

<b>Region: State Planning Region 3</b>		
<b>Best Practice #</b> ____		
Brief description of the Best Practice <b>Coordination of Transportation between Senior Centers, Rural Public Transportation Providers and Area Agency on Aging.</b>		
<b>Which of the following does your Best Practice address? Check all that apply. Add any additional achievement that you feel is important.</b>		
<input checked="" type="checkbox"/> Improve the delivery of transportation services <input checked="" type="checkbox"/> Generate efficiencies in operation/increase levels of service <input checked="" type="checkbox"/> Encourage cooperation and coordination <input type="checkbox"/> Enhance customer satisfaction <input type="checkbox"/> Improve efficiency and effectiveness <input type="checkbox"/> Other. Describe _____		
<b>Briefly describe the Constraint this Best Practice resolved or helped to overcome?</b> <b>Provision of Transportation of Senior Center clients has become cost prohibitive.</b>		
<b>Specifically describe how this Best Practice is achieving the benefits identified above. Try to quantify to the extent possible. Attach additional pages as required to describe in detail and with supporting facts. This effort has resulted in reduced cost to the Senior Centers, increased riders in rural public transportation and increased service from both to the clients. Area Agency on Aging reimburses transportation providers for transportation of client.</b>		
<b>Can your local Best Practice be replicated in other regions? If Yes, provide a description of how this Best Practice can be of value to other Regions?</b> <b>Yes</b>		
<b>Person Identifying Best Practice:</b>		
Name: Rhonda Pogue	Phone: 940 322 5281	Email: rpogue@nortexrpc.org
Agency: Area Agency on Aging Transportation Coordination Steering Committee		
<b>Responder:</b>		
Name:	Phone:	Email:
Agency:		

**Region: State Planning Region 3**

**Best Practice #** \_\_\_\_

Brief description of the Best Practice

**Inter regional coordination. TCOG, NCTCOG and NRPC meet and communicate and meet regularly to facilitate the processes with will result in improved inter regional coordination of transportation.**

**Which of the following does your Best Practice address? Check all that apply. Add any additional achievement that you feel is important.**

- Improve the delivery of transportation services
- Generate efficiencies in operation/increase levels of service
- Encourage cooperation and coordination
- Enhance customer satisfaction
- Improve efficiency and effectiveness
- Other. Describe **These inter regional efforts result in long term communication and application of best practices which result in improved provision of transportation.**

**Briefly describe the Constraint this Best Practice resolved or helped to overcome?**

**This effort has resulted in increased communication between and among Transportation Providers, Health and Human Services agencies, Clients and others involved in Public Transportation.**

**Specifically describe how this Best Practice is achieving the benefits identified above. Try to quantify to the extent possible. Attach additional pages as required to describe in detail and with supporting facts. Increased and consistent communication has resulted in greater interest in the Coordination Project and establishment of long term relationships which will facilitate ongoing Coordination of Transportation services.**

**Can your local Best Practice be replicated in other regions? If Yes, provide a description of how this Best Practice can be of value to other Regions?**

**This can and has been addressed in other regions with success demonstrating the importance of consistent communication to enhance service. Transportation providers and Human Services agencies have a long history of COORDINATION which has carried over to this project.**

**Person Identifying Best Practice:**

Name: \_\_\_\_\_ Phone: 904 322 5281 Email: [nhodges@nortexrpc.org](mailto:nhodges@nortexrpc.org)

Agency: **Transportation Coordination Steering Committee**

**Responder:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_



**Region: State Planning Region 3**

**Best Practice #** \_\_\_\_

Brief description of the Best Practice

Information regarding the Transportation Coordination Project was provided to all rural newspapers in the region.

**Which of the following does your Best Practice address? Check all that apply. Add any additional achievement that you feel is important.**

- Improve the delivery of transportation services  
 Generate efficiencies in operation/increase levels of service  
 Encourage cooperation and coordination  
 Enhance customer satisfaction  
\_\_\_\_ Improve efficiency and effectiveness  
\_\_\_\_ Other. Describe \_\_\_\_\_

**Briefly describe the Constraint this Best Practice resolved or helped to overcome?**

**This practice has resulted in increased public knowledge of the project and increased communication. The information was published in 7 area newspapers. Three of these also published the Transportation Needs Survey that was provided.**

**Specifically describe how this Best Practice is achieving the benefits identified above. Try to quantify to the extent possible. Attach additional pages as required to describe in detail and with supporting facts.**

**Can your local Best Practice be replicated in other regions? If Yes, provide a description of how this Best Practice can be of value to other Regions?**

**This can and has been addressed in other regions with success demonstrating the importance of consistent communication to enhance service.**

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Agency: [Transportation Coordination Steering Committee](#)

**Responder:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_

**Region: State Planning Region 3**

**Best Practice #** \_\_\_

Brief description of the Best Practice

Transportation Needs Assessment designed by Transportation Coordination Steering Committee has resulted in 249 respondents to date.

**Which of the following does your Best Practice address? Check all that apply. Add any additional achievement that you feel is important.**

- Improve the delivery of transportation services
- Generate efficiencies in operation/increase levels of service
- Encourage cooperation and coordination
- Enhance customer satisfaction
- Improve efficiency and effectiveness
- Other. Describe \_\_\_\_\_

**Briefly describe the Constraint this Best Practice resolved or helped to overcome? This effort has resulted in increased communication between and among providers and clients of public transportation.**

**Specifically describe how this Best Practice is achieving the benefits identified above. Try to quantify to the extent possible. Attach additional pages as required to describe in detail and with supporting facts.**

**Can your local Best Practice be replicated in other regions? If Yes, provide a description of how this Best Practice can be of value to other Regions? This can and has been addressed in other regions with success demonstrating the importance of consistent communication to enhance service.**

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Agency: Transportation Coordination Steering Committee

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Agency: \_\_\_\_\_