



REGIONAL TRANSPORTATION AUTHORITY
Of Middle Tennessee

EXECUTIVE COMMITTEE MEETING

Wednesday, October 21, 2026 | 9:30 AM

GNRC – Greater Nashville Regional Council
44 Vantage Way, Ste. 450
Nashville, TN 37228

1. **Call to Order**
2. **Approval of September 30, 2026, Minutes**
3. **Public Comments**
4. **Transit Citizen Leaders Academy Presentation – Jessica Dauphin** **R-D-26-021** **Pg. 8**
5. **Finance Committee Report – Mayor Ken Moore, Chair**
 - **Monthly Financial Report Compared to Budget – Amanda Vandegrift, Deputy CEO of Finance & Administration** **R-D-26-022** **Pg. 24**
6. **Operations Committee Report – Mayor Rick Bell, Chair**
 - **RTA Monthly Operating Statistics – Andy Burke, COO** **R-D-26-023** **Pg. 30**
7. **CEO's Report – Stephen G. Bland, CEO**
8. **Chair's Report – Mayor Randall Hutto, Chair**
9. **Other Business**
10. **Adjournment**



MINUTES
EXECUTIVE COMMITTEE MEETING
REGIONAL TRANSPORTATION
AUTHORITY

September 30, 2026

- I. **Call to Order:** The regular meeting of the Executive Committee of the Regional Transportation Authority (RTA) of Middle Tennessee was convened on Wednesday, September 30, 2026, at the Greater Nashville Regional Council, located at 44 Vantage Way, Suite 450, Nashville, TN 37228. The Executive Committee meeting was officially called to order by Wilson County Mayor, Randall Hutto at 9:33 AM.

Executive Committee Members in Attendance:

Mayor Randall Hutto – Wilson County (Chair)
Mayor Paige Brown – City of Gallatin (Vice Chair)
Ed Cole – Davidson County (Gov. Appt.)
Mayor Freddie O’Connell – Davidson County
Mayor Ken Moore – City of Franklin
Mayor Rick Bell – City of Lebanon Mayor
Nicole Rowan – Sumner County (Gov. Appt.)
Ken Davis – Wilson County (Gov. Appt.)
Kelly Dannenfelser – Williamson County (Gov. Appt.)

Others Present:

Mayor Jamie Clary – City of Hendersonville
Matthew White – City of Mt. Juliet (Alt.)
Russell Brashear – City of Murfreesboro (Alt.)
Jeff Peach – City of Murfreesboro (Alt.)
Mayor Nelson Andrews – City of Brentwood
Kaitlyn McClanahan – TDOT

- III. **Approval of Minutes:** Mayor Moore made a motion to approve the minutes of the July 15, 2026, Executive Committee meeting. Governor’s Appointee Ed Cole seconded the motion, and the Executive Committee unanimously approved the minutes.
- IV. **Public Comments:** Mayor Hutto opened the floor for public comments. The public was reminded that comments were limited to two minutes. The following members of the public gave public remarks:
- Barry Hobbs
- V. **Finance Committee Report:** Mayor Ken Moore introduced the following for discussion:
- a. **Monthly Financial Report Compared to Budget (R-D-26-017):** Mayor Ken Moore remarked that this was the first report for the new fiscal year, including July 2026 revenues and expenses. Revenues were 6% lower than budgeted and expenses were 5% lower than budgeted. Both variances are primarily related to timing differences. Mayor Moore was available to answer questions; however, the committee had none, and no further discussion followed.

Mayor Moore introduced the following action item:

- b. **Resolution of FY2027 Annual Grant Applications (R-A-26-019)**: Billy Higgins provided a summary report for the Resolution of FY2027 Annual Grant Applications as follows:

In order for the RTA to apply and receive federal funds for operating and capital expenditures, RTA must comply with Federal Certifications and Assurances and annually submit compliance in accordance with these terms. We rely on recurring Federal Transit Administration, Federal Highway Administration, and State of Tennessee funding sources, as detailed in this action item. This resolution gives staff the authority to continue to apply for grant applications and assures funders that we are compliant with regulations tied to funding.

Staff requests that the RTA Board adopt the resolution and authorize the submittal of applications and execution of contracts for any other federal, state, or local grant funding that may become available during the fiscal year 2027 for the benefit of RTA.

Mayor Moore opened the floor for questions and comments. There were none.

Mayor Ken Moore made a motion to approve the Annual Grant Applications item. Mayor O'Connell seconded the motion, and the Executive Committee unanimously approved the motion.

- c. **City of Mt. Juliet Licensing Agreement – Open Space Use (R-A-26-020)**: Vince Malone presented a summary of the following action item:

The city of Mt. Juliet, Tennessee has expressed a desire to obtain a license to use a portion of open space land near the RTA's Mt. Juliet Station and park and ride lot (22 East Division Street), located at the intersection of North Mt. Juliet Road and East Division Street within the city of Mt. Juliet in Wilson County, Tennessee. As the Licensee, the city of Mt. Juliet will create a community event space on the property that the city currently maintains. The license concerns the open space area of the RTA park and ride property for the purpose of hosting unique events. Upon request and with the RTA 's written permission, the city of Mt. Juliet will construct improvements in the open space such as a gazebo/pavilion; and provide park benches and/or a playground for the community's use.

The FTA encourages non-transit uses of real property that can raise revenues for transit systems or enhance system ridership. The proposed public incidental use and enhancements of the property by Mt. Juliet are non-transportation amenities and non-revenue generating to supplement transit costs for the RTA. If approved by the RTA Board, execution of the license agreement will be contingent on FTA's approval as an incidental use, under the federal guidelines.

All construction contemplated by the license agreement shall be at the sole expense of Licensee and shall conform to plans to be submitted to RTA by Licensee for approval. Licensee shall be responsible for any and all costs associated with the utilization of the license including but not limited to any paving and/or sidewalk improvements. Any costs associated with design, permitting, or construction of improvements within the licensed area shall be at the expense of Licensee. Additionally, Licensee agrees that it will be responsible for grass cutting and similar routine maintenance of the RTA property.

Staff recommends that the Board provide the Chief Executive Officer the authority to enter into a license agreement with the city of Mt. Juliet, Tennessee, as the Licensee.

Mayor Moore opened the floor for questions and comments. There were none.

Mayor Ken Moore made a motion to approve the Annual Grant Applications item. Governor's Appointee Cole seconded the motion, and the Executive Committee unanimously approved the motion.

VI. Audit Committee Report: Mayor Ken Moore continued with the following discussion item:

a. Federal Transit Administration Triennial Review Update (R-D-26-018): Billy Higgins gave the following summary of the Triennial Review:

Since 1982, Congress has required the Federal Transit Administration (FTA) to review recipients every three years, assessing compliance with federal and statutory administrative requirements. The Federal Transit Administration (FTA) recently provided MTA with the Final Report from its fiscal year 2026 Triennial Review.

FTA's oversight expectations are conveyed in their Comprehensive Oversight Review and Technical Assistance Program (CORTAP) Manual. The agency is given a list of questions and basic requirements that need to be addressed, their applicability, the flexibility regarding required compliance, and what deficiencies are associated with the categories.

The Triennial Review focused on RTA's compliance in 21 areas, featuring 260 questions. As such, the Triennial Review is not intended as, nor does it constitute, a comprehensive and final review of compliance with award requirements.

The review process begins with the FTA issuing a Recipient Information Request (RIR). The FTA relies on contractors to ensure that the reviews are completed, but they do work in partnership with the regional office. WeGo answers the review questions and provides supporting documentation within a six-week period.

Once the contractor receives our answers, they conduct a scoping meeting with the FTA regional office to assess them. Key factors in their assessment include whether we had repeat findings, findings with our annual audit, significant contractors, significant subrecipients, complaints, news reports highlighting issues, and other in-depth issues.

The RIR process began in December, the scoping meeting took place in March, a site visit was conducted in May, and a draft report with preliminary findings was issued afterward. We have an opportunity to respond to the draft report, to correct technical mistakes. Once the draft report and subsequent final report are completed, they submit them to the agency (us).

If the FTA found deficiencies, they issue corrective actions in conjunction with our agency, discussing what improvements can be made for our ongoing operations. The report does not mention many of the kudos we received, but they will be highlighted in this presentation.

Regarding nationwide deficiencies from fiscal year 2025, procurement had the most issues with 298 across grantees. Our procurement and financial management team had no deficiencies.

Two deficiencies were found in the following areas: Technical Capacity – Award Management and Americans with Disabilities Act (ADA) – General. RTA had no repeat deficiencies from the FY2023 Triennial Review.

The RTA deficiency regarding Award Management is related to an "Inactive Awards & Untimely Closeouts" finding. RTA has two awards that did not have funds drawn down over

a 12-month period. The first one was for real-time signage along our WeGo Star railways. After we received the FTA award for real-time signage, we were awarded IMPROVE Act funds for the same project. We did not draw the funds in a timely manner but have since submitted the corrective action plan stating how we will utilize these funds for this approved item within an acceptable scope. FTA has approved and we have drawn the funds.

The other inactive award is for a bus purchase. We received an award to buy 10 vehicles for RTA anticipating delivery later this fall. We have submitted corrective action, and we will issue those awards. Funding will either be closed out, or we'll start drawing down funds.

The other RTA deficiency was insufficient ADA Complaint Process & Documentation. Our ADA complaint process was found to be suitable, but there were problems submitting documentation of our method of keeping complaints. Corrective action was submitted and is under FTA review.

The FTA found no repeat deficiencies this year.

Mayor Moore opened the floor for questions and comments. There were none.

Governor's Appointee Cole commended staff for their thorough report.

VII. Operations Committee Report: Mayor Rick Bell introduced the following items for discussion:

- a. **Monthly Operating Statistics (R-D-26-019):** Chief Operations Officer, Andy Burke presented the RTA Monthly Dashboard Report for July 2026 to the Executive Committee.

At the end of June, the centralized traffic control system near mile marker 9.7 suffered a lightning strike, destroying its signal box. The signal's components were replaced, but not without software issues that caused it to work slowly for the two weeks that followed and cause slow train speeds. As of today, the software has been repaired, and the traffic control system is working properly.

During the July 4th holiday, we had 650 train riders on the special event train. Passengers were transported safely and reliably to and from the special events.

Mr. Burke was present and available to answer questions; however, the committee had none, and no further discussion followed.

- b. **WeGo Star Maintenance and Operations Audit Results (R-D-26-020):** Director of Operations, Nick Pecenka, presented the results of the operations and maintenance audit report:

The annual WeGo Star audit provides third-party oversight. CDM Smith and Fairpointe Planning conduct it on behalf of RTA to verify that TSG, our operator, is following Federal Railroad Administration rules and maintaining our equipment to federal standards. The audit gives us a baseline to track trends year over year.

The audit includes review of our documentation – inspection records, delay data, maintenance costs, efficiency testing, and an investigation of our drug and alcohol program. The auditors also perform an on-site visit, along with the FRA officials during their performance investigation.

The WeGo Star operates safely and efficiently. TSG was found to be compliant and the fleet is reliable. Our locomotives are aging and staff is planning for future management of the aging fleet.

The audit began on March 19 with an unannounced sit visit from the auditors. They found that the mechanical failures dropped significantly from six in 2024 to three in 2025. On-time performance averaged 96.9 percent, with most delays caused by weather, not equipment. FRA found no violations.

FRA inspectors also conduct their own announced and unannounced inspections independently. For 2025, two FRA Operating Practice inspections occurred and found no defects.

The WeGo Star operates under Positive Train Control regulations which involves track structure signals and train equipment that ensure the trains run on appropriate speeds for their track segments. The Star is not required to implement PTC under our current operational model because we're limited to 12 revenue trips per day under the MTEA. If we expand beyond that in the future, PTC will become mandatory.

The public has requested weekend service; which is doable without any PTC implementations. Expanded weekday service would require four additional trains, more crew members and extended scheduling, but no PTC implementations. The WeGo Star Future Direction Strategy Study recommended deferring PTC and instead expanding service within those constraints.

Mr. Pecenka was available to answer questions; however, the committee had none, and no further discussion followed.

c. **Donelson Station Transit Center Building Design Contract Award (R-A-26-021)**: Debbie Frank presented the following item:

The final design phase of the Donelson Transit Center Building project has begun. This phase (III) involves the vertical investment in the transit center building itself and serves as the centerpiece of the overall mobility enhancement. The facility will be a climate-controlled transit center designed to provide a safe, welcoming, and efficient environment for passengers while also supporting WeGo's operational needs. Similar in quality and function to recently delivered transit centers, the building will elevate the rider experience and reflect the Authority's commitment to enhanced transit infrastructure.

Regarding Phases I and II we are conducting the permitting process for improvements to the design. Phase I establishes the primary access and circulation framework for the station. This phase includes the design, construction documents, and permitting for a new roadway connection to Donelson Pike with traffic signalization, the establishment of a quiet zone for railroad crossings, construction of a bus-only roadway with six bus bays that will connect directly to the future transit center building, and installation of pedestrian walkways, shelters, and associated amenities.

Phase II advances the design, construction documents, and permitting for the internal roadway network and stormwater infrastructure necessary for the infrastructure improvements and future mixed-use development. This phase also includes the design of canopies at each bus bay and associated passenger amenities, along with the replacement of existing shelters on the WeGo Star platform with upgraded shelters or custom-designed canopies.

To advance the implementation of Phase III –Transit Center Building, WeGo Public Transit Procurement Department on March 31, 2026, issued a Request for Qualification seeking qualified contractors to complete the design, construction documents, permitting, procurement bid support, and construction administration. The announcement was published on WeGo's website through the procurement system OpenGov. The pre-proposal meeting was held on April 8, 2026 with thirty-five attendees. Seven firms submitted responses by the solicitation

June 4, 2026, due date: CDM Smith, Centric Architecture, Culture Architecture and Design, PLLC, EOA Architects, Gresham Smith, Moody Nolan, and Wendel Companies.

The Evaluation Committee concluded an extensive examination of responses based on the evaluation criteria set forth in the RFQ to determine the top-ranked proposers for contract award. Following the comprehensive evaluation, Wendel Companies, including sub-consultants Kimley-Horn & Associates and Smith Gee Studios, was selected for contract award.

Staff request Board approval to authorize the Chief Executive Officer to execute a professional services contract with Wendel Companies for design and construction administrative services for the Donelson Station Transit Center Building with a contract value of \$385,811.00 and a total cost in the amount of \$443,682.65 (including a 15% contingency).

To date, RTA has secured local, state, and federal funding of \$26.7 million to advance the public infrastructure improvements at Donelson Station. State IMPROVE funds with a 20% local match will be used to complete the scope of work for the transit center building.

VIII. CEO's Report: CEO Bland presented the following report:

1. The Murfreesboro Park & Ride project remains on schedule and is substantially complete. A ribbon cutting is scheduled for October 16. Park and ride service for normal operations of the Route 84 bus, including Nashville SC service, will move from the Stones River Mall Park and Ride to the new facility on October 5.
2. Our expanded service to Tennessee Titans games has been doing well thus far. In addition to a continuation of gameday service on the WeGo Star and express service from Sumner County, this year we have added gameday service on our Franklin Express route. Ridership on these two routes has been averaging about 260 per game, with Star ridership averaging about 800. In addition to RTA service, MTA operates express service from Bellevue and Antioch, and the entire MTA system is made fare-free on home game days thanks to a subsidy from the Titans. Accounting for all of these factors, an average of approximately 3,500 riders took advantage of our various transit options to travel to and from Nissan Stadium for the two regular season home games so far.
3. We continue to work with the Rutherford County Corridor Committee on funding shortfalls for service in this corridor. This past month, staff presented information to the Smyrna City Council regarding service and options moving forward.
4. Riverfront Station hosted two significant events in September. On September 7, CBS held their American Tailgate event kicking off the NFL season at Riverfront Station. Maybe less flashy, but certainly important, on September 25 we hosted an Operation Lifesaver Event offering tours and information about safety around railroad tracks.
5. While service to Titans home games from our new park and ride lot in Franklin at Cool Springs has been successful, we are still working through specific logistical issues regarding regular service from Franklin with Highwoods Properties, the owner of the property. As a result, we have postponed the transition of service from the current park and ride lot until the open issues can be resolved.
6. While service to Titans home games from our new park and ride lot in Franklin at Cool Springs has been successful, we are still working through specific logistical issues regarding regular

service from Franklin with Highwoods Properties, the owner of the property. As a result, we have postponed the transition of service from the current park and ride lot until the open issues can be resolved.

7. Apart from the design contract for the transit center building at Donelson Station, work continues on the infrastructure improvements in this area. Design documents are currently circulating through the permitting process. Once these approvals are received, we can bid construction. We continue to work with HG Hill and Southeast Ventures on the land swap you approved in July and related activities and are continuing discussions with the regarding potential future joint development of the site. As a result, we are likely to bring forward another recommendation to extend their period of exclusive negotiation, which is currently scheduled to expire at the end of the calendar year.
8. Finally, I'd like to commemorate the 20th anniversary of the WeGo Star, which commenced operations in August of 2006. While we didn't celebrate with cake, we had something maybe even more special. Our own Chair, Mayor Randall Hutto, performed one of the finest renditions of Happy Birthday I've ever seen. I don't generally follow social media much, but I have to say this post caught my eye, and I had to watch it over and over. Happy Birthday to the Star, and thank you Mayor Hutto for a memorable musical performance!

There was no further discussion.

IX. Chair's Report: There was no chair report.

X. Other Business: No other business came before this board.

XI. Adjournment: With no further business, Governor's Appointee Cole called for a motion to adjourn. Mayor Hutto motioned to adjourn the meeting, which was adjourned at 10:03 AM.

Respectfully submitted:

Ed Cole, RTA Secretary & Davidson County
Governor Appointee

Regional Transportation Authority

of Middle Tennessee

- ☐ Committee Discussion Item ☒ Exec. Committee Discussion Item ☐ Board Discussion Item
☐ Committee Action Item ☐ Exec. Committee Action Item

Item Number:	R-D-26-021	Meeting Date:	10/21/2026
Item Title:	Transit Citizens Leadership Academy		

BACKGROUND:

The Transit Alliance of Middle Tennessee began hosting the Transit Citizen Leadership Academy (TCLA) in 2010. There are over 650 regional alumni of the program. The most recent cohort, the 28th TCLA, met from August 11th through October 7th of this year. Today, the 28th academy class coach and representatives will present the collaborative capstone project based on the nine weeks and nearly 24 hours of class time spent learning and in contemplation of this year's topic.

Last year, the 27th TCLA capstone and presentation to the RTA board of directors detailed the challenges and opportunities of general regional transit infrastructure and services. This year, the TCLA class was sponsored by Ascension Saint Thomas and its capstone project sought to address the topic of access to healthcare.

The Transit Alliance is proud of the work this class has done to analyze transit issues in Middle Tennessee. Participants from various industries – technology, engineering, nonprofit organizations, came together to tackle this challenge and they did an amazing job.

CURRENT STATUS:

The Planning and Community Development Outreach Manager at the GNRC, Jessica Dauphin, will review the Transit Citizens Leadership Academy's 28th cohort project.

Transportation Is Healthcare

Making Care Reachable in Middle Tennessee

Transit Citizen Leadership Academy • Class 28 • October 7, 2026

1. Access means completing the whole journey

Access to healthcare means being able to reach the appropriate facility, receive care, and return home safely. Insurance coverage and an available appointment are part of that picture, alongside a practical way to make the journey. For patients who rely on public transportation, specialized services, or another person to drive, arranging the trip is part of arranging care. Mobility is therefore part of healthcare access in Middle Tennessee. [1, pp. 20–21; 2, pp. 4–5]

Teri and her son Jesse experience that reality several times each week. Both rely on public transportation for recurring healthcare trips in the Nashville area, and Jesse is a wheelchair user. In one instance, he left home about an hour early for an appointment in Madison, but two buses passed without stopping. After two transportation-related missed appointments, the provider stopped seeing him, and he had to seek care elsewhere. The details are individual, but the larger problem is not: a patient can plan ahead, leave early, and still lose continuity of care when the transportation connection fails. [7]

Three connected gaps shape experiences like theirs. A *coverage gap* exists when service does not reach the right place, operate at the right time, or provide a reliable and physically usable trip. A *coordination gap* appears when healthcare providers, transportation providers, benefit programs, and caregivers must connect services that were not designed around the same journey. A *data gap* remains when a missed appointment does not record why it was missed and a completed appointment does not record what it took to get there. Together, these gaps make transportation barriers difficult to see, resolve, and plan for. [1, pp. 8–9; 2, pp. 2–5]

The recommendations in this paper respond to all three gaps without assuming that one organization can solve them alone. We recommend making transportation part of patient onboarding and scheduling care through universal screening, assistance proportionate to the need, and shared learning with transportation partners. A six-month pilot at one regional hospital campus would help patients address immediate travel needs while producing better information about where coverage and coordination continue to break down. For patients such as Teri and Jesse, the practical goal is straightforward: fewer hours spent navigating fragmented systems, fewer appointments placed at risk, and a more dependable path to care and home again. [2, pp. 5–8]

2. The coverage gap: a service must complete the whole journey

In its TCLA presentation, Ascension Saint Thomas connects transportation barriers with missed appointments, interrupted medication access, fragmented care, and potentially more intensive treatment after delays. This perspective places mobility within the conditions that shape health. Primary care,

specialists, pharmacies, and social supports all form part of a continuing care pathway, and patients need a workable way to move between them. [1, p. 8]

A June 2022 national survey found that 21 percent of adults ages 18–64 without household vehicle access and with fair or poor neighborhood transit access had forgone needed healthcare because of transportation difficulties. [3] The finding supports examining both available services and whether patients can use them when care is needed. Healthcare organizations should also support local efforts to expand public transportation access.

Within a city or county, a useful transportation connection must fit the patient’s complete journey. That includes the segment between home and the first stop, transfers, the connection from the final stop to the clinic, and the assistance needed along the way. Reliability and total travel time also shape whether the trip is practical. Teri estimated that some recurring healthcare trips to Antioch take about two hours each way. She also described sidewalks that end before the bus stop, requiring her and Jesse to travel in the street even though Jesse uses a wheelchair and she has her own physical limitations. In this context, an accessible vehicle does not by itself create an accessible trip. [2, pp. 2–4; 7]

WeGo Access provides door-to-door service within Davidson County for eligible people with disabilities who cannot use fixed-route transit; return trips are arranged with the initial reservation, and Access on Demand offers an additional option. [4] A useful referral must match eligibility, destination, timing, and assistance needs and include clear booking and return-trip instructions.

Family members and caregivers are also part of healthcare transportation. Their contributions can include time, fuel, physical assistance, and time away from work. Teri carries supplies Jesse may need during long trips and helps him navigate stops, transfers, and facilities that do not always accommodate an adult who needs personal care. These responsibilities show why caregiver reliance should not be recorded simply as a successful ride. Asking how the patient traveled today and whether help is needed for the next visit would bring both the trip and the effort behind it into the conversation. [2, pp. 4–5, 9; 7]

3. The coordination gap: connecting services, benefits, and care

Coordination becomes especially difficult when a healthcare trip crosses service areas or depends on several programs. The region’s healthcare connections extend between Nashville and surrounding communities, but transportation services may have different geographic boundaries, schedules, eligibility rules, and reservation requirements. Teri uses an insurance-funded Lyft benefit for some planned medical trips, including travel to Hendersonville where no practical regional transit connection serves her destination, but the ride generally must be scheduled several days in advance. A benefit may therefore fill one part of the gap without providing the flexibility needed for a last-minute change or unexpected healthcare need. [1, p. 74; 2, pp. 2–4; 7]

A shared resource guide would identify providers serving each origin and destination, reservation and transfer requirements, payment, return-trip arrangements, hours, fares, eligibility, and accessibility. [2, pp.

7–8] Pilot partners would designate an owner to verify and update entries so staff can provide usable instructions.

Planning should also account for insurance benefits. TennCare provides non-emergency medical transportation for covered services to members without transportation access, generally with two business days' notice; shorter-notice requests receive an urgency check. Medicare ambulance coverage depends on medical necessity. [5; 6] Staff would help patients identify applicable benefits and other options. TennCare should also evaluate more flexible same-day scheduling when medically appropriate.

The Class 27 presentation from October 2025 highlighted regional growth and rising cross-county transportation demand. [1, pp. 23–25] For healthcare access, growth makes the relationship between homes, medical destinations, and travel options increasingly important. If more patients live farther from their providers, the time and coordination needed for appointments may increase. If appointment demand grows faster than transportation capacity, matching rides to care times may become more difficult. Tracking patient origins, destinations, and appointment windows would help partners understand how these pressures develop.

Longer-term opportunities include accessible campuses and waiting areas, stronger provider partnerships, service planning informed by healthcare travel, and support for regional public transportation. Pilot data on travel patterns, recurring visits, accessibility, and unresolved needs would help partners identify improvements appropriate to the communities and medical destinations involved. [2, pp. 3–4, 7–8]

4. The data gap: make transportation visible in patient care

Transportation is often invisible in healthcare records: a missed appointment may not show whether the barrier was an unavailable ride, inaccessible connection, or return-trip mismatch, while a completed visit may hide hours of travel and caregiver effort. Ascension Saint Thomas's TCLA presentation describes rideshare integration, community health workers (CHWs), analysis using missed appointments and the Social Vulnerability Index, and community partnerships. [1, p. 9] Building on that example, regional hospitals could use routine screening to connect patients with assistance and produce information for longer-term planning. [2, pp. 4–5, 8]

Hospitals already commonly ask patients at intake, "How did you travel to your appointment today?" That question is useful, but it looks backward: it records a trip after the patient has already solved it. We recommend pairing it with a second routine question at scheduling: "Do you have a reliable way to get to your next appointment?" The difference appears small, but it is significant. At scheduling, the destination, date, time, and likely care window are known, and there is still time to identify a barrier, explain available options, verify eligibility, arrange an accessible trip, coordinate a caregiver, and plan the return. Without that question, staff may only learn about the barrier after a cancellation or missed appointment, when the opportunity to help has already passed. [2, p. 5]

What the questions make visible. The intake response shows how the patient arrived: driving, relying on a family member or caregiver, using public transit or paratransit, traveling through an insurance benefit, taking a taxi or rideshare, walking, biking, or combining several modes. The scheduling response shows whether that arrangement can be repeated for the next appointment and whether the patient is confident it will work. Recorded together, the answers distinguish a completed trip from a dependable transportation plan. They also reveal reliance on caregivers, uncertainty about benefits, accessibility needs, recurring travel, affordability concerns, and trips for which the return is harder to arrange than the outbound ride. [2, p. 5]

Linked with appointment outcomes, the answers could show which modes are dependable, where uncertainty recurs, how caregiver reliance affects outcomes, and whether support improves completion. They could also reveal repeated origins and destinations, timing mismatches, eligibility barriers, and unmet service needs. The patient receives help with the next trip; the region gains evidence for improving future trips. [2, pp. 5, 7–8]

Transportation information should help staff offer appointment choices that fit both the patient’s care needs and available travel options. Where feasible, staff could highlight compatible times and confirm the patient’s preference. Clinical needs would guide scheduling decisions, with transportation and care-coordination staff helping arrange support around the appropriate care window. When timing requires additional coordination, the clinical team would help determine the next step. Timely care and patient choice would guide the process. [2, pp. 2–3, 8]

5. Universal screening with a tiered response

Universal screening would give every patient in the pilot an opportunity to identify a transportation need, regardless of insurance coverage. Responding in proportion means that the question does not automatically trigger case management or a purchased ride. It identifies what kind of help, if any, is appropriate. Some patients need only accurate information. Others can travel independently but need help booking a service or arranging the return. More complicated trips may require coordination across providers, counties, benefits, or accessibility requirements. Only the most complex circumstances require a CHW or care-management team. This structure makes a routine question practical at scale while reserving specialized staff capacity for patients whose circumstances call for it. [2, pp. 5–6]

Table 1. Proposed transportation assistance model

Level	Patient situation	Proposed response
1. Information	Can arrange travel independently but needs to understand available services or a verified ride benefit.	Specific instructions by telephone, text, patient portal, accessible print, or another usable format.
2. Scheduling assistance	Can travel independently but needs help booking, communicating with a provider, or arranging the return.	A designated nonclinical scheduling or transportation desk using a standard process.
3. Coordinated planning	Needs accessible service, recurring trips, cross-provider coordination, or clarification of payment responsibility.	A transportation coordinator, care navigator, or social worker to develop and confirm the trip plan.
4. Complex navigation	Transportation intersects with clinical, cognitive, social, communication, or safety concerns requiring additional assessment.	A CHW or care management team, with the appropriate clinical and support staff involved.

Adapted from Class Project Brainstorm Worksheet, Table 1. [2, p. 6]

The levels are a flexible routing tool, not a ranking of patients. Staff would document the response, adjust it as circumstances change, and track demand and staff time so capacity can be matched to need.

For Teri, information and scheduling assistance could clarify transit and insurance-funded options; trips across service boundaries may require coordinated planning. Jesse may need more intensive navigation while his WeGo Access application is pending because accessibility, personal-care needs, and continuity of care intersect. Screening cannot create service where none exists, but it can keep patients from navigating every rule and failure point alone while documenting gaps that require broader action. [2, pp. 5–7, 9; 7]

6. A six-month pilot with shared responsibilities

The pilot would begin at one campus with one or two service lines involving frequent follow-up care and patients traveling across county lines. Patient-origin and appointment records would guide selection. Preparation would include reviewing the current screening process, identifying participating staff and transportation arrangements, and establishing a baseline for appointment outcomes. These steps would help the team fit the pilot into existing work and define a manageable starting caseload. [2, p. 8]

Under the proposed partnership, the participating regional hospital would lead the patient-facing workflow: asking the questions, assigning the response level, confirming follow-through, and linking transportation records to appointment outcomes. Participating public transit agencies would help verify service information and review aggregate travel patterns. A pilot agreement would establish each

partner's role, including responsibility for maintaining the resource guide and keeping staff informed when services change. [2, pp. 7–8]

The first two months would introduce the questions, practice handoffs, and track a limited caseload with a responsible person and follow-up status for each need. A month-three review of completion, referrals, feedback, workload, and unresolved needs would guide adjustments through the six-month review. [2, p. 8]

Before launch, partners would define staffing, spending and ride-authorization limits, and escalation procedures. Tracking training, coordination time, data changes, guide maintenance, and purchased rides would show what the workflow requires and whether it can be sustained or expanded. [2, pp. 4–5, 8]

Regional planning would use aggregated, privacy-protected information on origins, destinations, appointment windows, accessibility, and recurring barriers. [2, pp. 7–8] Privacy and compliance staff would define aggregation, access, and retention, keeping planning data separate from details used to arrange individual rides.

7. Measure resolution and guide future improvements

The central performance measure would be the share of identified transportation needs resolved before an appointment. [2, p. 7] Resolution would mean a confirmed, workable outbound and return arrangement that accounts for eligibility, affordability, necessary assistance, and patient acceptance. Staff would record the assistance provided and follow it through to that confirmation. Actual journey completion and appointment completion would be tracked separately, giving the team a view of both advance planning and the patient's experience.

Each “yes” or “not sure” response would create one identified-need record tied to the original appointment date. The resolution rate would be the share with a workable plan confirmed before that appointment; pending, unresolved, declined-assistance, and missing-outcome records would remain in the total. Canceled, rescheduled, and recurring visits would retain separate records so results remain transparent.

Companion measures would include screening completion, the share of patients reporting need or uncertainty, assistance levels, staff time, ride spending, appointment completion, and transportation-related delays reported by patients. An optional question about caregiver time would help capture the effort involved in reaching care. The review would compare results with the baseline and consider changes in patient mix and scheduling. Patient feedback would highlight useful support and opportunities to improve coordination. [2, pp. 4, 7–8]

Joint reviews at three and six months would identify which needs were addressed through information, which required coordination or benefit assistance, and which called for additional transportation capacity. Those patterns could inform stronger cross-county connections, accessible-provider partnerships, improved campus waiting and boarding arrangements, and appointment options that reflect travel

availability. Provider consultation and resource planning would help turn the findings into practical next steps, with the pilot site offering a starting point for wider learning. [2, pp. 3–4, 7–8]

Recommendations for service, benefits, campus access, and regional planning need a common starting point. Asking how a patient arrived makes today's effort visible; asking at scheduling whether the next trip is reliable creates time to act. The answer can trigger information, booking help, coordinated planning, or complex navigation in proportion to need. Linked with outcomes, it also shows which barriers can be resolved within existing systems and which require new service, funding, or partnerships.

That is why the scheduling question matters. It changes the healthcare response from looking backward—trying to determine what might have helped after an appointment was missed—to planning forward with the patient while options remain available. For Teri and Jesse, that could mean fewer trips defined by uncertainty, fewer hours spent compensating for disconnected systems, and less risk that a transportation failure becomes a healthcare consequence. For regional hospitals and transportation partners, the same workflow creates the documented demand needed to improve coverage and coordination over time. The patient needs a solution today; the region needs to learn for tomorrow. Transportation is healthcare: meaningful access includes a workable journey to care and home again. [2, pp. 5–9; 7]

References

- [1] Transit Alliance of Middle Tennessee. (2026). Session 1: Foundations & Regionalism—TCLA 28 [Course slide deck]. Includes the Ascension Saint Thomas presentation dated August 11, 2026 (pp. 6–11); the Class 28 project assignment (pp. 20–21); and the RTA presentation from Class 27 dated October 15, 2025 (pp. 23–30).
- [2] Class Project Brainstorm Worksheet. (n.d.). TCLA 28 class project working document. Includes September 23 class notes and “Recommendation: Make Transportation Part of Scheduling Care.”
- [3] Smith, L. B., Karpman, M., Gonzalez, D., & Morriss, S. (2023, April 27). More than One in Five Adults with Limited Public Transit Access Forgo Health Care Because of Transportation Barriers. Urban Institute.
- [4] WeGo Public Transit. (n.d.). Access. Retrieved September 27, 2026.
- [5] TennCare. (n.d.). Non-Emergency Medical Transportation Benefit (NEMT). Retrieved September 27, 2026.
- [6] Centers for Medicare & Medicaid Services. (n.d.). Ambulance services. Medicare.gov. Retrieved September 27, 2026.
- [7] Teri. (2026). Interview on healthcare transportation experiences in the Nashville area [Personal interview]. Interview notes on file with the authors. Teri and Jesse’s experiences are presented as individual firsthand accounts.

Appendix A: Big Idea

A Patient-First Mobility Network

TCLA 28 • Class Project • Access to Healthcare

Building on the paper's transportation-screening proposal, a hospital could connect patient travel needs, existing services, flexible vans, and campus planning. The goal: reliable journeys to care and home again, with better use of staff, vehicles, and parking resources. [A1]

1. Connect the whole healthcare journey

The proposed Healthcare Transportation Intelligence API—a software connection within existing scheduling and care-management systems—could match patients with eligible services, coordinate outbound and return rides, and alert staff when plans change. A designated coordinator would manage fallback arrangements through the completed trip home. Privacy-protected reporting would distinguish service shortages from eligibility, coordination, and recovery gaps, guiding where additional capacity would help. [A2; A3]

2. Put flexible vans to work—patients first

Hire trained drivers for on-demand vans that provide non-emergency pickups and return trips for any qualified patient within a designated service area, with accessibility and assistance matched to need. During genuinely spare periods, approved vehicles could take paid Uber/Lyft trips or courier assignments, with net proceeds helping fund patient transportation.

Dispatch would reserve capacity for patient pickups, appointment overruns, and return rides before accepting outside work. Patient eligibility, service hours, platform acceptance, insurance, safety, and commercial-use arrangements would be established before launch. Financial evaluation would count revenue after all associated costs, including driver time, vehicle expenses, platform fees, and travel back to the service area.

3. Use travel data to guide parking investment

Austin's parking proposal could begin with a campus review of parking charges, peak occupancy, and operating costs. Combined with patient travel data, those findings could guide spending across parking, transit connections, and ride support. Where sustained excess parking is demonstrated, hospitals could study alternative uses for suitable sites, including housing or green space, while preserving essential parking and accessibility. [A4]

A practical next step

Use findings from the paper's proposed six-month screening pilot, together with patient, staff, and provider interviews, to define a small fleet trial where service gaps warrant it. Track completed round

trips, on-time arrivals, return waits, patient experience, staff time, cost per journey, and net outside-service revenue. Results would guide fleet expansion and a separate parking feasibility study. [A1–A3]

Source notes: [A1] Transportation Is Healthcare, revised class paper, pp. 1, 6–7. [A2] TCLA Class 28 Group 1 Contribution Memo, §§1–4, 8–13. [A3] Healthcare Transportation Intelligence API Ideation, §§3–10, 12–15. [A4] Austin Fausnaught, class WhatsApp parking discussion. Dual-use van concept: on-demand fleet proposal contributed for this appendix.

Appendix B: Teri Interview

Healthcare Transportation Experiences in the Nashville Area

TCLA 28 • Class Project • Access to Healthcare

Source: Teri, a Nashville-area transit rider and caregiver who relies on public transportation for herself and her son, Jesse. These are **individual firsthand experiences**.

1. Teri and Jesse are highly dependent on public transportation

- The bus is currently their primary/only mode of transportation.
- Both Teri and her son Jesse have frequent healthcare appointments.
- Jesse is a T6 paraplegic and wheelchair user.
- Teri estimates Jesse typically has healthcare appointments twice a week, although some weeks require more frequent trips.
- Teri herself also has regular healthcare appointments.
- They have to plan their healthcare around transit schedules, particularly because some hospital-related service stops running relatively early.
- Teri has lived in Nashville for about two years and previously lived in the Tampa Bay area.

2. Jesse left an hour early and still missed his appointment

- Jesse had an appointment at the medical offices around Skyline.
- He left approximately an hour early specifically to make sure he had enough time to get there.
- Despite planning ahead, two buses passed him without stopping.
- He consequently missed his medical appointments.
- The healthcare provider initially charged him a \$100 no-show fee.
- After this happened on two occasions, the provider told him they could no longer see him as a patient, because his missed appointments were taking appointment slots away from other patients.
- The provider eventually waived the \$100 fee, but Jesse still lost access to that provider and had to find care elsewhere, including South Nashville.
- Teri emphasized that this type of situation happens frequently.

This is a powerful example because **the patient did what the healthcare system would expect him to do**: planned ahead, left early, attempted to use public transportation. The transportation connection failed anyway. That directly connects transportation to **continuity of care and healthcare-system costs**.

3. Teri herself recently missed a follow-up appointment

- Teri also recently missed a follow-up appointment because of transportation.
- In her case, she arrived late but the healthcare provider still saw her.
- This provides an interesting contrast with Jesse's experience: two patients can experience transportation problems but have very different healthcare consequences depending on how the provider responds.

4. Teri believes wheelchair users are sometimes treated differently

- Teri believes wheelchair users may be treated differently because drivers know they require additional time or assistance.
- She described this as creating significant anxiety about whether Jesse will actually be picked up.
- Is maintenance the problem and why the bus doesn't stop? What are the procedures for regular lift maintenance?
- Reliability isn't only a question of vehicle schedules. For a wheelchair user, reliability also includes **whether the operator actually stops and accommodates the passenger.**

5. Transportation creates anxiety before the trip even begins

- Even before leaving for an appointment, Teri/Jesse worries:
 - Will someone say something to Jesse?
 - Will someone bother them?
 - Will the driver have a problem with them?
 - Will the bus actually pick Jesse up?
- She described the anticipation of using transit as creating anxiety and uncertainty.
- She expressed that she looks forward to eventually having a car because of this stress.

6. Travel time is a major healthcare barrier

- Teri travels to Antioch for healthcare appointments approximately twice a week.
- She estimates the trip is approximately 2 hours each way or 4 hours round trip
- Because of the gap in service sometimes she's able to run a few errands before returning home.
- She specifically said an express route could dramatically improve this experience. She mentioned at some point this route existed, but she hasn't seen it available for some time.
- For someone with recurring healthcare needs, this makes a routine appointment a large portion of the day.

7. Express service could make a major difference

- Teri specifically remembered an express service that:
 - Avoided some of the downtown travel.
 - Used the freeway.
 - Connected through Spence Lane.
 - She described it as very useful.
 - She would like to see express service connecting:
 - Downtown → Rivergate
 - Downtown → Antioch
 - Downtown → Hickory Hollow
 - Potentially connections toward Murfreesboro.

8. Healthcare and transit schedules don't always align

- Teri said Jesse has to carefully time his hospital appointments because the hospital-related bus service ends around 8:00.
- This creates a scheduling constraint around healthcare.

- A patient may technically have access to a healthcare facility, but the transportation schedule can determine whether the appointment is realistically accessible.
- This is especially challenging for Jesse because his disability creates additional personal-care needs during a long trip.

9. A driver once refused to take Teri into the hospital parking area

- Teri was traveling to TriStar Skyline.
- The bus reaches an intersection where it should turn left into the hospital parking area. Instead, the driver began turning right. Teri asked why he wasn't going to the hospital. The driver said he wasn't driving into the parking lot. Teri had to get off farther away and walk to the hospital. She has back, leg, and knee problems and nerve pain, so the additional walking was physically difficult. Teri called WeGo afterward. WeGo told her there was no detour in place and that the driver should have entered the parking area and dropped her at the appropriate bus stop.
- This demonstrates a potential gap between: **What the transit system is supposed to provide and what actually happens at street level.**
- The route technically served the hospital, but the rider still had to walk much farther because of an operator decision.

10. The first/last mile is a serious accessibility problem

- Teri lives relatively close to the Gallatin Pike bus corridor, but:
- There aren't sidewalks all the way to the bus stop.
- She and Jesse have to walk/push the wheelchair in the street.
- Teri herself has physical limitations, including a torn ACL/meniscus, spinal issues, and sciatic/nerve pain.
- **Accessible bus ≠ accessible trip.** The entire journey needs to be accessible.

11. Transit infrastructure is also about basic dignity

- Jesse is paraplegic and experiences **bladder incontinence**.
- Because healthcare trips can be very long, Teri carries a backpack with extra clothes, supplies, and other necessities
- During one trip downtown, Jesse needed to change.
- There's a handicapped/family restroom, but they encountered people pounding on the door and looking into the restroom. Teri mentioned the only people she has seen use these restrooms tend to be for illegal substance abuse.
- Jesse ultimately had to get down onto the floor so Teri could help clean him up and change his clothes.
- There was no adult changing table available.
- Teri described the process as extremely difficult and physically demanding.
- She mentioned an adult changing table would save significant time and reduce the burden on Jesse.
- This is a very strong example of why basic infrastructure at transit facilities can determine whether someone with a disability can realistically make a long healthcare trip.

12. Alternative transportation through UnitedHealthcare/Lyft helps but isn't flexible

- Teri uses a transportation benefit through UnitedHealthcare.
- UnitedHealthcare contracts with **Lyft** to provide transportation.
- Teri uses it for healthcare appointments, including trips to Hendersonville since there is **no regional connection to her dermatologist**.
- However, **rides must be scheduled approximately three days in advance**.
- Therefore, it works for planned appointments but isn't a flexible solution for unexpected healthcare needs or last-minute changes.
- **Multiple transportation programs can exist simultaneously while still leaving gaps between them.**

13. Regional/cross-county healthcare is especially difficult

- Teri noted that areas such as **Mount Juliet** are difficult to reach by bus.
- She pointed out that a train passes through the area but that the return schedule can involve a **six-hour wait**.
- She expressed that more transit service into communities outside the core Nashville network would be valuable.

14. WeGo Access could improve Jesse's independence but the application process is a barrier

- Jesse applied for WeGo Access the previous year. His first application was reportedly lost. Teri submitted another application. Jesse recently completed his phone interview. Teri was told he should be approved, but approximately a month later she was told the **application process was significantly delayed because WeGo was short-staffed**. The delay has been discouraging for Jesse. He has considered giving up on the process.
- Teri is continuing to advocate for him because she believes greater access would help Jesse become more independent.

15. Teri has had to navigate the system largely on her own

- When asked whether hospital social workers or other services helped her navigate transportation: She said no. She figured it out herself. She knew she was moving to Nashville about a year ahead of time.
- She independently researched:
 - Healthcare
 - Bus services
 - Transportation options
 - Services for Jesse
- She describes herself as highly resourceful and persistent.
- She had previously maintained a car as a backup, but that vehicle broke down after about six months in Nashville.

- **What happens to patients who aren't as resourceful, persistent, or knowledgeable as Teri?**
- Her success in navigating the system may actually understate the barriers because she has invested significant personal effort into solving them.

16. Financial pressure makes transportation harder

- Teri's car broke down, and she has been trying to save for another one.
- However, her household has significant medical expenses.
- Insurance does not cover all of Jesse's medical supplies.
- Some medications have significant copays.
- She described recently having to use **\$50** for an Uber to a healthcare appointment **that she took out of her savings for buying a car**
- These competing expenses make purchasing another vehicle more difficult.

17. The result can be discouragement and delayed care

- Teri said Jesse is becoming discouraged by the difficulty of navigating transportation.
- When asked about the possibility of people delaying care until they need emergency care, Teri said: **"That's exactly my son."**
- She explained that this is where Jesse currently is in his healthcare journey.

18. There are positive aspects of the transit system, too

- Teri wasn't simply negative about public transportation.
- She repeatedly expressed gratitude for having the bus system.
- She also described:
 - Helping other wheelchair users.
 - Helping riders board.
 - Positive and caring bus drivers.
 - Conversations with other riders.
 - A sense of community among people who ride the bus.
 - The social connections can make the difficult experiences feel worthwhile.

Her story is not "public transit is bad" it's

Public transit is essential and valuable, but the current system can be unpredictable and difficult to navigate for people with significant healthcare and accessibility needs.

Regional Transportation Authority

of Middle Tennessee

☒ Committee Discussion Item ☐ Exec. Committee Discussion Item ☐ Board Discussion Item
☐ Committee Action Item ☐ Exec. Committee Action Item

Item Number:	R-D-26-022	Meeting Date:	10/21/2026
Item Title:	Monthly Financial Report Compared to Budget		

BACKGROUND:

Attached is a summary of the statement of operations for July and August 2026 compared to the approved fiscal year (FY) 2027 budget.

Revenues during the first two months of FY 2027 were 1.0% lower than budgeted, which was primarily due to lower use of federal Congestion Mitigation and Air Quality (CMAQ) funds. Passenger revenues were 8.6% (or \$11,371) higher than budgeted due to higher special events revenue.

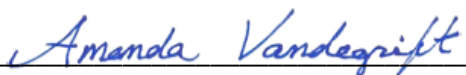
Expenses during the first two months of FY 2027 were just 0.4% lower than budgeted, where higher than anticipated parts/repairs, utilities, and service expenses were fully offset by RTA's favorable fuel hedging contract and special events partner payments.

As of August 31, 2026, RTA owed Nashville MTA approximately \$308,700 for services provided. In turn, MTA owes RTA approximately \$74,881 for fares collected.

STATUS:

Deputy CEO for Finance & Administration Amanda Vandegrift will be available to answer questions.

APPROVED:


Deputy CEO of Finance and Administration

10/21/2026

Date

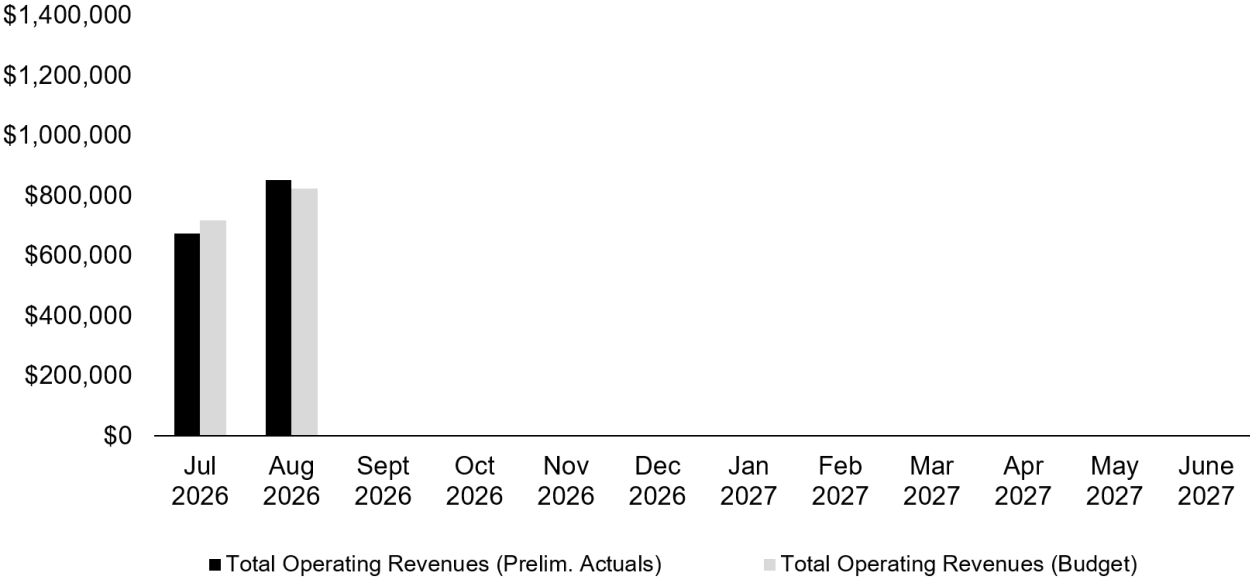
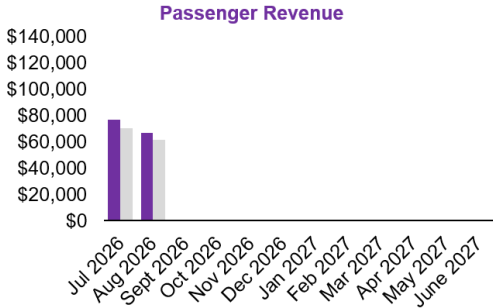
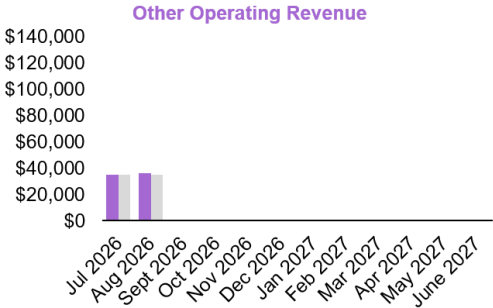
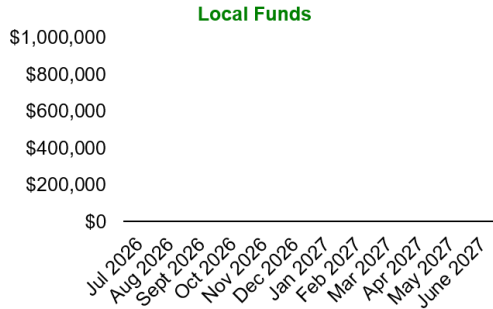
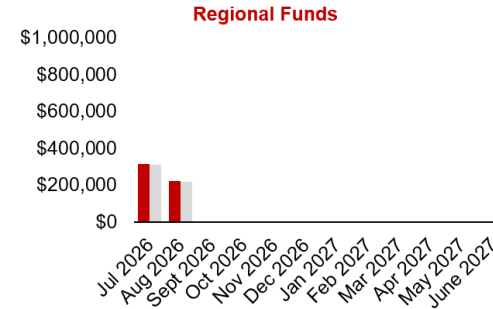
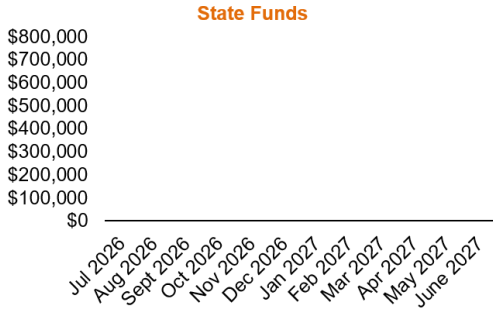
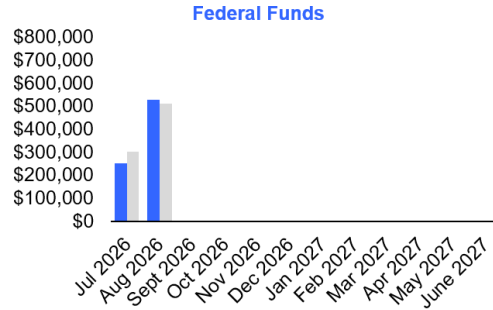
August 2026 Operating Revenue by Category:

	August 2026	Fiscal Year To Date	Approved FY 2027 Budget	% Budget To Date
Passenger Revenues (Budget)	61,530	131,970	939,002	14%
Passenger Revenues (Actuals)	66,738	143,341		15%
Other Operating Revenues (Budget)	35,110	70,220	457,950	15%
Other Operating Revenues (Actuals)	36,410	71,623		16%
Local Funds (Budget)	-	-	2,153,497	-
Local Funds (Actuals)	-	-		-
Regional Funds (Budget)	218,000	529,381	1,631,981	32%
Regional Funds (Actuals)	222,202	534,191		33%
State Funds (Budget)	-	-	791,500	-
State Funds (Actuals)	-	-		-
Federal Funds (Budget)	509,920	810,130	6,167,583	13%
Federal Funds (Actuals)	526,159	777,254		13%
Total Operating Revenues (Budget)	824,560	1,541,701	12,141,513	13%
Total Operating Revenues (Actuals)	851,510	1,526,409		13%

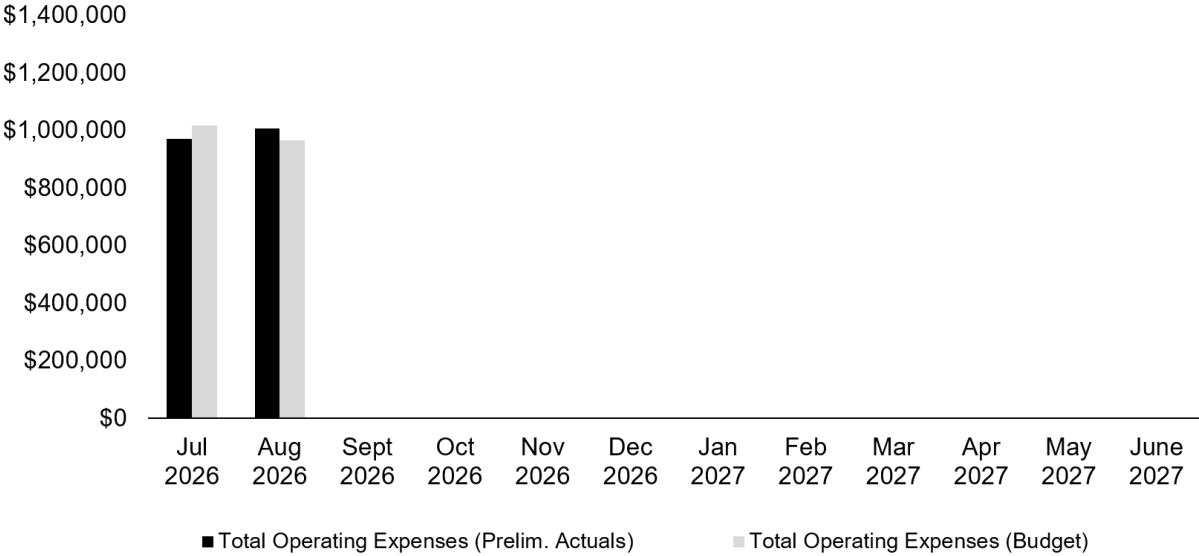
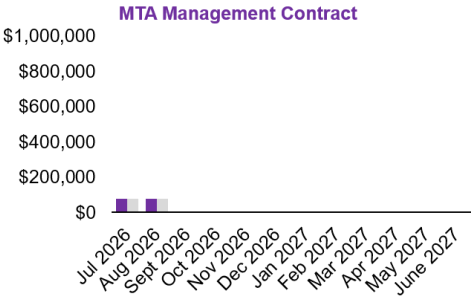
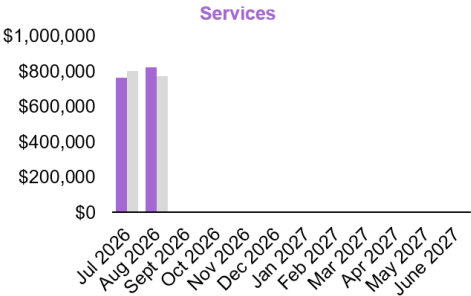
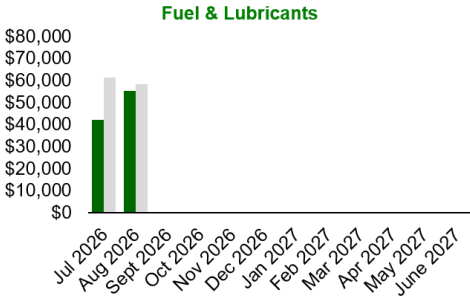
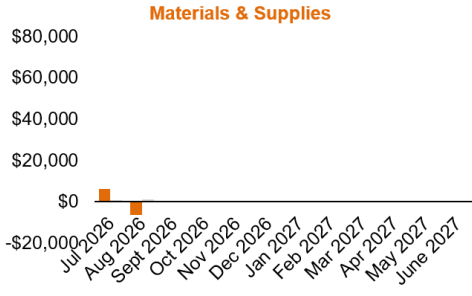
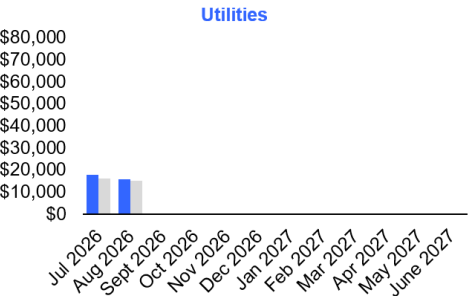
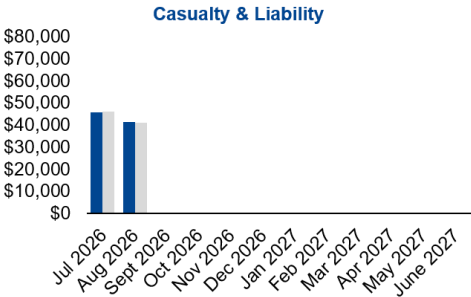
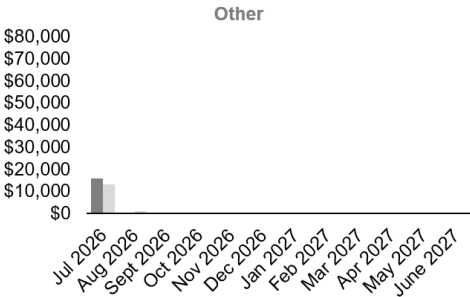
August 2026 Operating Expenses by Category:

	August 2026	Fiscal Year To Date	Approved FY 2027 Budget	% Budget To Date
MTA Management Contract (Budget)	78,000	156,000	936,000	17%
MTA Management Contract (Actuals)	78,000	156,000		17%
Services (Budget)	772,122	1,575,439	9,793,749	16%
Services (Actuals)	823,968	1,588,487		16%
Fuel & Lubricants (Budget)	58,350	119,480	691,969	17%
Fuel & Lubricants (Actuals)	55,160	97,076		14%
Materials & Supplies (Budget)	1,080	1,850	15,975	12%
Materials & Supplies (Actuals)	(6,226)	-		-
Utilities (Budget)	15,140	31,030	183,250	17%
Utilities (Actuals)	15,582	33,244		18%
Casualty & Liability (Budget)	41,058	87,086	497,670	17%
Casualty & Liability (Actuals)	41,219	86,972		17%
Other (Budget)	943	13,851	22,900	60%
Other (Actuals)	-	15,763		69%
Total Operating Expenses (Budget)	966,693	1,984,736	12,141,513	16%
Total Operating Expenses (Actuals)	1,007,702	1,977,543		16%

Operating Revenue Monthly Comparisons FY 2027 Actuals vs Budget



Operating Expenditures Monthly Comparisons
FY 2027 Actuals vs Budget



Regional Transportation Authority
Statement of Operations Compared to Budget
For the Period Ending August 2026

UNAUDITED

	Month Actual	Month Budget	Month Var. [F/(U)]	Prior Y-T-D	Current Y-T-D	Budget Y-T-D	Y-T-D Var. [F/(U)]	Annual Budget
REVENUES								
Fare Revenues - Bus	29,653	23,220	6,433	47,790	59,995	50,910	9,085	351,552
Fare Revenues - Train	37,085	38,310	(1,225)	75,700	72,297	75,960	(3,663)	464,100
Fare Revenues - Special Events	-	-	-	8,219	11,050	5,100	5,950	123,350
Other Non-Transportation Revenue	36,410	35,110	1,300	73,862	71,623	70,220	1,403	457,950
Total Operating Revenue	103,149	96,640	6,509	205,571	214,964	202,190	12,774	1,396,952
Local Operating Assistance	-	-	-	104,830	-	-	-	2,153,497
Regional Operating Subsidies	222,202	218,000	4,202	543,920	534,191	529,381	4,810	1,631,981
State Operating Assistance	-	-	-	-	-	-	-	791,500
Total Operating Assistance	222,202	218,000	4,202	648,750	534,191	529,381	4,810	4,576,978
CMAQ Operating Revenues	325,343	272,240	53,103	550,074	572,197	557,450	14,747	3,292,847
Total CMAQ Revenue	325,343	272,240	53,103	550,074	572,197	557,450	14,747	3,292,847
Capital Operating Reimbursement	200,816	237,680	(36,864)	442,064	205,057	252,680	(47,623)	2,874,736
TOTAL CAPITAL OPERATING REVENUES	200,816	237,680	(36,864)	442,064	205,057	252,680	(47,623)	2,874,736
Total Revenue	851,510	824,560	26,950	1,846,458	1,526,409	1,541,701	(15,292)	12,141,513
Labor & Fringes	78,000	78,000	-	150,700	156,000	156,000	-	936,000
Services	823,968	772,122	(51,846)	1,606,049	1,588,487	1,575,439	(13,048)	9,793,749
Fuel & Lubricants	55,160	58,350	3,190	92,987	97,076	119,480	22,404	691,969
Parts, Materials & Supplies	(6,226)	1,080	7,306	662	-	1,850	1,850	15,975
Utilities	15,582	15,140	(442)	27,483	33,244	31,030	(2,214)	183,250
Casualty & Liabilities	41,219	41,058	(161)	78,520	86,972	87,086	114	497,670
Other Miscellaneous Expenses	-	943	943	-	15,763	13,851	(1,912)	22,900
Total Expenses	1,007,702	966,693	(41,009)	1,956,401	1,977,543	1,984,736	7,193	12,141,513
Surplus/(Deficit) before GASB 33	(156,192)	(142,133)	(14,059)	(109,943)	(451,134)	(443,035)	(8,099)	-
CARES Act Capital Reimbursement	-	-	-	40,440	-	-	-	-
Capital Asset Purchases	21,039	-	21,039	554,258	21,039	-	21,039	-
Depreciation	(355,689)	-	(355,689)	(762,654)	(711,377)	-	(711,377)	-
(Loss)Gain on Sales	-	-	-	-	-	-	-	-
Surplus /(DEFICIT)	(490,842)	(142,133)	(348,709)	(277,900)	(1,141,472)	(443,035)	(698,437)	-

**Regional Transportation Authority
Summary Comparative Balance Sheet
For the Period Ending August 2026
Unaudited**

	This Month August	Fiscal YE 2026 June
ASSETS		
CURRENT ASSETS		
Cash and Equivalents	1,374,086	2,607,347
Investment Accounts	7,145,726	7,102,893
Receivables from Federal, State, and Local Gov't	1,121,470	1,523,239
Accounts Receivable	204,508	193,787
Inventory - parts	601,452	603,021
Prepaid Expenses and Other	410,448	33,389
TOTAL CURRENT ASSETS	10,857,690	12,063,676
PROPERTY AND EQUIPMENT		
Land	3,873,052	3,873,052
Buildings, Shelters, and Benches	19,414,364	19,411,777
Revenue Equipment and Parts	30,639,140	30,639,140
Office Furniture and Equipment	2,158,357	2,158,357
Guideway Improvements	11,382,933	11,382,933
Work in Progress	3,637,722	3,329,899
	71,105,568	70,795,158
Less Accum Depreciation and Amortization	(36,327,556)	(35,616,178)
TOTAL PROPERTY AND EQUIPMENT, NET	34,778,012	35,178,980
TOTAL ASSETS	45,635,702	47,242,656
LIABILITIES		
CURRENT LIABILITIES		
Accounts Payable	1,161,055	1,588,107
Accrued Expenses	29,426	27,846
Deferred Revenue	5,854,375	5,894,382
Notes Payable	-	-
TOTAL CURRENT LIABILITIES	7,044,856	7,510,335
Federal Govt Capital Grants	13,790,310	13,790,310
INVESTED IN CAPITAL ASSETS	13,790,310	13,790,310
NET ASSETS		
Unrestricted	25,942,009	25,897,530
Current Year Surplus(Deficit)	(1,141,472)	44,481
TOTAL NET ASSETS	24,800,537	25,942,011
TOTAL LIABILITIES AND NET ASSETS	45,635,703	47,242,656

	Current	> 30 days	> 60 Days	> 90 days	Total
Accounts Receivables	\$197,587 96.6%	\$0 0.0%	\$6,921 3.4%	\$0 0.0%	\$204,508 100%
Accounts Payable	\$1,157,603 99.7%	\$0 0.0%	\$3,452 0.3%	\$0 0.0%	\$1,161,055 100%

Regional Transportation Authority

of Middle Tennessee

☒ Committee Discussion Item ☐ Exec. Committee Discussion Item ☐ Board Discussion Item
☐ Committee Action Item ☐ Exec. Committee Action Item

Item Number:	R-D-26-023	Meeting Date:	10/21/2026
Item Title:	Monthly Operating Statistics		

BACKGROUND:

Attached are monthly operating statistics for August 2026.

Highlights

Regional bus demand remained strong in August, with ridership increasing 17.9 percent over August 2025. Safety performance improved significantly, with regional bus accidents down 80 percent compared to the same month last year. WeGo Star on-time performance returned to 98.4 percent following restoration of signal equipment damaged by lightning in July. RTA also supported both Titans preseason home games with special event rail and express bus service.

Ridership

RTA carried 27,830 passengers in August, an 8.3 percent increase over August 2025. Regional bus ridership reached 15,022 passengers, up 17.9 percent year over year. Fiscal year to date, regional bus has carried 28,980 passengers, an 18.5 percent increase over the same period last year.

Growth was strongest on the Northwest Corridor, which increased 26.7 percent, led by Route 89 Springfield Joelton at 41.8 percent and Route 94 Clarksville at 23.1 percent. The Southeast Corridor grew 21.2 percent, with Route 84 Murfreesboro Express up 26.1 percent. The Star West End Shuttle increased 22.9 percent and averaged 21 passengers per trip, the highest productivity of any regional bus route. Regional ridership now stands at 46.7 percent of pre-pandemic levels, up from 43.1 percent a year ago.

Safety

Regional bus recorded one accident in August, compared to five in August 2025. WeGo Star operated accident free. Fiscal year to date, regional bus has recorded one accident compared to six during the same period last year, an 83 percent reduction. The accident rate fell from 6.03 to 1.00 per 100,000 miles. Staff continue emphasizing operator coaching, defensive driving, and operational oversight to sustain this improvement.

Operational Reliability

Regional bus trip completion was 99.88 percent, consistent with August 2025. WeGo Star completed 100 percent of scheduled trips. Regional bus on-time performance was 79.9 percent, compared to 80.3 percent last August. WeGo Star on-time performance was 98.4 percent, up from 97.6 percent in August 2025 and a full recovery from July, when a lightning strike destroyed signal equipment. WeGo Star received one customer complaint during the month.

Special Events

The Titans began the final season in their current stadium and RTA and MTA supported two preseason games: August 23 against the Seattle Seahawks and August 29 against the Chicago Bears. Service was

coordinated with the Titans organization, MNPd, NDOT, and Metro Nashville partners and MTA routes operated fare free. Regional service including the WeGo Star, Route 87 Gallatin/Hendersonville & Route 95 Cool Springs also operated. Ridership grew for each game, and lessons learned from the preseason are informing regular season game day operations.

CURRENT STATUS:

Staff are available to address committee members' questions regarding the attached report. Please direct any inquiries to Andy Burke.

APPROVED:



Chief Operating Officer

10/21/2026

Date

RTA Monthly Dashboard Report *

Metric	Aug 2026	Aug 2025	Pct. Change
Ridership			% Change
Total RTA Bus Passengers	15,022	12,738	17.9%
WeGo Star Passengers	12,808	12,967	-1.2%
Total RTA Passengers	27,830	25,705	8.3%
Percentage of Pre-Pandemic Ridership	46.7%	43.1%	3.6%
Safety			
RTA Bus Total Accidents	1	5	-80.0%
WeGo Star Total Accidents	0	0	0.0%
RTA Bus Accidents Per 100,000 Miles	2.02	10.28	-80.3%
WGS Accidents Per 100,000 Miles	0.00	0.00	0.0%
Service Quality			
RTA Bus Total Trip Completion %	99.88%	99.88%	0.01%
WeGo Star Total Trip Completion %	100.00%	99.60%	0.40%
On-Time Performance			
RTA Bus	79.9%	80.3%	-0.4%
WeGo Star	98.4%	97.6%	0.8%
Customer Care			
RTA Bus Total Passengers per Complaint	884	980	-9.8%
WeGo Star Passengers per Complaint	12,808	6,484	97.5%

* RTA Dashboard submitted for discussion and for Committee and Board review.
 N/A - metric cannot be calculated with 0 values. Indicates no events in one or both reporting periods.

RTA Fiscal Year Dashboard Report *

Metric	FY2027 FYTD through Aug 2026	FY2026 FYTD through Aug 2025	Pct. Change
Ridership			% Change
Total RTA Bus Passengers	28,980	24,447	18.5%
WeGo Star Passengers	24,467	25,365	-3.5%
Total RTA Passengers	53,447	49,812	7.3%
Percentage of Pre-Pandemic Ridership	48.0%	44.7%	3.3%
Safety			
RTA Bus Total Accidents	1	6	-83.3%
WeGo Star Total Accidents	0	0	0.0%
RTA Bus Accidents Per 100,000 Miles	1.00	6.03	-83.4%
WGS Accidents Per 100,000 Miles	0.00	0.00	0.0%
Service Quality			
RTA Bus Total Trip Completion %	99.45%	99.88%	-0.43%
WeGo Star Total Trip Completion %	100.00%	99.81%	0.19%
On-Time Performance			
RTA Bus	80.3%	79.6%	0.8%
WeGo Star	82.8%	95.7%	-13.0%
Customer Care			
RTA Bus Total Passengers per Complaint	763	698	9.2%
WeGo Star Passengers per Complaint	4,893	3,624	35.0%

* RTA Dashboard submitted for discussion and for Committee and Board review.
N/A - metric cannot be calculated due to not being divisible by "0"

RTA Operations Dashboard Glossary

Metric	Definitions
Ridership	
Total Passengers	
RTA Bus	Total fixed route passenger boardings on all MTA-operated RTA routes (84, 86, 93, 96) and Anchor-operated RTA routes (87, 88, 89, 91, 92, 94, 95)
WeGo Star	Total passenger boardings on WeGo Star Rail Service
Safety	
RTA Bus Accidents	A motor vehicle collision, either preventable or non-preventable, in which the Operator did not do everything reasonable to avoid a collision, committed an error or failed to react to the errors of others. A motor vehicle collision in which the Operator committed no driving error and reacted reasonably to the errors of others. (Anchor & MTA-operated RTA metrics combined)
WeGo Star Accidents	Accident – an unexpected, unforeseen, or unintended event that causes injury, loss, or damage. These events can include any event arising from the operation of the railroad which results in the death of any person; or an injury to any person that requires medical treatment, except suicides or attempted suicides; any collision between railroad on-track equipment and an automobile, bus, truck, motorcycle, occupied bicycle, pedestrian or trespasser at any location on the railroad; any collision, derailment, fire, explosion, failure of equipment or infrastructure, act of nature, or other event involving damage to the railroad's on-track equipment, signals, track, track structures, and/or roadbed.
Service Quality	
RTA Bus Missed Trips	The total number of Bus revenue trips not completed or departing more than 30 minutes late -vs- scheduled. (Anchor & MTA-operated RTA metrics combined)
WeGo Star Missed Trips	A train that is disabled in transit or cancelled prior to embarking. A missed trip is reported as an annulment and is when the train is cancelled and doesn't complete the run or make it to its final destination.
RTA Bus Trip Completion Percentage	Percentage of one-way fixed route revenue trips completed versus scheduled.
WeGo Star Trip Completion Percentage	Percentage of one-way rail trips completed versus scheduled.

RTA Operations Dashboard Glossary

Metric		Definitions
On-Time Performance		
RTA Bus OTP		MTA-operated RTA routes - OTP is the Percentage of total scheduled fixed route timepoint departures occurring between 59 seconds early and 5 minutes 59 seconds late obtained from AVL data. Anchor-operated routes - OTP is the Percentage of total scheduled fixed WeGo Central route arrivals and departures occurring no later than 5 minutes 59 seconds late obtained from data provided by Anchor personnel. (Anchor & MTA-operated RTA metrics combined based on a weighted average of total trips)
WeGo Star OTP		A train is considered on time when the train arrives at the final destination less than 6 minutes from the scheduled time. If a train is held up for 6 minutes or longer it is considered delayed and not on time. Intermediate station times are not included.
Customer Care		
Passengers Carried Per Complaint		
RTA Bus		Total RTA Bus passengers divided by total RTA Bus customer complaints. (Anchor & MTA operated RTA metrics combined)
WeGo Star		Total WeGo Star passengers divided by total WeGo Star customer complaints.



NASHVILLE AND REGIONAL TRANSPORTATION AUTHORITY
FISCAL YEAR AND MONTH TO MONTH RIDERSHIP COMPARISON - Aug 2026 - vs - Aug 2025

	Month to Month Comparison			Fiscal Year to Date		
	Aug 2026	Aug 2025	Change	Aug 2026	Aug 2025	Change
MTA Local Bus Service	974,400	822,666	18.44%	1,853,086	1,565,680	18.36%
MTA Local Paratransit Service	51,670	41,275	25.18%	102,272	81,118	26.08%
RTA Regional Bus Service	15,022	12,738	17.93%	28,980	24,447	18.54%
RTA Regional Rail Service	12,808	12,967	-1.23%	24,467	25,365	-3.54%
* RTA Special Events Rail Service	879	195	350.77%	1,994	1,342	48.58%
Subtotal RTA Rail Service	13,687	13,162	3.99%	26,461	26,707	0.92%
Subtotal MTA & RTA Bus & Rail Service	1,054,779	889,841	18.54%	2,010,799	1,697,952	18.42%
Regional Vanpool Service	7,282	6,484	12.31%	15,322	13,027	17.62%
Murfreesboro ROVER Local Bus Service	10,239	9,350	9.51%	19,978	18,416	8.48%
Franklin Transit Local Bus Service	5,845	6,103	-4.23%	11,686	11,348	2.98%
Clarksville Transit Local Bus Service	41,447	43,714	-5.19%	81,373	85,987	-5.37%
Total Area Ridership	1,119,592	955,492	17.17%	2,139,158	1,826,730	17.10%



REGIONAL TRANSPORTATION AUTHORITY

ROUTE PERFORMANCE INDICATOR REPORT

For the Month of: Aug, 2026

Rte. No.	Route Name	Monthly Ridership	Ridership Change vs Last Year	Revenue Hours Of Service	Average Passengers	
					Per Trip	Per Hour
CORRIDOR SERVICE COMPARISONS - COMMUTER BUS SERVICE						
	North Corridor (Route 87)	2,248	9.4%	211	12.2	10.7
	Northwest Corridor (Routes 89 & 94)	2,893	26.7%	346	9.8	8.3
	South Corridor (Route 95)	1,071	-0.5%	288	5.8	3.7
	Southeast Corridor (Routes 84 & 86)	3,862	21.2%	931	6.0	4.1
EXPRESS BUS ROUTE SERVICE						
84	Murfreesboro Express	3,138	26.1%	750	6.3	4.2
86	Smyrna - LaVergne	724	3.7%	181	4.9	4.0
87	Gallatin - Hendersonville	2,248	9.4%	211	12.2	10.7
88	Dickson	573	21.7%	98	6.8	5.8
89	Springfield - Joelton	621	41.8%	117	7.4	5.3
94	Clarksville	2,272	23.1%	230	10.8	9.9
95	Spring Hill - Franklin	1,071	-0.5%	288	5.8	3.7
	Express Route Total	10,647	17.3%	1,875	7.7	5.7
OTHER ROUTES						
64	Star Downtown Shuttle	843	6.6%	55	5.0	15.3
93	Star West End Shuttle	3,532	22.9%	79	21.0	44.7
	RTA Bus Route Monthly Totals	15,022	17.9%	2,009	8.7	7.5
COMMUTER RAIL SERVICE						
90	WeGo Star Commuter Rail	12,808	-1.2%	240	50.8	53.4
	RTA Commuter Rail and Bus Total	27,830	8.3%	2,249	14.1	12.4