TRANSPORTATION NOTICE
PUBLIC NOTICE
FOR
Nevada Department of Transportation
Coordinated Human Services Transportation Plan

PURPOSE OF NOTICE: The Nevada Department of Transportation Coordinated Human Services Transportation Plan aims to identify limitations to mobility and prioritize projects that better serve seniors and individuals with disabilities in Nevada. According to Federal Transit Administration (FTA) Circular 9070.1G, "a locally-developed, coordinated public transit human service transportation plan identifies the transportation needs of individuals with disabilities, seniors and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services and projects for funding and implementation." NDOT is seeking your input on the proposed Coordinated Human Services Transportation Plan.

WHY: Transportation is the connection between people and resources, but it is often a second thought in the planning process. Many times, rural residents, medical facilities and employers find themselves in need of transportation services but are not aware of existing resources or there simply are no existing, affordable transportation options. Throughout the process, this study has found that simply filling the spatial and temporal gaps in transportation services is not enough; just as important is the widespread communication of the available resources through the proper channels.

WHERE YOU COME IN: Your comments can be submitted for the public record through 5 p.m. Tuesday, October 22, 2019. You may email your comments to mbradley@dot.nv.gov with a reference to this Plan in the subject line or fax it to 775-888-7668, or you may mail your comments to Matt Bradley, Transportation Planner, Nevada Department of Transportation, 1263 South Stewart Street, Carson City, NV 89712.

DOCUMENT SITE: The NDOT Coordinated Human Services Transportation Plan is available at; www.nevadadot.com/mobility/transit/transit-resources

CONTACT: Matt Bradley, Transportation Planner, Nevada Department of Transportation, 1263 South Stewart Street, Carson City, NV 89712, (775) 888-7688, or email at, mbradley@dot.nv.gov

NOTE: Reasonable efforts will be made to assist and accommodate individuals with disabilities desiring to review and comment on the Coordinated Human Services Transportation Plan. Requests for these services should be made in advance of the comment due date of October 22, 2019 to Julie Maxey, Nevada Department of Transportation, Public Hearings Officer at jmaxey@dot.nv.gov or 775-888-7171.

NEVADA DEPARTMENT OF TRANSPORTATION
COORDINATED HUMAN SERVICES TRANSPORTATION PLAN

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Final Revision prepared by the Nevada Department of Transportation

Contents

INTRODUCTION 7

EXECUTIVE SUMMARY 9

Unmet Needs or Gaps in Service 9

Goals and Strategies 13

CHAPTER ONE - Plan Development Methodology 15

§5310 Program: Enhanced Mobility for Seniors and Individuals with Disabilities 15

CHAPTER TWO - Demographic Analysis 17

Table 2.1 - Statewide Population/Median Age, by County 18

Figure 2.1 – Statewide Population 18

Table 2.2 - Statewide Population Density, by County 19

Figure 2.2 – Statewide Areas of Population Density Greater than Five 19

Table 2.3 - Rural and Urban Area and Population, by County 20

Figure 2.3 – Rural and Urban Area and Population 20

Table 2.4 - Population 65 and Over, by County 21

Figure 2.4 – Population 65 and Over 21

Table 2.5 - Individuals with Disabilities, by County 22

Figure 2.5 – Individuals with Disabilities 22

Table 2.6 - Household Income Percentages, by County 23

Figure 2.6 – Household Income 24

Figure 2.7 – Median Household Income 25

Table 2.8 - Poverty Status, by County 26

Figure 2.8 – Poverty Status 26

Table 2.9 - Zero and One Vehicle Households, by County 27

Figure 2.9 – Zero and One Vehicle Households 27

Table 2.10 - Minority Population, by County 28

Figure 2.10 – Minority Population 28

Table 2.11 - Veteran Population, by County 29

Figure 2.11 – Veteran Population 29

Figure 2.1 – Transit Propensity 30

Table 2.12 - Transit Propensity 31

CHAPTER THREE - County Transportation Resources 33

Public Survey 33

Figure 3.1 – Transportation Usage 34

Figure 3.2 – Trip Destinations 35
Regional 36
Figure 3.3 – Regional Map 36
Transportation Resources 37
Mobility Management Resources 38
Unmet Needs or Gaps in Service as Identified Through Public Outreach 39
Consolidated Municipality of Carson City 40
Figure 3.4 – Consolidated Municipality of Carson City Map 40
Transportation Resources 41
Unmet Needs or Gaps in Service as Identified Through Public Outreach 41
Churchill County 42
Figure 3.5 – Churchill County Map 42
Transportation Resources 43
Unmet Needs or Gaps in Service as Identified Through Public Outreach 43
Clark County 44
Figure 3.6 – Clark County Map 44
Transportation Resources (Rural) 45
Unmet Needs or Gaps in Service as Identified Through Public Outreach (Rural) 46
Douglas County 48
Figure 3.7 – Douglas County Map 48
Transportation Resources 49
Unmet Needs or Gaps in Service as Identified Through Public Outreach 49
Elko County 50
Figure 3.8 – Elko County Map 50
Transportation Resources 51
Unmet Needs or Gaps in Service as Identified Through Public Outreach 51
Esmeralda County 54
Figure 3.9 – Esmeralda County Map 54
Transportation Resources 55
Unmet Needs or Gaps in Service as Identified Through Public Outreach 55
Eureka County 56
Figure 3.10 – Eureka County Map 56
Transportation Resources 57
Unmet Needs or Gaps in Service as Identified Through Public Outreach 57
Humboldt County 58

Figure 3.11 – Humboldt County Map 58
Transportation Resources 59
Unmet Needs or Gaps in Service as Identified Through Public Outreach 59
Lander County 60
Figure 3.12 – Lander County Map 60
Transportation Resources 61
Unmet Needs or Gaps in Service as Identified Through Public Outreach 61
Lincoln County 62
Figure 3.13 – Lincoln County Map 62
Transportation Resources 63
Unmet Needs or Gaps in Service as Identified Through Public Outreach 63
Lyon County 64
Figure 3.14 – Lyon County Map 64
Transportation Resources 65
Unmet Needs or Gaps in Service as Identified Through Public Outreach 65
Mineral County 66
Figure 3.15 – Mineral County Map 66
Transportation Resources 67
Unmet Needs or Gaps in Service as Identified Through Public Outreach 67
Nye County 68
Figure 3.16 – Nye County Map 68
Transportation Resources 69
Unmet Needs or Gaps in Service as Identified Through Public Outreach 69
Pershing County 70
Figure 3.17 – Pershing County Map 70
Transportation Resources 71
Unmet Needs or Gaps in Service as Identified Through Public Outreach 71
Storey County 72
Figure 3.18 – Storey County Map 72
Transportation Resources 73
Unmet Needs or Gaps in Service as Identified Through Public Outreach 73
Washoe County 74
Figure 3.19 – Washoe County Map 74
Transportation Resources (Rural) 75
Unmet Needs or Gaps in Service as Identified Through Public Outreach (Rural) 75

White Pine County 76
Figure 3.20 – White Pine County Map 76
Transportation Resources 77
Unmet Needs or Gaps in Service as Identified Through Public Outreach 77
CHAPTER FOUR - Goals and Strategies 79
Figure 4.1 – County Identified Needs 80
Goal #1: Sustain Existing Services & Enhance Statewide Transportation Framework 81
Strategy 1.1: Sustain Existing Rural Public Transportation Programs 81
Strategy 1.2: Establish Statewide Coordinating Council for Rural Transportation 82
Strategy 1.3: Establish Coordinated Community Transportation Regions 83
Strategy 1.4: Collaborate on Grant Applications 84
Goal #2: Enhance Medical Service Options in Unserved Communities 85
Strategy 2.1: Coordinate Medical Appointments with Transportation Availability 85
Strategy 2.2: Schedule Mobile Medical Unit Visits for Communities Lacking Medical Facilities 85
Strategy 2.3: Establish Tele-Health Centers 86
Goal #3: Increase Match for Rural Transportation with Purchase of Service Agreements 89
Strategy 3.1: Increase Purchase of Service Agreements with Public Transportation 89
Strategy 3.2: Increase Countywide Public Transportation Service 90
Goal #4: Create Coordinated Volunteer Driver Program 91
Strategy 4.1: Create Volunteer Transportation Working Groups 91
Strategy 4.2: Identify Joint Volunteer Driver Insurance Providers 92
Strategy 4.3: Develop Volunteer Driver Training Program 93
Strategy 4.4: Develop Volunteer Driver Program with Flexibility to Attract Drivers 93
Strategy 4.5: Recruit Organizations that Benefit from Volunteer Driver Services 94
Goal #5: Expand Regional Intercity Connectivity & Local Transportation Services 97
Strategy 5.1: Provide Intercity Bus Routes 97
Table 4.1 – Proposed Routes and Stops 98
Figure 4.2 – Proposed Routes and Stops Map 99
Strategy 5.2: Conduct Needs Assessment for Routes Between Boulder City & Las Vegas 100
Strategy 5.3: Increase Service Frequency Between Boulder City & Las Vegas 101
Goal #6: Expand Transportation Services to Unserved Communities 103
Strategy 6.1: Establish Public Demand Response Service in West Wendover 103
Strategy 6.2: Enhance Transportation for the Shoshone Paiute Tribe Senior Center 103
Strategy 6.3: Expand Get My Ride Blue Line 104
Strategy 6.4: Expand Get My Ride Service Area & Hours 104

Strategy 6.5: Expand Ely Bus to White Pine County Rural Communities 105
Strategy 6.6: Expand Pleasant Senior Center Transportation Service Area & Hours 105
Strategy 6.7: Conduct Pilot Demonstration of a Winnemucca Flexible Fixed Route 106
Strategy 6.8: Establish Public Demand Response Service in Battle Mountain 107
Strategy 6.9: Vanpool or Shuttle Service in Douglas County 107
Goal #7: Increase Safety For Public Transportation Service in the City of Laughlin 109
Strategy 7.1: Investigate the Potential for Developing Bus Safety Lane 109
Goal #8: Improve Public & Human Service Agency Transportation Information 111
Strategy 8.1: Improve Transportation Information Available Through Nevada 211 111
Strategy 8.2: Establish Rural Travel Training Program 112
Strategy 8.3: Develop Media Offering Passengers Easy Transportation Guidance 113
Table 4.2 – Summary of Goals and Strategies 114
CHAPTER FIVE – Financial Data 117
CONCLUSION 119

INTRODUCTION

Nevada is the seventh largest state by total area in the US. The distance between Reno and Las Vegas is comparable to the distance between Boston, MA and Washington, DC. The difference, however, is the many cities and towns, businesses and services, and public transportation options that lie between. This section of I-95 passes through eight states and is a densely populated, industrialized and commercialized corridor that offers high levels of mobility for its residents. Even the rural areas in this region are in proximity to urban areas and are typically within service areas overlapped by multiple public transportation providers. This permits easy access to medical and dental services, educational and employment opportunities, grocery and merchandise retailers, recreational venues, religious worship and social or leisure activities. On the contrary, rural Nevada is a sparsely-populated region and has very few cities or towns and little industry, commerce, or recreation. Residents lack immediate, or easy, access to services that fulfill basic human needs. These sparsely-populated regions aren't limited to the US 95 corridor between Reno and Las Vegas, they exist throughout the state, each experiencing similar mobility challenges.

For rural populations, accessing these vital services is much more difficult for people who cannot transport themselves and must rely on a third-party for their mobility, commonly seniors and individuals with disabilities. Higher levels of mobility allow individuals to remain living independently, reducing reliance on family and friends. In turn, primary caregivers experience less of a responsibility to provide transportation and, as a result, miss work less frequently and can make a living. Transit independence for seniors and individuals with disabilities not only supports families, it supports communities and economic vitality.

The Coordinated Human Services Transportation Plan aims to identify limitations to mobility and prioritize projects that better serve seniors and individuals with disabilities in Nevada. According to Federal Transit Administration (FTA) Circular 9070.1G, "a locally-developed, coordinated public transit human service transportation plan identifies the transportation needs of individuals with disabilities, seniors and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services and projects for funding and implementation." The Circular states that "as part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for approving and adopting the plan and this process must include participation by stakeholders identified in the law: seniors; individuals with disabilities; representatives of public, private and nonprofit transportation and human service providers; and other members of the public."

Funding sources available to meet these goals are scarce and transit agencies rely heavily upon local government for matching funds. It is vital that operators and administrators of transit continue to leverage funding from these public bodies, as available, but also look to additional stakeholders who benefit from a mobile population. Employers, medical offices and retailers all benefit from a population's ability to work, shop, or access healthcare. Simply put, it promotes a healthy economy and prevents lost time at work or missed medical appointments. Securing the match funds for the federal assistance provided by the NDOT is vitally important to the health of the transit system. Equally as important, coordination and cooperation at the state and local levels can help utilize funds more effectively and reduce the duplication of services.

Coordination and cooperative efforts between state and local governments, local and regional transit agencies, advocacy groups and human service organizations enable a better planning process, facilitate a more effective transit system and result in a reduction of the expenses for administering and operating these programs. This also reduces the strain on identifying alternative funding sources, which can detract from the productivity of operations.
This plan was developed through a public outreach process that included seniors; individuals with disabilities; representatives of public, private and nonprofit transportation and human service providers; and other members of the public through surveys, community workshops and town hall meetings conducted throughout the state.

EXECUTIVE SUMMARY

Nevada has 16 counties and one consolidated municipality. With the exception of Carson City, every Nevada county is over 90% rural. Rural transportation challenges are different from those of urbanized areas because trips in rural areas are often longer and, because passengers often do not live near one another, linking shared rides is more challenging. Nevadans in some rural areas travel hundreds of miles one-way to medical appointments.

This study incorporated several elements into shaping the broader objective of addressing the mobility issue faced by residents of rural Nevada. A demographic analysis was used to provide context and provide insight for the composition and characteristics of the state and its residents. Research and outreach was conducted to identify current resources and gaps in service. A breakdown by county is provided below. Public and stakeholder workshops reinforced this inventory and shortfall while also providing a list of goals and strategies (summarized below) to meet the identified service needs. The resulting prioritized list of projects will help guide NDOT's decision-making in awarding federal funding to projects proposed by operators of transportation and other agencies generally involved in the provision of transportation services.

Transportation is the connection between people and resources, but it is often a second thought in the planning process. Many times, rural residents, medical facilities and employers find themselves in need of transportation services but are not aware of existing resources or there simply are no existing, affordable transportation options. Throughout the process, this study has found that simply filling the spatial and temporal gaps in transportation services is not enough; just as important is the widespread communication of the available resources through the proper channels.

Unmet Needs or Gaps in Service

Nevada's existing transportation provider inventory includes over 60 local, regional and statewide organizations that directly operate transportation services in rural Nevada. Nevada is home to a network of public, private, nonprofit and volunteer transportation providers that are serving the rural areas of the state and connecting the rural population with resources in rural, as well as urban areas. While public transportation may not be available in every community, there are volunteer, senior center, or human service agency services to fill in most of the transportation gaps.

Consolidated Municipality of Carson City

- Some areas are not served by public transit
- Improved access into neighborhoods
- Cross county and/or city boundaries for access to social and recreational activities and shopping
- Improved access to the Nevada Rural Housing Office
- Plan for transit/accessibility to new housing developments
- Improved access to Reno
- Add weekend transportation options
- Add door-to-door service for people age 80+
- Travel training and education for riders.
- Add more shelters to JAC bus stops
- Locate bus stops closer to employment or entertainment locations

Churchill County

- Cross county and/or city boundaries
- Connector service with other counties and cities such as Silver Springs, Dayton and Carson City
- Connections to the Tahoe-Regional Industrial Center

- Add weekend transportation options for all trip purposes
- Extended morning/evening hours of transportation service for all trip purposes
- More transportation options for medical trips for people who are not eligible for Medicaid
- Additional local match money to leverage federal funds for capital (vehicles) and operating grants.

Clark County

- Rapid bus service to employment centers
- Better alignment of mass transit for people with medical needs
- Enhance transportation connectivity and safety
- Shuttle services to employment, recreation, commercial areas and airports
- Funding to support improved tourist transportation options
- Expedited transit options for shorter travel times
- Options for aging seniors who are no longer able to drive
- Control environmental impacts of transit services that cause climate change
- Promote coordination among providers
- Universal fare structure
- Bicycle-motorized scooter crossings
- Community outreach

Douglas County

- More robust transportation options to medical services
- Yerington needs public transportation
- Access to dialysis appointments or employers in Gardnerville and Lake Tahoe
- Demand response service on the Nevada side of Lake Tahoe
- Access to family support services in Gardnerville
- Johnson Lane, Stephanie Way and Airport Road employment access
- Efficient connections between Lake Tahoe and Carson City
- Extended weekday hours of public transportation service
- Add weekend public transportation
- Affordable transportation options during late night and early morning hours for shift workers
- Educate and inform the public about transportation options that are available

Elko County

- Long distance transportation to medical appointments in Reno, Las Vegas and Salt Lake City, UT
- On-call, long distance hospital discharge transportation
- Countywide transportation for all trip purposes
- Intercity transportation for communities that recently lost Greyhound bus service which runs seasonally along the I-80 corridor from Reno to Salt Lake City, UT
- More access to daily medical or shopping transportation options
- Transportation options for urgent requests for same-day service
- First/Last mile connections to pick-up points to utilize Get My Ride
- Volunteer recruitment would help to expand the availability of volunteer transportation options
- More public transportation in Carlin
- Affordable and reliable transportation options for employment, medical appointments, congregate meal sites and grocery shopping for West Wendover
- Transportation from Wells to Salt Lake City, UT for medical appointments
- More medical transportation options for Elko residents who are not eligible for Medicaid
- Transportation options for people released from Elko County Jail
- More transportation options in Jackpot, Lee and South Fork Indian Reservation

- More transportation options for Elko residents when they are discharged from hospitals in Reno or Salt Lake City, UT (or other locations) and need to return to Elko
- More frequent transportation options to Elko and Twin Falls, ID for shopping, errands and medical appointments
- More public transportation options in Wells
- Additional capacity on the Get My Ride
- More affordable passenger fare options for out-of-town rides from Owyhee for shopping and errands
- Weekend and evening transportation for work
- Replacement vehicles to maintain safety
- Better communication between transportation stakeholders about needs, gaps in service and capacity issues
- More ride-share options for employment to improve access to jobs

Esmeralda County

- Long distance transportation for medical appointments
- Long distance transportation for veterans
- Transportation options to address needs of people who can no longer drive and are becoming more isolated and dependent upon agencies – particularly in Fish Lake Valley
- Public transportation for all trip purposes
- Better coordination between transportation providers and the Veterans Hospital when scheduling appointments
- Access to medical services and shopping areas
- Improved community education about available transportation services
- Focus on economic development to grow the community and local services

Eureka County

- Transportation to Ely for shopping, appointments and errands
- Transportation for patients when they are discharged from the hospitals in Reno and Elko
- Intercity transportation to Reno or Las Vegas
- Rural residents, especially seniors, need long distance transportation to medical appointments
- Need to accommodate urgent requests for same-day service
- More volunteer transportation

Humboldt County

- Transportation to Reno for medical appointments
- Transportation from outlying communities, including Paradise Valley, Orovada, Golconda and McDermitt, to Winnemucca
- Evening and early morning transportation is needed for clients of social services programs
- On-call transportation as an alternative to expensive taxi service
- Improved communication between transportation stakeholders
- Improved infrastructure in Winnemucca for the safety of those riding public transportation.

Lander County

- Public transportation that extends outside of Battle Mountain Township for medical appointments, shopping and other services
- Transportation to Reno, Elko and Salt Lake City, UT for medical appointments and connections to intercity bus service
- More on-call transportation options to meet urgent needs

- Additional Lander County staffing capacity to perform transportation grants administration
- More Medicaid NEMT providers

Lincoln County

- Additional coordination between transportation providers to connect trips across multiple counties is needed for all trip purposes
- More vehicles to ensure appropriate capacity for individuals with disabilities
- More qualified drivers to expand service
- Sustainable local funding structures for transportation to sustain and expand services
- Better communication and working relationships between Veterans Hospitals and transportation providers

Lyon County

- Additional connections to intercity bus services for trips to Carson City and Reno
- Daily local transportation within Lyon County for all trip purposes
- Additional operating funds to hire a full-time driver
- Individuals who are not eligible for Medicaid NEMT need more options for access to medical appointments

Mineral County

- Transportation from the local hospital back home after discharge
- Additional transportation options to Fallon and Reno
- Extended hours for transportation services on weekday evenings and early-mornings for shopping and recreation
- On-demand transportation options in Hawthorne and throughout Mineral County
- Additional local funding for vehicle repairs and to update the vehicle fleets
- Public transportation in Mineral County for all trip purposes
- More options for people not eligible for Medicaid NEMT for access to medical appointments

Nye County

- Regular service between Pahrump and Las Vegas
- Park-and-ride areas
- Transportation between Amargosa Valley and Pahrump to access food pantries and for other services
- Transportation service in Beatty
- Regular transportation options on a scheduled route for all trip purposes
- Additional local funding to expand service options and hours
- Transportation to after school activities
- Expanded hours and days of service, as well as increased capacity of public transit
- Driver education courses
- Transportation for people who are not eligible for human service agency transportation programs
- Bike and pedestrian path safety improvements
- Improvements in crosswalks, especially in low-income housing areas

Pershing County

- Transportation options for young people living in Lovelock to improve their access to job opportunities outside of the local area
- Medical-related transportation to Carson City and Winnemucca
- Senior and recreational trips to Carson City, Winnemucca, Fallon and Reno
- Trips to the job centers for Lovelock and Pershing County residents

Storey County

- Transportation service in Storey County River District
- Service in the Lockwood area to support growth near the industrial center
- Public transportation throughout the unserved areas of Storey County
- Evening transportation service options for the public, seniors and individuals with disabilities

Washoe County

- Access to public transportation services
- Volunteer transportation service
- Improved access to shopping areas, groceries and pharmacies
- More options for individuals who are not eligible for Medicaid NEMT for access to medical appointments

White Pine County

- Countywide transportation to meet the needs in rural areas
- Long distance transportation to medical appointments in Reno, Las Vegas and Salt Lake City, UT
- On-call, long distance transportation for patients discharged from hospitals
- Daily transportation options for shopping and medical appointments
- Transportation options for urgent, same-day trip needs
- Improved volunteer recruitment activities

Many of the gaps in service identified above are common to many part of the state. Issues that have been specifically identified as regional/statewide needs are:

Intercity Bus Service.

Infrastructure in many locations needs to be improved for the safety of those riding public transportation. It is difficult to find locations near public buildings (e.g. library, city hall and county buildings) to deploy a wheelchair lift or ramp. Riders who use walkers have some difficulty with walking due to lack of curb cuts in some locations.

Many areas do not currently have the staffing capacity to perform transportation grants administration. This would be necessary for the appropriate agency to apply for federal funding to add service.

Goals and Strategies

The following page provides a list of prioritized coordinated transportation goals and their corresponding strategies was developed for statewide and/or local implementation, based upon the analysis of existing services, demographics and public/stakeholder input.

GOAL #1: SUSTAIN EXISTING SERVICES & ENHANCE STATEWIDE COORDINATED TRANSPORTATION FRAMEWORK

1.1 Sustain Existing Rural Public Transportation Programs
1.2 Establish Statewide Coordinating Council for Rural Transportation
1.3 Establish Coordinated Community Transportation Regions
1.4 Collaborate on Grant Applications

GOAL #2: ENHANCE MEDICAL SERVICE OPTIONS IN UNSERVED COMMUNITIES

2.1 Coordinate Medical Appointments with Transportation Availability
2.2 Schedule Mobile Medical Unit Visits for Communities Lacking Medical Facilities
2.3 Establish Tele-Health Centers

GOAL #3: INCREASE MATCH FOR RURAL TRANSPORTATION THROUGH PURCHASE OF SERVICE AGREEMENTS

3.1 Increase Purchase of Service Agreements with Public Transportation
3.2 Increase Public Transportation Service in Nye and Douglas Counties

GOAL #4: CREATE COORDINATED VOLUNTEER DRIVER PROGRAM

4.1 Create Volunteer Transportation Working Groups
4.2 Identify Joint Volunteer Driver Insurance Providers
4.3 Develop Volunteer Driver Training Program
4.4 Develop a Flexible Volunteer Driver Program with Flexibility to Attract Drivers
4.5 Recruit Organizations that Benefit from Volunteer Driver Services

GOAL #5: EXPAND REGIONAL INTERCITY CONNECTIVITY & LOCAL TRANSPORTATION SERVICES

5.1 Provide Intercity Bus Routes
5.2 Conduct Needs Assessment for Increased Routes Between Boulder City & Las Vegas
5.3 Increase Service Frequency Between Boulder City & Las Vegas

GOAL #6: EXPAND TRANSPORTATION SERVICES TO UNSERVED COMMUNITIES

6.1 Establish Public Demand Response Service in West Wendover
6.2 Enhance Transportation for the Shoshone Paiute Tribe Senior Center
6.3 Expand Get My Ride Blue Line
6.4 Expand Get My Ride Service Area & Hours
6.5 Expand Ely Bus to White Pine County Rural Communities
6.6 Expand Pleasant Senior Center Transportation Service Area & Hours
6.7 Conduct Pilot Demonstration of a Winnemucca Flexible Fixed Route
6.8 Establish Public Demand Response Service in Battle Mountain
6.9 Establish Vanpool or Shuttle Service in Douglas County

GOAL #7: INCREASE SAFETY FOR PUBLIC TRANSPORTATION SERVICE IN THE CITY OF LAUGHLIN

7.1 Investigate the Potential for Developing Bus Safety Lane

GOAL #8: IMPROVE PUBLIC & HUMAN SERVICE AGENCY TRANSPORTATION INFORMATION

8.1 Improve Transportation Information Available Through Nevada 211
8.2 Establish Rural Travel Training Program
8.3 Develop Media Offering Passengers Easy Transportation Guidance

CHAPTER ONE - PLAN DEVELOPMENT METHODOLOGY

This plan updates the Nevada Department of Transportation (NDOT) 2011 Coordinated Human Services Transportation Plan (CHSTP) to fulfill the planning requirements of the United We Ride initiative and the Federal Transit Administration's (FTA) Safe, Accountable, Flexible and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU). For the purposes of this study, the Nevada Department of Transportation (NDOT) focused only on the transportation needs in rural areas of the state.

On December 4, 2015, the Fixing America's Surface Transportation (FAST) Act was signed into law as a reauthorization of surface transportation programs through Fiscal Year 2020. The FAST Act applies new program rules to all Fiscal Year 2016 funds and authorizes transit programs for five years. According to FAST Act requirements, locally-developed, coordinated public transit-human services transportation plans must be updated to reflect the changes established by the FAST Act federal legislation.

The FTA provided planning funding to the NDOT Transit Office to update this locally-developed CHSTP. The planning process involved active participation from local transportation providers and human service agencies, as well as members of the public, including seniors and individuals with disabilities.

According to FTA requirements, the CHSTP must be developed and approved through a process that includes participation from seniors and individuals with disabilities. The NDOT and FTA also encouraged active participation in the planning process from the public and representatives of public, private and nonprofit organizations that provide, or support, transportation services and initiatives. The methodology used in this plan update included efforts to identify these stakeholders and facilitate their participation in the planning process.

The fundamental element of the planning process is the identification and assessment of existing transportation resources and local/regional unmet transportation needs or gaps in service. This was accomplished by receiving input from the stakeholders noted previously, through community workshops open to the public, in-person interviews, telephone calls, email conversations and a public survey.

§5310 Program: Enhanced Mobility for Seniors and Individuals with Disabilities

The §5310 Program is the program most significantly impacted by this plan update because participation in a locally developed CHSTP is one of the eligibility requirements for funding. However, this plan is a useful tool for generally identifying transportation resources and gaps in service, regardless of funding type. This is important to note because NDOT also administers other FTA funding types, including the §5311 and §5339 Programs.

The §5310 Program provides formula funding to states for the purpose of assisting public transportation providers and private nonprofit groups in meeting the transportation needs of seniors and individuals with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting those needs. For rural areas in Nevada, the NDOT is the direct recipient and solicits applications for §5310 program projects for funding through a competitive application process.

Eligible activities for §5310 Program funds include the replacement or rehabilitation of transit vehicles, wheelchair lifts, ramps and securement devices; and the replacement or rehabilitation of transit-related equipment.

§5310 Program projects are eligible to receive up to an 85% federal share if the 15% local match is secured. Local match may be derived from any combination of non-USDOT federal, state, or local resources. The FAST Act also allows the use of advertisement and concessions revenue as local match. Passenger fare revenue is not eligible as local match.

CHAPTER TWO - DEMOGRAPHIC ANALYSIS

Certain demographic characteristics are strong indicators of demand for transportation service. For example, demographic factors showing high population densities of seniors, individuals with disabilities and zero vehicle households indicate the potential for a higher propensity for transportation service need and use. While this plan focuses on the rural counties of Nevada, it is done so with the understanding that some of the most common destinations are located in the urban areas, so general demographic statistics from the urban counties are also noted.

The data provided in this chapter was gathered from multiple sources, including the U.S. Census Bureau's 2016 American Community Survey (ACS) Five-Year Estimates and the State of Nevada Demographer. These sources are used to ensure the most current and accurate information is presented. As a five-year estimate, the ACS data does not represent a direct population count, but offer an estimated population based on supplemental samples taken after the decennial census. Demographic and socio-economic data variables include the following:

Statewide Population/Median Age, by County

Statewide Population Density, by County

Rural and Urban Area and Population, by County

Population 65 and Over, by County

Individuals with Disabilities, by County

Household Income Percentages, by County

Median Household Income, by County

Poverty Status, by County

Zero and One Vehicle Households, by County

Minority Population, by County

Veteran Population, by County

The charts on the following pages were created using 2016 American Community Survey (ACS) Five-Year Estimates.

Table 2.1 - Statewide Population/Median Age, by County

County	Population	Median Age
Clark County	2,070,153	36.7
Washoe County	439,914	37.9
Carson City	54,412	43.1
Elko County	52,029	33.5
Lyon County	51,897	43.7
Douglas County	47,426	50.1
Nye County	43,198	51.2
Churchill County	24,148	38.8
Humboldt County	17,091	35.2
White Pine County	9,893	39.1
Pershing County	6,690	41.3
Lander County	5,907	37.0
Lincoln County	5,155	39.6
Mineral County	4,519	49.2
Storey County	3,941	54.4
Eureka County	1,730	47.1
Esmeralda County	1,069	42.0
Statewide	**2,839,172**	**42.4**

The table shows the 2016 American Community Survey (ACS) projected population for each county. The two counties with the highest populations, Clark and Washoe, also have the two largest urban areas in Las Vegas and Reno, respectively. Clark County has the highest population with 72.91% of the total population. Washoe County immediately follows with 15.49% of the total population. The Consolidated Municipality of Carson City, home to the state's only other census-defined urban area, is third with 1.92% of the total population.

Figure 2.1 – Statewide Population

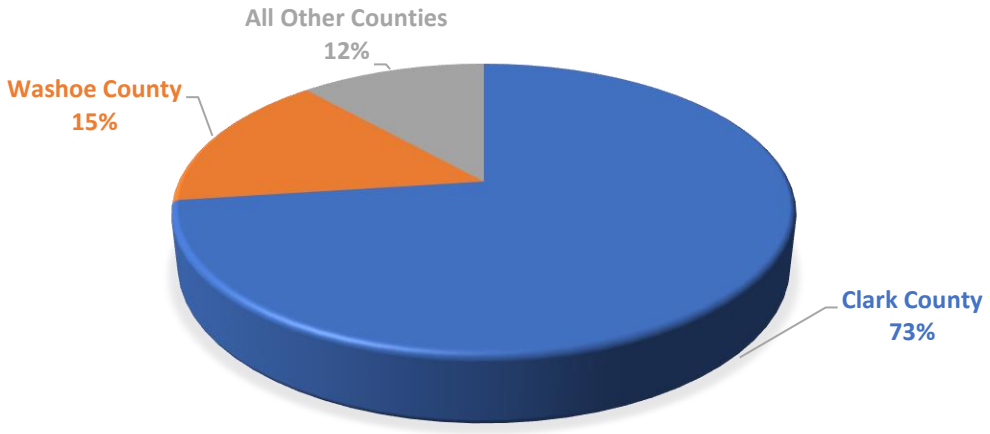


Table 2.2 - Statewide Population Density, by County

County	Population	Square Miles	Population Per Square Mile
Carson City	54,412	144.7	376.1
Clark County	2,070,153	7,891.4	262.3
Washoe County	439,914	6,302.4	69.8
Douglas County	47,426	709.7	66.8
Lyon County	51,897	2,001.2	25.9
Storey County	3,941	262.9	15
Churchill County	24,148	4,930.5	4.9
Elko County	52,029	17,169.8	3
Nye County	43,198	18,181.9	2.4
Humboldt County	17,091	9,640.8	1.8
Mineral County	4,519	3,752.8	1.2
Lander County	5,907	5,490.1	1.1
Pershing County	6,690	6,036.6	1.1
White Pine County	9,893	8,875.7	1.1
Lincoln County	5,155	10,633.2	0.5
Eureka County	1,730	4,175.7	0.4
Esmeralda County	1,069	3,581.9	0.3
Statewide	**2,839,172**	**109,781**	**25.9**

The table shows the population density based upon the area of each county and the 2016 American Community Survey (ACS) projected population. Population density is a good indicator as to the demand and effectiveness of public transportation.

Figure 2.2 – Statewide Areas of Population Density Greater than Five

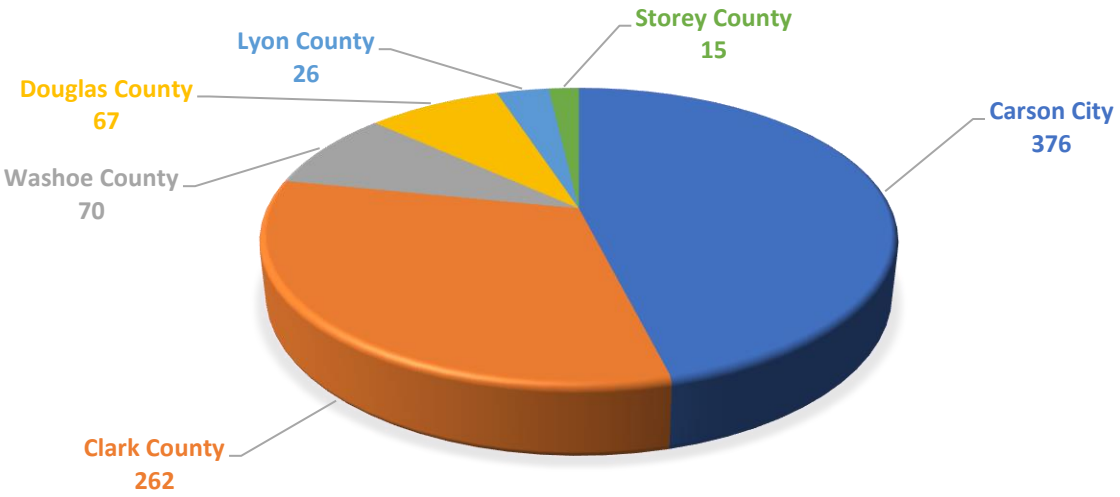


Table 2.3 - Rural and Urban Area and Population, by County

Geography	Square Miles Urban	% Urban Area	Urban Population	% Urban Population	Square Miles Rural	% Rural Area	Rural Population	% Rural Population
Esmeralda County	0	0.00%	0	0.00%	3,581.9	100.00%	1,069	100.00%
Eureka County	0	0.00%	0	0.00%	4,175.7	100.00%	1,730	100.00%
Lincoln County	0	0.00%	0	0.00%	10,633.2	100.00%	5,155	100.00%
Pershing County	0	0.00%	0	0.00%	6,036.6	100.00%	6,690	100.00%
Mineral County	0	0.00%	0	0.00%	3,752.8	100.00%	4,519	100.00%
White Pine County	0	0.00%	0	0.00%	8,875.7	100.00%	9,893	100.00%
Lander County	0	0.00%	0	0.00%	5,490.1	100.00%	5,907	100.00%
Humboldt County	0	0.00%	0	0.00%	9,640.8	100.00%	17,091	100.00%
Elko County	0	0.00%	0	0.00%	17,169.8	100.00%	52,029	100.00%
Storey County	0	0.00%	0	0.00%	262.9	100.00%	3,941	100.00%
Nye County	0	0.00%	0	0.00%	18,181.9	100.00%	43,198	100.00%
Churchill County	0	0.00%	0	0.00%	4,930.5	100.00%	24,148	100.00%
Lyon County	0	0.00%	0	0.00%	2,001.2	100.00%	51,897	100.00%
Washoe County	175.3	2.78%	421,130	95.73%	6,127.0	97.22%	18,784	4.27%
Douglas County	20.3	2.86%	5,280	11.13%	689.4	97.14%	42,146	88.87%
Clark County	439.4	5.57%	2,043,034	98.69%	7,452.0	94.43%	27,119	1.31%
Carson City	144.7	100.00%	54,412	100.00%	0.0	0.00%	0	0.00%

The table identifies the urban and rural populations and areas of each county, along with the associated percentages between urban and rural. This data is helpful in determining what percentages of the populations are in the rural transit service areas and what percentages of the populations are served by the urban transit programs.

Figure 2.3 – Rural and Urban Area and Population

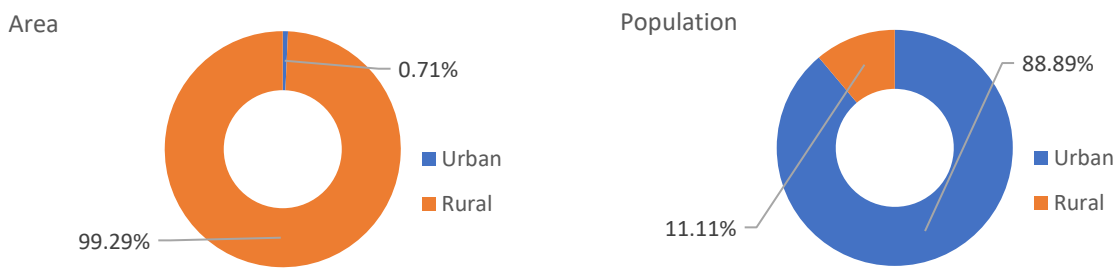


Table 2.4 - Population 65 and Over, by County

County	Population Under 65	Population 65 and over	Percentage 65 and Over
Storey County	2,806	1,135	28.80%
Nye County	31,405	11,793	27.30%
Esmeralda County	786	283	26.47%
Mineral County	3,398	1,121	24.81%
Douglas County	35,807	11,619	24.50%
Lyon County	41,569	10,328	19.90%
Carson City	44,019	10,393	19.10%
Lincoln County	4,201	954	18.51%
Churchill County	19,922	4,226	17.50%
Eureka County	1,458	272	15.72%
White Pine County	8,409	1,484	15.00%
Pershing County	5,700	990	14.80%
Washoe County	375,687	64,227	14.60%
Clark County	1,794,823	275,330	13.30%
Lander County	5,169	738	12.49%
Humboldt County	15,279	1,812	10.60%
Elko County	47,294	4,735	9.10%
Statewide	**2,437,733**	**401,439**	**14.14%**

The table identifies the percentage of the population above the age of 65. This characteristic is helpful in determining the demand for transit for a population. Older adults are most likely to use transportation services when they are unable to drive or choose not to drive.

Figure 2.4 – Population 65 and Over

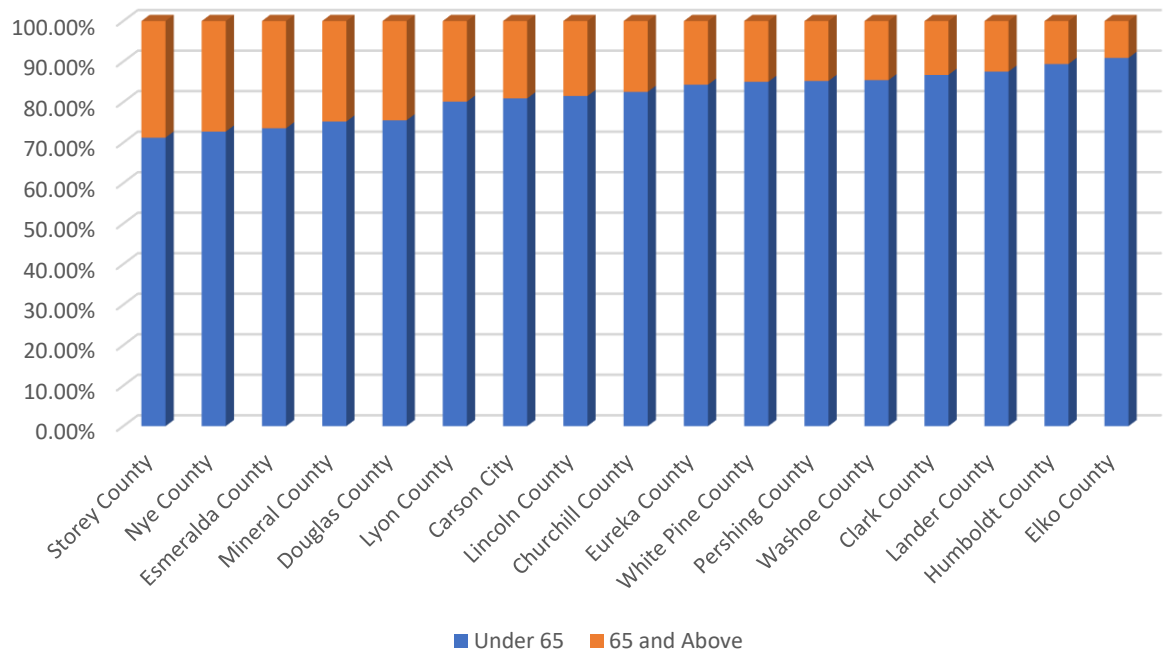


Table 2.5 - Individuals with Disabilities, by County

County	Total Without a Disability	Total With a Disability	Percent With a Disability
Mineral County	3,423	1,096	24.25%
Nye County	32,814	10,384	24.04%
Storey County	3,022	919	23.32%
Carson City	42,437	11,975	22.01%
Lyon County	41,631	10,266	19.78%
White Pine County	8,208	1,685	17.03%
Pershing County	3,786	884	18.93%
Esmeralda County	866	198	18.61%
Churchill County	19,317	3,960	17.01%
Douglas County	39,663	7,456	15.82%
Lincoln County	3,984	697	14.89%
Eureka County	1,470	255	14.78%
Clark County	1,818,450	251,703	12.16%
Washoe County	386,699	53,215	12.10%
Elko County	45,345	5,947	11.59%
Humboldt County	14,933	1,931	11.45%
Lander County	5,211	655	11.17%
Statewide	**2,446,890**	**363,226**	**12.93%**

Enumeration of the population with disabilities in any community presents challenges. There is a complex and lengthy definition of an individual with a disability in the Americans with Disabilities Act (ADA) implementing regulations, found in 49 CFR Part 37.3. This definition, when applied to transportation services applications, is designed to permit a functional approach to disability determination, rather than a strict categorical definition. In a functional approach, the mere presence of a condition typically thought to be disabling gives way to consideration of an individual's abilities to perform various life functions. In short, an individual's capabilities, rather than the mere presence of a medical condition, determine transportation disability. The U.S. Census offers no method of identifying individuals as having a transportation-related disability. The best available data for Nevada is available through the 2016 ACS Five-Year Estimates of disability for the noninstitutionalized population.

Figure 2.5 – Individuals with Disabilities

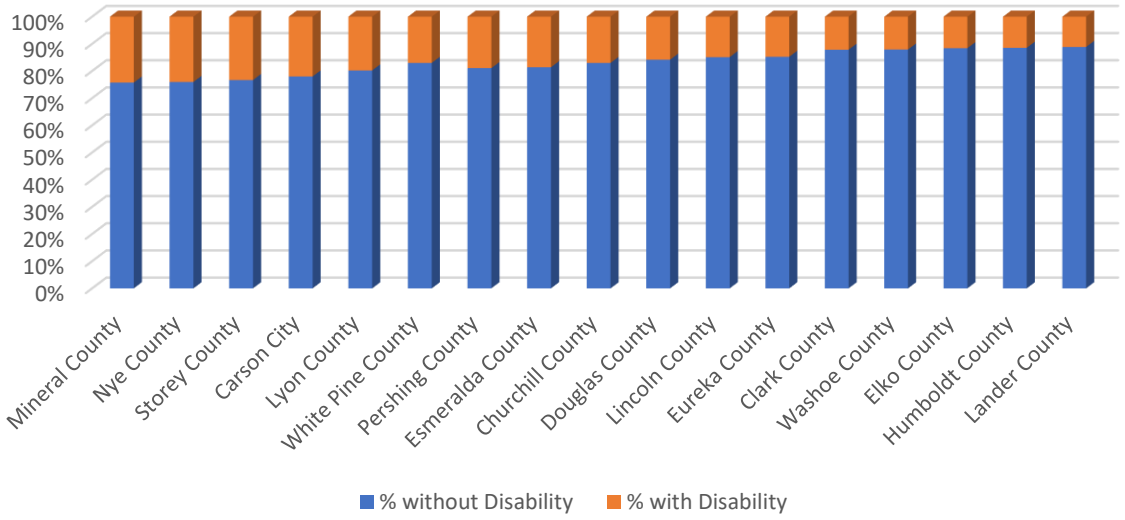


Table 2.6 - Household Income Percentages, by County

Geography	Total Households	Less than $10,000	$10,000 to $14,999	$15,000 to $24,999	$25,000 to $34,999	$35,000 to $49,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 to $199,999	$200,000 or more
Churchill County	9,491	9.3%	4.3%	9.9%	14.3%	16.3%	16.6%	11.2%	14.0%	3.0%	1.1%
Clark County	735,475	6.5%	4.3%	10.2%	11.3%	15.0%	19.8%	12.7%	12.3%	4.2%	3.7%
Douglas County	19,928	4.5%	4.1%	9.1%	9.4%	13.8%	21.5%	12.7%	14.6%	5.1%	5.2%
Elko County	17,618	3.8%	2.8%	6.4%	6.1%	11.1%	20.1%	17.3%	20.6%	6.8%	5.0%
Esmeralda County	454	3.1%	3.1%	22.0%	15.0%	15.6%	24.0%	6.6%	9.7%	0.9%	0.0%
Eureka County	766	12.8%	7.3%	1.3%	9.1%	3.8%	15.7%	16.4%	27.0%	3.7%	2.9%
Humboldt County	6,174	6.3%	2.6%	8.4%	9.5%	11.6%	19.7%	14.9%	19.7%	5.2%	2.1%
Lander County	2,102	5.2%	3.5%	7.9%	7.1%	8.0%	12.4%	19.9%	27.8%	6.8%	1.4%
Lincoln County	1,835	7.0%	3.2%	13.0%	13.7%	13.7%	26.3%	9.4%	9.6%	2.4%	1.7%
Lyon County	19,586	5.7%	5.1%	12.5%	9.4%	18.2%	21.1%	13.1%	11.6%	1.6%	1.7%
Mineral County	2,065	10.3%	10.4%	15.5%	12.2%	12.0%	17.8%	11.3%	8.3%	0.5%	1.7%
Nye County	17,464	7.6%	6.3%	14.2%	12.6%	16.2%	21.0%	9.2%	9.3%	2.8%	0.8%
Pershing County	2,016	8.6%	6.3%	10.9%	10.5%	19.6%	18.9%	10.5%	10.2%	1.8%	2.7%
Storey County	1,752	3.3%	1.0%	8.8%	7.2%	17.9%	20.4%	18.0%	15.5%	6.1%	1.8%
Washoe County	169,015	6.3%	5.0%	10.9%	9.8%	13.9%	18.5%	12.5%	13.6%	4.7%	4.8%
White Pine County	3,158	6.1%	4.3%	9.8%	8.3%	15.2%	23.2%	10.0%	16.1%	6.2%	0.8%
Carson City	21,802	6.3%	7.3%	11.2%	12.4%	14.3%	19.2%	12.2%	10.8%	3.8%	2.5%
Total	**1,030,701**	**6.63%**	**4.76%**	**10.71%**	**10.46%**	**13.89%**	**19.78%**	**12.82%**	**14.75%**	**3.86%**	**2.35%**

The table identifies the income percentile in which county households reside. There is an estimated total of 1,030,701 households in Nevada. Mineral County has the highest percentage of households making below $35,000 (48.4%), while Elko County has the lowest percentage of households making below $35,000 (19.1%).

Figure 2.6 – Household Income

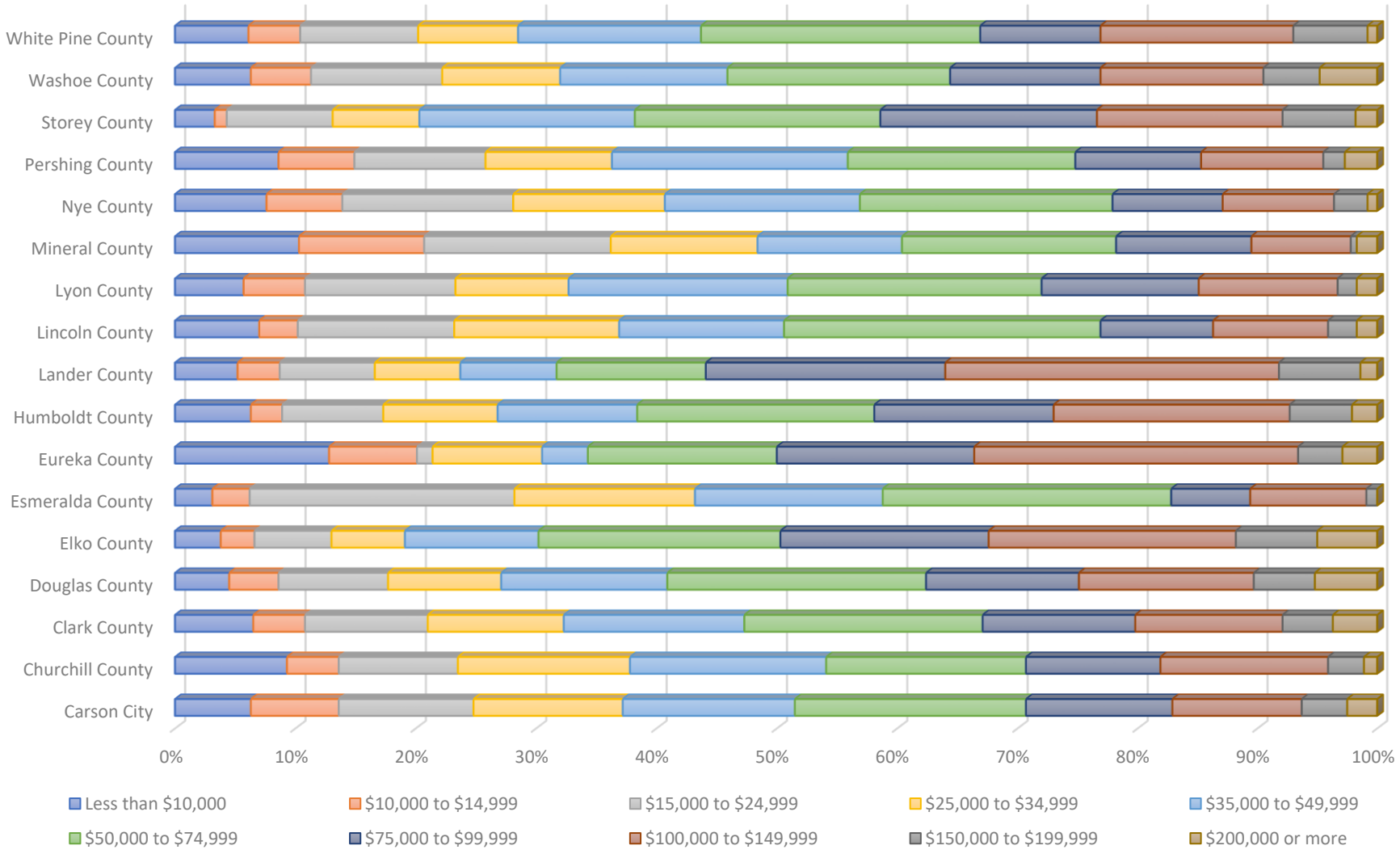


Table 2.7 - Median Household Income, by County

County	Median Income
Mineral County	$37,750
Nye County	$42,266
Esmeralda County	$43,125
Pershing County	$45,192
Churchill County	$45,368
Carson City	$47,948
Lyon County	$49,007
Lincoln County	$49,406
Clark County	$52,629
Washoe County	$54,955
White Pine County	$58,156
Douglas County	$59,769
Storey County	$65,508
Humboldt County	$67,295
Eureka County	$70,000
Elko County	$74,672
Lander County	$78,077

Figure 2.7 – Median Household Income

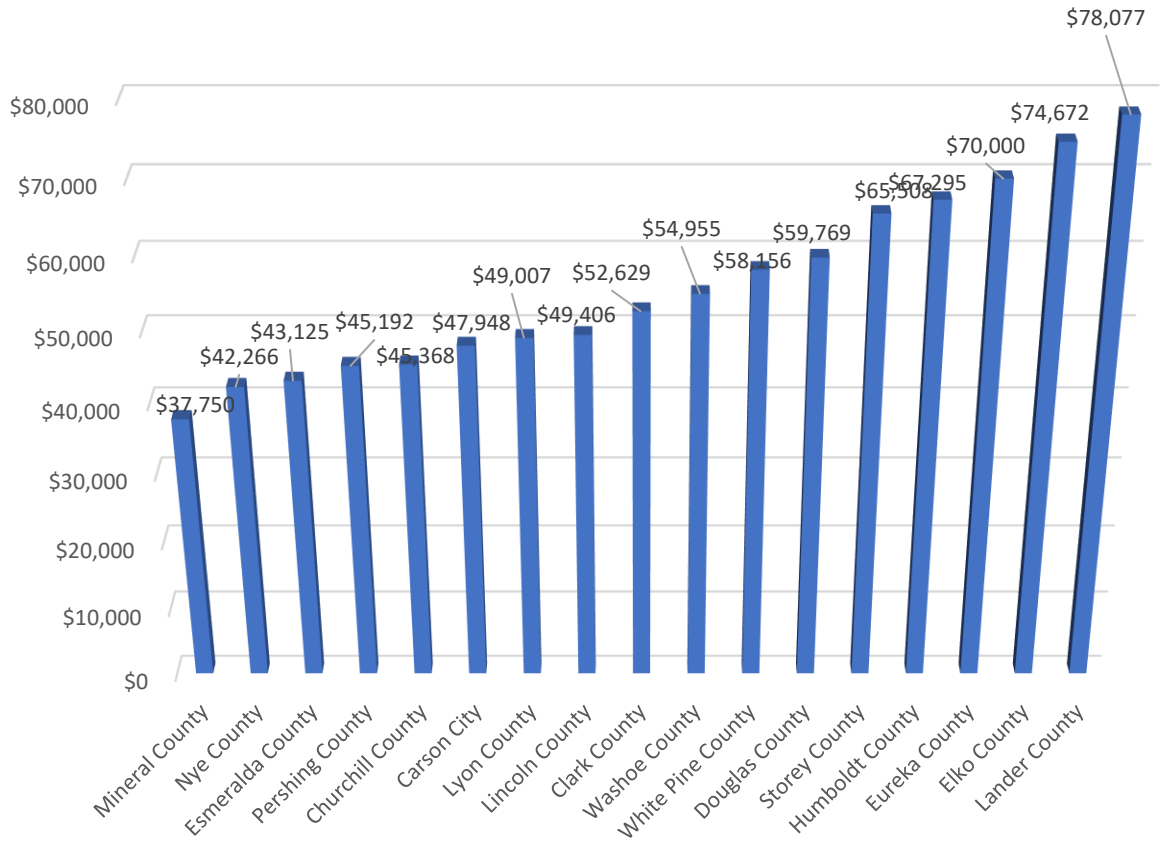


Table 2.8 - Poverty Status, by County

County	Population for Whom Poverty Status is Determined	Total Below Poverty Level	Percent Below Poverty
Mineral County	4,438	941	21.20%
Nye County	42,622	7,346	17.20%
Carson City	52,450	8,744	16.70%
Pershing County	4,670	767	16.40%
Churchill County	23,686	3,851	16.30%
Lyon County	51,607	7,876	15.30%
Clark County	2,043,746	307,146	15.00%
Washoe County	434,524	65,024	15.00%
Lander County	5,853	757	12.90%
White Pine County	8,374	1,068	12.80%
Lincoln County	4,681	595	12.70%
Esmeralda County	1,061	126	11.90%
Humboldt County	16,847	1,997	11.90%
Douglas County	47,088	5,148	10.90%
Eureka County	1,725	186	10.80%
Elko County	51,246	5,401	10.50%
Storey County	3,925	284	7.20%
Total	**2,798,543**	**417,257**	**14.9%**

At 21.2%, Mineral County has the highest percent of population living below the poverty level. At 7.2%, Storey County has the lowest percentage of individuals living below the poverty level.

Figure 2.8 – Poverty Status

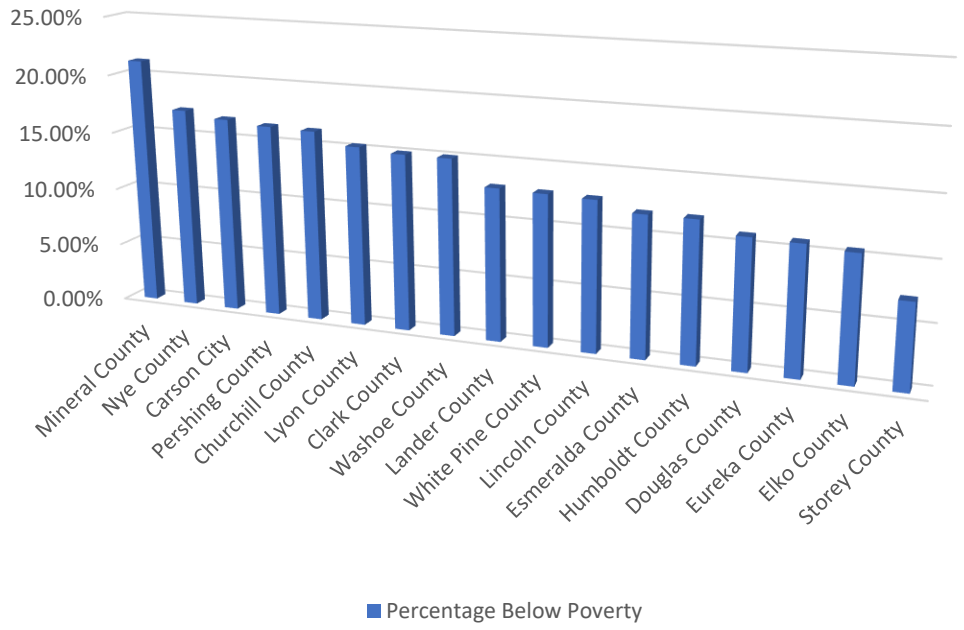


Table 2.9 - Zero and One Vehicle Households, by County

County	Total Households	Total Zero Vehicles	Total One Vehicle	Percent with Zero Vehicles	Percent with One Vehicle
Mineral County	2,065	220	677	10.70%	32.80%
Lander County	2,102	198	315	9.40%	15.00%
Clark County	735,475	62,412	284,899	8.50%	38.70%
Washoe County	169,015	13,306	56,067	7.90%	33.20%
Carson City	21,802	1,594	7,931	7.30%	36.40%
Pershing County	2,016	137	451	6.80%	22.40%
Churchill County	9,491	543	2,768	5.70%	29.20%
Lyon County	19,586	1,019	5,638	5.20%	28.80%
Humboldt County	6,174	245	1,538	4.00%	24.90%
Elko County	17,618	616	4,079	3.50%	23.20%
White Pine County	3,158	111	743	3.50%	23.50%
Nye County	17,464	600	6,262	3.40%	35.90%
Douglas County	19,928	567	5,506	2.80%	27.60%
Lincoln County	1,835	37	472	2.00%	25.70%
Storey County	1,752	23	483	1.30%	27.60%
Esmeralda County	454	4	159	0.90%	35.00%
Eureka County	766	0	178	0.00%	23.20%
Total	**1,030,701**	**81,632**	**378,166**	**7.90%**	**36.70%**

The number of vehicles available to a housing unit is also used as an indicator of transit service demand. If a household has no available vehicles, it is more likely to depend on transportation services, family members, or friends. Likewise, a household with only one available vehicle could also be limited if there is more than one adult in the household. An estimated 81,632 households in the State have no available vehicle; this is 7.9% of all households in Nevada and less than 5% of households in most individual counties. The percent of single vehicle households per county is significantly higher than zero vehicle households, which indicates that households with multiple adults have limited access to a personal vehicle and must rely on other modes of transportation. Approximately 378,166 or 36.7% of households in Nevada have only one vehicle available.

Figure 2.9 – Zero and One Vehicle Households

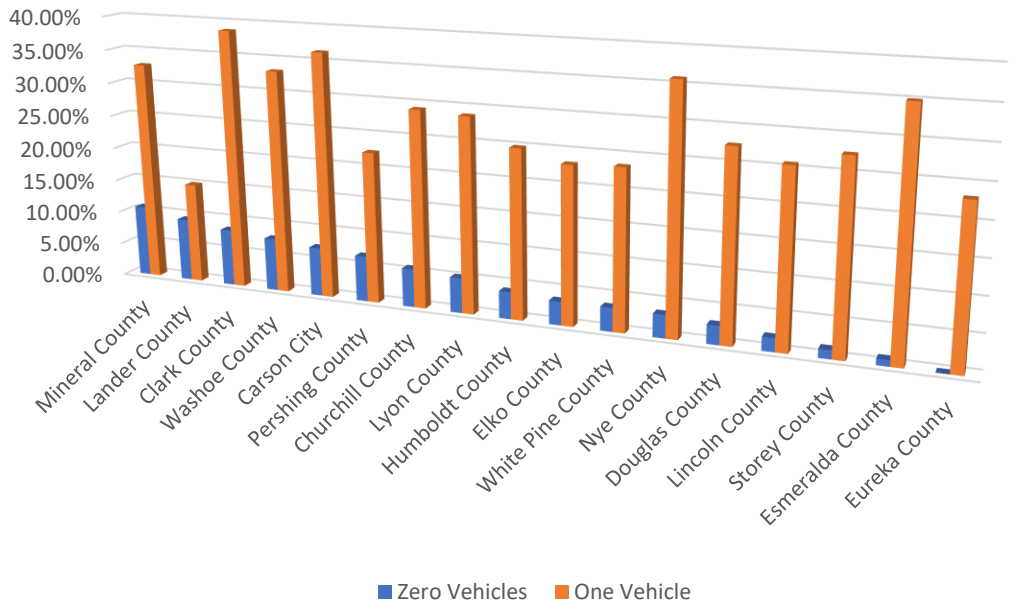


Table 2.10 - Minority Population, by County

County	Total Population	White Alone	Minority	Percent Minority
Clark County	2,070,153	931,097	1,139,056	55.00%
Mineral County	4,519	2,677	1,842	40.80%
Washoe County	439,914	282,598	157,316	35.80%
Humboldt County	17,091	11,192	5,899	34.50%
Pershing County	6,690	4,431	2,259	33.80%
Lander County	5,907	3,949	1,958	33.10%
Elko County	52,029	35,044	16,985	32.60%
Carson City	54,412	37,320	17,092	31.40%
White Pine County	9,893	7,242	2,651	26.80%
Churchill County	24,148	17,991	6,157	25.50%
Lyon County	51,897	39,674	12,223	23.60%
Nye County	43,198	33,375	9,823	22.70%
Douglas County	47,426	38,629	8,797	18.50%
Lincoln County	5,155	4,271	884	17.10%
Esmeralda County	1,069	907	162	15.20%
Storey County	3,941	3,411	530	13.40%
Eureka County	1,730	1,700	30	1.70%
Total	**2,839,172**	**1,455,508**	**1,383,664**	**48.70%**

Minority population percentages in Nevada Counties range from 1.7% in Eureka County to 55% in Clark County. Approximately 48.7% of Nevada's total population is minority, which is about 10% higher than the national percentage (38%).

Figure 2.10 – Minority Population

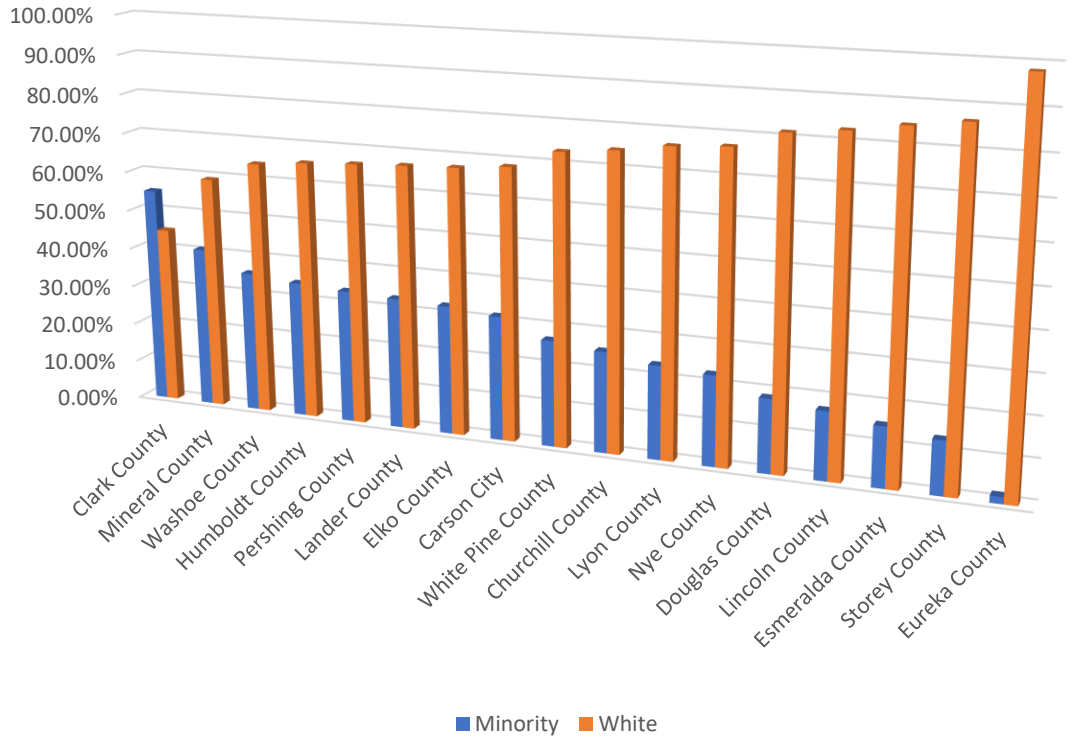


Table 2.11 - Veteran Population, by County

County	Civilian Population 18 years and over	Veterans	Percent Veterans
Mineral County	3,691	776	21.00%
Churchill County	17,816	3,085	17.30%
Nye County	35,582	6,138	17.30%
Lyon County	40,133	6,365	15.90%
Storey County	3,401	485	14.30%
Douglas County	38,715	5,394	13.90%
Eureka County	1,380	182	13.20%
Pershing County	5,525	665	12.00%
Carson City	43,131	5,107	11.80%
Esmeralda County	857	94	11.00%
Lincoln County	4,100	450	11.00%
White Pine County	7,797	831	10.70%
Lander County	4,218	440	10.40%
Washoe County	340,821	33,415	9.80%
Clark County	1,569,686	148,394	9.50%
Humboldt County	12,284	1,119	9.10%
Elko County	37,472	3,335	8.90%
Total	**2,166,609**	**216,275**	**10%**

Veterans make up approximately 10% of Nevada's population. Nevada's veteran population is slightly higher than the U.S. average (8%).

Figure 2.11 – Veteran Population

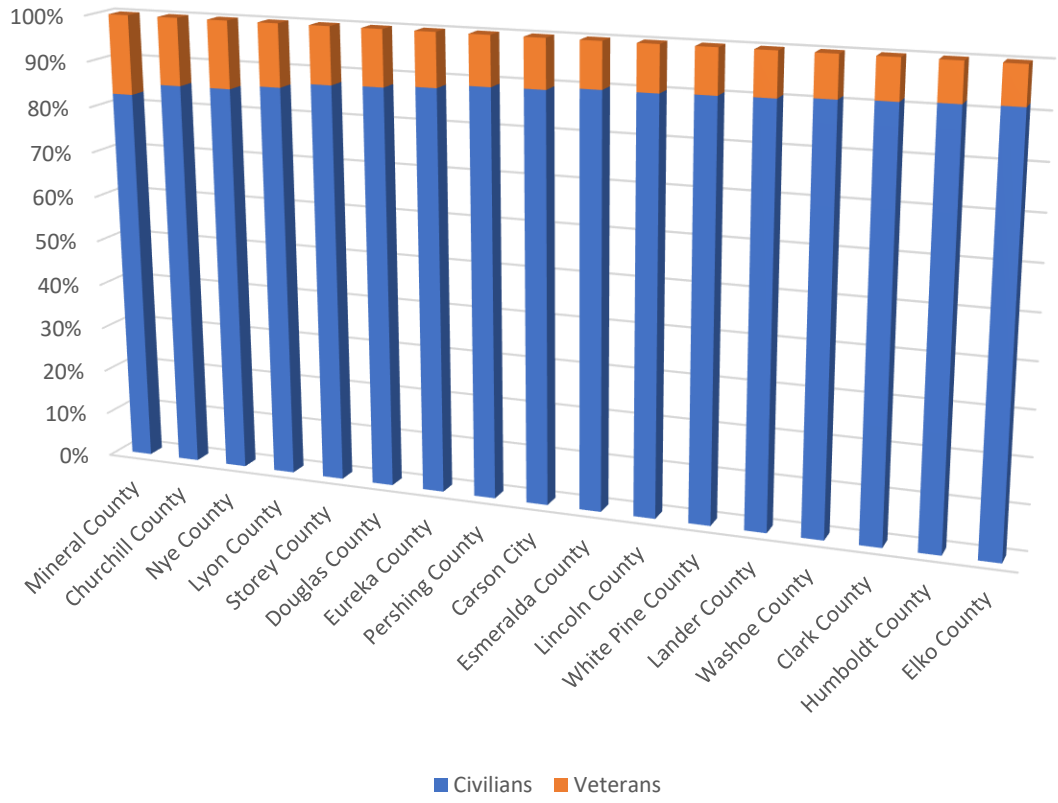


Figure 2.1 – Transit Propensity

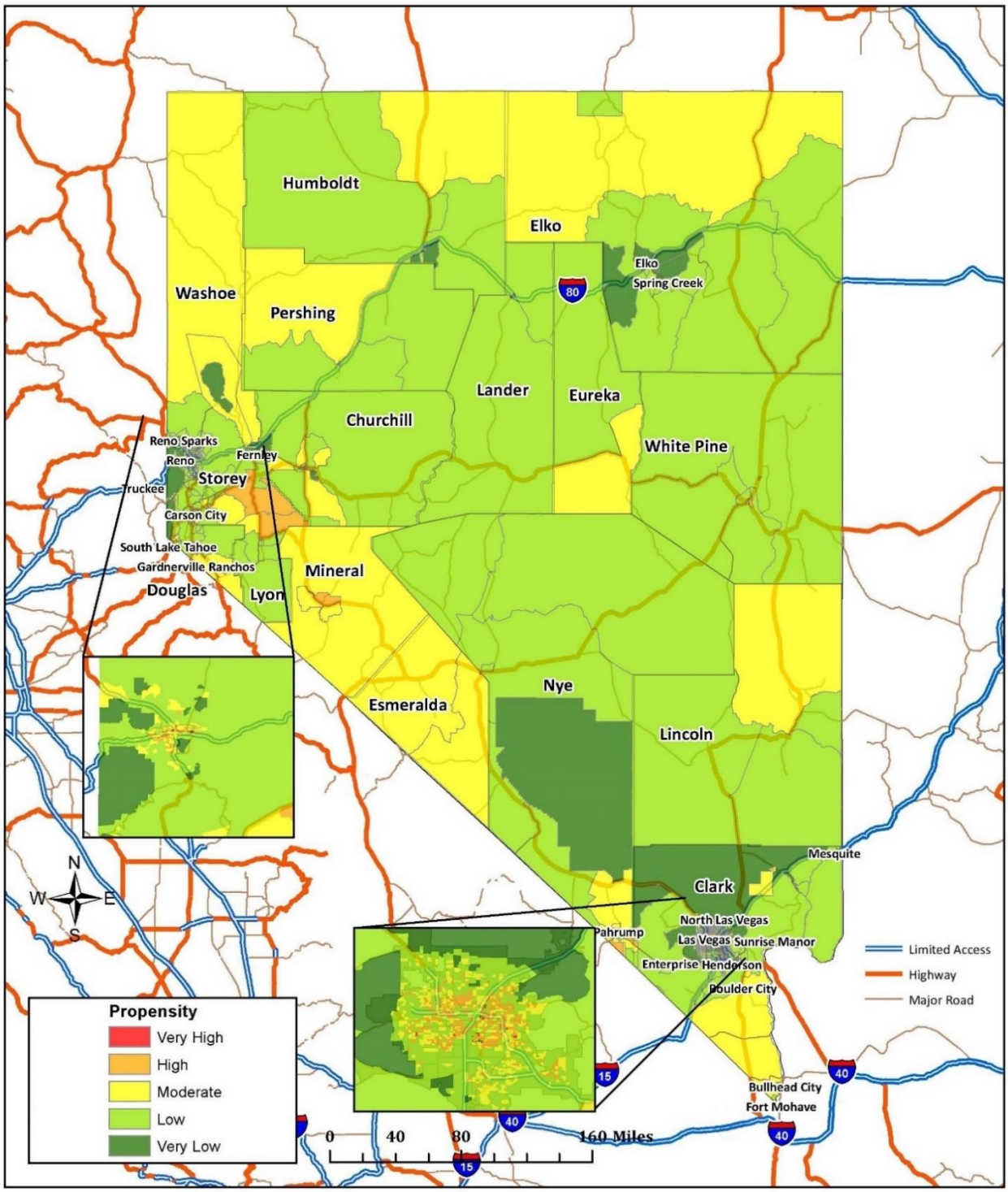


Table 2.12 - Transit Propensity

Transit Propensity					
Variable	**Very Low**	**Low**	**Moderate**	**High**	**Very High**
Population Density	All of the variables fell below the lower limit	2 of 3 variables fell below the lower limit	**3387.91 - 9383.01**	2 of 3 variables exceeded the upper limit	All of the variables exceeded the upper limit
Below Poverty			**8.83% - 22.95%**		
Population Age 65+			**9.09% - 21.84%**		

Transit propensity is a measure of the likelihood that a population would use transit service, were it available to them, taking into account certain demographic characteristics. A calculation to determine transit propensity is commonly used to inform transportation planners as they project the amount and mode of service appropriate for an area. The model was derived through research completed on transit trip generation. The end result is an estimate of the relative propensity for transit per census block group. Transit demand models are used in combination with other needs assessment activities, such as those included in this report.

The transit propensity map (see Figure 2.1) compares the projected level of demand for transportation services based on a combination of population density, low income households and the population over 65 years of age. The transit propensity model applied for Nevada (see Table 2.12) incorporates specific U.S. Census Bureau American Community Survey 2016 Five-Year Estimates data at the block group level for the entire state.

The block groups shaded in red have the highest projected transit propensity. These block groups have a combination of the greatest population densities, largest senior populations and highest numbers of individuals living below the poverty level. These block groups are located in Reno, Carson City and Las Vegas.

The block groups shaded in orange have high transit propensity. These block groups are located in Carson City, southern Washoe County, Storey County, Lyon County, Mineral County and Clark County.

The block groups shaded in yellow have moderate levels of transit propensity; block groups shaded in light green have low transit propensity; and block groups shaded in dark green have very low levels of transit propensity.

The rural nature of most of Nevada generates mostly low transit propensity scores due to low population density. The nature of demand in rural areas indicates that smaller transit vehicles and demand response modes of service are appropriate to meet needs. Conversely, higher demand in the more densely populated areas indicates that those areas are more suitable for larger transit vehicles and scheduled, fixed route services. This distinction is important when developing new transportation options and planning capital and operating budgets for service expansions.

While much of the state's operators funded through NDOT are low on the transit propensity index, they exhibit a relatively high demand for transit services. This need and the gaps in service throughout the state are discussed in the following chapters.

CHAPTER THREE - COUNTY TRANSPORTATION RESOURCES

The assessment of existing transportation services and coordination is conducted by taking inventory of those transportation services operated by public agencies and private organizations in Nevada that operate service for seniors, individuals with disabilities, people with low incomes and/or the public. Providers were identified at the onset of the planning process and during public input workshops and stakeholder discussions. Each identified organization that provides public or sponsored transportation was invited to provide a profile of its services and complete a survey. The consulting team with RLS & Associates, Inc. spoke with rural public transportation providers and contacted every known major human service agency. The consultant team made every effort to encourage all providers, including private transportation providers, to participate in the planning process. The inventory and outreach efforts provided the foundation for the next steps in the planning process.

The sections in this chapter are arranged by county and provide county transportation descriptions and regional resources. The summary of each county is completed by identifying unmet needs or gaps in service. These unmet needs or gaps in service were collected from interviews with members of the public and transportation stakeholders. Detailed county demographic analysis results are located in the Appendix.

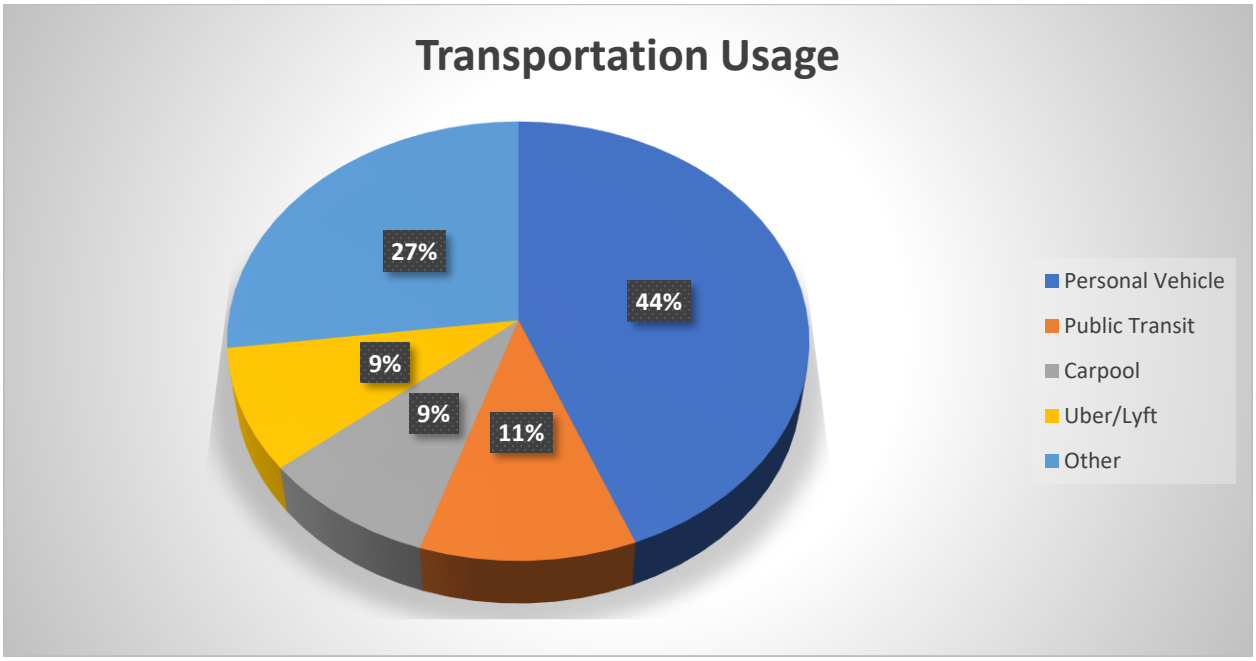
Public Survey

A transportation needs assessment was developed through a combination of outreach strategies. In addition to the community workshops and interviews summarized above, a public transportation needs survey was distributed electronically and in paper format.

Surveys were made available online, in senior centers, on-board public and human service agency transit vehicles, at various nonprofits and distributed by volunteers through organizations that serve seniors and individuals with disabilities. The online and paper versions of the survey were also advertised in local newspapers, flyers, websites, social media and the NDOT CHSTP Project webpage. The survey period was May through August 2018. The survey results offer insight into the unmet transportation needs or gaps in services for the public in each county and the trends on a statewide-level. Survey analysis at the county level is provided in the Appendix.

Survey respondents were asked to report all of the transportation they or their family have used in the past 12 months. Choices ranged from driving a personal vehicle to using public or agency services (Figure 3.1.) 44% used a personal vehicle or rode with a friend or family member. 11% indicated that they used demand response public or agency-sponsored transportation services. 9% used a carpool or vanpool program. 9% reported using a taxi or transportation network company (TNC), such as Uber or Lyft. Responses in the “other” category included walking, bicycle, rental car, airplane and various public, volunteer and senior services programs.

Figure 3.1 – Transportation Usage

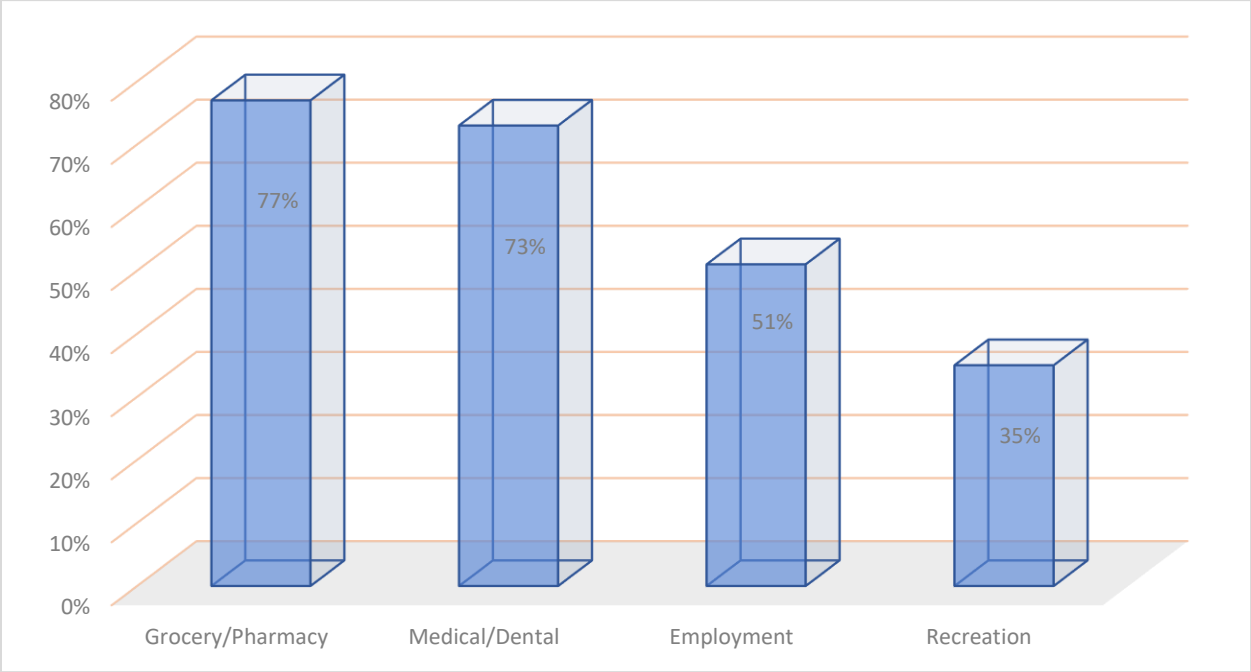


Survey responses provide an indication of the gaps in the existing network of services that may be causing people to use different transportation options. The primary reason for not using transportation services was having the option and preference to drive (33%). The second most common reason was that transportation was not available where the respondent lives (17%). Other reasons included the transportation services are available, but they do not run often/frequently enough (11%), or the service does not go where the rider needs to go (11%). Others indicated that they are not using public transportation because it takes too long to get from origin to destination, they do not know how transportation services work, or the existing services are too expensive, unreliable, or unsafe.

Next, respondents were asked, what changes could be made to the local transportation services to make them more appealing. The most common response was that they would more likely use the service if it was offered from the rural area to a major city such as Reno, Las Vegas, or Salt Lake City, UT (13%). Respondents also frequently stated that they would ride more often if services were provided between counties (not just within a county), if better information about routes and services were available and if vehicles ran on scheduled, fixed routes with bus stops. More than one-third of respondents also wanted service on weekends. Earlier morning and later evening service as well as lower-cost service were also a strong preference.

The most commonly visited destinations when transportation was available to the survey respondent (Figure 3.2) were shopping areas, groceries, or pharmacies (77%); medical or dental appointments (73%); employment (51%); and recreation/social venues (35%).

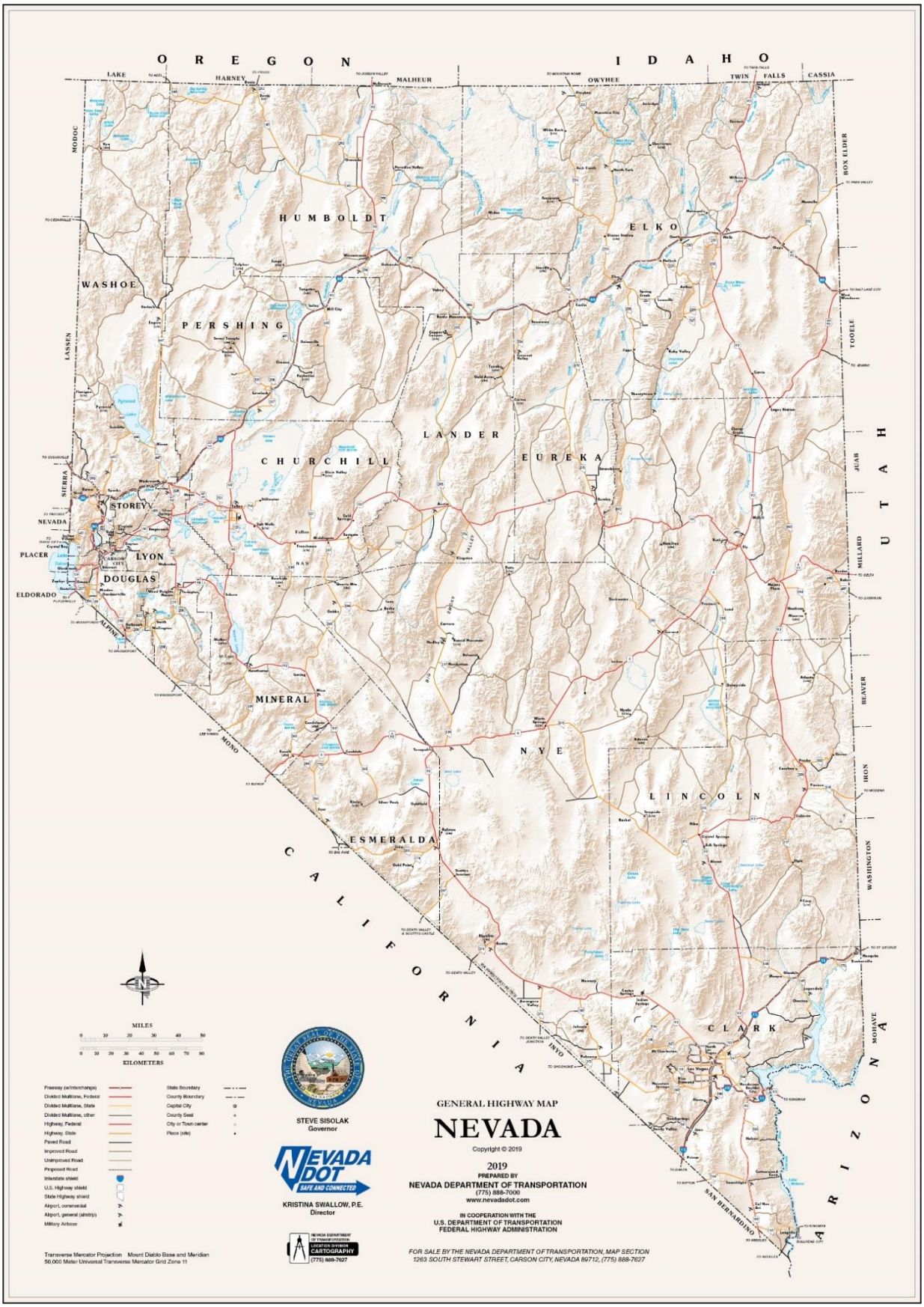
Figure 3.2 – Trip Destinations



Transportation demand by time of day is a tool used to understand when the most vehicles and drivers are likely to be needed. Survey responses indicate that the highest demand is between 8:00AM and 6:00PM and the most common trip purposes during those hours are for shopping, grocery, pharmacy, medical, or dental appointments. Between 6:00PM and 9:00PM, shopping, grocery and pharmacy trips remain the top priority, but social and recreational activities become the second most common trip purpose. Late night trip purposes (9:00PM to 12:00AM) are most often social, entertainment, or employment related. Early morning trip purposes (12:00AM to 8:00AM) are predominantly employment related.

REGIONAL

Figure 3.3 – Regional Map



Transportation Resources

Nevada Rural Counties RSVP Program, Inc. (RSVP)

RSVP is a private nonprofit organization that provides client-only transportation, social services, nutrition, senior citizen programs and services and veteran services and suicide prevention/awareness. RSVP directly operates transportation services for seniors and individuals with disabilities. The agency reimburses mileage or automobile expenses to employees, clients, families, friends and volunteers who provide transportation. Transportation requires an advance reservation. Drivers assist passengers in and out of vehicles and through the entrance/exit of their origin/destination. Passengers are permitted to travel with their own personal care attendant. RSVP operates in all Nevada counties, except Clark.

Veterans Transportation Service (VTS)

VTS is a program that provides transportation for veterans to and from their outpatient appointments. The Veterans Affairs Sierra Nevada Health Care System is a medical facility within the U.S. Department of Veterans Affairs (VA) in the Carson City area. Transportation to/from the VA Sierra Nevada Health Care System is available for veterans eligible under Title 38 of the United States Code (USC). To receive transportation, veterans must be enrolled in the VA Medical Care System and have a scheduled appointment at the medical facility. Veterans must be ambulatory.

The VTS program coordinates veteran transportation with several Veteran Service Organizations (VSOs), local and national nonprofit agencies and public transportation services to provide a full-service plan on weekdays between 7:30AM and 4:00PM with the last appointment being scheduled at 3:30PM. Reservations are encouraged at least two weeks in advance.

VA Sierra Nevada Health Care System

VA Sierra Nevada Health Care System provides round trip transportation to Churchill County veterans in need of transportation to VA medical facilities on Tuesday, Thursday and Friday using volunteer drivers.

All medical appointments must end no later than 2:00PM to ensure a ride home. Reservations can be made up to 30 days in advance and up to one day prior for those not in a rural area. For rural veterans, a reservation of at least one week prior to the appointment is required. Caregivers previously authorized by the VA are permitted to ride with a veteran as a personal care attendant.

MTM

MTM is Nevada's non-emergency transportation (NEMT) brokerage. MTM is a for-profit organization that arranges rides for eligible Medicaid members throughout the state. Individuals eligible through Medicaid for transportation to and from medical appointments may call MTM to schedule a ride to a covered Medicaid service. MTM encourages passengers to call at least five business days before the appointment, unless the trip is urgent or passengers are discharged from a hospital. MTM partners with medical facilities and transportation providers to ensure seamless transportation delivery for Medicaid members. MTM contracts with third-party operators for transportation services and does not operate its own fleet.

MTM also purchases tickets, tokens and passes from other transportation providers and reimburses mileage or automobile expenses to families, friends and volunteers.

Transportation Network Companies

Lyft, Uber and other private, for-profit, on-demand transportation network companies (TNC) are relatively new and are serving more areas as they gain popularity. To schedule rides, riders must download the Lyft or Uber app, enter a valid phone number and credit card or link to an electronic payment account (e.g., Apple Pay, Google Pay, or PayPal) and select their destination. Service can be scheduled as a single-seat ride from curb-to-curb, or as a shared-ride with multiple passengers in the same vehicle. Ridesharing is less expensive for the passenger but is not always available. In most cases, Lyft and Uber vehicles are not wheelchair accessible. Additionally, safety standards of Lyft

and Uber drivers are not as extensive as public transportation standards; most Lyft and Uber drivers do not receive passenger assistance or driver training and are not subject to drug testing. Criminal background checks are only conducted during the hiring process and the scope of the background investigation may vary by city and state. These services currently are not offered in many of the rural parts of the state.

Salt Lake City VA Veterans Transportation Service
The Salt Lake City VA Veterans Transportation Service is a volunteer-driver service that uses vehicles owned by the VA to transport veterans to medical appointments at the Salt Lake City VA Hospital. There are vehicles stationed in Elko and Ely to provide rides. As of August 2018, the Ely route was not being used. The Elko route operated every other day, originating at Stockman's Casino in Elko, then proceeding to Wells, Ryndon and West Wendover before traveling to Salt Lake City, UT.

Regional Transportation Commission of Washoe County (RTC) Regional Connector (Intercity)
The Washoe RTC Regional Connector route provides connectivity between Reno and Carson City at different times throughout the day - with six (6) southbound routes and six (6) northbound routes.

Tahoe Transportation District Valley Express and South Shore Service & Lake Express Daily (Intercity)
The Tahoe Transportation District Valley Express and South Shore Service & Lake Express Daily routes provide connectivity between the Lake Tahoe Basin, Minden/Gardnerville and Carson City on a daily basis.

Disabled American Veterans
The Disabled American Veteran's program provides volunteer transportation to the Reno VA Hospital for veterans residing in Humboldt, Pershing and Lander Counties. Volunteers use a DAV van to pick riders up at the Winners Inn Casino in Winnemucca on Tuesdays and Thursdays and transport them to Reno. Upon availability, veterans may be picked up at their homes if they are unable to drive to the casino.

Humboldt NET
Humboldt NET, based in Winnemucca, operates transportation under contract to MTM—the statewide brokerage for Medicaid non-emergency medical transportation. Service is primarily in northern Nevada, including Winnemucca, Elko, Ely, Lovelock, Reno, Carson City, Fallon and Fernley.

Mobility Management Resources

Mobility management plays a vital role in the provision of transportation services. While mobility managers do not operate transit, they help the public identify transportation-related programs and services. Mobility managers also help coordinate trips and other services between human service agencies, transportation operators, and other agencies. Below are mobility management resources identified in Nevada, all of which are funded in part through NDOT.

Access to Healthcare

- Carson City and Churchill, Douglas, Humboldt*, Lander*, Lyon, Mineral, Pershing, Storey and Washoe Counties

Nye Communities Coalition

- Clark (rural), Esmeralda, Lincoln and Nye Counties

PACE Coalition

- Elko, Eureka, Humboldt*, Lander* and White Pine Counties

**Denotes counties served by multiple mobility manager programs.*

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Intercity bus service was identified as a statewide/regional need.

Infrastructure in many locations needs to be improved for the safety of those riding public transportation. It is difficult to find locations near public buildings (e.g. library, city hall and county buildings) to deploy a wheelchair lift. Riders who use walkers have some difficulty with walking due to lack of curb cuts in some locations.

Many areas do not currently have the staffing capacity to perform transportation grants administration. This would be necessary for the appropriate agency to apply for federal funding to add service.

CONSOLIDATED MUNICIPALITY OF CARSON CITY

Figure 3.4 – Consolidated Municipality of Carson City Map

Transportation Resources

Jump Around Carson (JAC)
Jump Around Carson is the primary public transportation service in Carson City and is governed by the Carson City Regional Transportation Commission. The system operates four fixed routes, as well as JAC Assist—a curb-to-curb complementary paratransit service for eligible persons with disabilities. Information about JAC services is available at www.rideJAC.com.

The JAC fixed routes serve major destinations throughout Carson City, including the senior center, Walmart (at Hotsprings and Retail), the Carson Tahoe Regional Medical Center, Carson City Hall, Western Nevada College, Foodmaxx and the Health and Human Services Office.

The JAC Assist service offers two zones: the basic zone is a trip within three-quarters of a mile of any fixed route and the extended zone provides trips between three-quarters of a mile and one mile of any fixed route. JAC Assist bus operators assist individuals getting on or off the bus, but do not load or unload personal belongings or carry-on items. If individuals need assistance beyond this, a personal care attendant must accompany them. Personal care attendants ride free.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Some areas of the county are not served by public transportation programs and transit dependent people who are not seniors or do not have a disability have no public transportation option for access to work, medical appointments, social activities, faith services and etc.

JAC should add a stop on Snyder to improve access in that neighborhood.

Occasional recreational trips that cross county and/or city lines would help the transit dependent have access to social and recreational activities in other locations.

Add a bus (DART or JAC) on Topsy Lane for shopping.

The Nevada Rural Housing Office is not accessible by public transportation, but it is a preferred destination for low-income individuals.

Painted Rock is a housing development planned for the area. Residents need access to transportation options.

Demand for trips to Reno is high. People want to go but it is intimidating for them to drive in the city. It is also intimidating for volunteer drivers to drive in Reno.

Transportation provider service area boundaries at county lines are barriers for riders who want to travel out of the local area.

Weekend transportation options are needed. JAC hours are limited on Saturdays and there is no Sunday service.

Improve JAC route maps. Passengers find them difficult to understand.

Add more shelters to JAC bus stops so that passengers are protected from weather conditions.

Service eligibility requirements among the various providers in the area are confusing for passengers or potential passengers.

Passengers would like bus stops located near the casinos for employment or entertainment access.

CHURCHILL COUNTY

Figure 3.5 – Churchill County Map

Transportation Resources

Churchill Area Regional Transportation (CART)
CART provides mostly demand response services to the public within a 15-mile radius of downtown Fallon. Trips are provided Monday through Friday, 7:00AM to 4:00PM. Same day service is accommodated if possible, although generally 24-hour advance notice is requested; trips can be scheduled up to two weeks in advance. Fares for the demand response service are $3.00 per one-way trip for the public and a suggested donation of $2.00 per one-way trip for seniors.

CART also provides a deviated fixed route through downtown Fallon on Fridays only from 9:00AM to 1:00PM and a weekly senior shuttle service to Reno. The Reno shuttle is available from 7:00AM to 2:00PM on alternating Tuesdays and Thursdays; first to seniors and then to the public. The shuttle leaves Reno at 12:30PM for the return trip. Fares for the deviated fixed route are $2.00 for the public and a suggested donation of $1.00 for seniors. Fares for the Reno shuttle are $20.00 for the public and a suggested donation of $10.00 for seniors.

Capitol Cab
Capitol Cab has three vehicles and two drivers providing cab service to the Fallon area. There is a $3.00 base fee and $3.12 per mile fee after that. Customers can travel as far as they like.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Workshop attendees identified service area expansion and connector service with other counties and cities such as Carson City, Cold Springs and connections to the Tahoe-Regional Industrial Center for jobs.

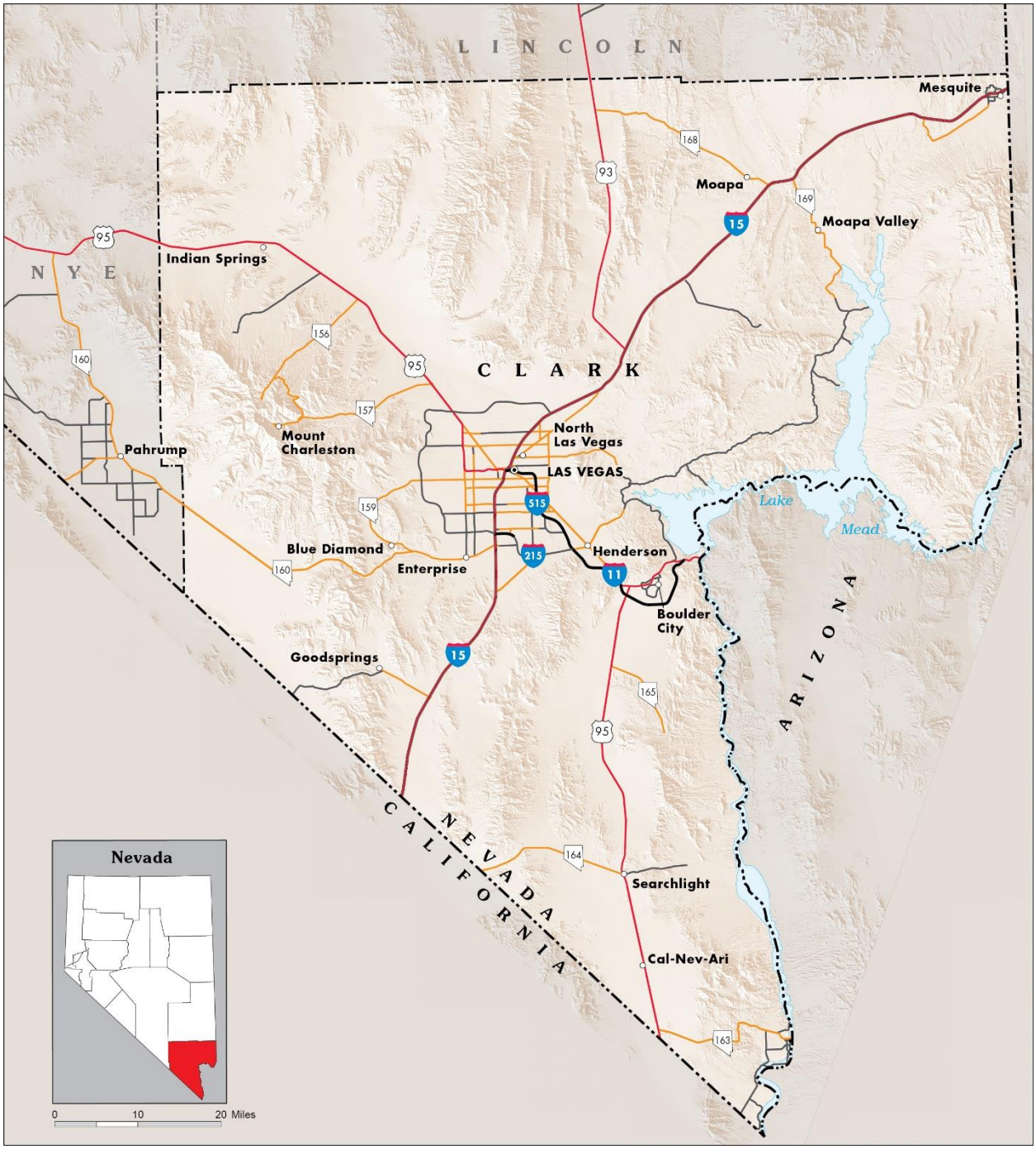
Temporal needs identified were weekend service and extended service hours to accommodate social, shopping, medical and employment needs.

Those on Medicare, but not Medicaid, are not eligible for services provided by MTM and other transportation options are very limited.

Providers identified that securing the local match required for vehicles and operating grants is a struggle.

CLARK COUNTY

Figure 3.6 – Clark County Map



Transportation Resources (Rural)

Southern Nevada Transit Coalition (SNTC)

SNTC is the public transportation service for the rural parts of Clark County. Within Clark County there are a multitude of providers that aren't covered in this plan. SNTC operates the Clark County service under the name of **Silver Rider Transit**. The system provides a variety of transportation services that vary by the region they serve.

Boulder City

Silver Rider provides door-to-door demand response service to seniors and the public, as far out as the Boulder Dam and the Railroad Pass. Silver Rider operates Monday through Friday from 7:30AM to 8:00PM; Saturday from 10:00AM to 6:00PM; and Sunday 7:00AM to 3:00PM Silver Rider accepts reservations as well as on-call transportation requests.

Laughlin

Silver Rider provides fixed route service to Laughlin and operates 24 hours per day, 7 days per week. Two routes operate in Laughlin; one route circulates clockwise 19 hours per day, and the second route operates counter-clockwise 24 hours per day. The service provides half-hour frequency during the day with hourly service throughout the night. For the service in Laughlin, Silver Rider operates six 40-foot transit coaches. Silver Rider offers complementary paratransit service for eligible individuals with disabilities.

Laughlin Senior Transit

Silver Rider provides door-to-door demand response service to seniors and the public, with priority given to seniors. Seniors qualify for reduced fares. This demand response service offers trips to Las Vegas, Henderson, Boulder City, and Needles, CA. The Laughlin Senior Transit service requires advance reservations at least 24 hours prior to the requested trip.

Mesquite and Overton

Silver Rider provides fixed route service to Mesquite and Overton. The Mesquite/Overton Service operates on the first Monday of each month. Silver Rider offers connections from Mesquite to Las Vegas every Monday. The fixed route service offers complementary paratransit service for eligible individuals with disabilities.

Mesquite and Overton Senior Transit

Door-to-door demand response service is available to registered seniors and requires an advance reservation.

Moapa Valley

Silver Rider offers transportation to the Moapa Valley eight times each month. Moapa Valley has access to Silver Rider's express services to Las Vegas or Mesquite; and advance reservations are required.

Indian Springs

Silver Rider offers transportation to Indian Springs residents on Thursdays. This weekly transportation is funded by the Aging Disabilities Services Division. Silver Rider is the only transportation provider to this rural southern Nevada community.

Sandy Valley & Goodsprings

Silver Rider provides transportation to Sandy Valley and Goodsprings on Mondays and Fridays, excluding major holidays.

Regional Transportation Commission of Southern Nevada (RTC)

RTC of Southern Nevada is the county's planning agency and transportation operator in the urbanized area. The RTC is the public transit bus system of the Las Vegas Metropolitan area. The RTC operates 44 fixed routes.

Unmet Needs or Gaps in Service as Identified Through Public Outreach (Rural)

Better align mass transit for seniors and individuals with medical needs.

Shuttle is needed between Las Vegas and Ely.

Public transportation is needed from Boulder City to colleges.

Connect bike trails with bike lanes.

Establish more direct routes to Henderson and Las Vegas.

Parking and shuttle service to and from Hoover Dam is needed.

Transportation is needed from Boulder City Municipal Airport to Boulder City commercial area and then to return to the Las Vegas area.

Getting tourists to and from the Las Vegas strip: some services exist through SNTC and other providers. Limiting factors are the cost of service to increase frequency.

Employment friendly transit options are needed. Currently it takes three hours on RTC to ride to the airport.

Transportation is needed for aging seniors with no driver's license and experience mobility limitations.

Climate change impacts due to 2 million gallons of fuel used by Nevada travelers must be addressed.

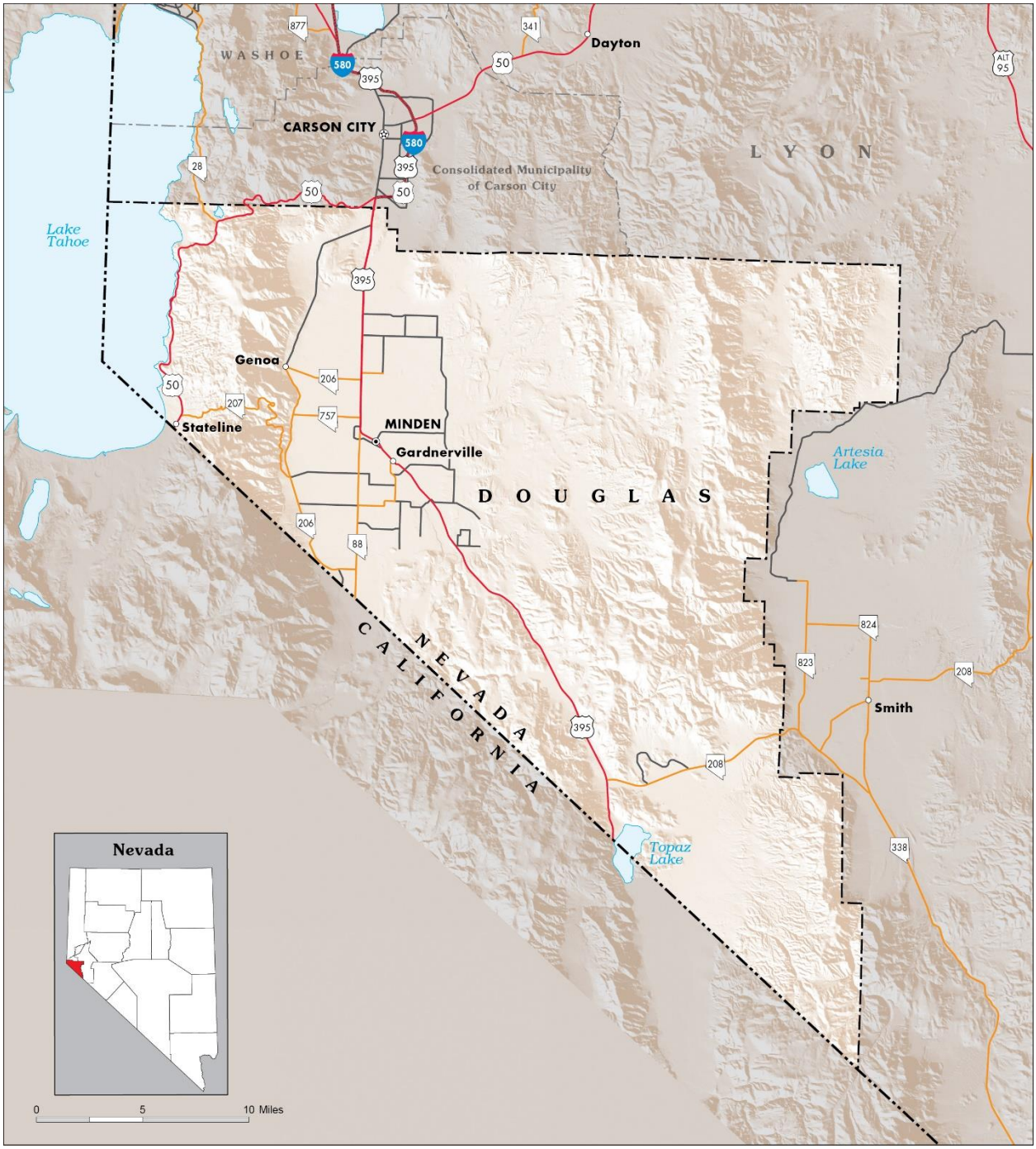
Establish a central dispatch system to promote coordination among providers.

Universal fare structure is needed among all human services and public transportation providers.

The City of Laughlin experiences safety issues with bus stops and merging in and out of traffic. Developing a bus safety lane may mitigate this issue.

DOUGLAS COUNTY

Figure 3.7 – Douglas County Map



Transportation Resources

Douglas Area Rural Transit (DART)
DART is Douglas County's public transportation service. DART is a public, nonprofit agency that offers transportation to the public, seniors and individuals with disabilities. DART transportation operates Monday through Friday, 8:00AM to 5:00PM.

The DART express route serves Minden, Gardnerville and the Gardnerville Ranchos. Transfer points connect the express routes with Carson City and the Lake Tahoe Basin by transfer to Tahoe Transportation District (TTD). Transfers are an important option to support employment and medical trip purposes in the region and in neighboring California.

The DART Dial-A-Ride is a shared ride, curb-to-curb demand response service that is open to all riders with primary emphasis on seniors or individuals with disabilities who need boarding assistance. Seniors or individuals with disabilities are required to request eligibility through DART. This service provides scheduled rides for shopping, medical appointments, recreation, senior center services, functions and more. As much advance notice as possible is suggested when scheduling rides.

Major destinations include medical facilities in Carson City, Reno and Gardnerville; and employment or medical destinations in the Lake Tahoe Basin.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

More robust transit options to the most popular destinations for medical services in Carson City, the Lake Tahoe Basin, Reno and Gardnerville.

Douglas County does not have transportation service, other than private taxi options, to connect to Yerington in Lyon County.

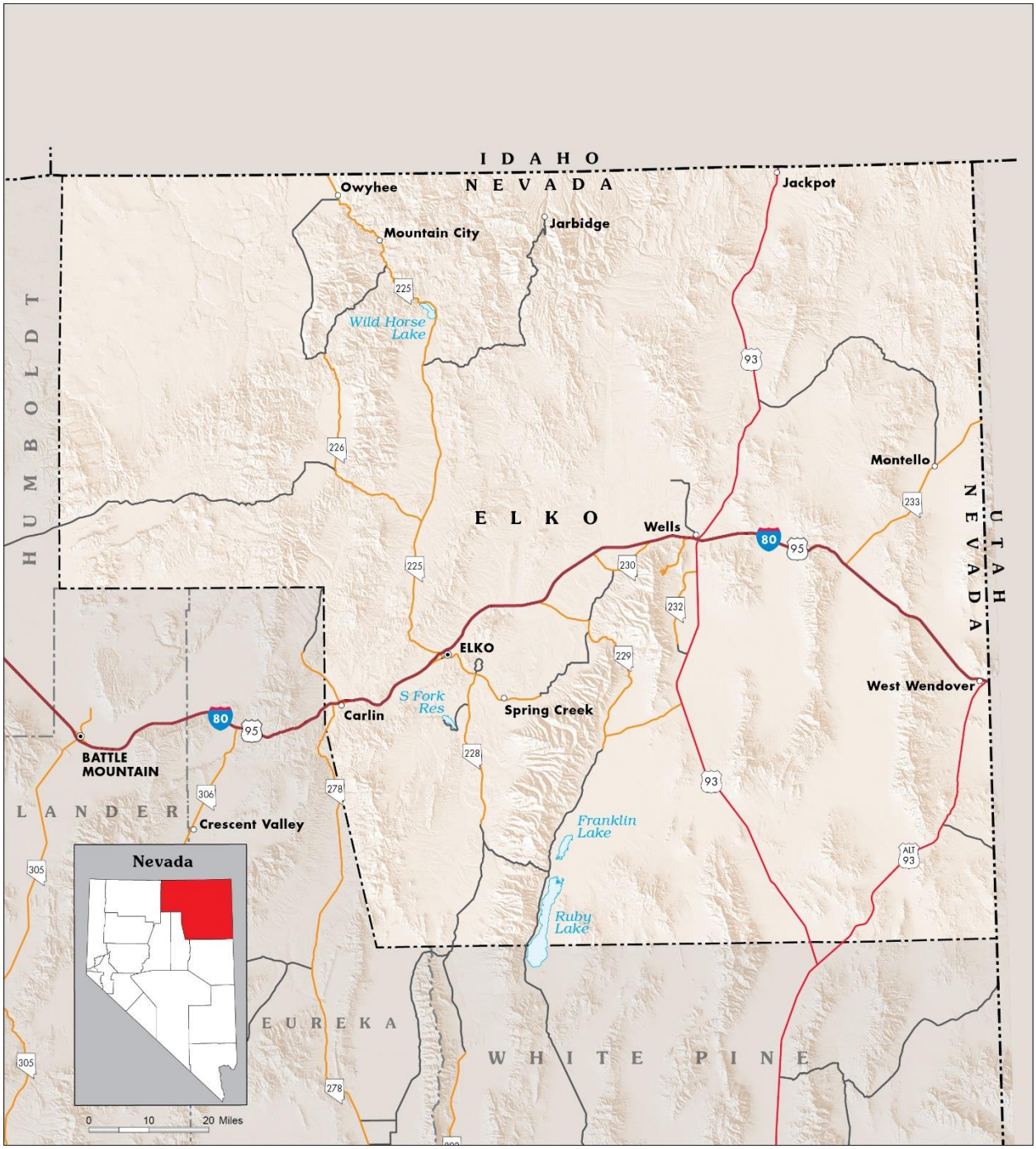
Stops should be added for employee access to the employment centers on Johnson Lane and Airport Road.

The majority of public transportation services are limited to weekdays during traditional business hours. There are no low-cost transportation options for employment trips for late night and early morning shifts.

Although information about public transportation services is available, many people do not know about the services. Transportation providers and funders are facing a challenge in terms of finding the most appropriate marketing efforts in rural areas.

ELKO COUNTY

Figure 3.8 – Elko County Map



Transportation Resources

Get My Ride
Elko County's public transit system, Get My Ride, provides deviated fixed route and demand response transportation service within the City of Elko and the outlying communities of Spring Creek, Lamoille, Ryndon and Osino. The deviated fixed route, known as the Blue Line, provides a 1.5-hour loop through Elko on weekdays. Get My Ride is a contracted provider of Medicaid non-emergency medical transportation.

A new fixed route, provided by Get My Ride using Veterans Administration funds, picks up in the small towns of Carlin and Wells to transport passengers to Elko. The route provides Carlin-Elko service two days per week and Wells-Elko service three days per week.

Carlin Open Door Senior Center
The Carlin Open Door Senior Center operates demand response transportation service for seniors residing in the town of Carlin. Rides are provided on weekdays to the senior center for lunch. Once a week, seniors can ride the bus to locations within Carlin for shopping and personal business. Also, on a weekly basis, seniors can ride to Elko for medical appointments, shopping and errands. This service is also open to individuals with disabilities of any age when space is available on the vehicles. The most frequent destinations are the post office, grocery stores, doctor offices and banks.

Silver Sage Senior Center
The Silver Sage Senior Center provides demand response transportation service to seniors residing in the town of Wells. Rides are provided on weekdays to the senior center for lunch and to local businesses for errands. Rides are provided to Elko once a week for medical appointments and shopping. A monthly trip to Twin Falls, ID provides access to medical appointments and shopping, except during the winter months where transportation-prohibitive weather conditions exist.

Shoshone Paiute Tribe Senior Center / Duck Valley Elders Program
The Shoshone Paiute Tribe Senior Center Program in Owyhee provides transportation to Duck Valley Indian Reservation seniors who attend congregate meals at the Owyhee Senior Center. Once a month, seniors are taken to Elko or Mountain Home, Idaho for medical appointments and shopping.

Elko Band Council
The Elko Band Council provides transportation for elders to a senior center program. They also provide bus transportation for K-12 students.

Wells Band Council
The Wells Band Council provides transportation under the Community Health and Alcohol and Drug programs in the Wells Colony, north of the town of Wells. Rides are routinely provided to medical appointments and outpatient services in Elko, Reno, Salt Lake City, UT and Twin Falls, ID.

Elko Taxi
Elko Taxi is Elko's for-profit taxi service.

Toana Taxi
Toana Taxi is West Wendover's for-profit taxi service.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Rural residents, especially seniors, need long distance transportation to medical appointments in Reno, Las Vegas and Salt Lake City, UT. Existing providers of transportation to seniors and the public typically do not transport to

these distant locations. For providers that do offer long distance medical trips, such as RSVP and the VA/DAV, service is limited to certain days of week and dependent on the ability to secure volunteer drivers.

A related need is on-call, long distance hospital discharge transportation. Rural residents who are transported via ambulance to a hospital in Reno, Las Vegas and Salt Lake City, UT, who do not have family or friends who can pick them up, are often unable to find an affordable ride home.

Countywide transportation is not available and is needed to meet the needs of residents in the rural areas of the county.

Intercity transportation is a need for communities that recently lost Greyhound bus service which formerly ran along the I-80 corridor from Reno to Salt Lake City, UT. The communities located along this route – West Wendover, Wells, Elko, Battle Mountain and Winnemucca – are unable to assist individuals with connecting to the national intercity bus network, or meet other needs. The Amtrak route serving this corridor only has stations in Elko and Winnemucca; with the train stopping before 6:00AM for the westbound route and after 7:00PM for the eastbound route.

Elko's school system provides pupil transportation to households located outside a two-mile radius. Families living within the two-mile radius, but not within safe walking distance, struggle with finding transportation to school for their children. If they do not live on the Get My Ride Blue Line, they request rides from Get My Ride demand-response, which is often at capacity.

Unless they have Medicaid coverage for NEMT, Elko residents who need medical care in Reno, Twin Falls, ID, or Salt Lake City, UT do not have a transportation option outside of private taxi service which is unaffordable to people with low incomes.

Most small human service transportation providers, such as senior centers, provide rides to medical appointments and grocery stores only one or two days per week. Individuals who rely on these providers need medical or shopping transportation that is available on a daily basis.

Transportation providers are typically unable to accommodate urgent requests for same-day service. All of the area's public and human service transportation providers require advance reservations for demand response service. This precludes use of their services to meet needs that arise with short notice.
In November 2017, utilizing Veterans Administration funding, Get My Ride began to operate fixed routes that connect Carlin and Wells with Elko. The route picks up at a centralized pick-up point in each town. Some customers have difficulty with walking to the pick-up and need connecting demand response service between their homes and the pick-up points.

The Carlin Open Door Senior Center's transportation service takes customers to Elko once per week for shopping, errands and medical appointments. More frequent service to Elko would help meet needs. The Senior Center's service is unable to accommodate lengthy medical appointments in Elko due to schedule constraints. There is a need in Carlin for more robust transportation to Elko so that all types of medical appointments are viable for riders.

The Silver Sage Senior Center's transportation service takes customers to Elko once per week for shopping, errands and medical appointments. A route to Twin Falls, ID runs once per month, except during the winter. More frequent service to Elko and Twin Falls, ID would help meet needs. The Senior Center's service is unable to accommodate all local seniors' health care needs due to schedule constraints. There is need in Wells for more robust transportation to Elko and Twin Falls, so that medical care is more regularly accessible to residents.

Get My Ride does not currently run on Saturdays, Sundays, or after 5:30PM on weekdays. Weekend and evening transportation is important for residents with weekend and evening work schedules. Service during these hours would also allow customers to ride to the Elko Amtrak station at times that the train stops.

Transportation providers that rely on volunteer drivers, including RSVP and the DAV/VA services, need more volunteers. In many cases, trip requests are being declined and vehicles are sitting unused due to a lack of volunteers. Volunteer recruitment is key to expanding the capacity of these services.

West Wendover has no transportation services other than a for-profit taxi company. The JAS Foundation is the city's main provider of social services. The city's mayor and the JAS Foundation's director have expressed interest in collaborating to provide some form of transportation. City residents need transportation to employment, medical appointments (particularly in Salt Lake City and Tooele, Utah), congregate meals at the JAS Foundation and grocery shopping.

The Get My Ride Blue Line deviated fixed route currently reports operating at capacity. This service operates in a loop in one direction. Service in the opposite direction would double the capacity of the route. This service would be known as the Red Line. Additional funding is necessary to implement the Red Line.

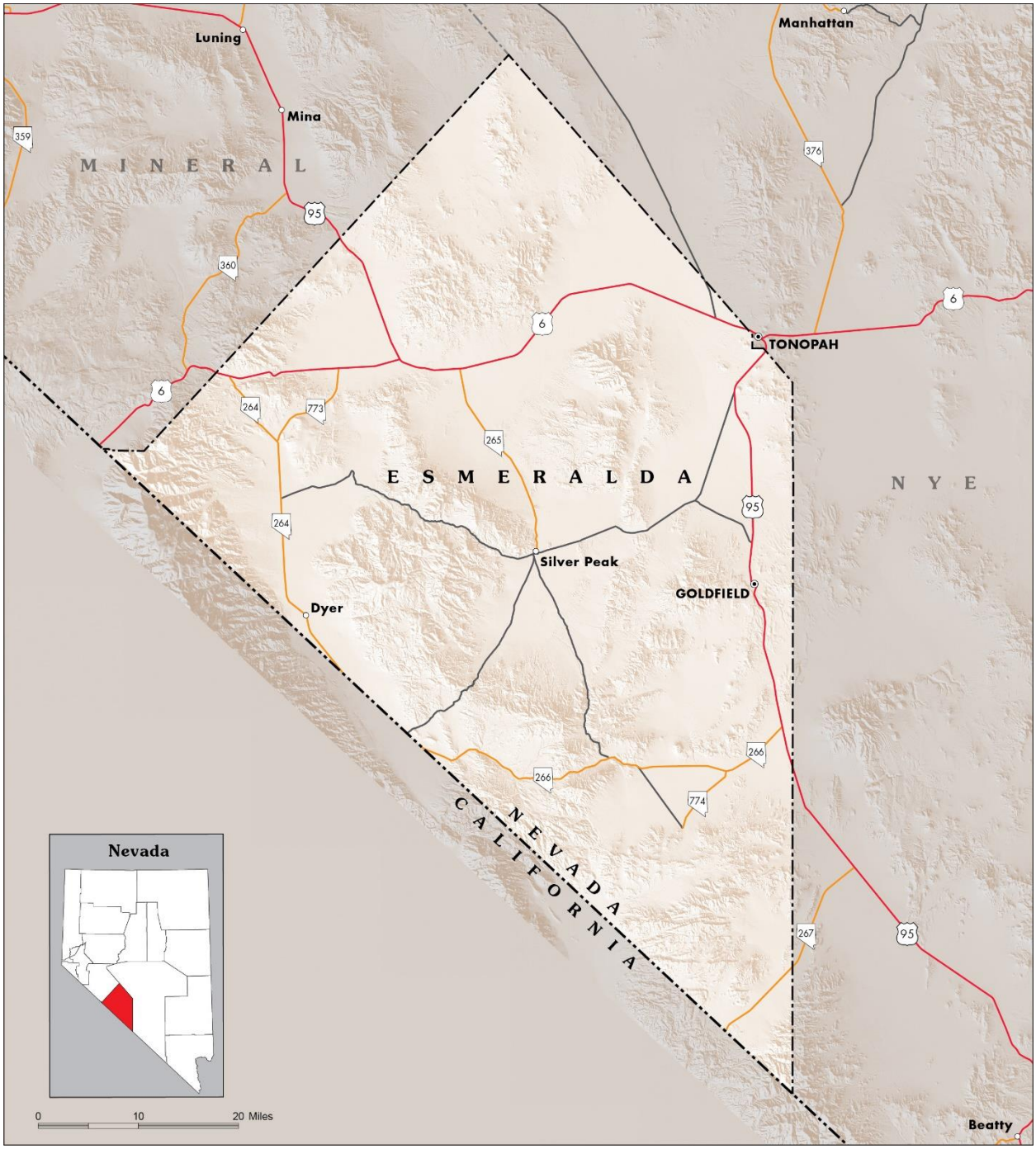
Owyhee is located in the Duck Valley Indian Reservation. Seniors residing in this area are served by the SPT Senior Center's transportation program. Rides are provided daily to destinations in Owyhee and, on an occasional basis, to Elko and Mountain Home for shopping and banking. A $15 fare is charged for the out-of-town round trips due to cover the cost of fuel. This fare is a hardship on some of the riders. Additional operating funds would help meet the need for affordable rides to out-of-town destinations. The senior center operates two vehicles, both of which are high-mileage and costly to maintain. Replacement vehicles are needed.

Communication between transportation stakeholders needs to be strengthened in order for the Get My Ride, tribes, private transportation providers and local human service agencies to maintain effective communication about the transportation needs, gaps in service and capacity issues.

Area workers would benefit from a commuter rideshare system that would assist commuters with finding carpool partners and offer a vanpooling option.

ESMERALDA COUNTY

Figure 3.9 – Esmeralda County Map



Transportation Resources

Esmeralda County Senior Transportation
Esmeralda County Senior Transportation provides transportation to seniors and individuals with disabilities.

The demand response service is provided to seniors Monday through Friday on an as-needed basis, with advance reservations. Service is provided to the local senior nutrition center in Goldfield, banking facilities, pharmacies, grocery stores and medical appointments in Las Vegas, Pahrump, Beatty, Hawthorne, Fallon, Reno and Bishop, CA.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

There are no medical services available in the area, so better transportation is needed to out-of-town services.

A trip from Fish Lake Valley to the Veterans Hospital is over 700 miles. Round trip and transportation options are needed.

Transportation is needed for retirees in Fish Lake Valley who can no longer drive and are isolated and dependent upon transportation services.

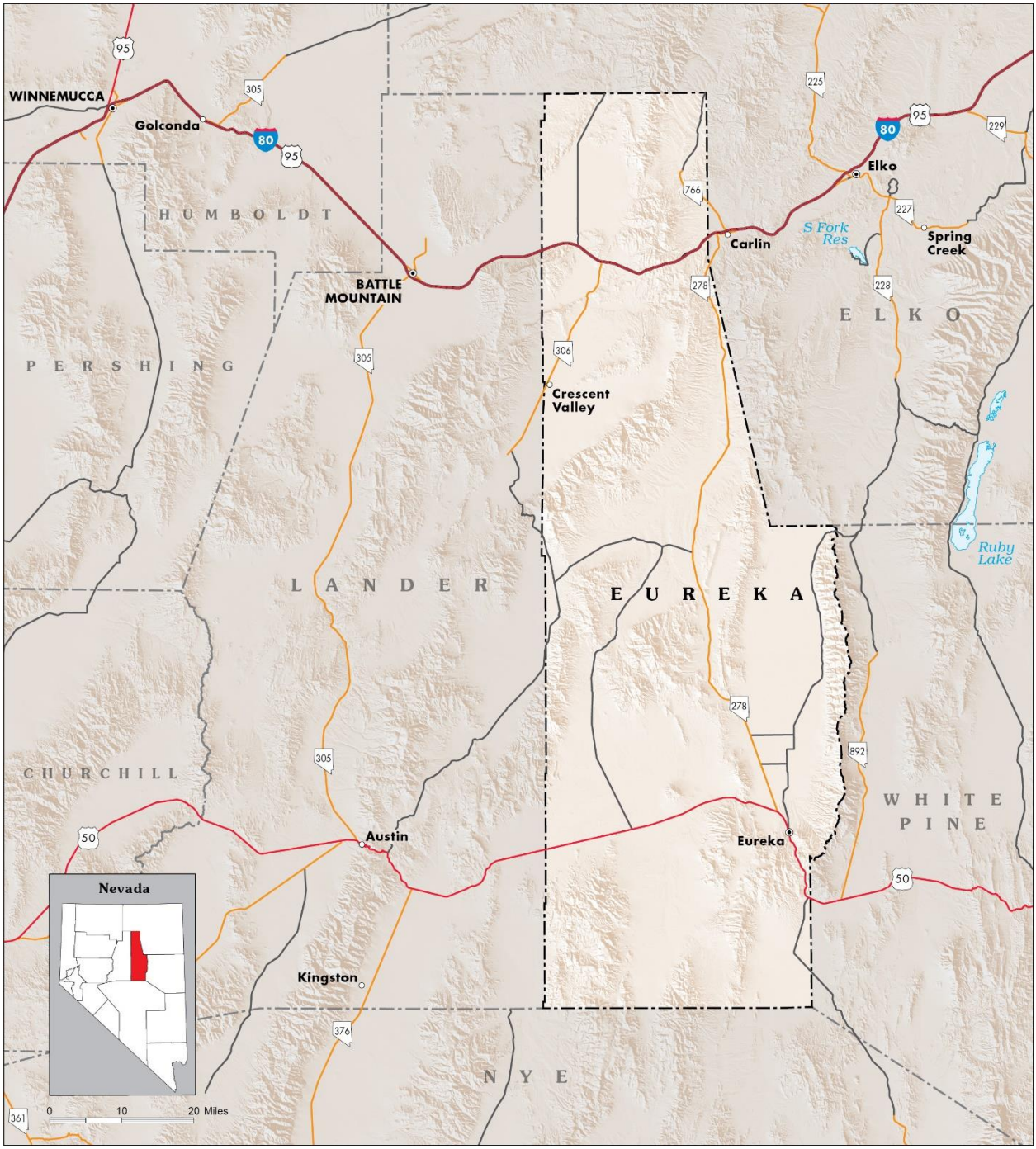
Public transportation is needed in Esmeralda County.

The coordination of appointments and trip schedules between public transportation providers and the Veterans Hospital is needed.

There is a need for improved community education and understanding of the available services. Some people are moving to the area because of the low cost of living and they do not realize the distance to medical and retail services until after they have moved.

EUREKA COUNTY

Figure 3.10 – Eureka County Map



Transportation Resources

Eureka Senior Center / Fannie Komp Senior Center
The Eureka Senior Center provides demand response service primarily to seniors in Eureka County, but the service is open to individuals with disabilities and the public, upon availability.

The agency's fleet is stationed at its two centers, located in the towns of Eureka and Crescent Valley. Rides are provided to medical appointments, grocery stores, lunch at senior centers and recreational outings. Rides are provided primarily within Eureka County. Regular trips are made to Elko for medical appointments, shopping and errands.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Transportation to Ely is needed for residents with medical appointments and shopping or personal errands.

Residents who are discharged from hospitals in Reno and Elko need a transportation option for the return trip home.

Individuals don't have a transportation option for leaving the county. Intercity transportation to Reno or Las Vegas would allow such individuals to transfer to the national intercity bus network.

Rural residents, especially seniors, need long distance transportation to medical appointments in Reno, Las Vegas and Salt Lake City, UT. Existing providers of transportation to seniors and the public typically do not transport to these distant locations. For providers that do offer long distance medical trips, such as RSVP and the VA/DAV, service is limited to certain days of the week and dependent on the ability to secure volunteer drivers.

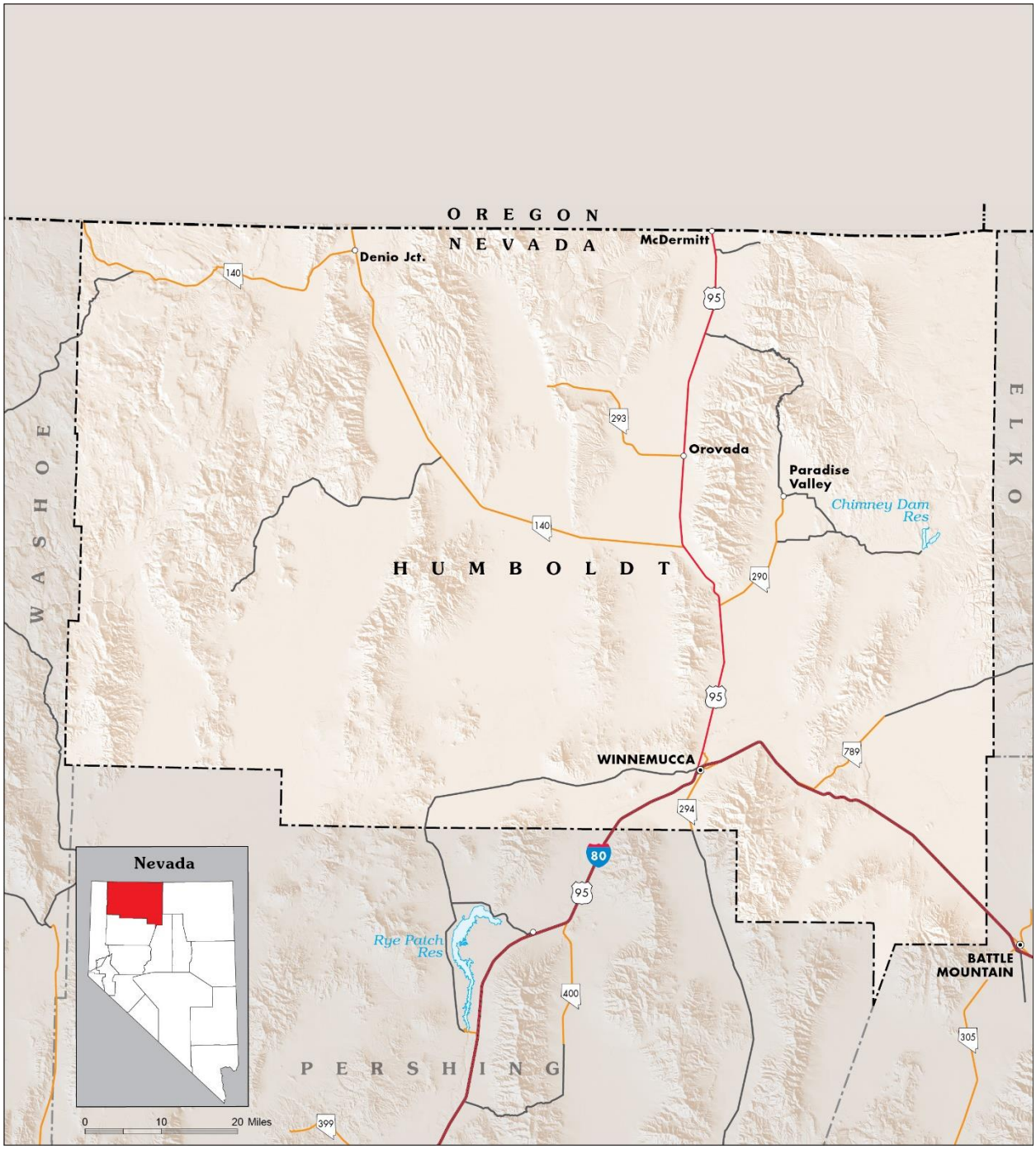
Most small human service transportation providers, such as senior centers, provide rides to medical appointments and grocery stores only one or two days per week. Individuals who rely on these providers need medical or shopping transportation that is available on a daily basis.

Transportation providers are typically unable to accommodate urgent requests for same-day service. All of the area's public and human service transportation providers require advance reservations for demand response service. This precludes use of their services to meet needs that arise with short notice.

Transportation providers that rely on volunteer drivers, including RSVP and the DAV/VA services, need more volunteers. In many cases, trip requests are being declined and vehicles are sitting unused due to a lack of volunteers. Volunteer recruitment is key to expanding the capacity of these services.

HUMBOLDT COUNTY

Figure 3.11 – Humboldt County Map



Transportation Resources

Pleasant Senior Center
The Pleasant Senior Center offers demand response service to the public. This service was previously available only to seniors only through a §5310 operating grant, but a change in funding sources resulted in opening the service to the public in 2015. Pleasant Senior Center provides transportation in Winnemucca and Grass Valley.

Humboldt General Hospital
Humboldt General Hospital provides transportation for seniors.

Winnemucca Cab
Winnemucca Cab is the local for-profit taxi service.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Transportation to Reno is needed for medical appointments. Some of this need is met by RSVP and the DAV van service. These services are limited by volunteer recruitment challenges and eligibility requirements. A transportation option to Reno would offer an alternative to Amtrak for providing transient or stranded individuals with transportation out of Winnemucca.

Humboldt County residents who are discharged from hospitals in Reno and Elko need a transportation option for the return trip home.

Transportation from outlying communities including Paradise Valley, Orovada, Golconda and McDermitt to Winnemucca is needed.

Rural residents, especially seniors, need long distance transportation to medical appointments in Reno, Las Vegas and Salt Lake City, UT. Existing providers of transportation to seniors and the public typically do not transport to distant locations. For providers that do offer long distance medical trips, such as RSVP and the VA/DAV, service is limited to certain days of the week and dependent on the ability to secure volunteer drivers.

Pleasant Senior Center does not currently operate outside the hours of 8:00AM to 4:00PM, Monday through Friday. Evening transportation is important for clients of social services programs, such as the Family Support Center's evening programs for working parents. Service during early morning and late-night hours would allow customers to ride to the Winnemucca Amtrak station at times that the train stops.

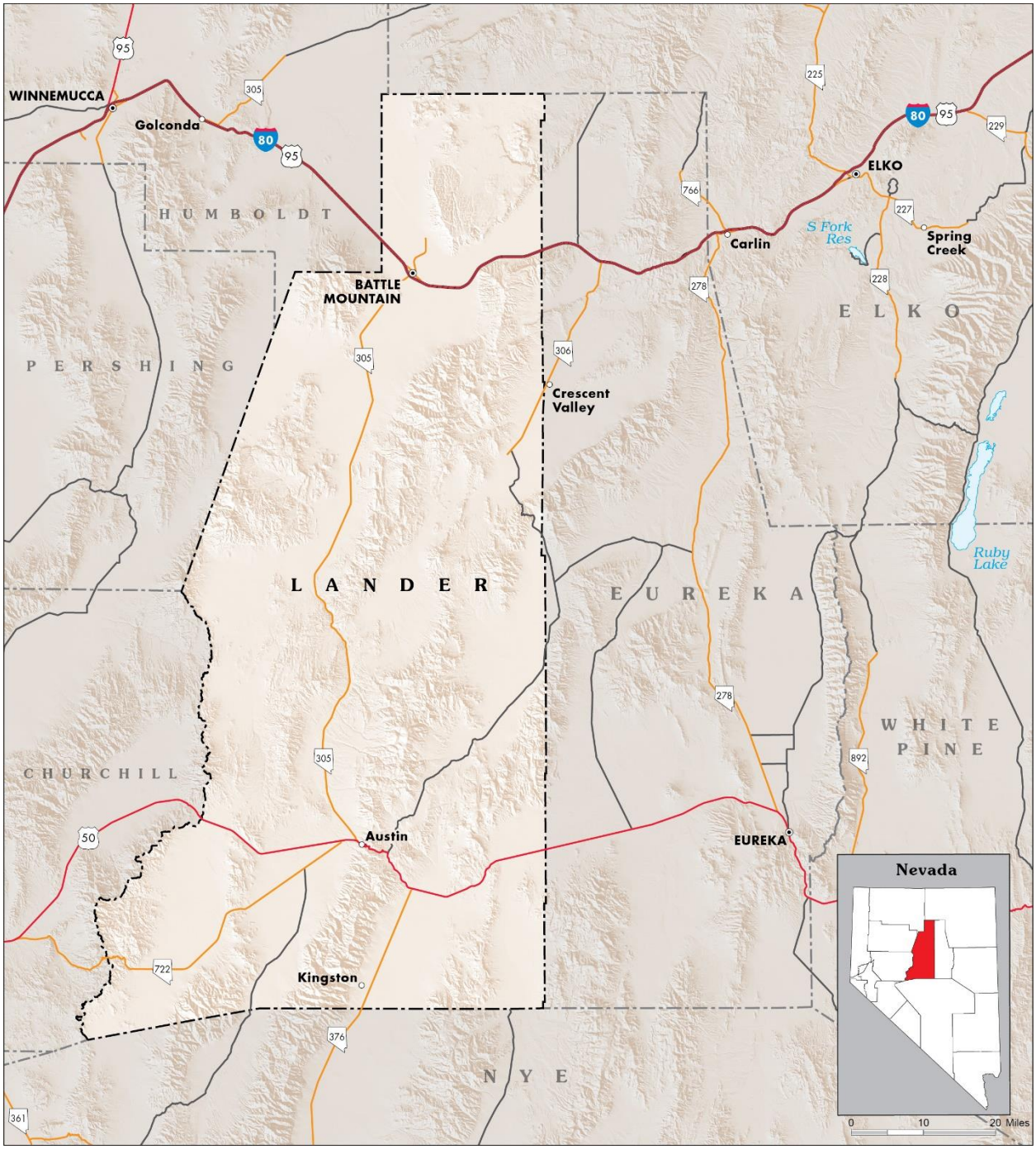
On-call transportation would offer an alternative to expensive taxi service when, for example, Humboldt General Hospital discharges a patient. Pleasant Senior Center requires advance reservations and does not operate during the evening when discharges are frequent.

Communication between transportation stakeholders needs to be strengthened, in order for Pleasant Senior Center, tribes, private transportation providers and local human service agencies to maintain effective communication about transportation needs, gaps in service and capacity issues.

Infrastructure in some locations in Winnemucca needs to be improved for the safety of those riding public transportation. It is difficult to find locations near public buildings (e.g. library, city hall, and county buildings) to deploy a wheelchair lift. Riders who use walkers have some difficulty with walking due to lack of curb cuts in some locations.

LANDER COUNTY

Figure 3.12 – Lander County Map



Transportation Resources

Lander County Senior Center
The Lander County Senior Center provides demand response service to seniors in Lander County. Rides are provided daily to the Lander County Senior Program for nutrition, medical appointments, shopping and errands. Based on availability, rides are provided outside of Lander County to medical appointments in Humboldt and Elko counties.

Battle Mountain General Hospital
Battle Mountain General Hospital uses one transit vehicle to transport residents of its long-term care facility to medical appointments, grocery stores and recreational outings. Rides are provided on an as-needed basis.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Transportation is needed outside of Battle Mountain Township, otherwise, county residents are without access to any transportation. Rural residents need access to Battle Mountain for medical appointments, shopping and other services. Residents of Austin have no access to a transportation service.

Transportation to Reno, Elko and Salt Lake City, UT is needed for medical appointments and connections to intercity bus service.

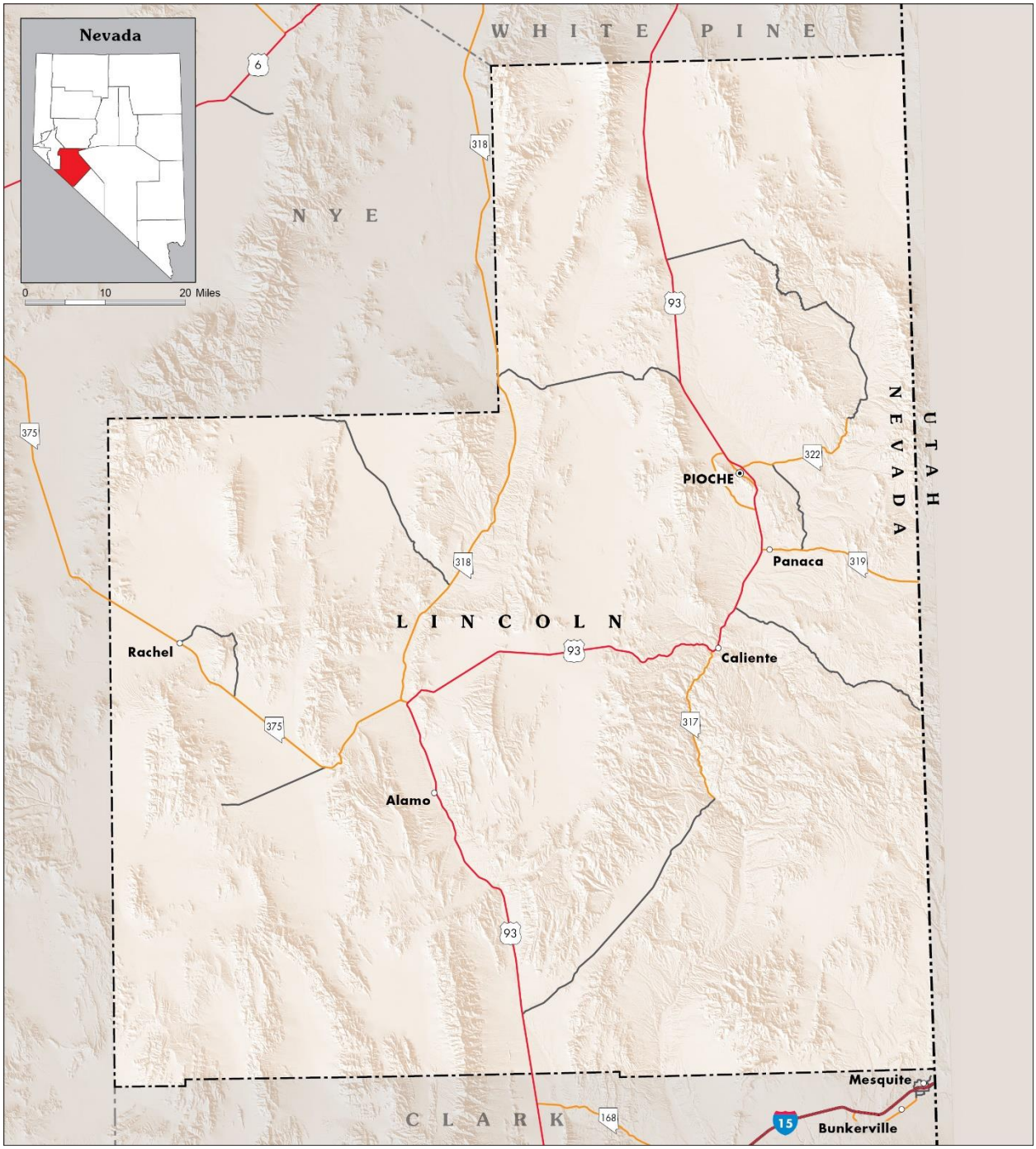
On-call transportation would provide service to meet urgent needs.

Lander County does not currently have staffing capacity to perform transportation grants administration. This would be necessary for the county to apply for federal funding to add service.

Lander County needs additional Medicaid NEMT providers. Medicaid participants with the NEMT benefit do not currently have a provider to use.

LINCOLN COUNTY

Figure 3.13 – Lincoln County Map



Transportation Resources

Lincoln County Transportation
Lincoln County Transportation provides demand response public transportation service. The agency operates three vehicles to provide service throughout Lincoln County, as well as service to Las Vegas, Ely, Mesquite, Saint George, UT and Cedar City, UT. Service to Las Vegas is provided on Tuesdays and trips to Saint George, UT and Cedar City, UT are offered on Fridays. Lincoln County Transportation coordinates with the RTC of Southern Nevada for connections in the Las Vegas Metropolitan Area. Advance reservations are required for all trips.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Lincoln County is now coordinating with SNTC Silver Rider for Las Vegas trips. The systems connect and Silver Rider transports Lincoln County passengers to medical centers while Lincoln County Transit focuses on other destinations. More options such as this are needed in the area.

There are insufficient vehicles to provide the level of service that is needed. More accessible, non-CDL vehicles are desired.

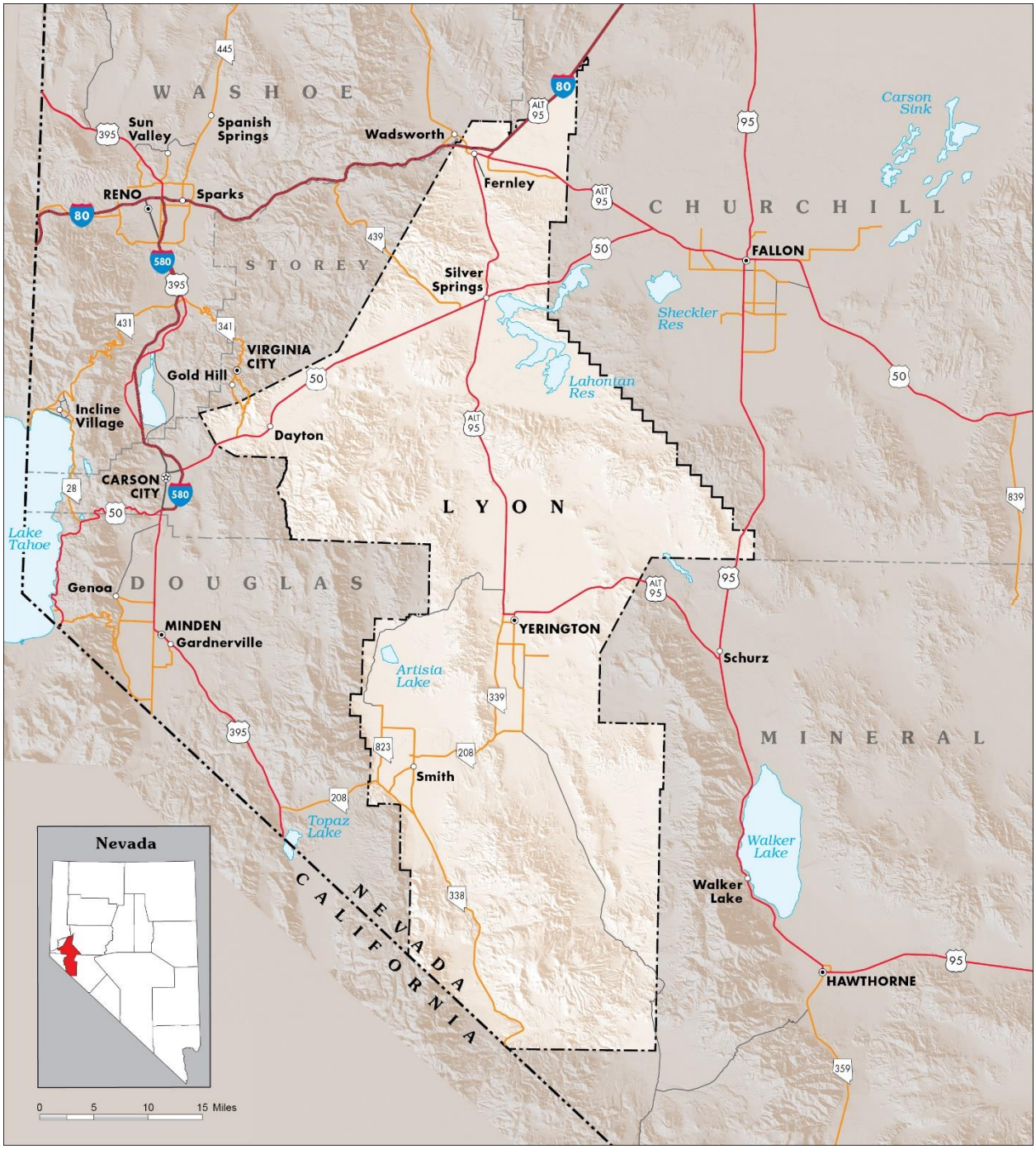
Finding qualified drivers is a challenge. Currently, administrative staff are also performing driver duties on a regular basis. It would be helpful to have standby drivers that could be called on to drive when needed.

Sustainable funding structures for transit services in the county are needed.

Better communication and working relationships with the Veterans Hospital in Las Vegas are needed. Trip scheduling and trip payment communications are failing.

LYON COUNTY

Figure 3.14 – Lyon County Map



Transportation Resources

Lyon County Human Services
Lyon County's public transportation provider provides medical transportation services using deviated fixed route services to Reno, Carson City, Smith Valley and Fallon. Those wishing to schedule a ride must do so with 48-hour notice. Trips are scheduled according to a first come, first served basis.

Lyon County Human Services provides approximately 4,500 one-way trips annually, almost entirely to agency consumers. Only an estimated two percent of the annual ridership was considered to be public.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Lyon County workshop attendees identified the need for additional connections to intercity services access the national intercity bus network, in addition to Carson City and Reno.

Additional transportation options for those on dialysis, as there are no dialysis clinics in Lyon County.

Regular, weekday transportation locally within Lyon County.

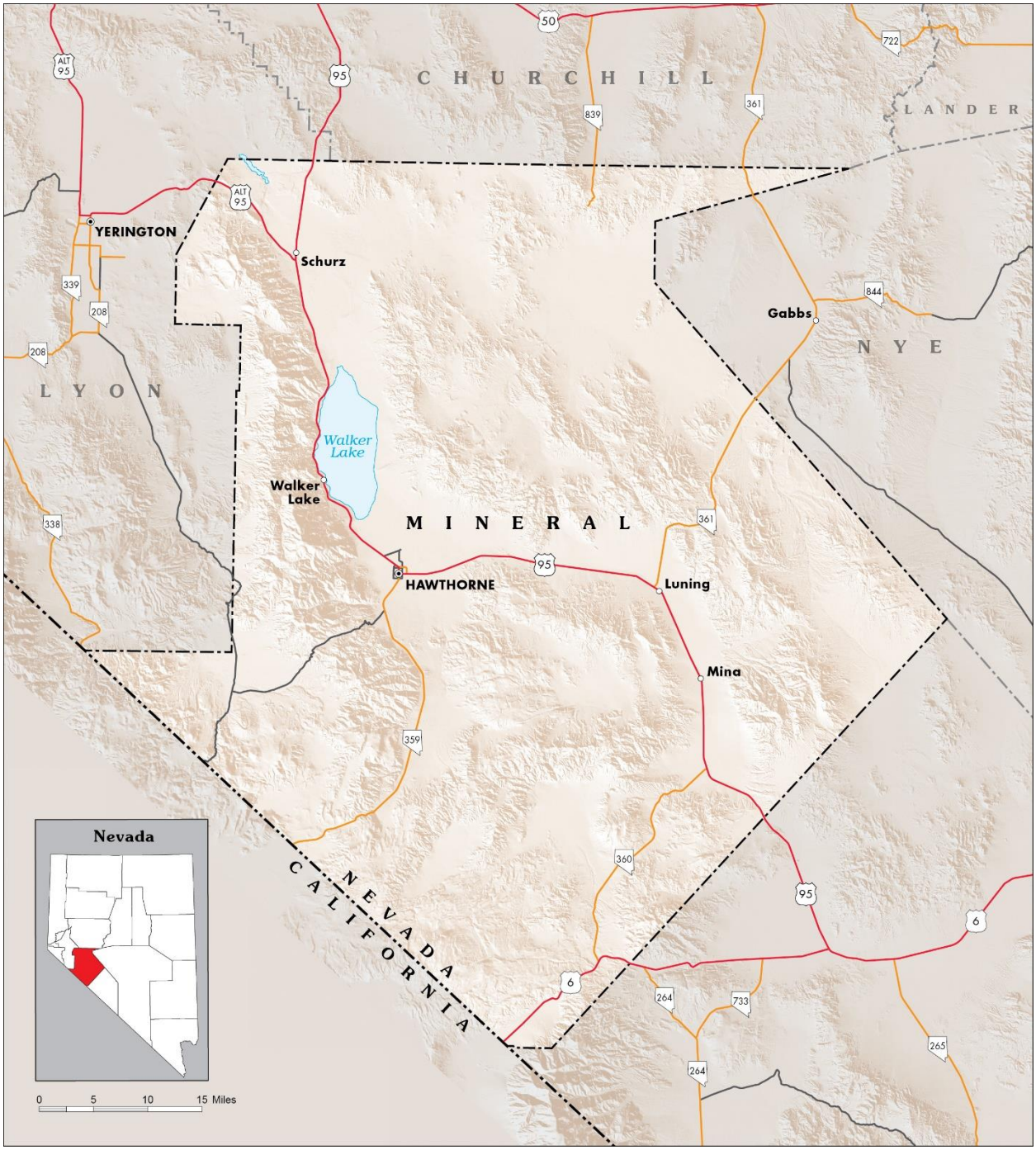
Additional operating funds to add a full-time drivers.

Those on Medicare, but not Medicaid, are not eligible for services provided by MTM and other transportation options are very limited.

Yerington lacks transportation services, other than private taxi options.

MINERAL COUNTY

Figure 3.15 – Mineral County Map



Transportation Resources

Mineral County Care and Share
Mineral County Care and Share provides transportation to seniors Monday through Friday, 8:45AM to 3:45PM. Trips are provided using two drivers, one local and one out-of-town. Out-of-town trips are provided to Reno and Fallon during good weather months on a weekly basis (Tuesdays) and only once a month during winter months.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Transportation from the local hospital back home as a need, as well as additional available trips to Fallon and Reno.

Extended hours of available transportation, as well as transportation on weekends for purposes such as shopping and visiting Walker Lake.

Currently, little taxi service is available in Mineral County. Additional on-demand service is needed.

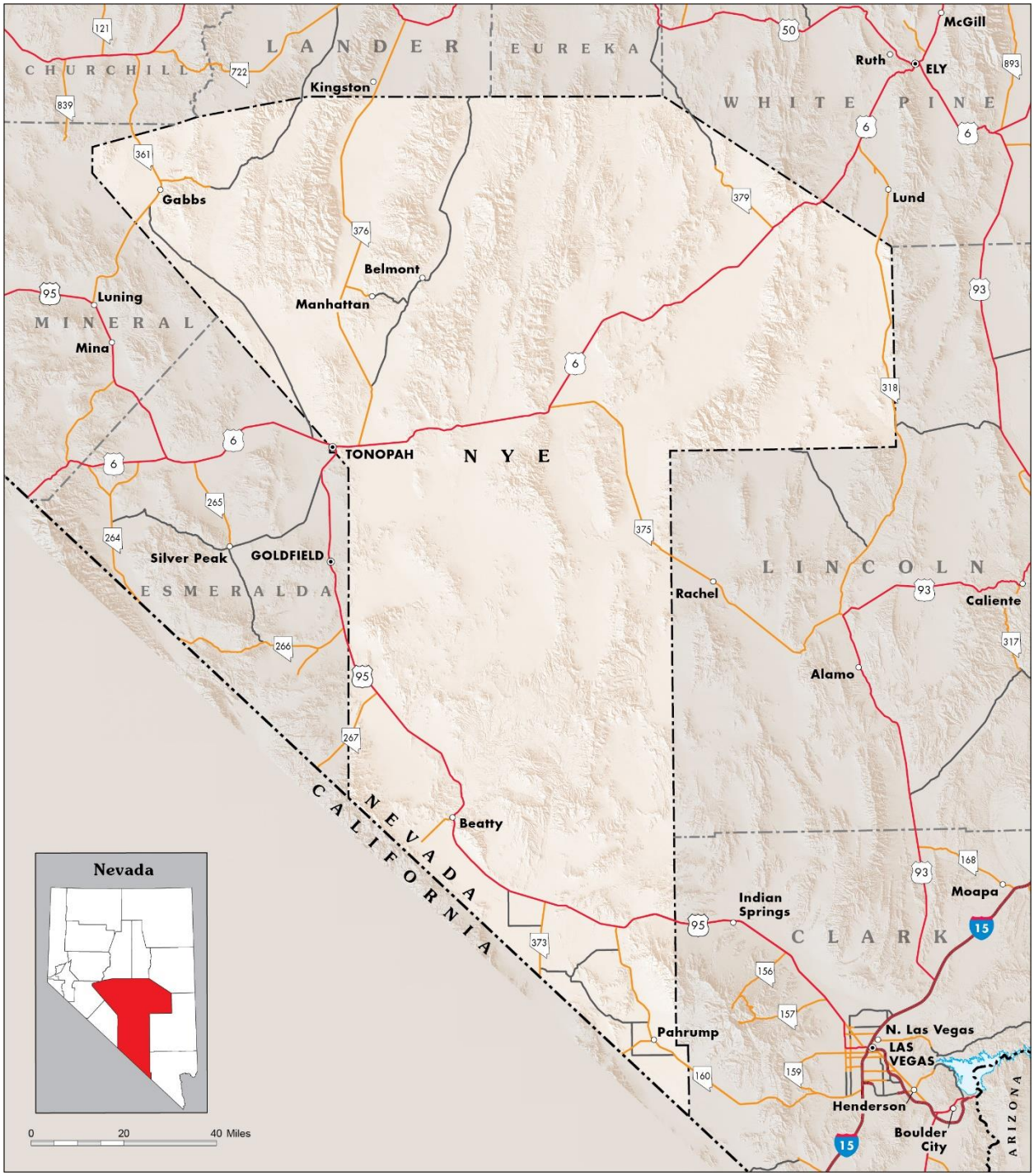
Funding assistance for vehicle repairs and resources to update the fleet.

While Mineral County had public transportation in the past, this was discontinued due to low ridership, but funding for public service in Mineral County was identified as a need during this study.

Those on Medicare, but not Medicaid, are not eligible for services provided by MTM and other transportation options are very limited.

NYE COUNTY

Figure 3.16 – Nye County Map



Transportation Resources

Pahrump Valley Public Transportation (PVPT)
Pahrump Valley Public Transportation offers demand response, door-to-door public transportation service to the community of Pahrump. Hours of operation are Monday through Friday, 7:00AM to 4:00PM and Saturday and Sunday, 8:00AM to 4:00PM. Rides must be requested before 3:00PM the day before the requested trip. PVPT also offers transportation service to Las Vegas, Henderson and North Las Vegas, Monday through Friday; weekend service is not available for this segment of the service and rides must be scheduled two days in advance; no later than 3:00PM.

Nye County Senior Nutrition, Inc.
Nye County Senior Nutrition provides demand response, door-to-door service to the residents of Nye County in Amargosa Valley, Beatty, Gabbs, Smoky Valley and Tonopah. In addition to local trips, service is frequently provided for long distance medical trips to Reno or Las Vegas. While service is targeted for seniors, individuals under 60 are eligible for service, but pay a fee that varies depending on the trip. Transportation is available Monday through Thursday, 9:00AM to 2:00PM.

Integrity Taxi Service
Integrity Taxi is a private taxi company based in Pahrump. Integrity Taxi provides transportation to any requested location for a per mile fee. Integrity Taxi coordinates with and provides transportation services for the Nye Community Coalition. Integrity Taxi works closely with the regional mobility manager for trip referrals. Integrity Taxi operates 24 hours per day, 365 days per year.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Regular service between Pahrump and Las Vegas is needed.

Park and Ride areas are needed.

Need for transportation service in Amargosa Valley. There are no food pantries or other services in Amargosa Valley, therefore, people must travel to Pahrump.

Service area expansion for public transit should include Beatty.

A regular fixed route service is needed for multiple trip purposes.

Additional funding is needed to expand service options and hours.

After-school activity transportation service is needed. Current discussions with Pahrump Valley Public Transportation are ongoing.

Expanded service hours, service days and fleet volume are needed.

There is a gap in services for individuals who do not meet the eligibility requirements for “senior” transportation or other human service programs.

A service evaluation or planning study is needed for rural public transit in Nye County.

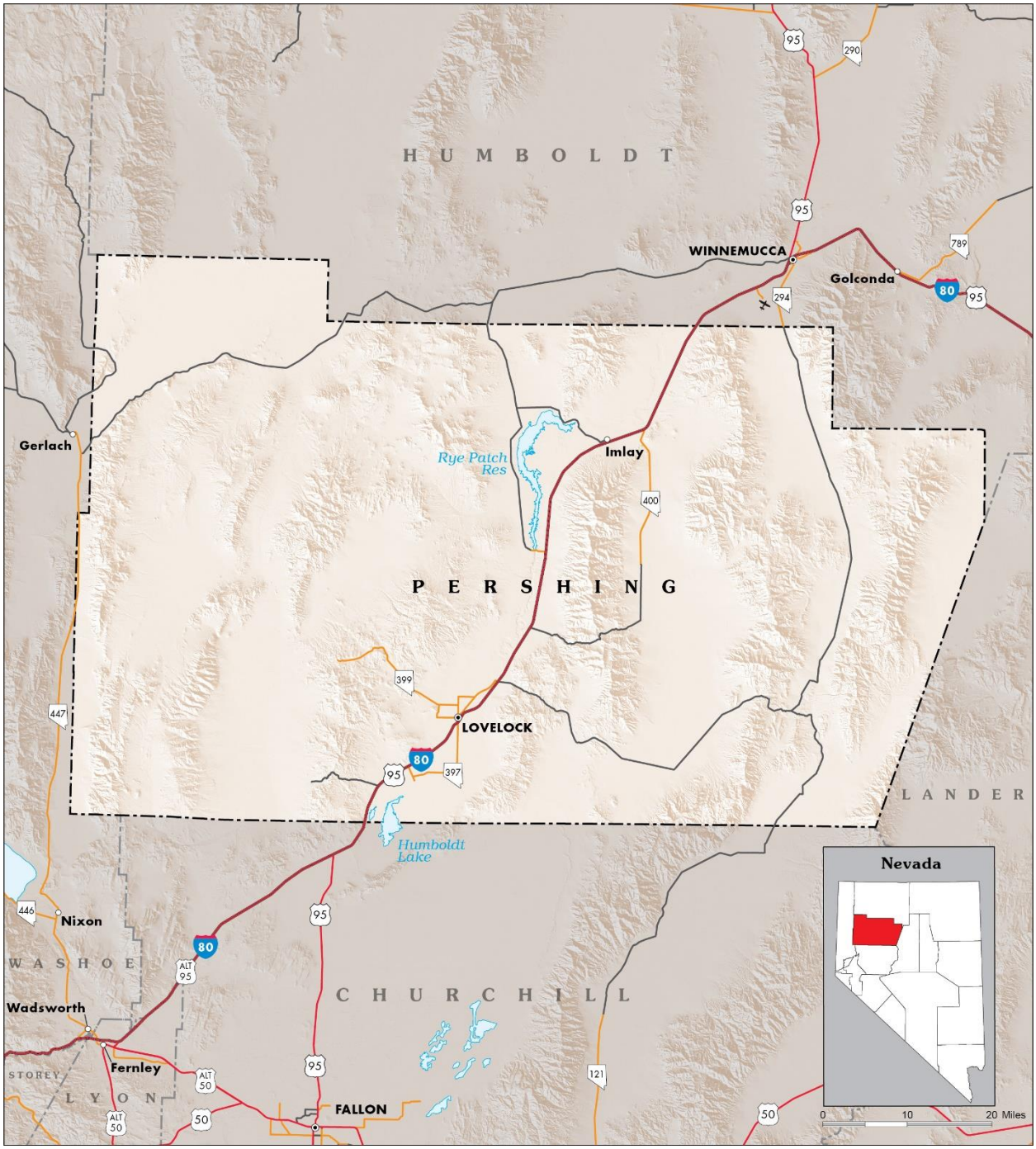
Additional vehicles are needed to meet more of the demand for service.

Bike and pedestrian path improvements are needed. Sidewalks do not exist in many areas and safety is an issue.

Improvements to crosswalks are needed, especially in areas of low-income housing.

PERSHING COUNTY

Figure 3.17 – Pershing County Map



Transportation Resources

Pershing County Senior Center
Pershing County Senior Center provides both local and out-of-town trips to Pershing County seniors and on a "space-available" basis to the public. Local trips are provided on an as-needed basis only. Monthly trips to Reno are provided on the fourth Tuesday of each month and to Fallon on the second Wednesday of each month.

Pershing County General Hospital and Nursing Home
Pershing County General Hospital provides medical transportation, as well as social and shopping trips, to nursing home residents. Most trips are provided to Reno and Fallon, although occasional trips are provided to Winnemucca. Recreational trips are provided on a weekly basis, while medical trips are provided on a bi-weekly basis. No fares are charged.

Pershing County Indigent Services
Pershing County Indigent Services in Lovelock is a public nonprofit organization providing food bank, Salvation Army, motel and gas vouchers for people who are indigent. It purchases transportation from third-party operators and trips require an advance reservation.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

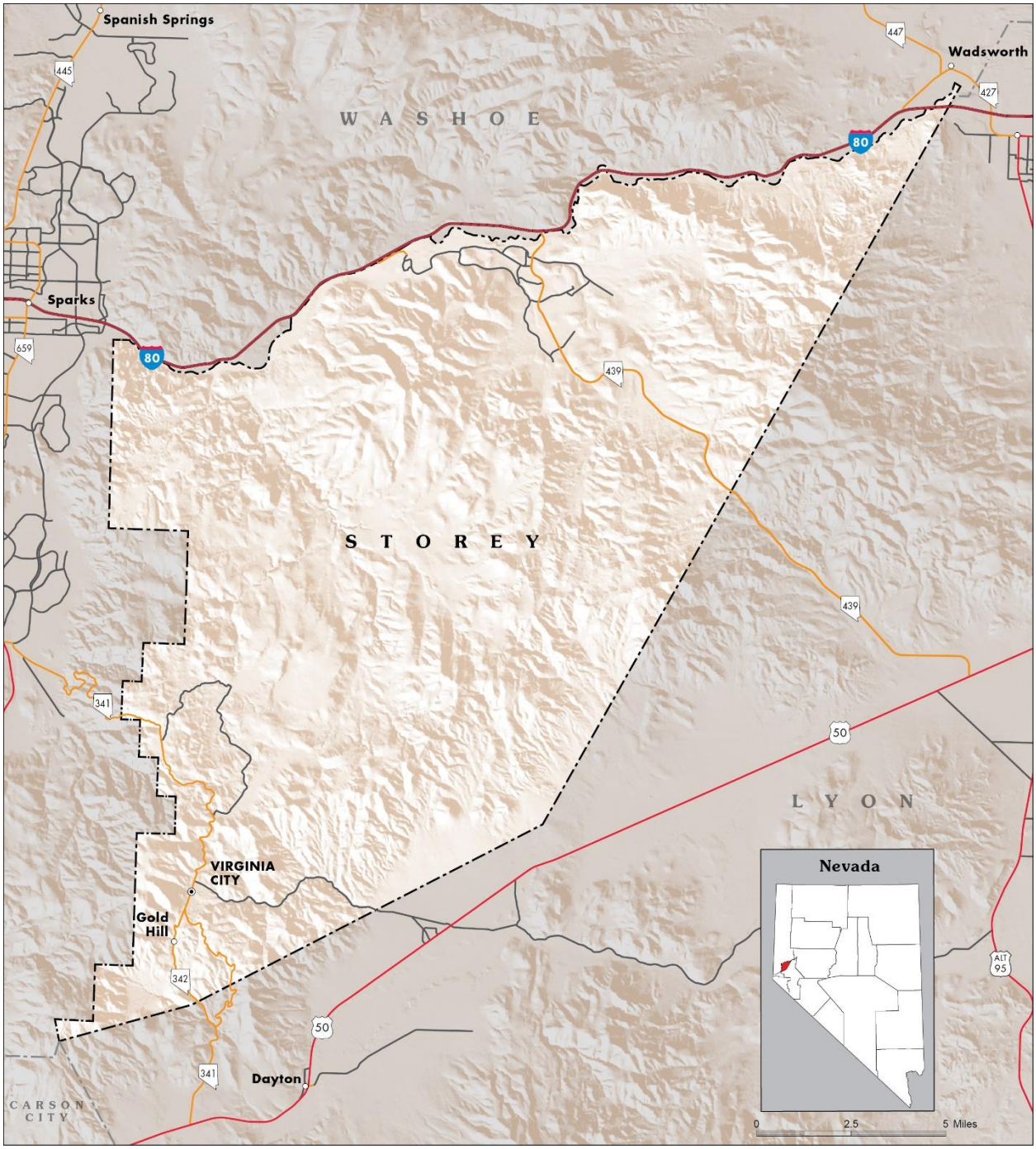
Due to the incredibly rural nature of the town and county, low-income young people living in Lovelock do not have employment opportunities other than in Fallon, which is 53 miles away. No transportation exists for individuals who don't qualify for a specific government program.

Trips to Carson City, Fallon, Reno and Winnemucca would be helpful for doctor appointments and recreational trips.

Trips to employment centers, such as the Tahoe-Reno Industrial Center, would be helpful to Lovelock and Pershing County, residents.

STOREY COUNTY

Figure 3.18 – Storey County Map



Transportation Resources

Storey County Senior Center
Storey County Senior Center in Virginia City received a grant in August 2018 from the Aging and Disability Services Division (ADSD) to purchase a second vehicle for passenger transportation. Transportation program funding is derived from ADSD, donations and local contributions or grants. Storey County residents age 60 and older are eligible for transportation. Service is available to destinations outside Storey County.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

I-80 area – Storey County River District is not served by any transportation providers.

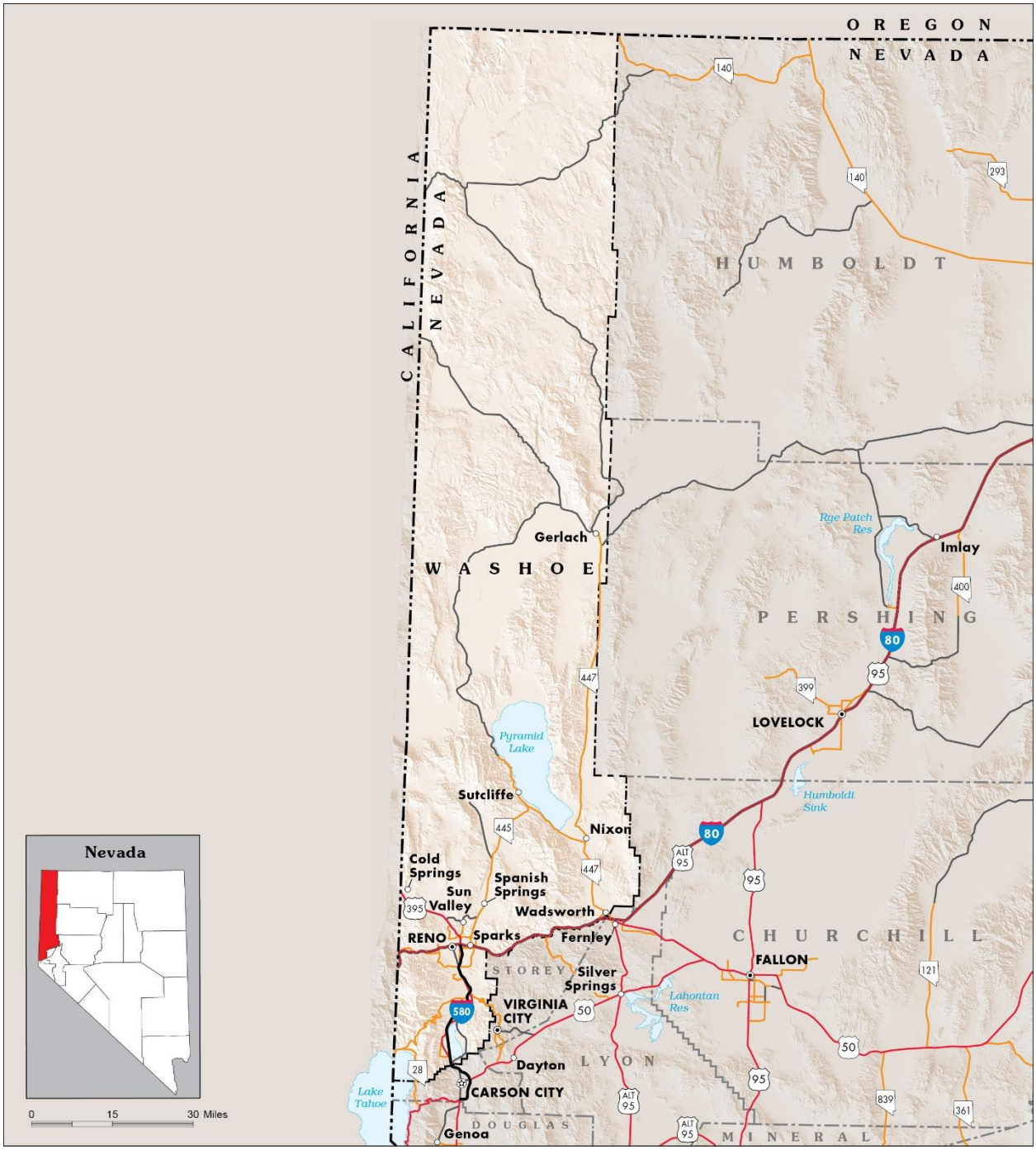
Service in the Lockwood area is needed. It is a growing area located near an industrial park.

It is noted that public transportation services for the public are not available throughout Storey County and service for the public, seniors, or individuals with disabilities is only available during the day (no evenings).

It is noted that public transportation services for the public are not available throughout Storey County.

WASHOE COUNTY

Figure 3.19 – Washoe County Map



Transportation Resources (Rural)

Access to Healthcare Network (AHN)
Access to Healthcare Network is a private, nonprofit agency that helps individuals and organizations manage their healthcare and health-related needs. In addition to its many programs, AHN provides free, non-emergency medical transportation for seniors, individuals with disabilities and low-income residents of Reno and the Greater Washoe County area.

AHN also offers the Senior Ambassador Program in partnership with Saint Mary's Health Network, which provides free, non-emergency medical transportation to eligible Medicare patients. The Senior Ambassador Program offers transportation to hospitals, to/from outpatient procedures, to pick up medications or medical equipment and to/from the gym or physical therapy. The program receives approximately 330 to 475 calls per month from individuals seeking assistance and information. The majority of trips are within Reno /Sparks area.

Regional Transportation Commission of Washoe County (RTC)
RTC of Washoe County is the county's planning agency and transportation operator in the urbanized area. RTC RIDE is the public transit bus system of the greater Reno/Sparks area. The RTC operates 24 fixed routes.

In addition to local, fixed routes and Americans with Disabilities Act (ADA) complementary paratransit service, RTC offers RTC Intercity services for commuting between Reno and Carson City. Transfers from RTC Intercity to Tahoe Transportation District or JAC are free. RTC Intercity routes operate weekdays between 5:45AM and 7:40PM.

The RTC of Washoe County is the designated recipient for the FTA §5310 Grant Program for Washoe County. The RTC develops a separate CHSTP for the urbanized area. Priorities established in the 2015 CHSTP to improve transportation coordination in the RTC urbanized area include:

- Expand Volunteer Driver Program.
- Increase funding for Washoe Senior Ride Program.
- Purchase wheelchair accessible vehicles for human service agencies.
- Provide flexible transit service in outlying areas of our community.
- Coordinate transportation resources with social service agencies.
- Increase funding for RTC's non-urbanized transportation program.
- Create a private, nonprofit transportation provider.
- Provide more travel training.

Pyramid Lake Tribal Transit / Numaga Senior Center
Pyramid Lake Tribal Transit and the Pyramid Lake Numaga Senior Center provide services in Nixon, Sutcliffe, Wadsworth and Fernley. Tribal Transit operates a deviated fixed route that connects to the Washoe County RTC that serves the Reno-Sparks area.

Unmet Needs or Gaps in Service as Identified Through Public Outreach (Rural)

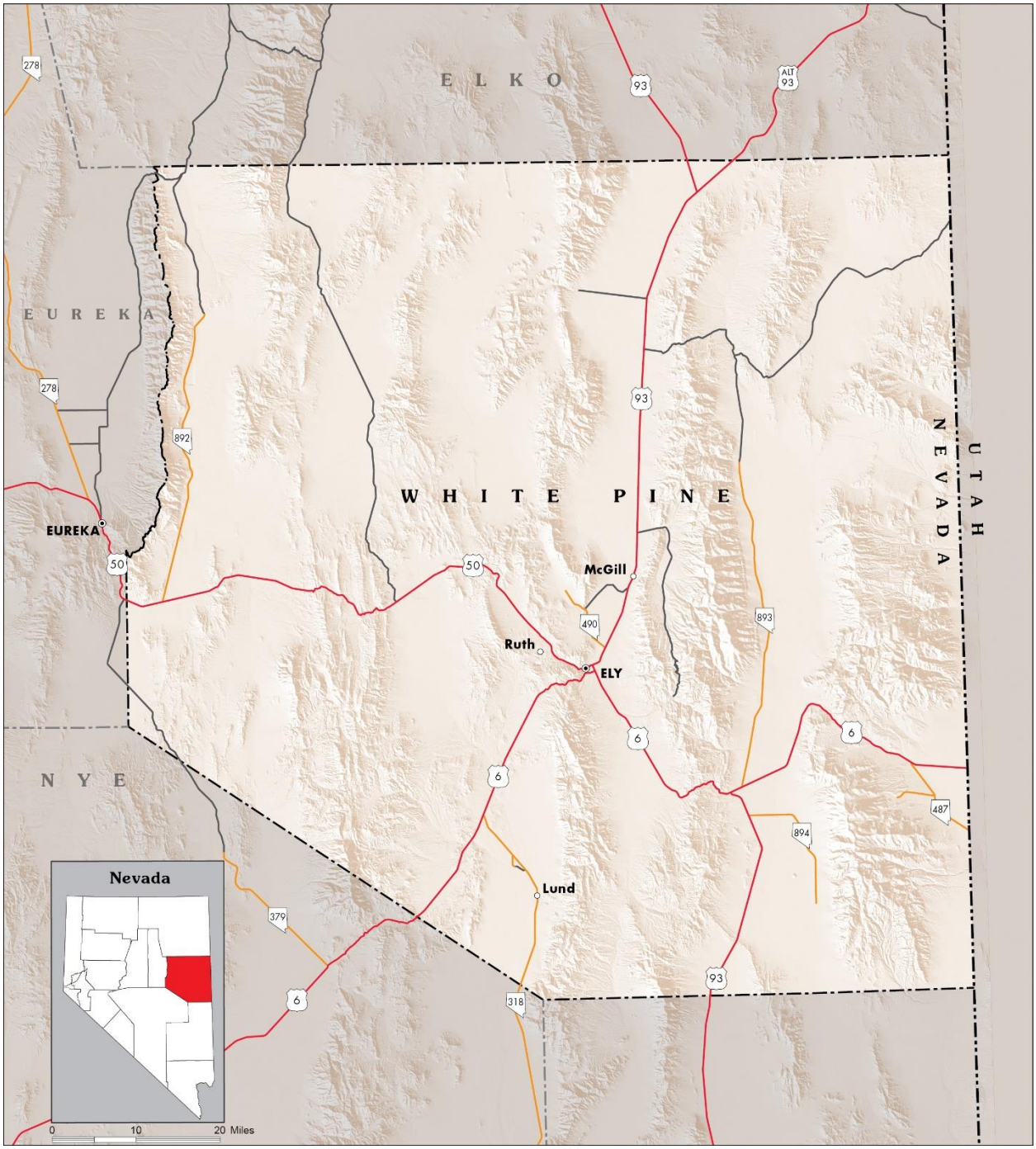
Rural Washoe County does not have access to public transportation services which leaves many people without mobility.

Transportation services in rural Washoe County are very limited, or non-existent.

While there are transportation options for Medicaid eligible individuals and trip purposes, certain medical treatments and veterans' affairs, rural Washoe County residents have very few transportation options for other trip purposes.

WHITE PINE COUNTY

Figure 3.20 – White Pine County Map



Transportation Resources

Ely Bus
Ely Bus is a demand response service for the public operating in the towns of Ely, McGill and Ruth in White Pine County. Service is provided on weekdays only.

White Pine County Senior Center
White Pine County Senior Center is located in Ely and operates a one-vehicle program that provides rides to seniors. The senior center's vehicle is primarily used for a Meals on Wheels program, but is also used to take seniors to medical appointments. Most of the trips are to Las Vegas, Salt Lake City, UT, or St. George, UT.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Transportation is limited to certain towns, or townships, within the county. Countywide transportation is necessary to meet the needs of residents in the rural areas.

Rural residents, especially seniors, need long distance transportation to medical appointments in Reno, Las Vegas and Salt Lake City, UT. Existing providers of transportation to seniors and the public typically do not offer service to these locations. For providers that do offer long distance medical trips, such as RSVP and the VA/DAV, service is limited to certain days of the week and dependent on the ability to secure volunteer drivers.

White Pine County residents who are discharged from hospitals in Reno, Elko, Las Vegas, or Salt Lake City, UT need a transportation option for the return trip home.

Most small human service transportation providers, such as senior centers, provide rides to medical appointments and grocery stores only one or two days per week. Individuals who rely on these providers need medical or shopping transportation that is available on a daily basis.

Transportation providers are typically unable to accommodate urgent requests for same-day service. All of the area's public and human service transportation providers require advance reservations for demand response service. This precludes use of their services to meet needs that arise with short notice.

Residents need transportation to employment, medical appointments (particularly in Salt Lake City, UT and Tooele, UT), congregate meals at the JAS Foundation and grocery shopping.

Transportation providers that rely on volunteer drivers, including RSVP and the DAV/VA services, need more volunteers. In many cases, trip requests are being declined and vehicles are sitting unused due to a lack of volunteers. Volunteer recruitment is key to expanding the capacity of these services.

CHAPTER FOUR - GOALS AND STRATEGIES

The goals and strategies outlined in this chapter are intended to guide transportation planners and stakeholders as they work together to maintain the existing successful services and develop a stronger network of services at the local, regional and state levels. Through the leadership of regional mobility managers, existing transportation providers and the NDOT, stakeholders can work together to sustain the effective services and develop new services. Together, the unmet needs or gaps in services would be addressed. In some cases, additional funding would be necessary to implement service enhancements. In other cases, unmet need can be addressed with little or no additional funding through activities such as coordinated multi-county transfer points and trip sharing. Active participation from public and nonprofit transportation providers and, in many cases, identification of additional funding for transportation would be required.

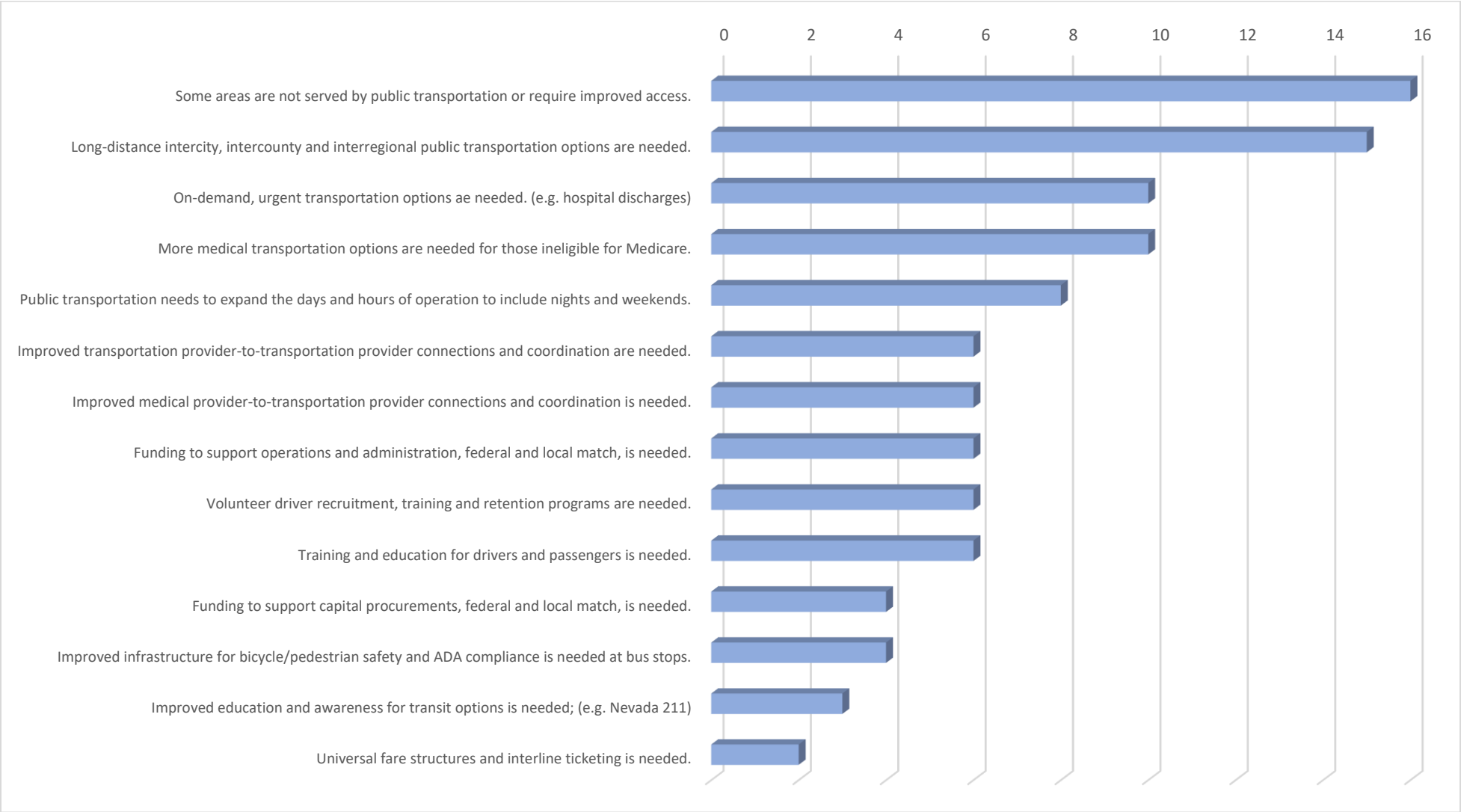
This chapter presents the goals and strategies that could be implemented to address the unmet needs or gaps in service identified in each county. The list of goals and corresponding strategies was developed for statewide and/or local implementation based upon analysis of existing services and demographics and public and stakeholder input. Each strategy was presented to the organizations and individuals that participated in the planning process either through an interview or workshop. Participants were asked to assign a priority rating to each of the potential strategies. In total, 24 organizations statewide participated in the priority rating activity. The priority rating scale used for each strategy is as follows:

Priority Rating 1 = Low Priority
Priority Rating 2 = Moderately Low Priority
Priority Rating 3 = Moderately Important Priority
Priority Rating 4 = Important Priority
Priority Rating 5 = Top Priority

Strategies identified as statewide top priorities would be the most likely to be funded through NDOT with FTA §5310 funds. Other strategies may have a higher priority at a local level but lower at statewide level because the impact of the strategy is locally focused. In these cases, two ratings are provided in the report, one for the statewide approach and another for the local approach. Ultimately, some strategies may be implemented at a local level only.

Figure 4.1 shows a summary of the needs identified in Chapter 3. The needs identified in each county were grouped into select categories to reduce the spectrum of needs into this summarized list. Several needs were common to many counties and included as the basis for the goals and strategies discussed in this chapter.

Figure 4.1 – County Identified Needs



GOAL #1: SUSTAIN EXISTING SERVICES & ENHANCE STATEWIDE TRANSPORTATION FRAMEWORK

NDOT provides grant funding and oversight for rural public transportation and FTA §5310 Programs. The needs assessment activities in this study indicate that the existing transportation services funded by NDOT as well as those services that are funded by other state and federal grant programs are vital to the communities and people that they serve. Goal #1 focuses on preserving and sustaining the current transportation programs and resources that are addressing transportation needs throughout the rural areas of the state. Without high levels of coordination, through resources such as the mobility manager program, existing resources would not operate more efficiently or retain their value as a top priority for funding. Better coordination would allow for enhancements to be made to the transportation framework through efficient use of the limited available resources. This goal would be pursued along with all other goals and strategies.

Goal #1 focuses on sustaining the existing transportation resources and strengthening the established mobility management structure by providing more direction from state level government and through more impactful agency leadership.

Strategy 1.1: Sustain Existing Rural Public Transportation Programs

The Rural Public Transit Program (§5311) and Enhanced Mobility for Seniors and Individuals with Disabilities Program (§5310) will continue to be priorities. The NDOT will continue to manage funding and provide technical assistance and guidance to §5311 and §5310 recipients and to approve grant applications that align with the coordinated transportation goals and unmet needs or gaps in service identified in this plan, or any future plan amendments.

Statewide Priority Rating: Priority Rating 5

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: NDOT; §5311 award recipients; §5310 award recipients; regional mobility managers

Performance Measures:

- Number of Unlinked Passenger Trips (UPT);
- Vehicle Revenue Miles (VRM) by subrecipient agencies;
- Vehicle Revenue Hours (VRH) by subrecipient agencies;
- Number of Subrecipient Agencies and Communities served; and
- Transit Vehicle Preventative Maintenance costs

Implementation Timeframe: Immediate

Implementation Budget: The FTA determines the amount of funding allocated to Nevada for grant programs and administration.

Potential Funding Sources: Legislative action would need to take place in order to provide additional dedicated funding. Possible funding sources could originate from a percentage of taxes imposed on specific goods or services.

Strategy 1.2: Establish Statewide Coordinating Council for Rural Transportation

Establishment of a statewide coordinating council for rural transportation is a top priority related to this goal. Council membership should consist of representatives from state level departments and agencies who have the authority to plan and recommend funding and operational decisions for programs, as well as representatives from the public transit systems. Potential membership could include:

- Department of Transportation, Transit Office
- Department of Health and Human Services (including Nevada Medicaid)
- Aging and Disability Services Division
- Nevada Governor's Council on Developmental Disabilities
- Department of Veterans Services
- Governor's Office
- Regional Transportation Councils
- Rural Transit Providers
- Department of Education
- Members of the Public

To empower the Council, it should be established by Executive Order or Legislative Statute to identify its purpose, membership and scope.

Examples of state-level coordinating councils exist throughout the country and in Nevada. One example is the Nevada Department of Health and Human Services led Nevada Interagency Coordinating Council (ICC) for Early Intervention. The ICC brings policy makers, service providers and parents together to support and assist with the ongoing development and implementation of early intervention services for young children with disabilities and their families. The ICC is authorized by authority of Part C of the Individuals with Disabilities Education Act (IDEA) of 2005, Public Law 108-446 and is appointed by the Governor.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: The NDOT, in conjunction with its funded mobility managers would take the lead in establishing the Council with active participation from other state-level departments such as the Department of Health and Human Services, Aging and Disability Services Division.

Performance Measures:

- Purpose of the Council is established and members are identified from each office.
- Executive Order to empower the Coordinating Council is achieved.
- Participating members agree to Memorandum of Understanding and set goals for improving coordination of resources.
- State agencies implement new practices or policies that enhance coordination of trips and resources at the local and regional levels and result in more trips provided within the limits of existing public, private and human service agency resources.
- Identify additional funding opportunities for grants to support coordinated transportation.

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: Additional funding to support direct expenses and labor associated with travel to and participation in council meetings may be required. Expenses would be calculated at an individual agency level.

Potential Funding Sources: Coordinating councils are an eligible mobility management activity and could be partially funded through the §5310 program. In-kind contributions of time and expenses by participating agencies are eligible local match for a portion of the §5310 program grant funding. Grant funding sources may not always be available to support the council. Participating agencies may need to identify funding sources to provide for travel expenses and time when representatives are attending Council meetings.

Strategy 1.3: Establish Coordinated Community Transportation Regions

The basic framework for Coordinated Community Transportation Regions was initiated with the implementation of regional mobility managers. Under this recommended strategy, each mobility management region would establish a multi-county coordinating council made up of local transportation stakeholders. The coordinating councils would act as advisory committees to their regional mobility manager. Regional mobility managers would report to the Statewide Coordinated Transportation Council for Rural Transportation (Strategy 1.2).

The multi-county coordinating councils would consist of representatives of public, private, human service agency, aging and disability services, veterans' services, senior center and intercity bus transportation providers. Other members of the council would vary by local area but should include organizations that represent riders and potential riders such as economic development offices, parks and recreation organizations, chambers of commerce, hospitals, nonprofit organizations, county and/or other local government officials and major employers.

Membership, roles and responsibilities on the coordinating councils must be defined in a Memorandum of Understanding (MOU).

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: NDOT, regional mobility managers and Aging and Disability Resource Centers (ADRC) would work together.

Performance Measures:

- Travel patterns compared to the locations of major trip generators (e.g., hospitals, industrial parks/major employers, residential areas, senior centers, recreation) are analyzed within each region to understand how the communities within each region are connected. If changes to the regions are required, boundaries should be re-evaluated.
- Regional coordinating councils are established in each region with Memoranda of Understanding (MOU).
- Members of the regional councils support the regional mobility manager with implementation of Strategy 1.1 and Goals 2 through 5 within each region. Regional mobility managers would lead the effort with advice from the regional councils and report to the State Coordinating Council.
- Number of trips provided within the region and outside the region within the limits of existing resources (vehicles, drivers, funding) increases each year.
- Number of trips coordinated through passenger transfers, park-and-rides, or referrals increases each year.

Implementation Timeframe: 6 mos to 1 yr

Implementation Budget: Minimal additional funding is required to support teleconferencing and travel expenses for coordinating councils.

Potential Funding Sources: Coordinating councils are an eligible mobility management activity and could be partially funded through the §5310 program. In-kind contributions of time and expenses by participating agencies are eligible

local match for a portion of the §5310 program grant funding. Grant funding sources may not always be available to support the council. Participating agencies may need to identify funding sources to provide for travel expenses and time when representatives are attending council meetings.

Strategy 1.4: Collaborate on Grant Applications

Collaborative grant applications to support single- or multi-county transportation programs may be more successful than individual applications. Working group participants should collaborate on grant applications when applicable and formally agree to split awards between the different programs. This collaborative effort would help bring in more funding for the program as a whole and enable the funding to be allocated to top priorities, as appropriate.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Transportation providers, human service agencies and regional mobility managers.

Performance Measures:

- Number of collaborative grant applications submitted.
- Number of successful applications.

Implementation Timeframe: Immediate

Implementation Budget: No additional funding to implement the strategy. However, the strategy is likely to result in additional grant funding for the transportation programs and more effective use of funding.

Potential Funding Sources: This activity is within the scope of the regional mobility manager program. Additional grant funding resources are likely to be identified through implementation of the program.

GOAL #2: ENHANCE MEDICAL SERVICE OPTIONS IN UNSERVED COMMUNITIES

Many of Nevada's counties lack local medical services and must travel long distances to access them. Additionally, many communities are challenged by inadequate funding and staffing to sustain traditional medical centers. The following strategies focus on enhancing existing local medical services and coordination of long distance trips to access regional resources.

Strategy 2.1: Coordinate Medical Appointments with Transportation Availability

Health care providers have an important role to play in the coordination of long distance transportation to their facilities. Appointments should be scheduled in a manner that allows for transportation providers to coordinate patient/passenger trips efficiently. For example, a physician's office in Salt Lake City, UT serving clients who use transportation from Elko or Wells should coordinate appointment times so that one vehicle can be deployed to provide the ride. Regional mobility managers, with support from transportation providers, would lead the development of new channels for cooperation between health care facilities and transportation providers.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Regional mobility managers, transportation providers and health care facilities.

Performance Measures:

- Regional mobility managers conduct pre- and post-implementation surveys of health care providers regarding their understanding of patient transportation options.
- Based on survey results, regional mobility managers facilitate meetings with transportation providers and a representative from the health care facility to discuss opportunities to improve access to healthcare.
- The number of trips to medical facilities increases each year.
- The number of people or frequency of repeat customers using coordinated transportation resources for medical appointment access increases each year.
- The number of trip requests for medical appointments that go unserved by the transportation provider (and/or the number of appointments that are cancelled or result in a no-show) decreases each year.

Implementation Timeframe: 1 yr

Implementation Budget: No additional funding would be necessary due to this function being added to the existing job descriptions of regional mobility managers.

Potential Funding Sources: If additional service needs are identified, a combination of FTA §5310, §5311 and/or §5307 funds; Department of Health and Human Services; Aging and Disability Services; Veterans Services; and medical facilities could potentially fund expanded hours or capacity of transportation resources. Potential funding sources would vary based upon the type of services implemented.

Strategy 2.2: Schedule Mobile Medical Unit Visits for Communities Lacking Medical Facilities

Many rural Nevada counties have limited transportation service available to the community. For example, Esmeralda County has transportation available to seniors and individuals with disabilities. Lincoln County has rural public transportation available; however, service is limited due to fleet, staff and budget constraints. Access to medical

service often requires traveling hundreds of miles. Securing regularly scheduled community visits from a mobile medical unit would provide medical access to a wider range of individuals and would solve a portion of the rural transportation issue.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Transit agencies, regional mobility managers, major medical centers and private practice medical offices.

Performance Measures: Number of local medical service connections.

Implementation Timeframe: 1 yr

Implementation Budget: Expenses depend on available mobile medical units and staff to support the project. The cost of a mobile medical unit may range between $175,000 and $350,000 depending on how the unit is equipped. Additional costs may include a local service coordinator to coordinate and schedule appointments for the mobile unit. It is estimated the service coordinator position would be a part time position that would cost from $10,000 to $15,000 annually. Potentially, an existing health and human service organization or a volunteer could fill the service coordinator position, thereby eliminating the position's cost.

Potential Funding Sources: Medical Foundation grants, United Way of Southern Nevada, contributions from Esmeralda County Gold Mines, in-kind contributions of services (for example, volunteer service coordinator or agency donated service coordinator) and Community Development Block Grants (CDBG).

Strategy 2.3: Establish Tele-Health Centers

Rural Nevada counties could establish a Tele-Health program modeled after Renown Health's Tele-Health program in the town of Tonopah. The tele-health centers offer connection to medical services within the community, eliminating some need for long distance travel.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Transit agencies, regional mobility managers, major medical centers, private practice medical offices and State or County Health and Human Service agencies.

Performance Measures: Number of connections to tele-health services.

Implementation Timeframe: 1 yr

Implementation Budget: Expenses depend on availability of facilities to host the tele-health services and the cost of technology to equip those facilities. It is estimated that facility space rental may be $500 to $750 monthly with an additional cost of $100 per month for technology connections. One-time start-up cost would include technology for connections and large monitors. These costs could range from $5,000 to $10,000. Additional costs may include a

local service coordinator to coordinate and schedule appointments for tele-health. It is estimated the service coordinator position would be a part time position that would cost $10,000 to $15,000 annually. Potentially, an existing health and human service organization or a volunteer could fill the service coordinator position, thereby eliminating the position's cost. It is also feasible that space to house the tele-health services could be donated.

Potential Funding Sources: Medical Foundation grants, United Way of Southern Nevada, contributions from Esmeralda County Gold Mines, in-kind contributions and Community Development Block Grants (CDBG).

GOAL #3: INCREASE MATCH FOR RURAL TRANSPORTATION WITH PURCHASE OF SERVICE AGREEMENTS

Most of Nevada's rural transportation systems struggle to secure the local matching funds required to access the FTA grant funds. There are multiple examples of purchase of service agreements for senior transportation, veteran transportation, transportation for individuals with disabilities, medical transportation, etc. However, rural public transportation providers in Nevada only take advantage of a small portion of the purchase of service opportunities available to them.

Strategy 3.1: Increase Purchase of Service Agreements with Public Transportation

The regional mobility manager has worked to coordinate several purchase of service agreements with multiple organizations within Nye County. There is potential for additional purchase of service agreements with other organizations, such as schools for after school activities and connections to family counseling and education services. Private for-profit and nonprofit companies provide the contracted services. Nye County Public Transportation is one of the contracted providers, however an increase in contracted trips would help Nye County secure local match and provide funding to increase service. Additional contract revenue funding is local match for federal grants and would provide the opportunity to leverage additional federal funds.

Elko, Douglas and Washoe Counties also have a high likelihood of success with this strategy, building upon the network of services inventoried by the regional mobility manager.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Priority Rating 4

Counties Included: All Counties

Responsible Parties: Public transportation agencies, regional mobility manager, Aging and Disability Services, Veterans Administration, schools, etc.

Performance Measures:

- Percentage increase in purchase of service agreements;
- Additional match revenue;
- Number of Unlinked Passenger Trips (UPT);
- Vehicle Revenue Miles (VRM) by subrecipient agencies; and
- Vehicle Revenue Hours (VRH) by subrecipient agencies.

Implementation Timeframe: 1 yr

Implementation Budget: Implementation costs would be limited for this task. The regional mobility manager would facilitate discussions and increase agreements within the realm of his/her current position. Transportation providers would attend meetings and conduct contract negotiations as part of their current job duties. Expected costs are less than $1000.

Potential Funding Sources: Organizations with purchased service agreements.

Strategy 3.2: Increase Countywide Public Transportation Service

Nevada counties have identified the need for increased evening, weekend and out-of-county service. Additional sustainable contract revenue would enable the public transportation providers to increase service hours, days and areas.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Priority Rating 4

Counties Included: All Counties

Responsible Parties: Public transportation agencies, regional mobility managers and county residents.

Performance Measures:

- Number of Unlinked Passenger Trips (UPT);
- Vehicle Revenue Miles (VRM) by subrecipient agencies; and
- Vehicle Revenue Hours (VRH) by subrecipient agencies.

Implementation Timeframe: 2 yrs

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

Potential Funding Sources: §5311 planning funds; Organizations with purchased service agreements.

GOAL #4: CREATE COORDINATED VOLUNTEER DRIVER PROGRAM

Nevada has four volunteer driver programs with drivers using their personal vehicles and seven veteran's transportation programs primarily operated through volunteer drivers using an agency's vehicle. These programs serve a tremendous need for eligible riders who depend on volunteers for access to important appointments or access to shopping or social/recreational activities. These volunteer programs serve a need that private or public transportation cannot address because of the costs associated with operating a door-to-door transportation service in rural areas. However, as demonstrated in Chapter Three, the available volunteer driver program resources are not enough to meet the needs of the rural population. As noted, oftentimes vehicles are underutilized due to a lack of volunteers. A coordinated volunteer driver program would better utilize these resources.

One of the most notable examples of successful volunteer driver programs is Ride Connection in Portland, Oregon (www.rideconnection.org). Ride Connection is a well-known private, nonprofit organization that has been coordinating transportation services for over 25 years. Ride Connection includes services ranging from information and referrals for transportation options including public transit and volunteer driver programs. NDOT and other responsible party agencies identified in the strategies section could model a coordinated volunteer driver program after any or all of the following examples:

♦ **Ride Together Mileage Reimbursement** – This program empowers riders to recruit their own drivers. Each driver with the Ride Together program is reimbursed for miles driven. Customers schedule rides directly with the driver at times that work for both parties.

♦ **Medical Shuttle Pilot Program** – Ride Connection partnered with Providence Health and Services to address the growing need for rides to medical appointments. Through an advisory committee and input from clinicians, drivers and customers, Ride Connection designed a shuttle that has been implemented as a pilot program. The shuttle travels to and from Providence Medical Center.

♦ **Shared Vehicle Program** – The shared vehicle program was implemented to use Ride Connection's vehicles to their full potential. Ride Connection provides vehicles to individuals, agencies, or groups when they are not in use, primarily on weekends. Ride Connection provides the necessary driver training and the agency or group provides the driver.

♦ **Veterans Helping Veterans** – Ride Connection helps veterans and their spouses gain access to transportation by recruiting volunteer drivers who are veterans themselves.

♦ **Access Transit: Fare Relief** – To assist low-income clients, the program provides grants of up to $25,000 in TriMet fares for qualified 501(c)(3) nonprofit and community based organizations. Ride Connection administers the program and awards the grants to qualified organizations.

♦ **Dialysis Transportation** – With a grant from Administration for Community Living, Ride Connection started this program as a pilot called "*Dahlia*" in order to address the needs of individuals who need regular transportation to dialysis treatments. Ride Connection uses volunteer and paid drivers to provide frequent rides for dialysis treatments, in addition to educating the community and healthcare providers.

Strategy 4.1: Create Volunteer Transportation Working Groups

Each regional mobility manager would create a working group with the managers of each volunteer driver and veteran transportation program to discuss the challenges of providing volunteer transportation in their service areas, goals for their programs, eligibility requirements, operating procedures and potential challenges to coordinating resources. Once the opportunities and challenges are shared, the regional mobility manager would identify opportunities to overcome challenges and limitations through coordination.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Regional mobility managers and organizations with volunteer driver programs.

Performance Measures:

- Regional mobility manager identifies participant organizations in each region to include the organizations listed in this plan, at minimum. Each participant is invited to join the working group. This group may be a sub-set of the regional coordinating council.
- Working group members identify new opportunities to strengthen volunteer transportation services.

Implementation Timeframe: Immediate

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

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

Strategy 4.2: Identify Joint Volunteer Driver Insurance Providers

The regional mobility manager and the volunteer transportation working group would identify a joint volunteer driver insurance provider. The volunteer drivers for existing programs in Nevada who drive their own vehicles are covered primarily by their own insurance and secondarily by the lead agency.

The existing insurance providers should be approached with the opportunity to implement a joint purchase of insurance. Ultimately, the goal would be to obtain a lower cost to the participating agencies by offering a larger plan for the insurance provider. Advantages for the drivers may also be negotiated if the driver's primary insurance is also with the same company. There are examples of joint volunteer driver insurance programs across the country.

Volunteer drivers must carry a pre-established amount of automobile liability insurance. To discourage lawsuits, volunteer drivers who carry personal insurance must have minimum medical insurance payment standards per passenger on individual liability insurance policies. Affordable insurance opportunities secured through a joint volunteer driver program may help to attract more interest from drivers, so that more trips can be provided through the program.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Statewide Priority

Counties Included: All counties with volunteer driver organizations, with potential expansion into other counties.

Responsible Parties: Volunteer driver organizations and regional mobility managers.

Performance Measures:

- Insurance providers are approached with the joint insurance opportunity.
- Insurance costs are reduced for participating volunteer drivers and/or their sponsoring organizations.

- Additional volunteer drivers are recruited and/or driver retention increases.

Implementation Timeframe: 1 yr

Implementation Budget: Existing resources for insurance would be applied.

Potential Funding Sources: Existing funding sources for volunteer transportation programs are applied. However, the intent of this strategy is to reduce insurance costs for the driver and the agency.

Strategy 4.3: Develop Volunteer Driver Training Program

Once the joint insurance provider is identified and secured, the working group would develop a training program that satisfies the requirements of the insurance provider as well as the individual participating organizations. A request would be included for the insurance provider to reduce the price of the policy if an approved organization provides joint training. Often, insurance companies will reduce the price of insurance policies for individual drivers or organizations if the driver participates in a Defensive Driving Course or similar program. Volunteer driver training programs could be offered by the insurance company or through local organizations such as RSVP, or through national programs such as Community Transportation Association of America (CTAA).

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: All volunteer driver programs.

Performance Measures:

- An insurance provider approved joint Volunteer Driver Training Program is identified.
- Drivers participate in required training and safety improves.
- Insurance costs are reduced as a result of the Volunteer Driver Training Program.

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: Training costs vary based upon the scope of the training program and the provider.

Potential Funding Sources: No additional funding required to recruit new agencies. This activity could be included as a mobility management function. Expanded membership in the joint Volunteer Driver Program application to the insurance company (and participation in the training program) is likely to result in a lower per-driver cost to the driver and/or agency.

Strategy 4.4: Develop Volunteer Driver Program with Flexibility to Attract Drivers

Flexibility in the type of services provided (i.e., non-emergency medical, veteran, local trips, regional trips, etc.) would help driver recruitment and retention. The coordinated driver recruitment effort should be prioritized to focus on the geographic areas or types of services where drivers are most needed. For example, the initial priority may be on senior transportation, while the second priority may be to attract drivers for long distance trips for passengers of any age.

The National Volunteer Transportation Center (NVTC) is one resource that provides information about volunteer driver recruitment, including the “Volunteer Driver Recruitment and Retention Experience and Practice.”

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Participants in the Volunteer Driver Program Working Group.

Performance Measures:

- Number of volunteer drivers increases after program implementation.
- Drivers report (through formal or informal surveys) increased satisfaction due to the program's opportunities.
- More passenger trips are provided through the volunteer driver programs each year.

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: Volunteer driver programs are already in existence in Nevada, which would save on start-up costs. Ongoing expenses for operations would be required. Typically, volunteer driver programs are less expensive per unit of service than public transit because of lower labor expenses. There would be an administrative expense for coordinating the volunteer programs. Coordinator expenses could range from $13,000 to $20,000 per year, depending upon how his or her job duties are structured.

Potential Funding Sources: Potential funding sources include nonprofit organizations and for-profit medical facilities or employers that benefit from the program. Human service agencies and temporary employment agencies could also benefit from establishment or enhancement of volunteer driver programs that offer reliable transportation to their consumers/employees. Mobility management functions to establish the coordinated transportation structure of the program is an eligible capital expense under the FTA §5310 Program.
[why was the "Collaborate on Grant Applications" strategy eliminated? I thought that was a great idea and in-line with NDOT's preference to regionalize operators. I simply wanted it to say grant applications should be submitted jointly, instead of grant applications for volunteer driver programs. Maybe this should be moved under goal #1?]

Strategy 4.5: Recruit Organizations that Benefit from Volunteer Driver Services

Once established, the Volunteer Transportation Working Group in Strategy 4.1 should recruit additional organizations that would benefit from volunteer driver services. Many human service agencies and even employers, can benefit from volunteer driver programs and may be willing to contribute funding to supplement the cost of trips provided for their consumers or employees. Reliable transportation can be the difference between keeping employees or having high turnover rates, or in attending critical medical appointments.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Statewide Priority

Counties Included: All Counties with Volunteer Transportation Working Group participants.

Responsible Parties: Volunteer Driver Program Working Group members; regional mobility managers

Performance Measures:

- Number of additional agencies invited to join.
- Number of additional agencies that set up volunteer driver programs and participate in the Working Group.

- Number of trips provided through volunteer driver programs statewide.

Implementation Timeframe: 2 yrs
Implementation Budget: Existing financial resources that support volunteer driver programs would be used. Supplemental or matching funds could be derived from the organizations that benefit from the volunteer driver program such as the Department of Health and Human Services, employers, Veterans Services and medical offices or treatment facilities that are common destinations for the passengers.

Potential Funding Sources: Local governments, human service agencies, senior center programs, employers, faith-based organizations and medical or treatment facilities.

GOAL #5: EXPAND REGIONAL INTERCITY CONNECTIVITY & LOCAL TRANSPORTATION SERVICES

The network of intercity bus services provides connectivity between rural and urban areas. In states with long distances between rural communities, rural intercity bus service is a useful connection for transit dependent individuals who need access to medical services, shopping and employment. Innovations in rural intercity bus service range from technology (e.g., new apps and scheduling software capabilities) to alternative service modes and creative funding options.

In rural Nevada, several communities along the Interstate 80 corridor relied on Greyhound as the only bus provider connecting Reno and Salt Lake City, UT with the smaller populations in between. When the stops in small, rural towns were discontinued and subsequently made seasonal, it left a gap in transportation resources for the individuals in these communities. The following strategies are suggested as methods to replace this rural intercity service to meet the needs of travelers, as well as addressing the unmet transportation needs of the local communities. Stakeholders from these local communities identified needs, including inter-community transportation for rural communities, medical appointment access and grocery shopping. Many of the strategies suggested under Goal #5 may be developed through a coordinated effort of rural public transportation providers with service areas that include portions of the I-80 corridor and other major highways or interstates.

NDOT may choose to take the leading role in coordinating the implementation of the routes described in Goal #5. Intercity bus route concepts for implementation in Nevada are described in the following, Goal 5 strategies. The map on page 132 illustrates the potential coverage for the proposed strategies. Strategies 5.1, 5.2 and 5.3 describe the responsible parties for each potential route.

Strategy 5.1: Provide Intercity Bus Routes

Intercity bus routes would offer rural residents the ability to travel between rural communities or to cities where services are located, such as medical facilities and shopping centers. Vehicles should be accessible and appropriate passenger assistance provided to individuals with needs. The recommended routes would provide connections to the national intercity bus and rail network in Reno, Las Vegas, Twin Falls, ID and Salt Lake City, UT. Park-n-ride or feeder services may be implemented to supplement access for rural populations.

Sample routes are provided in the following table. Each colored heading identifies a separate route segment or stand-alone route. Routes would be developed in consultation with the NDOT, public transportation providers, the RSVP Program, VA hospitals, local employers, local community planners and/or elected officials. Where feasible, the Reno-Elko route would operate on schedules considerate of shift work at employers in Storey County (TRIC). Table 4.1 lists the proposed routes shown on Figure 4.2.

Table 4.1 – Proposed Routes and Stops

Corridor 1 (I-80)

Elko
Wells
West Wendover
Salt Lake City, UT

Corridor 2 (I-80)

Elko
Carlin
Battle Mountain
Winnemucca
Lovelock
Fernley
Tahoe Reno Industrial Center
Reno

Corridor 3 (I-80 & US 93)

Elko
Wells
Ely

Corridor 4 (I-80 & US 93)

Elko
Wells
Jackpot
Twin Falls, ID

Corridor 5 (US 93)

Boulder City
Las Vegas

Corridor 6 (US 93)

Ely
Pioche
Panaca
Caliente
Las Vegas

Corridor 7 (US 95)

Las Vegas
Indian Springs
Beatty
Goldfield
Tonopah

Corridor 8 (US 95 & US 50 & US 395)

Tonopah
Mina
Hawthorne
Schurz
Fallon
Carson City
Minden/Gardnerville

Figure 4.2 – Proposed Routes and Stops Map

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Priority Rating 4

Counties Included: Route dependent, but the proposed routes include all counties.

Responsible Parties: NDOT, public transportation providers, RSVP Program, Department of Health and Human Services, local employers, local community planners and/or elected officials.

Performance Measures: Number of communities served, number of routes, unlinked passenger trips (UPT)

Implementation Timeframe: 1 to 5 yrs

Implementation Budget: The budget for this strategy is scalable based on the amount of service provided. The cost to operate intercity service on the proposed routes depends on the number of communities served and round trips provided. Vehicle acquisition and marketing are additional upfront costs.

Potential Funding Sources: FTA §5311 public transportation dollars, including, §5311(f) funding for rural intercity bus service. Local match for routes serving employment centers may be derived from employers and agencies that are working to place clients in jobs. Routes which provide feeder service connecting to an unsubsidized segment of intercity bus service are eligible for in-kind match as provided by Section 5311(g)(3)(D). Service to VA Hospitals may be eligible for VA funding. Trips provided to Medicaid beneficiaries may be eligible for Health and Human Services funding. Private transportation providers, such as Greyhound, would also be a possible funding source.

Strategy 5.2: Conduct Needs Assessment for Routes Between Boulder City & Las Vegas

Silver Rider Public Transportation serves Boulder City with connections to Las Vegas and Henderson. Trips providing access to Las Vegas are made on Mondays, Tuesdays, Wednesdays and Thursdays with access to Henderson on Fridays. Boulder City residents desire to have more frequent regular service connection to Las Vegas to not only connect Boulder City residents with needed services, but also to attract Las Vegas tourists to Boulder City. Requested service enhancements include providing multiple travel time options throughout the day. A comprehensive needs assessment should be conducted to determine if the increased service is needed. The needs assessment would help determine the days and hours for which additional service is needed and the potential level of ridership the new routes would have.

Statewide Priority Rating: Priority Rating 2

Regional Priority Rating: Priority Rating 3

Counties Included: Clark

Responsible Parties: NDOT, Southern Nevada Transportation Coalition, Boulder City and Clark County residents, RTC of Southern NV.

Performance Measures: Completed needs assessment and increased service between Boulder City and Las Vegas.

Implementation Timeframe: 1 yr

Implementation Budget: Costs may fall between $150,000 to $250,000 to conduct a comprehensive needs assessment study.

Potential Funding Sources: FTA §5311 planning funds, FTA §5307 planning funds, tourism and economic development in Boulder City.

Strategy 5.3: Increase Service Frequency Between Boulder City & Las Vegas

Assuming the needs assessment (Strategy 5.2) determines increased frequency of service is needed between Boulder City and Las Vegas, SNTC would likely be able to take on responsibility of additional service. Increased service may be implemented on a phased approach with priority given to the most desired travel days and times.

Statewide Priority Rating: Pending Outcome of Strategy 5.2

Regional Priority Rating: Pending Outcome of Strategy 5.2

Counties Included: Clark

Responsible Parties: NDOT, Southern Nevada Transportation Coalition, Boulder City and Clark County residents, RTC of Southern NV.

Performance Measures: Increased service between Boulder City and Las Vegas; number of service hours increased; increased number of one-way trips provided.

Implementation Timeframe: 2 to 4 yrs

Implementation Budget: If the needs assessment study determines additional service is needed, the fully allocated cost of the additional service would typically range from $63.00 to $115.00 per service hour.

Potential Funding Sources: FTA §5311 funds, FTA §5311(f) funds, tourism, match from RTC of Southern NV and economic development in Boulder City.

GOAL #6: EXPAND TRANSPORTATION SERVICES TO UNSERVED COMMUNITIES

Many of Nevada's towns and cities are served by local public transit systems or small transportation services for seniors and people with disabilities. Many of these operations are challenged by inadequate operational funding and/or aging fleets. Other communities need greater investment in transportation in order meet the needs of the community. The following strategies focus on enhancing existing local transportation services or introducing new local services through coordinated funding and administrative efforts.

Strategy 6.1: Establish Public Demand Response Service in West Wendover

The city of West Wendover has no public or human service agency transportation provider. A local taxi service charges market rates that are unaffordable to many. A demand response transportation program for the public within the town would provide a basic level of mobility for residents. A resource sharing agreement with RSVP may be feasible to provide an under-utilized vehicle for the program.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 5

Counties Included: Elko

Responsible Parties: City of West Wendover, Elko County, JAS Foundation, regional mobility manager and RSVP Program.

Performance Measures: New service has been established.

Implementation Timeframe: 1 yr

Implementation Budget: Expenses depend on available in-kind and volunteer resources available to support the project. A new wheelchair-accessible vehicle purchased through NDOT with §5310 funds would require 85% federal/15% local cost-sharing with the local portion being approximately $10,000 to $15,000. The fully allocated operating costs for transportation are typically $75 to $85 per revenue hour of service provided.

Potential Funding Sources: FTA §5311 or §5310 capital and operating grants. Local match funding may be derived from the City of West Wendover, charitable foundations, or in-kind contributions of services.

Strategy 6.2: Enhance Transportation for the Shoshone Paiute Tribe Senior Center

The Shoshone Paiute Tribe Senior Center, located in the Duck Valley Indian Reservation in Owyhee, provides transportation to congregate meals at its senior center. The program's one vehicle is also used to deliver meals to the homebound and is used monthly to take seniors to shopping trips in either Elko or Mountain Home, Idaho. The vehicle is in poor condition and needs to be replaced if the transportation program is to continue.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Elko

Responsible Parties: Shoshone Paiute Tribe Senior Center

Performance Measures: Number of one-way passenger trips consumed, unlinked passenger trips (UPT).

Implementation Timeframe: 1 yr

Implementation Budget: A new wheelchair-accessible vehicle purchased through NDOT with §5310 funds would require 85% federal/15% local cost-sharing with the local portion being approximately $10,000 to $15,000.

Potential Funding Sources: FTA §5310 capital funding. Local match funding may be derived from the Shoshone-Paiute Tribe or other federal or local resources.

Strategy 6.3: Expand Get My Ride Blue Line

Get My Ride, Elko County's public transportation system, operates a flexible fixed route in the city of Elko: Blue Line. The route operates in a one-way loop. Get My Ride plans to add a loop running in the opposite direction, creating a two-way loop to reduce travel times for many one-way passenger trips. Currently, there is no identified funding source for this expansion.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Elko

Responsible Parties: Get My Ride and the regional mobility manager

Performance Measures: Unlinked Passenger Trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: The cost would depend on the number of hours of service provided under the expansion. The fully allocated operating costs for transportation are typically $75 to $85 per revenue hour of service provided. Capital expenses would be required to purchase one or more vehicles for the route, plus any infrastructure needs.

Potential Funding Sources: FTA §5311 or §5310 capital and operating grants. Local match funding may be derived from the City of Elko, Elko County, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.4: Expand Get My Ride Service Area & Hours

Get My Ride demand response transportation serves the public in the city of Elko and surrounding small communities. The hours of service are 6:30AM to 5:30PM, Monday through Friday. Extending the hours of service would allow for individuals to ride to and from evening appointments and employment. The town of Spring Creek and the Southfork Indian Reservation, located south of Get My Ride's service area, currently has no transportation service and would benefit from an expansion of the Get My Ride service area to the reservation.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Elko

Responsible Parties: Get My Ride, Elko County, Southfork Indian Reservation, regional mobility manager and RSVP Program.

Performance Measures: Increase in number of one-way passenger trips consumed during expanded hours or within expanded service area, unlinked passenger trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: The cost would depend on the number of hours of service provided under the expansion. The fully allocated operating costs for transportation are typically $75 to $85 per revenue hour of service provided.

Potential Funding Sources: FTA §5311 or §5310 capital and operating grants. Local match funding may be derived from Elko County, Southfork Indian Reservation, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.5: Expand Ely Bus to White Pine County Rural Communities

Ely Bus provides demand response public transportation in the communities of Ely, McGill and Ruth. Depending on available funding, White Pine County Social Services plans to incorporate the outlying communities of Lund, Baker and Cherry Creek into the service.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating not available.

Counties Included: White Pine

Responsible Parties: White Pine County Social Services, regional mobility manager, local community representatives (Lund, Baker and Cherry Creek) and RSVP Program.

Performance Measures: Increase in number of one-way passenger trips consumed within expanded service area, unlinked passenger trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: The cost would depend on the number of hours of service provided under the expansion. The fully allocated operating costs for transportation are typically $55 to $70 per revenue hour of service provided.

Potential Funding Sources: FTA §5311 or §5310 capital and operating grants. Local match funding may be derived from White Pine County, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.6: Expand Pleasant Senior Center Transportation Service Area & Hours

Humboldt County is served by the public transportation service operated by the Pleasant Senior Center. Service is provided within Winnemucca and just over the Pershing County line in the Grass Valley community. An expansion of the service area could meet the needs of residents of Orovada, McDermitt, Golconda and Paradise Valley. Pleasant Senior Center's hours of service are currently 8:00AM to 4:00PM, Monday through Friday. Extending the hours of service would allow for individuals to ride to early morning and late afternoon/evening appointments.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 4

Counties Included: Humboldt

Responsible Parties: Pleasant Senior Center, RSVP Program, Humboldt County, regional mobility manager, Family Support Center and local community representatives (Orovada, McDermitt, Golconda and Paradise Valley).

Performance Measures: Increase in number of one-way passenger trips consumed during expanded hours or within expanded service area, unlinked passenger trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: The cost would depend on the number of hours of service provided under the expansion. The fully allocated operating costs for transportation are typically $165 to $295 per revenue hour of service provided.

Potential Funding Sources: FTA §5311 or §5310 capital and operating grants. Local match funding may be derived from the Humboldt County, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.7: Conduct Pilot Demonstration of a Winnemucca Flexible Fixed Route

Pleasant Senior Center experiences significant demand for transportation for the public in Winnemucca. A deviated fixed route would provide residents with regularly scheduled transportation to destinations within the town, including shopping centers, medical facilities and employers.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Humboldt

Responsible Parties: Pleasant Senior Center, RSVP Program, City of Winnemucca, regional mobility manager and Family Support Center.

Performance Measures: Number of one-way passenger trips consumed by people using the new route, unlinked passenger trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: The cost would depend on the number of hours of service provided under the expansion. The fully allocated operating costs for transportation are typically $165 to $295 per revenue hour of service provided. The acquisition of one or more vehicles for the route is an additional upfront cost.

Potential Funding Sources: FTA §5311 or §5310 capital and operating grants. Local match funding may be derived from the City of Winnemucca, Humboldt County, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.8: Establish Public Demand Response Service in Battle Mountain

Lander County has no transportation available to the general public. The Lander County Senior Program offers senior transportation to seniors within Battle Mountain Township only. A demand-response transportation program for the public within the community of Battle Mountain would provide a basic level of mobility for residents.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 4

Counties Included: Lander

Responsible Parties: The regional mobility manager would be responsible for forming a local committee to discuss the level of interest among local stakeholders to lead the project. Stakeholders include Lander County Cooperative Extension, Planning Commission, Action Agency, Senior Program, Sheriff's Department and Battle Mountain General Hospital.

Performance Measures: Number of one-way passenger trips provided, unlinked passenger trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: Expenses depend on in-kind and volunteer resources available to support the project. A new wheelchair-accessible vehicle purchased through NDOT with §5310 funds would require 85% federal/15% local cost-sharing with the local portion being approximately $10,000 to $15,000. The fully allocated operating costs for transportation are typically $165 to $295 per revenue hour of service provided. A resource-sharing agreement with Battle Mountain General Hospital may be feasible to provide an underutilized vehicle for the program.

Potential Funding Sources: FTA §5311 or §5310 capital and operating grants. Local match funding may be derived from Lander County, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.9: Vanpool or Shuttle Service in Douglas County

Douglas County has no public transportation during evenings or weekends other than volunteer driver programs available through Douglas County Senior Services. Employment opportunities for late night or early morning work shifts exist, but transportation resources are not available to support those shifts. Transportation services do not support shift work opportunities for residents. Douglas County should explore opportunities to offer a vanpool program or shuttle service for major employers in the areas that offer shift work.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Douglas

Responsible Parties: The regional mobility manager and Douglas County would be responsible for working with local employers that offer work shifts to discuss the level of interest among the employers to collaborate on sponsoring a vanpool and/or shuttle for employees.

Performance Measures:

- Number of one-way passenger trips provided through the program, unlinked passenger trips (UPT).
- Decreased turnover rates for employers who participate in the vanpool or shuttle program.

Implementation Timeframe: 1 to 3 yrs

Implementation Budget: Expenses depend on the interest level of employers. A resource-sharing agreement between employers and the operator of the program may be feasible. Vehicle(s) for the program must be purchased prior to implementation. Alternatively, if local public or agency transportation providers are willing to make a vehicle available during down time (evenings and weekends) for the program, a lease agreement for sharing the vehicle could be a lower cost option that is implementable in the short term.

Potential Grant Sources: FTA §5311 or §5310 capital and operating grants. Local match funding may be derived from Douglas County, charitable foundations, or other local, state, or non-USDOT federal sources.

GOAL #7: INCREASE SAFETY FOR PUBLIC TRANSPORTATION SERVICE IN THE CITY OF LAUGHLIN

Silver Rider Public Transportation serves the City of Laughlin providing fixed route, paratransit and specialized door to door service. Some stops on the fixed routes are in heavy traffic and high accident areas. There is a need to increase safety and reduce the potential for collisions while entering and exiting these stop locations.

Strategy 7.1: Investigate the Potential for Developing Bus Safety Lane

Silver Rider's current stops include a stop on the highway near the Senior Center and multiple casinos. These stops require drivers to merge in and out of heavy traffic without a merging access lane or lane restrictions in the area of the bus stops. Silver Rider should work with city officials and safety personnel to determine a feasible solution to allow the bus to enter and exit the bus stops without impeding the flow of traffic and causing safety hazards. Potential options include lane restrictions within 200 to 300 feet of the bus stop that would allow only transit vehicles access to the curb lane during restricted hours, the development of merge lanes or bus pullouts, or other solutions that better align with local policy.

While this has been identified for the City of Laughlin, this strategy would be useful in developing safer public transportation in all counties.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Clark

Responsible Parties: Southern Nevada Transportation Coalition, City of Laughlin and Clark County.

Performance Measures: Safety mechanism in place for merging transit vehicles.

Implementation Timeframe: 2 to 4 yrs

Implementation Budget: Implementation costs would range depending on the action taken. Lane restriction costs would include road signage and potential overhead signs warning drivers of upcoming lane restrictions. The cost of road signage would depend on the type of sign and the number of bus stops requiring lane restrictions. Cost could vary from $1,000 to $100,000 or more per location. Creating merge lanes or bus pullouts would be a costly undertaking with several variables to consider such as land usage, land purchases, permits and actual lane construction. Due to the multiple variables associated with developing merge lanes or bus pullouts, a cost estimate is not attainable without extensive investigation.

Potential Funding Sources: Federal Highway Administration grants, public safety grants, city funding, county funding, state funding, federal non-USDOT funding.

GOAL #8: IMPROVE PUBLIC & HUMAN SERVICE AGENCY TRANSPORTATION INFORMATION

Rural transportation providers struggle with making their services known to individuals who need transportation. In nearly all rural Nevada communities, these providers struggle with misperceptions about rider eligibility, service hours and service area. This problem is common in rural communities throughout the US but is critical to the success of public transportation and in addressing mobility issues for these areas. The following strategies are suggested approaches to overcoming misinformation or lack of information available about public transportation services in Nevada's rural communities.

Strategy 8.1: Improve Transportation Information Available Through Nevada 211

The Nevada 211 program is a centralized location for information about a range of available community resources, including transportation. Yet, the information about transportation services available in the Nevada 211 directory is extremely limited, as is the knowledge of its existence.

Regional mobility managers would work with public and human service agency transportation providers to develop a standardized service inventory form that would be used to update Nevada 211. Transportation providers would update the information and the regional mobility manager would ensure it is accurately provided to Nevada 211. Regional mobility managers would periodically check with transportation providers about updates and submit any updates to Nevada 211. However, transportation providers must also take initiative to keep regional mobility managers updated when changes to service occur.

Information available through Nevada 211 should continue to be standard statewide and should include, at minimum:

- Name of the Organization/Service Provider;
- Service Area;
- Hours of Operation;
- Eligibility criteria;
- Pricing Information/Fare Schedule;
- Access to an Application for service;
- Phone Number to contact the Transportation Provider and schedule a trip;
- Web address for the Transportation Provider, with information about the services offered; and
- Vehicle Accessibility Information.

Option: This and additional information exceeding the scope of the Nevada 211 program could be included in a supplemental resource directory for people looking for transportation services could be created. If the stand-alone resource is strictly available online, it can be created and maintained by the regional mobility managers and hosted on service provider, RTC and agency or government websites.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Public and human service agencies, private and public transportation providers (including agencies that purchase tickets or rides on behalf of eligible clients), nonprofit organizations that work with

transportation, for-profit organizations that work with transportation, regional mobility managers and advocacy groups.

Performance Measures:

- Updated and maintained Nevada 211 directory information.
- Number of transportation riders who learn about a provider from Nevada 211 and call to schedule a ride or get additional information.
- Number of state agency and local government websites that list Nevada 211 as a resource for information about transportation services.
- Creation of supplemental directory.

Implementation Timeframe: 1 yr

Implementation Budget: Minimal expense for collecting the information and maintaining it.

Potential Funding Sources: The Nevada 211 directory is funded by the United Way.

Strategy 8.2: Establish Rural Travel Training Program

Travel training programs are designed specifically for using the transportation services offered in the communities they serve. Program components range from instruction for completing applications and scheduling trips with volunteer driver programs to training on how to ride fixed routes, private taxi, or public demand response services. It is common for operators of public transit in urban areas to offer their own training program, but rural operators often lack the resources for such a service. Coordinated efforts are needed to make this a viable option in Nevada's rural communities.

Travel training would be provided by the regional mobility manager or a qualified representative who has been trained by the regional mobility manager and all participating transportation providers.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: NDOT, regional mobility managers and local transportation providers.

Performance Measures:

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

Implementation Timeframe: Immediate

Implementation Budget: Travel training can be provided by the regional mobility manager or another trained employee. The training function would be part of the person's job duties. Travel training would include printed materials, how-to videos and labor costs for the skilled regional mobility manager/trainer. Travel training budgets can range from $500 per year to $10,000 per year, depending upon the scope.

Potential Grant Funding Sources: FTA §5311 funding provides up to 95% of the cost for a mobility manager program to provide travel training. The remaining 5% matching funds can be derived from a combination of non-FTA federal

dollars (e.g. Department of Health and Human Services, Aging, Title III-B of the Older Americans Act) and local funds or grants.

Strategy 8.3: Develop Media Offering Passengers Easy Transportation Guidance

Engagement with passengers might improve if passengers who participate in the travel training program are given a cheat sheet for maps and schedules of public transportation providers in their service area, or are offered "Trip Sheet" cards that explain how to travel between common destinations. Regional mobility managers could create and print customized cards that explain each step in the transit trip. The passengers can keep the "Trip Sheets" with them as they travel to and from their destinations.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: All counties served by fixed route public transportation.

Responsible Parties: NDOT, transit operators, regional mobility managers, senior centers, nonprofit organizations and human service agencies. Other locations that could distribute "Trip Sheets" such as libraries, housing agencies, temporary employment agencies, or government offices could also contribute to the development of the "Trip Sheets."

Performance Measures:

- "Trip Sheet" developed and distributed.
- Number of requests for information about how to get to a common destination that are satisfied with a "Trip Sheet."
- Increase in ridership each year (presumably because new riders feel confident that they know how to travel from origin to destination).
- Number of "Trip Sheets" printed and distributed increases each quarter.

Implementation Timeframe: Immediate

Implementation Budget: Printing costs for a single "Trip Sheet" could range from $1.00 per sheet to $3.00 per sheet. The number of sheets printed would be based upon demand. Distribution would be completed by the regional mobility managers to the local agencies and organizations that are providing the "Trip Sheets" to customers.

Potential Funding Sources: FTA §5311 funding provides up to 95% of the cost for a mobility manager program to provide travel training, including development of "Trip Sheets." The remaining 5% matching funds can be derived from a combination of non-FTA federal dollars (e.g. Department of Health and Human Services, Aging, Title III-B of the Older Americans Act) and local funds or grants.

Table 4.2 – Summary of Goals and Strategies

Goals and Strategies	Statewide Priority Rating	Local Priority Rating	Timeline for Implementation
Goal #1 Sustain Existing Services & Enhance Statewide Coordinated Transportation Framework			
1.1 Sustain Existing Rural Public Transportation Programs	Priority Rating 5	Statewide Priority	Immediate
1.2 Establish Statewide Coordinating Council for Rural Transportation	Priority Rating 4	Statewide Priority	1 to 2 yrs
1.3 Establish Coordinated Community Transportation Regions	Priority Rating 4	Statewide Priority	6 mos to 1 yr
1.4 Collaborate on Grant Applications	Priority Rating 4	Statewide Priority	Immediate
Goal #2 Enhance Medical Service Options in Unserved Communities			
2.1 Coordinate Medical Appointments with Transportation Availability	Priority Rating 4	Statewide Priority	1 yr
2.2 Schedule Mobile Medical Unit Visits for Communities Lacking Medical Facilities	Priority Rating 4	Not Available	1 yr
2.3 Establish Tele-Health Centers	Priority Rating 4	Not Available	1 yr
Goal #3 Increase Match for Rural Transportation with Purchase of Service Agreements			
3.1 Increase Purchase of Service Agreements with Public Transportation	Priority Rating 4	Priority Rating 4	1 yr
3.2 Increase Countywide Public Transportation Service	Priority Rating 4	Priority Rating 4	2 yrs
Goal #4 Create Coordinated Volunteer Driver Program			
4.1 Create Volunteer Transportation Working Groups	Priority Rating 3	Statewide Priority	Immediate
4.2 Identify Joint Volunteer Driver Insurance Providers	Priority Rating 3	Statewide Priority	1 yr
4.3 Develop Volunteer Driver Training Program	Priority Rating 3	Statewide Priority	1 to 2 yrs
4.4 Develop Volunteer Driver Program with Flexibility to Attract Drivers	Priority Rating 3	Statewide Priority	1 to 2 yrs
4.5 Recruit Organizations that Benefit from Volunteer Driver Services	Priority Rating 3	Statewide Priority	2 yrs

Goals and Strategies	Statewide Priority Rating	Local Priority Rating	Timeline for Implementation
Goal #5 Expand Regional Intercity Connectivity & Local Transportation Services			
5.1 Provide Intercity Bus Routes	Priority Rating 4	Priority Rating 4	1 to 5 yrs
5.2 Conduct Needs Assessment for Routes Between Boulder City & Las Vegas	Priority Rating 2	Priority Rating 3	1 yr
5.3 Increase Service Frequency Between Boulder City & Las Vegas	Pending Outcome of Strategy 5.2	Pending Outcome of Strategy 5.2	2 to 4 yrs
Goal #6 Expand Transportation Services to Unserved Communities			
6.1 Establish Public Demand Response Service in West Wendover	Priority Rating 3	Priority Rating 5	1 yr
6.2 Enhance Transportation for the Shoshone Paiute Tribe Senior Center	Priority Rating 3	Priority Rating 3	1 yr
6.3 Expand Get My Ride Blue Line	Priority Rating 3	Priority Rating 3	1 to 2 yrs
6.4 Expand Get My Ride Service Area & Hours	Priority Rating 3	Priority Rating 3	1 to 2 yrs
6.5 Expand Ely Bus to White Pine County Rural Communities	Priority Rating 3	Not Available	1 to 2 yrs
6.6 Expand Pleasant Senior Center Transportation Service Area & Hours	Priority Rating 3	Priority Rating 4	1 to 2 yrs
6.7 Conduct Pilot Demonstration of a Winnemucca Flexible Fixed Route	Priority Rating 3	Priority Rating 3	1 to 2 yrs
6.8 Establish Public Demand Response Service in Battle Mountain	Priority Rating 3	Priority Rating 4	1 to 2 yrs
6.9 Establish Vanpool or Shuttle Service in Douglas County	Priority Rating 3	Priority Rating 3	1 to 3 yrs
Goal #7 Increase Safety for Public Transportation Service in the City of Laughlin			
7.1 Investigate the Potential for Developing Bus Safety Lane	Priority Rating 3	Priority Rating 3	2 to 4 yrs
Goal #8 Improve Public & Human Service Agency Transportation Information			
8.1 Improve Transportation Information Available Through Nevada 211	Priority Rating 4	Statewide Priority	1 year
8.2 Establish Rural Travel Training Program	Priority Rating 4	Statewide Priority	Immediate
8.3 Develop Media Offering Passengers Easy Transportation Guidance	Priority Rating 3	Priority Rating 3	Immediate

CHAPTER FIVE – FINANCIAL DATA

Leveraging Federal Transit Administration dollars to enhance transportation requires local matching funds. Local match for rural public transportation and/or enhanced mobility for seniors and individuals with disabilities can be derived from local contributions and grants and many non-U.S. Department of Transportation (USDOT) federal programs such as Title III-B of the Older Americans Act and many Department of Health and Human Services Programs. Coordination at the state level between the Department of Transportation and Department of Health and Human Services would help to support efficient and sustainable growth of transportation resources.

As the authorization period for the FAST Act draws to a close, state and federal agencies are working together to provide Congress with information related to the reauthorization of surface transportation programs. This makes budgeting beyond the final year of the FAST Act (FY2020) for this plan's proposed changes a challenge. The table below shows the various funding sources available to the NDOT for a five-year period. This represents the federal funding available to support transit programs across the state. Fiscal years 2018 and 2019 are actuals, while FY2020 is an estimate derived from the average annual percent change from FY2016 – FY2019, which was then applied to the estimated change between FY2019 and FY2020. Fiscal years 2021 and 2022 are estimates based on the overall average funding level from the FAST Act (FY2016 – FY2020).

	§5311	§5311(b)(3)	§5339	§5310
2018	$ 6,513,051	$ 90,614	$ 3,500,000	$ 242,265
2019	$ 7,116,819	$ 93,678	$ 3,500,000	$ 251,216
2020	$ 7,776,557	$ 96,846	$ 3,500,000	$ 260,498
2021	$ 6,784,583	$ 92,023	$ 2,800,000	$ 230,754
2022	$ 6,784,583	$ 92,023	$ 2,800,000	$ 230,754

To dig deeper into the figures above, the §5311 data accounts for a required minimum 15% for the §5311(f) (intercity) program and up to 10% for state administration. This reduces the amount of §5311 funds that would normally be applied to operational needs by approximately 25% . The §5311(b)(3) annual apportionment (RTAP), the §5339 annual apportionment (capital), and the §5310 annual apportionment (capital) are not reduced by any such requirements.

With funds from the FY2017, 2018, and 2019 apportionments, the NDOT was able to fully fund the application requests it received through the competitive grant application process. Portions of this funding were remnants from previous federal apportionments and have been exhausted.

Beginning with the FY2020 apportionment (to be made public in Spring 2020) the NDOT estimates it will no longer have carryover balances from previous awards to aid in the funding of §5311 program administration, operations, and preventative maintenance and will execute an even more competitive grant application process to award these funds. In the same manner, the §5310 program will have a limited operations and capital budget. The §5339 program has adequate balances for the NDOT to execute and comply with the Transit Asset Management Plan developed in January 2018.

Effectively utilizing the available funding assistance and leveraging additional funding is important to keeping the rural public transportation system operating and serving the needs of the public. Without coordinating and collaborating with other transit providers, human service agencies and stakeholders, the rural public transit system will have difficulty in acquiring the funding and resources it requires to remain operating at current levels. By implementing effective planning activities such as this document, the NDOT and its subrecipients can budget more efficiently, begin more aggressive coordination and collaboration, and develop the rural transportation system into a statewide network while promoting safety, reliability, and efficiency.

CONCLUSION

As discussed in Chapters 3 and 4, participants of the community workshops and respondents to the surveys identified many unmet needs or gaps in service, which were then filtered down to the following categories:

1. Some areas are not served by public transportation or require improved access.
2. Long-distance intercity, intercounty and interregional public transportation options are needed.
3. On-demand, urgent transportation options ae needed. (e.g. hospital discharges)
4. More medical transportation options are needed for those ineligible for Medicare.
5. Public transportation needs to expand the days and hours of operation to include nights and weekends.
6. Improved transportation provider-to-transportation provider connections and coordination are needed.
7. Improved medical provider-to-transportation provider connections and coordination is needed.
8. Funding to support operations and administration, federal and local match, is needed.
9. Volunteer driver recruitment, training and retention programs are needed.
10. Training and education for drivers and passengers is needed.
11. Funding to support capital procurements, federal and local match, is needed.
12. Improved infrastructure for bicycle/pedestrian safety and ADA compliance is needed at bus stops.
13. Improved education and awareness for transit options is needed; (e.g. Nevada 211)
14. Universal fare structures and interline ticketing is needed.

Of these 14 items, the goals and strategies presented in the previous chapter address 11 of them. The remaining three items (#8, #9 and #10) must be addressed through efforts and coordination by the administrations of various local governments, transit providers, state agencies, regional mobility managers, stakeholders and members of the public. Garnering funding for public transportation is a major concern for all rural areas and many rely upon federal assistance and the local match provided by local governments and non-USDOT federal programs.

The Nevada Department of Transportation is committed to increasing mobility throughout the state. Planning documents such as this will continue to aid in the decision-making process regarding funding and project selection. The overall study shows an identified list of needs and goals that cannot be met through FTA funding alone. As NDOT is limited in the amount of funding and facilitation of transportation services it can provide at the state level, efficient use of available resources is vital to the sustainability of the services it supports. The prioritized list of projects will be funded to the extent possible, based upon specific requests submitted via grant application to NDOT. Any limitations in funding will result in reference of this list, but final determination will be made based on other factors stated within the grant application announcement provided by NDOT.

While the demographic analysis of the rural parts of the state did not reveal any ubiquity in high levels of transit propensity, further research shows great need and desire for public transportation services statewide. Specific needs, such as more regional service (crossing county/state boundaries), better driver resources, fewer restrictions on use, and more days and hours of service, were common to many areas of the state. Transportation users of all ages need rides for a variety of reasons ranging from shopping/grocery and pharmacy to employment and non-emergency medical treatment. Survey results and stakeholder input indicate that if the service areas were expanded, individuals who are not currently riders, would be more likely to do so.

Several goals were identified, with at least one strategy for each goal, to overcome the challenges faced by rural residents. While additional days, hours, and geographies can improve mobility, one of the barriers to providing transportation is the dissemination of information. In many instances, individuals do not understand or are not aware of the existing transportation services available. Efforts to share information and improve outreach may help to reduce the confusion about access to existing resources and ultimately improve mobility simply through better utilization of the existing programs and levels of service. Survey results generally indicate that individuals who are not using available public or human service agency transportation services are driving a personal vehicle or riding with family and friends. As the population ages, it is likely that this group of independent drivers would shift toward

the use of shared-ride transportation services. However, as this transition occurs, it is important for Nevada's public and agency transportation services to have the capacity to meet demands. Ultimately, transportation planners and operators must understand the demographics of their service areas, as well as the existing network of transportation options, to design transportation programs at appropriate service levels that do not unnecessarily duplicate other programs and services.

Another common theme displayed throughout the study is the need to better coordinate. The creation of formal groups at a higher level could act to advance transportation legislatively and could combine resources at a state level to generate administrative efficiencies. Regional coordination among operators and mobility managers would be needed to implement new policies. Regardless of how services are provided, transportation providers and human service agencies are all searching for ways to economize, connect, increase service and provide access to critical services and community amenities. In an era of increasing need and demand for shared-ride and non-motorized transportation, organizational partnerships must be explored, and cost-saving measures must be made to best serve changing transportation demands. Coordinated transportation planning provides the best opportunity to accomplish this objective.

The goals and strategies outlined in this plan are intended to guide Nevada's coordinated transportation stakeholders as they work together to sustain existing services and develop a stronger network of rural services at the local, regional and statewide levels. With the leadership provided by a coordinated transportation framework and the development of new services, transportation partners can address the unmet needs or gaps in services, as defined by the residents of Nevada. Active participation from public and private transportation service providers, along with identification and utilization of additional funding for transportation is needed to achieve these goals. With uncertainty in the passage of a new transportation bill (or continuing resolution of the FAST Act), NDOT must continue to be conscious of financial constraints in funding public transportation projects. Through collaborative funding and operational efforts, transit in rural Nevada may not only be sustained but also expanded.