representative(s) of the program administrator takes trips, with an objective of collecting specific information about the trip. It is important to recognize that such data are individual trips and the findings often cannot be attributed to the program as a whole. But “secret shopper” data can be useful to add to service quality information collected through other methods.

**Monthly and Annual Reporting**

The performance data identified should be summarized on a monthly basis and provided to involved and interested groups, including the participating jurisdictions and ARTSC. After one year, the program should be reviewed in detail to determine areas in need of adjustment or revision.
Measuring the Performance of the System

About the Performance Indicators: The Alamo Regional Transit Steering Committee does not directly implement transportation services, but instead provides coordination support to numerous agencies that implement these services in the region. ARTSC intends to track the performance of the Coordinated Regional Public Transportation System through the following System Performance Indicators. ARTSC may develop additional performance measures to track coordination activities.

ARTSC intends to identify a consistent method for compiling the data across service providers, and to begin to collect and publicize data about system performance on an annual basis. The following measures are used to serve as a starting point for the refinement (Table 5-1).

Table 5-1 Performance Measurement

<table>
<thead>
<tr>
<th>The region is achieving the goals of the ARTSC Plan if...</th>
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<tbody>
<tr>
<td><strong>More service is provided to more people (ARTSC Goal 2)</strong></td>
</tr>
<tr>
<td>Indicator</td>
</tr>
<tr>
<td>Annual Public Transportation Trips/ Capita</td>
</tr>
<tr>
<td>Percent of workers who use public transportation for commuting</td>
</tr>
<tr>
<td>Number of veterans, persons with disabilities and elderly persons served</td>
</tr>
<tr>
<td><strong>The system is accessible, seamless and understood (ARTSC Goals 1, 2 and 3)</strong></td>
</tr>
<tr>
<td>Indicator</td>
</tr>
<tr>
<td>Number of Fully Accessible Bus Stops/ Total Number of Bus Stops</td>
</tr>
<tr>
<td>Percent of population within 3/4 mile of fixed route transit</td>
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<tr>
<td>Percent of population within 5 miles of intermodal facility</td>
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<tr>
<td><strong>The region is fully leveraging available funding and partnerships for transit (ARTSC Goal 2 and 3)</strong></td>
</tr>
<tr>
<td>Indicator</td>
</tr>
<tr>
<td>Federal Transit Administration Funding awarded in the Region</td>
</tr>
<tr>
<td>Number of applications received in Alamo region for FTA 5310 Elderly and Disabled funding</td>
</tr>
<tr>
<td><strong>The system is cost effective and efficient (ARTSC Goal 3)</strong></td>
</tr>
<tr>
<td>Indicator</td>
</tr>
<tr>
<td>Average operating cost / public transit trip</td>
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</table>

Summary - Performance Measures

Performance monitoring of the implemented strategies is an important component of the planning process, allowing ARTSC, transit management and participating jurisdictions to assess services provided, resources required to fund the program, and users’ response to the
Performance monitoring for a demonstration program is particularly critical as it allows for adjustments and revisions to ensure the program is operating as intended. Decisions can then be made as to the transition of the program to ongoing status. When the strategies are developed, they will address the performance data that should be collected, indicating the entity responsible for collecting the data, the frequency of data collection, and monthly and yearly reporting.

Performance assessment should also involve a more qualitative review of the program. This should include methods to obtain feedback from users of the programs, such as user surveys, and input from companies and drivers participating in the program. Such information will supplement the quantitative assessment based on hard data.

**PLAN IMPLEMENTATION - PRIORITIES**

The strategies will be implemented over the five year horizon of this plan. The objective is to introduce changes in a manner that maximizes ridership and funding. Funding will drive implementation of service however, as municipalities or sponsors that provide local funding will gain priority status. Services with the most ability to increase ridership, coupled with areas with the greatest need and funding availability will be implemented first with an emphasis on serving the transit dependent population – elderly, persons with disabilities, youths, low income and zero car households, as well as Title VI populations and veterans, provided funding is available. As with all plans, these timelines are subject to change.

**Year 1**

In the first year, mobility management and planning activities will take priority because so many future activities will depend on these functions being coordinated. Other activities will center on planning in support of the future services to be implemented.

- Mobility Management – Stakeholders will organize work groups, seek funding, and determine who will perform which functions.
- Conduct Regional Planning and Funding Activities – Continue short range transit planning processes in each community interested in transit.
- Rideshare/Vanpool Service – Implement planning for rideshare programs in major corridors.
- Implement various low/no cost coordination activities:
  - Human service vehicle sharing
  - Mentoring/technical support to human service agencies
- Sponsorship Program – The program should be designed and planned in the first year.
- Collaborate with dialysis clinics DAHS and other programs
Chapter 5: Transportation Strategies and Pilot Programs

- Ensure human service transportation programs are receiving support.
- Initiate activities to coordinate NEMT services.

If possible ART should secure funding for the first year, initiate its study to refine and update the services.

Year 2

In the second year, the first year activities will continue and where feasible new services will be implemented as funding becomes available. Planning and funding activities will continue and vehicle procurement will be initiated. Additional elements include:

- Human service coordination – Initiate mentoring opportunities
- Complete regional planning process.
- Implement service in the service gap areas as funding becomes available.
- Sponsorship program – This program should be implemented in Year 2
- Continue NEMT coordination activities

Year 3

In the third year new services should continue to be implemented as funding becomes available.

- Where appropriate, planning activities will continue.
- Much of the energy should be focused on implementation of new service configuration.
- Public/private partnerships should be initiated.
- Shopper shuttles should be started as funding is available.

Year 4

In Year 4, new services should continue to be implemented as funding becomes available.

- Inter-regional connectivity should be in place
- Additional sponsors should be recruited

Year 5

This year should focus on measuring changes and planning for new services over the next five years. In addition additional services can be implemented as funding becomes available.