



1650 Research Boulevard • Rockville, Maryland 20850-3195  
tel. 301-251-1500 • fax 301-294-2040 • www.westat.com

**PUBLIC TRANSIT – HUMAN SERVICES  
TRANSPORTATION COORDINATION PLAN FOR  
GREENE, MIAMI, MONTGOMERY, AND  
PORTIONS OF NORTHERN WARREN COUNTY,  
OHIO**

***COORDINATED TRANSPORTATION ACTION PLAN***

**February 29, 2008**

**prepared for the**

**Miami Valley Regional Planning Commission**

**by**

**WESTAT**

**in conjunction with**

**Nelson\Nygaard Consulting Associates, Inc.**

**Nelson Development, Ltd.**

**Center for Urban and Public Affairs, Wright State University**



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# EXECUTIVE SUMMARY

This Action Plan provides recommendations for implementing a Public Transit – Human Services Coordination Transportation Plan for Greene, Miami, Montgomery, and portions of Northern Warren County, Ohio. The plan’s major purposes are to ensure compliance with Federal funding regulations and to improve transportation options in the study area for low-income persons, the elderly, persons with disabilities, and others. The plan addresses three major issues:

- How can the effectiveness of existing resources be improved?
- What kinds of additional resources can be applied to current transportation needs?
- What steps are necessary to meet the travel demands of the future?

Coordination offers a powerful approach toward better management of scarce resources, which means reducing duplication and overlaps and increasing efficiency and effectiveness. Key coordination strategies **reduce the inefficiencies** that are inherent in uncoordinated transportation operations that typically result in unmet travel demands and some duplication of efforts. Coordination is also a powerful strategy for **increasing service effectiveness**, which means attracting more riders by actions such as extending service hours and boundaries, offering services that are more responsive to customer needs, and offering higher quality and safer services.

At this time in 2008, local stakeholders in Greene, Miami, Montgomery, and portions of Northern Warren County have made some significant progress on the first 5 of the 7 steps typically addressed in the coordination implementation sequence. Initiating the improvement process and analyzing existing conditions are completed. Establishing focus, consensus, and direction is nearly completed, as are designing alternative courses of action and assessing alternative options. The final two steps — implementing the preferred choice and evaluating and improving the services implemented — are not appropriate at this time and are yet to be initiated.

Current coordination efforts in the region that offer promising opportunities for further coordination include the Senior Transportation Expansion Program in Montgomery County, public funding for GDRTA and the Montgomery County Human Services Levy, activities of Miami Valley Regional Planning Commission, which offers staff, facilitation, and training resources, passenger transfers at Greater Dayton Regional Transit Authority hubs with other transportation providers, and transportation purchase of service agreements involving Greene CATS, GDRTA, Project Mobility, and various human service agencies. These activities do form a solid foundation for future coordination efforts, but they are not sufficient by themselves to produce the level of coordination needed for transportation services in the region.

Much more needs to be accomplished. Transportation demands in these counties are not now met in a comprehensive fashion across the region. This lack of a region-wide coordinated approach has resulted in service gaps, service overlaps, and a lower than possible level of cost-

effectiveness in transportation services. Projected demographic and settlement patterns are likely to exacerbate these problems in the future.

## **CURRENT CONDITIONS**

The current transportation situation in this four-county portion of the Miami Valley region can be summarized as follows:

- Auto travel accounts for most trips.
- Human service transportation programs focus on the clients of individual agencies, often for extremely limited geographic areas and trip purposes
- Public transit agencies serve individual counties (or portions thereof).

The inventory of transportation providers and purchasers showed 60 agencies providing transportation services with 683 vehicles. Twenty-seven agencies were purchasing transportation services from the provider agencies. Transportation providers and purchasers in this area spend more than \$70 million on the services that they reported offering (most reports were for the 2006 calendar year). In the region, nearly 12 million trips are offered annually to travelers with special needs and members of the general public; 97 percent of those trips are provided by the region's three major public transportation operators.

Current transportation problems include the following:

- Traveling across county boundaries is difficult unless you drive.
- Current transportation services are fragmented.
- Non-drivers have few travel options.
- There is some limited coordination of today's services, but there are still service gaps and overlaps, and substantial system inefficiency. Significant productivity and efficiency improvements are possible.
- No one knows or manages the entire travel options picture: there is no county or regional source to call which can direct the public to the best source of transportation to meet a specific need. Transportation-dependent individuals and their advocates don't often know who to call about transportation-related issues.
- Current public and agency services need improvement.
- There are reported difficulties in obtaining rides.
- Full cost accounting is not generally practiced.
- The number of rides provided could be improved.

It is also important to recognize that transportation services in some other regions in the U.S. now operate more efficiently.

Transportation for all of the target populations (seniors, people with disabilities and people with low incomes) is currently inadequate in the study area. Access to transportation also varies widely depending on the specific community of residence and trip destinations.

Transportation will become even more challenging as the populations with special needs grow. Specific gaps include:

- Inadequate transportation options for the growing number of seniors and people with disabilities for all types of trips, especially in rural and suburban parts of the study area.
- Inadequate transportation for those trips that cross county lines, especially for
  - medical and personal trips
  - work-related trips.
- Inadequate transportation on the weekends and evenings for work-related trips and social and recreational activities, especially in suburban and rural areas.

## **PROPOSED GOALS**

The proposed goals for the regional transportation action plan are the following:

- Adopt a regional perspective and approach
- Improve transportation services for all travelers
- Implement transportation improvements in stages
- Maximize
  - Stakeholder participation
  - Coordination of services
  - Eligibility for Federal and other funding
  - Overall cost-effectiveness of services
  - Economic benefits to the region.

A new regional transportation perspective will be needed to achieve the goals listed above. The components of this new perspective are that:

- Transportation needs are increasingly regional in nature.
- Regional transportation resources should be viewed as a system with the overall goal of connecting all people to their destinations within the regional community.
- Increasing regional and local coordination within that system can deliver more service more cost effectively.
- Stakeholders need to focus on building a sustainable regional system comprising a “family of transportation services” that includes public transit, private operators, agency services, volunteers, and other service providers.
- Innovative programs, policies, and partnerships will be essential to meet growing needs.

## PROJECTIONS OF FUTURE NEEDS

In terms of their impacts on transportation services, the most important demographic considerations for this plan are the following:

- Projected population changes from now until 2030 will create greater travel demands.
  - The overall population will grow relatively slowly, up about 7 percent.
  - The senior population will grow dramatically, up about 55 percent.
  - The population of persons with disabilities will grow about 21 percent.
- Demands for trips by seniors are expected to increase substantially.
- Widening income disparities are possible, creating serious travel needs among low-income households.
- Overall, many more persons with reduced mobility are expected in the future.

Most of this projected substantial growth in populations with transportation needs will be in suburban areas and rural areas. The region will see more spatial dispersion and overall lower densities. Providing cost-effective transportation services can be challenging in such locales.

## TRANSPORTATION OPTIONS

The kinds of transportation options that could be considered for the region comprised of Greene, Miami, Montgomery, and portions of Northern Warren County include:

- No change in current services or operations
- A new central travel information source
- A central trip planner / trip broker
- Coordination of transportation administration and operations
- Adding new transportation services
- Consolidating transportation services.

Note that these are general options, applicable to most communities, and that these options are not mutually exclusive.

Transportation options workshops were a key component of community outreach for developing the regional coordinated transportation plan. County-level workshops were held to provide stakeholders the opportunity to consider a range of transportation coordination alternatives for improving the management and delivery of transportation services in their county. These half-day workshops were held during the week of November 12, 2007.

The overall results of the transportation options workshops were as follows. In **Greene County**, the preferred options were to:

- Add new services, and
- Create a centralized trip planner / broker.

In **Miami County**, the preferred options were to:

- Coordinate administrative and operational functions, and
- Consolidate services under one operator.

In **Montgomery County**, the preferred options were to:

- Create a centralized trip planner / broker,
- Coordinate administrative and operational functions, and
- Create a central information resource.

## **POTENTIAL ACTION STEPS**

More coordination of transportation services in the region could generate significant benefits. An optimal level of coordination will not spring into being easily or all at once; indeed, a measured, careful process of implementing one step after another will be needed. Some potential activities may not be taken in the long run after assessing the progress made by the previous steps. It is not necessary that all of the following steps be taken to achieve successful coordination improvements. It is important to recognize that this entire sequence (if all steps are eventually taken) might easily take 5 or more years to accomplish.

- In the beginning:
  - Formalize regional / sub-regional leadership councils.
  - Create county-wide transportation information resource centers.
  - Develop coordination agreements between transportation providers in each county.
- Next steps:
  - Link the county public transit services at transit hubs.
  - Provide easily-accessed regional transportation information.
- Further on:
  - Create a regional trip broker to administer and monitor trips.
  - Add new transportation hours, services, and areas.
- Still farther down the road:

- Centralize management and administrative functions.
- Consolidate some transportation operations.

## **POTENTIAL COORDINATED ACTION PLAN “PROJECTS”**

Overall strategies to address the gaps and service deficiencies identified include:

1. Maintain and expand the transportation services network available to seniors, people with disabilities, and people with low incomes.
2. Make information about that system available easily at both the county and regional level so that the public and advocates have a customer-friendly resource(s) to match travel needs with available options.
3. Actively coordinate among and between transit, human service agencies, and private providers to reduce gaps and overlaps in service.
4. Actively coordinate among and between transit, human service agencies, and private providers to reduce the costs involved in providing specialized transportation and reinvest savings in providing more service to seniors, people with disabilities, low income individuals, and the general public.

Some of the following activities could be key specific efforts in the implementation of the coordinated transportation services Action Plan:

- Provide coordinated travel information.
- Support existing service providers who provide services in accordance with this coordinated transportation plan by, for example
  - Assistance in acquiring vehicles
  - Providing administrative and non-operating assistance
  - Offering maintenance services to smaller operators.
- Connect public transit services with each other, perhaps by using common fare media, coordinated scheduling, cost sharing, and other techniques.
- Execute agency coordination agreements.
- Offer taxi subsidy options for some Project Mobility trips.
- Evaluate expanded use of the private sector.
- Provide community-oriented volunteer transportation services.
- Offer vanpools for work and other trips.
- Expand current public transportation services.
- Broker transportation operations.

- Seek additional local funding support for transportation from Federal, state, local, and private sources.
- Offer multi-county transportation services.
- Coordinate transportation services on a regional basis.

## **FUNDING OPPORTUNITIES**

Additional funding for transportation services is needed in the region. A substantial amount of funding is available from Federal sources, and communities that have made significant progress towards coordination will be at a competitive advantage for these funds. If communities in the Miami Valley region could get most or all of the following Federal programs involved in coordinated transportation, each involved in significant cost sharing, it would be a great achievement:

- Medicaid
- TANF
- FTA Section 5307, Urbanized Area Grants
- FTA Section 5310, Elderly and Persons with Disabilities
- FTA Section 5311, Other than Urbanized Formula Grant Program
- FTA Section 5316, Job Access and Reverse Commute
- FTA Section 5317, New Freedom
- Administration on Aging, Title III B
- Vocational Rehabilitation, and
- Veterans Care.

The State of Ohio strongly promotes transportation coordination through its Ohio Statewide Coordination Task Force, which is administered by the Ohio Department of Transportation. ODOT also administers the Federal programs that originate within FTA (see above). Other programs that could provide funding for coordinated transportation services include:

- Medicaid
- Ohio Works First
- Aging programs
- Ohio Department of Mental Retardation and Developmental Disabilities
- Rehabilitation Services Commission
- Department of Mental Health.

Even if all these sources can be tapped, it is likely that additional funding will be required from local governments. In the event that localities decide to do a more complete job of addressing transportation needs, additional funding sources such as real property tax millages, sales taxes, or other typical local funding sources for transportation will need to be considered.

There are many examples of the application of such funding sources for transportation services in Ohio communities.

## **SUMMARY**

In developing this Action Plan, the following conclusions have become clear:

- This region needs a wider range of travel services now.
- Public and private support and participation are essential.
- Needs are projected to continue to exceed capacities; thus, more productive and more cost-effective uses of resources are essential.
- Coordinated management enhances the cost-effectiveness of transportation services and makes a community more attractive for further funding.
- Transportation investments are much cheaper than
  - Moving seniors into nursing homes
  - Keeping people on welfare
  - Providing routine health care in emergency rooms.
- Some persons need assistance in paying for their trips; others can pay at least a portion of the costs.
- Customer-friendly services succeed and prosper.

Real improvements in transportation services are needed in this region NOW; even more will be needed in the future. The region needs a wider range of travel options and more cost-effective operations. Real transportation improvements are possible — other regions are succeeding in offering more cost-effective services. The costs of not making the improvements are huge; transportation investments save large amounts of money elsewhere. There are great opportunities for progress available now in the region; they should be seized and employed to the greatest possible advantage.

# 1

## **INTRODUCTION AND METHODOLOGY<sup>1</sup>**

This Action Plan, prepared for the Miami Valley Regional Planning Commission, fulfills the assignment to create a Public Transit – Human Services Transportation Plan for Greene, Miami, Montgomery, and portions of Northern Warren County, Ohio. The plan has two major purposes:

- To ensure compliance with Federal funding regulations
- To improve transportation options in the study area for low-income persons, the elderly, persons with disabilities, and others.

This Action Plan is derived from 10 months of study involving public officials, transportation providers and purchasers, human service agencies, local planners, and members of the general public. Data collection activities were augmented by public meetings, stakeholder meetings, and focus groups with individuals with significant travel needs. (The detailed Community Outreach Plan is attached as Appendix A to this plan.)

This Action Plan presents information on the following topics:

- A recent history of coordination activities
- Regional characteristics: current and projected
- Key travel issues
- Options for improved, coordinated services
- The proposed Action Plan.

### **A RECENT HISTORY OF COORDINATION ACTIVITIES**

The Miami Valley Region began significant new transportation coordination efforts in April, 2005 with the formation of the Coordinated Outreach for Areawide Specialized Transportation (COAST) committee. That Committee brought together transportation providers, advocates, elected officials and human services professionals to focus on the transportation needs

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<sup>1</sup> The key author of this Action Plan is Jon Burkhardt of Westat. Others providing information and assistance included Norm Ketola of Nelson\Nygaard, Charlie Nelson of Nelson Development, Jane Dockery of Wright State University's Center for Urban and Public Affairs, and the staff of MVRPC.

of special populations, starting in Montgomery County, with a special emphasis on the transportation needs of the elderly.

The efforts of the COAST group led to a variety of outcomes, including:

- Regular meetings of stakeholders over a two-year period with an average attendance of 35-40 persons.
- A regional summit on Senior Transportation featuring Dr. Helen Kerschner of the Beverly Foundation, who spoke to an audience of over 100 people at Sinclair Community College in October 2005.
- A successful grant application to the Montgomery County Human Services Levy in June of 2006 to start and operate the Senior Transportation Expansion Project in Montgomery County, which is housed at the Miami Valley Regional Planning Commission, and cosponsored by Montgomery County, the Greater Dayton RTA and the Greater Dayton Area Hospital Association. The Senior Transportation Expansion Project is now in its third year of operation. That project supports and coordinates the efforts of six community-based senior transportation providers.
- A successful grant application to the Community Transportation Association of America that allowed a coordination team to attend a community transportation coordination training in Washington DC in the summer of 2006
- A community-wide forum on transportation coordination featuring Jon Burkhardt of Westat in the fall of 2006 attended by over ninety stakeholders.

These activities made the region well-positioned to begin work on the transportation coordination plan as required by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: a Legacy for Users (SAFETEA-LU) for the receipt of Federal funding for highway, transit, and other local transportation projects. A funding partnership was established among the Greater Dayton RTA, Greene County Transit Board, the Miami County Transit System, and the Miami Valley Regional Planning Commission to fund and manage the coordination planning process. It was agreed that MVRPC would be the lead agency on the study and would apply for designated recipient status through the Governor's office, which was awarded. In April 2007, a contract was entered into with Westat as the lead consultant on the *Public Transit – Human Services Transportation Coordination Plan for Greene, Miami, Montgomery and Northern Warren Counties*.

# 2

## REGIONAL CHARACTERISTICS

The portion of the Miami Valley region comprised of Greene, Miami, Montgomery, and portions of Northern Warren County covers an area of approximately 1,304 square miles. The 2000 U. S. Census reported that 849,722 persons lived in this area. Projections for the year 2030 include a relatively slow growth of population overall, a large growth in the senior population, more persons with disabilities, and more spatial dispersion, with lower overall population densities. This chapter explores those anticipated changes in depth.

### OVERALL POPULATION CHANGES

Since 1950, population growth in the Miami Valley Area has tended to be heaviest in an outward pattern from the central City of Dayton. Growth has been the greatest to the north, east and south along the major corridors of the region. According to the Ohio Department of Development, population will remain relatively stable in the Miami Valley Regional Planning Commission (MVRPC) region from 2000 to 2030, growing from 892,059 persons to 951,932 persons, which is an overall increase of 6.7%. Projected county population growth rates are uneven across counties due in large part to flat or declining population trends in the urban center and in the older urban and inner ring suburban communities. The projected percent change in the total population from 2000 to 2030 by county is as follows:

- Greene 7.4%
- Miami 9.2%
- Montgomery -6.3%
- Northern Warren 163.5%.

### SENIOR POPULATION TRENDS

In 2000, one in eight Miami Valley residents (117,064) were 65 years of age or older. By the year 2030, one in five Miami Valley residents (181,240) will be 65 years of age or older, making the expected percent change in the senior population of 54.8% for the region from 2000 to 2030. The projected percent change in the senior population from 2000 to 2030 by county is as follows:

- Greene 74.5%
- Miami 56.9%
- Montgomery 37.2%
- Northern Warren 276.0%

Intra-county analysis shows an increase and continuing trend of higher concentrations of the senior population in northwestern Dayton and Trotwood and eastern Montgomery County, particularly in the Kettering/Centerville/Washington Township and Riverside areas. The senior population also shows marked increases in the Huber Heights area in northern Montgomery County, Fairborn in Greene County, the City of Franklin in Warren County, and central Miami County. See Figure 1.

## **POPULATION TRENDS FOR PERSONS WITH DISABILITIES**

In 2000, one in six Miami Valley residents (149,458) reported at least one long-lasting physical, mental, or emotional condition making it difficult or impeding the individual’s ability to go outside the home or to work. The population with disabilities is expected to grow across all counties in the MVRPC region from 2000 to 2030 by 14.6% to 181,096 persons with disabilities. By the year 2030, one in five Miami Valley residents will have one or more disabilities.

By 2030, persons with disabilities are projected to be dispersed beyond the boundaries of the City of Dayton to the northwest and southeast (Figure 2). A concentration of persons with disabilities is also expected in the cities of Kettering and Fairborn.

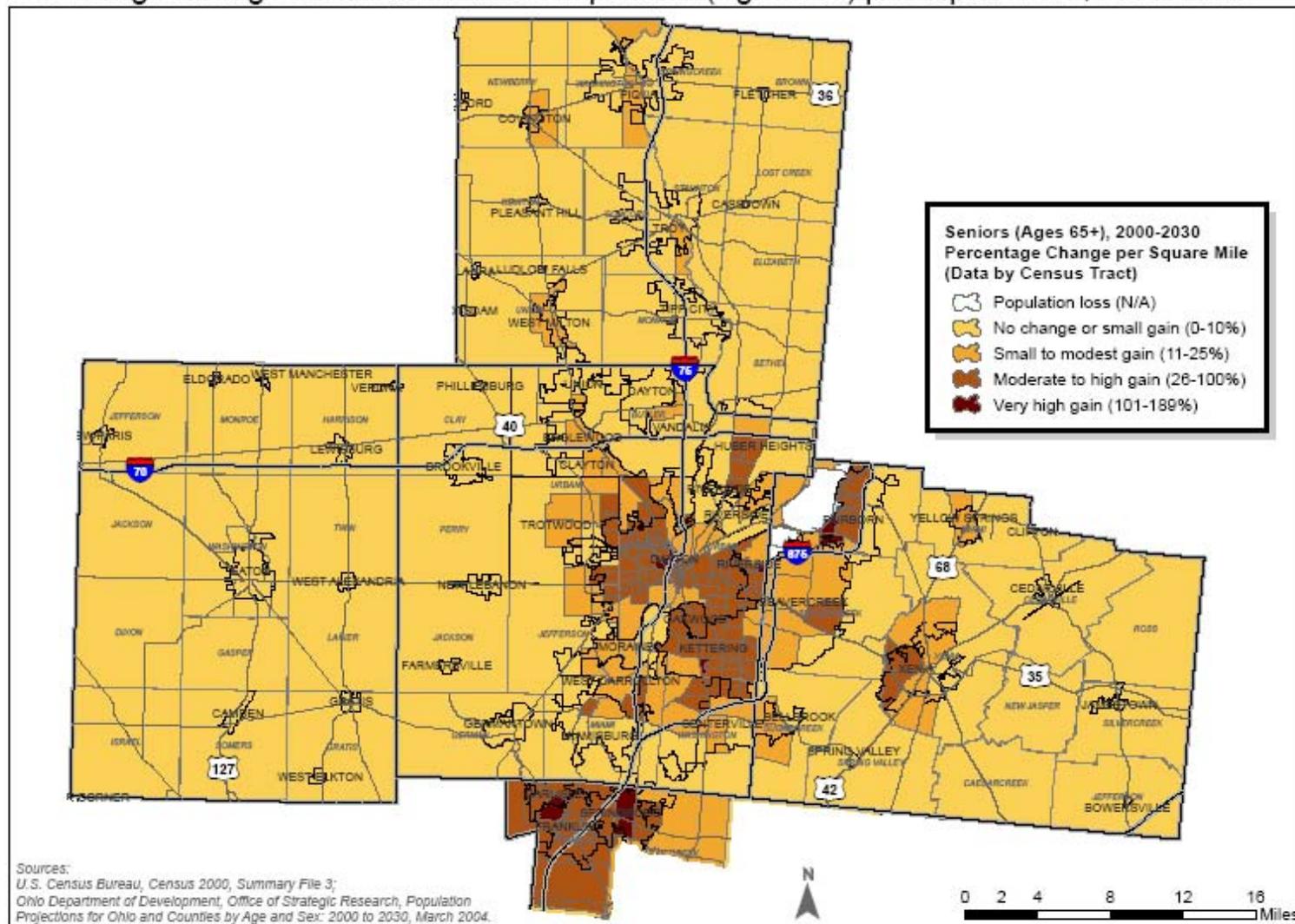
## **LOW INCOME POPULATION TRENDS**

According to the 2000 census, approximately 86,000 people lived below poverty in the Miami Valley Region. Approximately two-thirds of the people below the poverty threshold were concentrated in the central county of the region — Montgomery County. The highest concentration of people living below poverty was in the older communities of the region, which include the Cities of Dayton, Trotwood, Huber Heights, Fairborn, Xenia, Troy and Piqua.

According to an estimation model developed by Wright State University, the population living at or below the poverty level will remain relatively level in the MVRPC region from 2000 to 2030, in most cases fluctuating less than 2.0%. (Note that the estimation model that projects percent change in the low income population from 2000 to 2030 by county is heavily reliant upon population growth or decline; if population growth or decline differs substantially from expectations, changes in the low income population may not be accurate. Also, factors external to the region may have a large influence on changes in the low income population. Therefore, projections for the low income population should be reviewed with caution.)

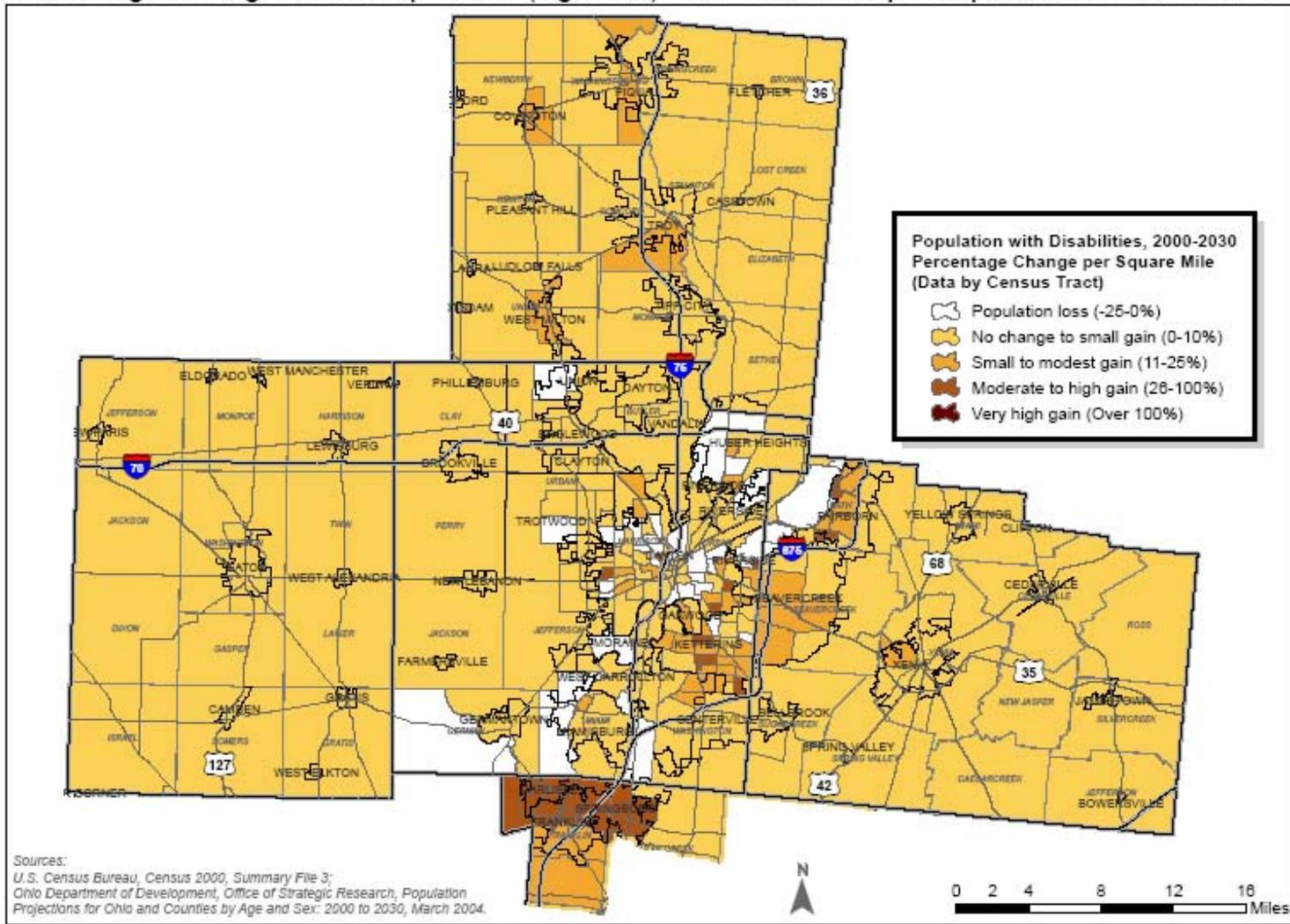
# Figure 1: PERCENT CHANGE IN SENIOR POPULATION

Greene, Miami, Montgomery, Preble, and Northern Warren Counties:  
 Percentage Change of the Senior Adult Population (Ages 65+) per Square Mile, 2000-2030



## Figure 2: PERCENT CHANGE IN POPULATION WITH DISABILITIES

Greene, Miami, Montgomery, Preble, and Northern Warren Counties:  
 Percentage Change of the Population (Ages 5+) with Disabilities per Square Mile, 2000-2030



## **SUMMARY OF KEY DEMOGRAPHIC TRENDS**

The key demographic projections for the Miami Valley region from now until 2030 are as follows:

- A relatively slow growth of population overall
- A large growth in the senior population
- More trips by seniors
- Widening income disparities
- More persons with disabilities
- More persons with reduced mobility
- More demand for high-quality services
- More spatial dispersion, lower densities.



# 3

## MIAMI VALLEY TRANSPORTATION SERVICES

The current transportation situation in the Miami Valley region can be summarized as follows:

- Auto travel accounts for most trips.
- Human service transportation programs focus on the clients of individual agencies, often for extremely limited geographic areas and trip purposes
- Public transit agencies serve individual counties (or portions thereof)
- Traveling across county boundaries is difficult unless you drive.

In the Miami Valley Region, three public transit agencies provide regular transportation opportunities to the residents of their respective counties — Montgomery, Greene, and Miami. There is little public transportation service in Northern Warren County and no public transportation service in Preble County.

## MONTGOMERY COUNTY

Regular fixed route public transit services are available in Montgomery through the Greater Dayton Regional Transit Authority (GDRTA), with some routes offering over 100 trips per day into selected areas. The public transportation service in Montgomery County aligns well with the existing health and human services infrastructure. In terms of aligning with employment opportunities, especially for the displaced manufacturing worker, the transportation system will be challenged to connect workers with opportunities in the far north and north east of the Miami Valley region as well as in the southwest. Both Greene and Miami Counties also provide public transportation through demand-response systems. In Greene County, service is provided by Greene CATS; the Miami County Transit System (MCTS) provides services in Miami County. In Miami County, drivers may make up to 49 average daily trips (ADT) to a single location and in Greene County it is not uncommon for a driver to exceed 100 ADT to a single location.

As the population ages through the year 2030, transportation services for seniors will need to expand to meet the needs of the growing senior population in all MVRPC counties. Regarding the population of persons with disabilities, projected growth patterns indicate that the population will continue to be densest within the paratransit service area of GDRTA's Project Mobility in Montgomery County, and will increase by 5.5% by 2030, requiring additional service. Since Project Mobility provides complementary paratransit services under the Americans with Disabilities Act, the program's service delivery area would not expand unless

public transit services provided by GDRTA also expand. For the low income population, Montgomery County's public transportation routes align with the densest populations.

## **GREENE COUNTY**

In Greene County, Xenia and Fairborn will continue to exhibit higher levels of poverty than other Greene County communities, thus requiring a higher level of service. With the growth of retail and service establishments along the western edge of the county, additional transportation may be worth consideration to connect job seekers with entry-level job opportunities in Beaver Creek and Bellbrook.

## **MIAMI COUNTY**

In Miami County, Troy, Tipp City, Piqua, and West Milton are projected to exhibit higher levels of poverty in some Census Tracts, requiring a higher level of service. With the growth of retail and service establishments along I-75 in Miami County and the northern edge of Montgomery County, additional transportation may also be needed to connect residents to employment and services in that area.

Table 1 provides an overview of the key transportation providers in the region. This table shows that there are substantial transportation resources in the region now: at least 60 agencies that provide transportation services and another 27 agencies that do not provide services but purchase transportation from others. There are nearly 700 vehicles in use for passenger trips in the region. As expected, most of the resources are in Montgomery County, the most densely populated county.

Table 2 shows the regional transportation expenses. In general, all operating and administrative expenses are included; depreciation and other capital expenses are not included. Nearly all information was reported for Calendar Year 2006, but some agencies reported expenses for other 12-month periods. This table shows that substantial expenses are now being incurred to transport general public riders and members of population groups needing special transportation services. Not considering GDRTA, the primary public transportation provider in the region, more than \$26 million is now being spent. Adding GDRTA's expenses brings the total to more than \$70 million per year.

**Table 1:  
KEY TRANSPORTATION PROVIDERS AND PURCHASERS**

<i>County / Area Served</i>	<i># Providers</i>	<i># Purchasers</i>	<i># Vehicles</i>
Greene	17	5	63
Miami	5	1	46
Montgomery	30	11	472
Regional	4	8	62
Northern Warren	4	2	40
Regional totals	60	27	683

Note: 2007 figures as reported by individual agencies.

**Table 2:  
REGIONAL TRANSPORTATION EXPENSES**

<i>County / Population Served</i>	<i>Annual Expenses</i>
Greene: transit and human services	\$2,731,000
Miami: transit and human services	\$1,511,000
Montgomery: Project Mobility + human services	\$22,095,000
Montgomery: GDRTA public transit	\$43,796,000
Regional totals: w/o GDRTA public transit	\$26,337,000
Regional totals: including all GDRTA	\$70,133,000

Note: Figures as reported by individual agencies; most figures are for Calendar Year 2006.

# KEY TRANSPORTATION RESOURCES

## Greene County

- **Key Provider: Greene CATS**
- **Travel days: every day of the week**
- **Travel hours: 6:00 am to 6:00 pm**
- **Services offered:**
  - Demand responsive (based on sufficient advance notice and capacity)
  - Subscription service (regularly recurring trips) e.g., for work trips
  - Free flex route service for all residents who can access the route, and for all persons with disabilities who can be picked up or dropped off within  $\frac{3}{4}$  of a mile from the route
- **Destinations:**
  - Anywhere in Greene County
  - Limited destinations in Montgomery County

In Greene County, the key features of transportation services can be said to be that:

- Greene CATS provides 120,000 trips per year, primarily to agency clients.
- Senior centers are the most frequent trip providers for seniors.
- Greene CATS provides county-wide service plus some limited service to Montgomery County destinations.
- Additional service is needed for the general public.

## Miami County

- **Key Provider: Miami County Transit System (MCTS)**
- **Travel days: every day (more limited weekend service)**
- **Travel hours: 5:00 am to 8:00 pm**
- **Services offered:**
  - Demand responsive (requires 24-hour advance notice; reservations accepted subject to availability)
- **Destinations:**
  - Anywhere in Miami County

In Miami County, the key features of transportation services can be said to be that:

- MCTS provides 50,000 trips per year within the county for general public and agency clients
- Miami County MRDD provides 66,000 trips per year for MRDD clients
- MCTS provides county-wide service but no service to regional destinations

- Extended advance reservation requirements reduce general public ridership
- Additional service is needed for the general public.

## Montgomery County

### Greater Dayton Regional Transit Authority (GDRTA)

- **Travel days: every day of the week**
- **Travel hours: 4:15 am to 1:36 am**
- **Services offered:**
  - Fixed route, fixed schedule public transit service
  - ADA paratransit service.
- **Destinations:**
  - Urbanized portions of Montgomery County
  - Warren County Transit Services (WCTS) connects to GDRTA South Hub in southern Montgomery County.

### Project Mobility

- **Sponsor: Greater Dayton Regional Transit Authority**
- **Travel days: every day: same as GDRTA**
- **Travel hours: same as GDRTA: 4:15 am to 1:36 am**
- **Services offered: ADA paratransit service**
  - Limited to eligible persons with disabilities who cannot use regular fixed route transit services and can be picked up or dropped off within  $\frac{3}{4}$  of a mile from the route
  - Demand responsive (based on 24-hour advance notice)
  - Curb to curb.
- **Destinations: same as GDRTA**
  - Within  $\frac{3}{4}$  mile either side of GDRTA routes in Montgomery County's urbanized areas.

In Montgomery County, the key features of transportation services can be said to be that:

- GDRTA provides 11,250,000 fixed route transit trips per year for general public riders.
- Project Mobility provides 298,763 demand-responsive trips per year for pre-qualified persons with disabilities who live near fixed routes.
- Montgomery County MRDD provides 392,000 annual trips.
- 8 other agencies each provide more than 3,000 annual trips.
- Trips are more often available for seniors than other groups of persons with special transportation needs.

- GDRTA’s public transit service area covers a majority of the population within the county but little service is provided to Greene or Miami counties or rural Montgomery.

## **Northern Warren County**

In Northern Warren County, the key features of transportation services are:

- Warren County Transit Services (WCTS) provides service to GDRTA’s southern hub
- Transportation is provided to advance scheduled destinations within Warren County on weekdays (Monday thru Friday) from 6 A.M. to 6 P.M.
- Trips for medical reasons can be scheduled to some Middletown and Dayton areas
- Other key providers:
  - MR/DD
  - Warren County Community Services, Inc.

## **CURRENT TRANSPORTATION COORDINATION EFFORTS**

There are a number of current coordination efforts in the region that are promising and offer opportunities for further coordination. These include

- The Senior Transportation Expansion Program (STEP)
- Montgomery County Human Services Levy and GDRTA public funding
- MVRPC, which offers staff, facilitation, and training resources
- Passenger transfers at GDRTA hubs with other transportation providers; for example, at the South Hub with Warren County Transit System
- Transportation purchase of service agreements
  - With Greene CATS
  - With GDRTA and Project Mobility
  - Inter-agency agreements
- MVRPC’s activities as the designated recipient for Federal funds for specialized transportation.

While these activities are not sufficient by themselves to produce the level of coordination needed for transportation services in the region, they do form a solid foundation for future coordination efforts.

## **SUMMARY OF THE MOST SIGNIFICANT TRANSPORTATION ISSUES**

In terms of their impacts on transportation services, the most important demographic considerations for this plan are the following:

- Projected population changes will create greater travel demands.
- A substantial growth in populations with transportation needs is projected.
- Most of this projected growth will be in suburban areas.

The most significant observations regarding current transportation resources are that:

- Current transportation services are fragmented.
- Non-drivers have few travel options.
- Non-drivers find it difficult to make trips that cross county lines.
- There is little coordination of today's services; this lack of coordination creates service gaps and overlaps, creating substantial system inefficiency.
- No one knows or manages the entire travel options picture.
- Current public and agency services need improvement.
- There are reported difficulties in obtaining rides.
- Full cost accounting is not generally practiced.
- The number of rides provided could be improved.

It is also important to recognize that transportation services in some other regions in the U.S. now operate more efficiently.

There are some specific travel issues in this region that need to be recognized and resolved. First, it is hard to cross county boundaries unless you drive; better regional public transit connections are needed. Good transportation is lacking for late-shift and some other part-time workers. For potential riders and their caregivers or other representatives, it is difficult to get information on currently available services. Additional transportation is needed at night and on weekends. Schedules are not frequent enough on some routes. Some advance reservation times are excessive, depressing the demand for transportation services. Finally, transportation is not recognized as a high-priority issue by key local or regional decision-makers.



# 4

## **TRANSPORTATION OPTIONS FOR THE REGION**

The kinds of transportation options that could be considered for the region comprised of Greene, Miami, Montgomery, and portions of Northern Warren County include:

- No change in current services or operations
- A new central travel information source
- A central trip planner / trip broker
- Coordination of transportation administration and operations
- Adding new transportation services
- Consolidating transportation services.

Note that these are general options, applicable to most communities, and that these options are not mutually exclusive.

### **BRIEF DESCRIPTION OF EACH ALTERNATIVE**

#### **Do Nothing**

Nothing would change; no efforts would be made to improve transportation services through better coordination among public transit and human services agencies, both in the delivery and management of services and the purchase of services. In other words, this option is equivalent to the maintenance of the status quo.

#### **Provide Central Information Source(s), Either Regional or County Level**

To improve access to diverse and separately operated transportation services, people needing transportation services are able to contact a single source, via telephone or computer, to find out how they may get a ride to meet a specific transportation need. Information on transportation services that may be available to them would be provided so they could make contacts to see if they could get a ride.

## **Provide a Central Trip Planner and Trip Broker(s), Either Regional or County Level**

The delivery of transportation services would continue to be provided by separate transportation providers. However, a transportation broker would exist to coordinate the delivery of transportation services among participating providers. Providers would use the broker to provide selected client trips for other providers and/or use the broker to find providers that would provide a trip for one of their clients.

## **Coordinate Administrative and Operational Transportation Functions**

Selected functions in the delivery of transportation services would improved by taking advantage of resources and capabilities that may be common among the providers to create economies of scale. These common functions could include vehicle fueling; vehicle maintenance; driver training; scheduling of trips and assignment of vehicles among participating transportation providers; tracking and reporting; financial tracking, billing and payment.

## **Add New Services**

Transportation services that are not currently being offered would be introduced. These could include services that fill in gaps in existing services; introduce a new type of service not currently available; services that would meet a need without providing transportation, such as package delivery.

## **Consolidate All Transportation Services, Either on a Regional or County Level**

The delivery and management of all transportation services and associated functions would be organized within one organization or agency. Agencies formerly providing direct services would contract with this agency for their transportation needs. Agencies that formerly purchased transportation services from one or more providers would purchase their transportation through this agency.

## **ASSESSMENT OF THE ALTERNATIVES**

There are numerous ways in which the current transportation needs in the Miami Valley region can be addressed.

The first, of course, is to **maintain the status quo**. The advantages of this approach are as follows:

- No new funding is required.
- No new administrative procedures are required.
- No changes to current operations need to be designed or approved.

These advantages appear to be substantially outweighed by numerous disadvantages:

- Current transportation problems will not be addressed:
  - Individuals and communities lacking services will still lack services.
  - Services will continue to be provided in an uncoordinated fashion.
  - Vehicle replacement issues will not be addressed on a region-wide basis.
  - Opportunities for more cost-effective operations will not be realized.
- Opportunities for economic stimulation will not be captured.
- Current commitments of community leaders to institute and/or expand services could be lost.

All in all, it appears hard to defend a course of action that results in not addressing current travel deficiencies, particularly when Federal funding is available for that purpose. Alternatives to maintaining the status quo are presented in the following sections.

## Coordination of Existing Transportation Providers

### Description

Coordination is **a technique for better resource management**, in which improved organization strategies are applied to achieve greater cost-effectiveness in service delivery. **Coordination is about shared power**, which means **shared responsibility**, **shared management**, and **shared funding** among the agencies involved in the coordinated efforts. Coordination also involves sharing the **benefits** of its application among the coordination partners.

Coordination of transportation services is best seen as “**a process** in which two or more organizations (that may not have worked together previously) interact to jointly accomplish their transportation objectives. Coordination is like many other political processes in that it involves power and control over resources, and coordination can be subject to the usual kinds of political problems and pressures, such as competing personalities and changing environments” (Burkhardt et al., 2004). Coordination of transportation services usually involves forging partnerships among agencies that typically did not previously work together in delivering transportation services. Such agencies often include various human service transportation providers and public transit authorities.

Coordination can improve transportation services by eliminating duplicative efforts and improving the efficiency of transportation operations. Coordinating transportation means doing better (obtaining more results, such as trips) with existing resources. It requires that professionals

from various human service and public agencies work together with persons from different agencies and backgrounds.

When transportation resources are coordinated in a community, it is usually done with the expectation of positive outcomes. By working for greater efficiency in the use of transportation resources, coordination can **lower the costs of providing services**. Most communities apply these cost savings to increase the numbers of trips served, thus **increasing overall service effectiveness**. The combination of increased efficiency and increased effectiveness can create great improvements in unit costs, such as costs per trip, per mile, or per hour. The range of benefits commonly observed from coordinated transportation services includes the following:

- Lowered trip costs for travelers and for human service agencies;
- Extended service hours;
- Services now provided to new areas or new communities and to more people;
- More trips made by persons needing transportation;
- Services more responsive to customers' schedules, points of origin, and destinations;
- Greater emphasis on safety and customer service;
- More door-to-door service; and
- More flexible payment and service options.

There are three kinds of outcomes that can be expected from coordinated transportation services: First, coordination changes **institutional structures** (numbers of providers, funding sources used, etc.) **and services** (service types, hours per day, areas covered, etc.). Next, these structural outputs are reflected in the **performance measures** typically used to assess transportation services (efficiency, effectiveness, and cost-effectiveness). Finally, these changes lead to **beneficial outcomes** such as increased consumer satisfaction, and greater community mobility and its associated benefits, such as increased health and well-being, more economic activity, and decreased institutionalization.

The coordination process has a well-defined sequence of implementation activities or stages, similar to those applied in marketing, operations research, and other disciplines. Several of these stages may be in process at the same time. These implementation steps are<sup>2</sup>

- **Step 1 – Initiate the Improvement Process.** Form a task force or steering committee and decide to move forward.
- **Step 2 – Analyze Existing Conditions.** Understand issues, needs, and circumstances, and define local conditions.
- **Step 3 – Establish Focus, Consensus, and Direction.** Agree on the problem, develop a consensus, and set a direction.

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<sup>2</sup> Burkhardt, Nelson, et al., *Toolkit for Rural Community Coordinated Transportation Services*, TCRP Report 101, Transportation Research Board, Washington, DC, 2004.

- **Step 4 – Design Alternative Courses of Action.** Develop alternative coordination strategies.
- **Step 5 – Assess Alternative Options.** Evaluate the alternatives and select the coordination option to implement.
- **Step 6 – Implement the Preferred Choice.** Formulate action plans and implement coordinated transportation services.
- **Step 7 – Evaluate and Improve the System(s) Implemented.** Review and evaluate progress.

All of these steps are geared toward better management of scarce resources, which means reducing duplication and overlaps and increasing efficiency and effectiveness. **Powerful coordination strategies for reducing the inefficiencies** that are often found in uncoordinated transportation operations result in

- reducing the number of drivers and the total driver wages paid,
- reducing the number of vehicles and other capital costs, and
- reducing administrative staff and administrative labor costs.

Powerful coordination strategies for **increasing service effectiveness**, all of which will attract more riders, include

- extending service hours and boundaries,
- offering services that are more responsive to customer needs, and
- offering higher quality and safer services.

### **Examples**

The research team conducted a peer review to provide insight into how other regions and agencies address transportation coordination. The lessons learned from experiences with transportation coordination in other regions provide valuable information for the Miami Valley area.

The regions reviewed, as identified by the principal city, are:

- Birmingham, Alabama
- Cincinnati, Ohio
- Cleveland, Ohio
- Grand Rapids, Michigan
- Hartford, Connecticut
- Kansas City, Kansas
- Louisville, Kentucky

- Pittsburgh, Pennsylvania
- Portland, Oregon
- Rochester, New York.

Examples of these and other coordination projects highlight the successes and challenges experienced in regions where coordination efforts have made significant progress in both planning and implementation. That information is presented in this chapter, the following chapter, and a separate document prepared for this project.

**The Suburban Mobility Authority for Regional Transportation (SMART)** is the suburban transit operator for three counties in southeast Michigan, covering a service area of 1,200 square miles. SMART operates 419 vehicles in fixed route and paratransit service, taking people to and from Detroit to Wayne, Oakland, and Macomb counties. In addition, SMART helps fund coordinated transportation services operated by 50 local communities with an additional 137 vehicles, which primarily serve people who are elderly or disabled. (Service within the City of Detroit is provided by a separate system funded and operated by the city's Department of Transportation.) The 50 local transportation services belong to SMART's Community Partnership Program. SMART coordinates with the communities by giving them local property taxes earmarked for transit and a percentage of the federal dollars SMART receives. Its three ombudsmen develop unique plans with each community. SMART's paratransit vehicles and the vehicles operated by the Community Partnership Program make about the same number of trips per day — 2,000 daily trips in each system. Therefore, the Community Partnership Program has allowed SMART to double the mobility of riders in its three-county service area. SMART now uses more than 600 buses and provides 11 million rides per year, an all-time high, and is setting records in every sector of their business. The system has also become a model for other transit systems looking to make big changes.

Through SMART's Community Partnership Program, SMART decentralized that which could be provided most effectively by the communities and centralized what SMART could do best. This helped improve service at the local level without spending more money. In 2002, the cost of the Community Partnership Program was \$7 million. Without this program, the services operated by SMART would have cost an additional \$2.7 million, for a total cost of \$9.7 million. Figures for later years are not available at this time but are expected to show even greater savings.

**Roseau County Transit** serves a very rural county located in northeastern Minnesota on the Canadian border. Roseau County has a population of 16,000 and a land area of 1,663 square miles. The county has five towns, and each has a population less than 2,500 persons. The transit system provides flexible, fixed-route service and dial-a-ride service with 24 hours advance scheduling. The Roseau County Committee on Aging took the initiative to organize transportation service and is the operating agency for delivery of service. Roseau County Transit operates two vehicles, both wheelchair accessible with a capacity for 16 passengers and two wheelchairs. Roseau County Transit's operating budget in the year 2000 was \$123,307. In 2000, Roseau County Transit provided 95,179 vehicle miles of transportation service, providing 17,185 rides. Service is available weekdays between 7:00 a.m. and 5:00 p.m. Roseau County Transit recognizes the following benefits of coordination: access to more funding; filling gaps where

there was no service; better access to jobs, health care, and shopping; increased activity to local businesses; and enhanced visibility and image of transit. Their biggest success has been bringing local agencies together to achieve better access to funding.

## Centralized Information Services

### Description

A key issue is how consumers of transportation services find out about the services available to them. If a centralized office is used, that office would maintain information on the services currently being offered by the existing transportation providers. Information on routes, schedules, eligible trip purposes, vehicle types, special services (e.g., assistance carrying groceries), and fares (if any) would be available at this office. Trips would be provided only to persons eligible to receive services, but the I&R service could help an individual caller determine their eligibility and then direct them to the appropriate agency. An individual could request trips either through the I&R center or through a particular social service agency. No new transportation services would be provided; service providers would continue to maintain the routes and schedules currently in effect. Payment procedures (if any) are determined by each individual service provider and funds for the service come from each provider's own budget. The I&R office needs funds for telephone and for informational brochures publicizing the existence of the office.

While clients of human service agencies may know about the services offered by a particular agency, they may not understand that other travel options might be available. Members of the general public may not know about services open to them, particularly if agencies that formerly offered client-only transportation now open their doors to general public riders. A centralized information service should be able to tell any prospective rider about their travel choices in terms of time, destination, cost, and other factors. At one level, the central information source could be just that: a place where a prospective rider could call and get information about their travel options, with contact information provided for one or more transportation operators. At a higher level of service, the potential rider would be put in touch directly with a transportation operator, so the rider would only have had to make one call to schedule the trip he or she needs.

### Example

Through its Transportation Options program, the **Arlington, Virginia, Area Agency on Aging (AAA)** serves as an advocate/catalyst, Information and Referral center, funder, and provider of transportation services for seniors. In this dense urban county, there are multiple travel modes for seniors, which is a confusing situation for many older travelers. The AAA provides information on and advocates for a variety of transportation options for seniors. AAA directly funds Senior Center Nutrition, Red Cross, Assisted Transportation and Senior Loop services. It coordinates additional services including the Washington DC's ADA paratransit service (MetroAccess), Specialized Transit for Arlington Residents (STAR), and programs of the

Department of Parks, Recreation, and Cultural Resources. The AAA works with its partners to offer a variety of transportation services that suit the needs of seniors in Arlington. The AAA tries to identify new methods and programs that will increase the options and efficiency of the transportation services. Almost all of the transportation options available in Arlington use ride sharing, which is very cost effective. The local private contractors and taxi companies that provide the vehicles and drivers for most of the programs are able to use their vehicles at nonpeak hours, which is a benefit for their business. Because the AAA is not responsible for maintaining the vehicles or training the drivers, this is less costly for the county. The AAA is constantly working toward expanding the services available to seniors in their area.

## **Transportation Broker**

### **Description**

Transportation brokers distribute trips among existing service providers. (In some cases, new providers will also be included in the list of available service providers.) The brokerage function is typically conducted at a centralized office that not only maintains and distributes information on the services available, but also attempts to match the needs of individual riders with the services available. The broker thus functions as a single point of access to transportation services for travelers, service providers, and funding agencies. The broker is also responsible for improving the efficiency and the cost-effectiveness of existing services by encouraging the agencies to share available resources and services through ridesharing (clients of one agency ride on the vehicles of a second agency when space is available) and timesharing (one agency uses the vehicles of another agency during the hours that those vehicles are not normally in use).

Brokers typically have contractual relationships with transportation providers. This distinguishes a broker from a “call-center manager” which does not have specific contractual relationships with providers.

One significant difference in the broker option from the previous options is that an individual need not be a client of any particular agency in order to receive transportation services. The vehicles used are those already owned by the existing agencies, but they may be used on routes and schedules not now being served. Passengers may or may not pay a fare directly to the transportation providers. Contracts for service and billing agreements must be negotiated between transportation provider agencies and transportation purchasers (agencies or individuals). The broker may arrange for such contracts and may even advertise, negotiate, and award bids for the provision of transportation services to particular geographic areas. The broker could also furnish training resources for the transportation providers, grant application assistance and expertise, service monitoring and evaluation assistance, and other forms of technical assistance as needed.

The brokerage function may be provided by an organization that does or does not also provide trips; each of these options has particular advantages and disadvantages. The purpose of the broker is to create a cost-effective distribution of rides based on requests for service and the

capabilities of various operators. Under the brokerage option, existing transportation operators often continue many of their current service patterns but also accept trip assignments through the brokerage office.

Brokers are typically in charge of maintaining and enforcing standards for service quality. They also administer reporting requirements for funding agencies.

### **Examples**

Pittsburgh's **ACCESS** program is one of the longest-running public paratransit programs in the country. Started in 1979, ACCESS Transportation Systems, Inc. (a contractor to the Port Authority of Allegheny County, the local transit authority) arranges paratransit transportation in Allegheny County, Pennsylvania (which includes the city of Pittsburgh). ACCESS is open to the general public, but it primarily serves persons with disabilities, clients of human service agencies, and older persons. Trips are provided through contracts with eight for-profit and nonprofit authorized carriers chosen through competitive bidding. For FY 2001, ACCESS had 121 local sponsors; nearly all of the human service agencies and organizations that fund or provide transportation in the Pittsburgh area now voluntarily contract with ACCESS for trips for their clients. ACCESS provides its third-party human service agency sponsors (such as the Area Agency on Aging and the Medicaid program) with a wide variety of services, including eligibility screening, trip monitoring, and invoicing. In FY 2001, 6 for-profit transportation companies and 2 nonprofit human service agencies, operating from 13 distinct facilities, provided ACCESS-administered services. These carriers are responsible to ACCESS for providing service in designated service areas and for meeting service standards set forth in their contracts. ACCESS compensates these providers for their services. Service assignments are not exclusive; in many of the more densely populated areas, consumers have a choice of service provider.

In a large rural area in Washington and Idaho, the **Council on Aging and Human Services Transportation (COAST)** is a provider/broker in nine counties and two states and one of the most coordinated transportation services in the Nation. It has coordinated with many agencies and funding sources for many years in a very large rural area with many types of riders and significant local tax support. COAST provides an extremely wide range of transportation services in a large rural region, both directly provided and brokered by COAST, including general public and specialized transit service, regional information and dispatch center, volunteer escorts, vehicle loans, insurance pool, training broker, school transportation, and mail-passenger contracts.

## **Volunteer Drivers and Escorts**

### **Description**

Because labor costs typically constitute the largest portion of the total costs of any transportation service, volunteers can add to the cost-effectiveness of an operation because

volunteers are typically receive no payment for their time but are reimbursed for their expenses, usually on a per-mile basis. While many people would like to “help a neighbor” anyway, they are generally much more willing to provide trips to someone in need if they are reimbursed for their vehicle expenses. But some volunteers will refuse all payments; they offer their services simply because they enjoy helping others.

Volunteers can increase a transportation program’s cost-effectiveness by taking on some of the most labor-intensive tasks. This could include serving as drivers for long-distance trips, serving as drivers and/or escorts for persons who need hands-on door-through-door services, or providing service to areas or persons that are hard to serve through other transportation modes. Medical trips are typically one kind of trip purpose usefully served with volunteers.

Volunteer programs can be organized and administered on a large-scale basis (such as county-wide), but volunteer recruitment and recognition is often best accomplished at a very local level (such as a neighborhood or a specific religious center).

### **Examples**

**Ride Connection** in Portland, Oregon, is a nonprofit community organization that coordinates community agencies that provide rides for persons with disabilities and senior citizens without alternative transportation. Their service area includes 1.5 million persons in 3,000 square miles in three counties in Oregon and part of one county in Washington. They describe their mission as “linking accessible, responsive transportation with community need.” Operating in close collaboration with Tri-Met, the local public transit authority, Ride Connection has helped Tri-Met trim its ADA paratransit costs. Ride Connection currently has 401 volunteers and 268 paid drivers. Among volunteer programs that are closely allied with public transportation providers, Ride Connection is probably the largest in the country.

**TRIP (Transportation Reimbursement and Information Program)** in Riverside, California, targets frail seniors and people with disabilities who have no other form of transportation available and who would be homebound and unable to provide for their daily needs if they did not have TRIP. The service area is Riverside County, which has a population of 1.7 million persons in 7,200 square miles. TRIP serves urban, suburban, and rural portions of Riverside County. Most of the riders find their own drivers and schedule their trips with the driver. Many drivers also act as escorts and even assist riders with activities of daily living. TRIP reimburses the drivers on a mileage basis.

## **Car-Pools and Vanpools**

### **Description**

Carpools and vanpools are similar methods of sharing rides. A primary component of these options is that the passengers typically are interested in traveling to the same (or nearly the

same) destination as the driver. Passengers generally share the travel costs with the driver, and the trip can become a venue for socialization.

**Car Pools.** Carpooling is the shared use of a car, especially for commuting to work. People are often interested in carpooling for its cost-saving features, but carpooling also promotes reduced vehicular travel with its corresponding environmental benefits. Some communities encourage carpooling by sponsoring designated pick-up points and high-occupancy vehicle lanes for multiple-occupancy vehicles at certain times of the day. The vehicles used for carpooling are typically owned by individuals. Events such as changes in work schedules or emergencies can interfere with established travel patterns and may make carpooling difficult to maintain on a consistent basis.

**Van Pools.** Vanpools use larger vehicles than cars; this allows vanpools to generate larger savings in fuel and vehicle operating costs than carpools. Vanpools are a highly cost-effective mode of transportation. The vehicles used in vanpooling may be provided by individuals, individuals in cooperation with various public and private support programs, through a program operated by or on behalf of an element of government, or a program operated by or on behalf of an employer. Employers or government agencies sometimes subsidize the cost of the vanpool and vehicle maintenance. There are private firms which operate vanpools for individuals or employers.

### **Examples**

The **Denver Regional Transportation District (RTD)** is the public transportation provider for 40 cities and towns in all or portions of 8 counties around Denver. The service area population is more than 2.5 million persons located in 2,327 square miles. RTD's operations include fixed bus routes, express buses, light rail, shuttles, ADA paratransit services, call-n-Rides, Senior Ride, vanpools, free shuttle services on the downtown mall, and other services. More than 86 million riders used RTD's services in 2005; the 2006 operating budget is \$393 million and average weekday boardings are now 290,000. One of RTD's key management programs is its vanpool program. RTD is attempting to create services that are "closer to the customer" and more cost-effective than typical services. RTD is now said to be more interested in funding and managing certain services than providing them. The Vanpool Program has grown from 11 vehicles in 2001 to 134 in 2007. Per passenger subsidies on the vanpool program are \$1.19 per rider versus the \$3.20 average subsidy for all of RTD's riders (2005 figures). There were approximately 343,300 rides taken on the vanpool program in 2006 at a cost of about \$700,000. Using the 2005 cost numbers, the savings generated by the vanpool program in 2006 are estimated to be \$690,234.

Seattle's **Metro VanPool** program claims to be the oldest and largest public vanpool program in this country. VanPool provides the basic components for ridersharing: the van, rider support services, maintenance, insurance, fuel, tires and training. Groups of five to fifteen people all over the Puget Sound region are choosing to vanpool. VanPool has served as an information resource for other vanpool programs around the country.

## Area-wide General Public Services

### Description

The focus in this option would shift from the “clients” of particular agencies to the general public in the region. Services might primarily be available on a fixed route, fixed schedule basis for anyone desiring those services, but the range of service options could include:

- Traditional fixed route and fixed schedule services to the general public,
- “route deviation” or “point deviation” modification of fixed routes and schedules to the general public, and
- subscription bus service.

Service areas would be expanded, as would times of service and potential destinations. More new individuals would be served. A new agency, a transit authority, or one of the existing providers with a substantially expanded mission might be necessary to provide such services. Existing services could continue, but it is likely that they would be scaled back if not actually consolidated into the operations of the major provider. This means that the major provider would assume control over most if not all of the vehicles of the existing providers.

Most trips would probably involve fares paid for by the person taking the trip (who could, if necessary, be reimbursed for that trip by a social service agency if paying would constitute a financial hardship and an impediment to travel). Since the system would be open to the general public, it would be expected that county governments would help pay for costs not covered by fares, contract revenues, grants, or other sources.

### Example

**R.Y.D.E. (Reach Your Destination Early) Transit** started operation in Buffalo County, Nebraska, in 2000 after 4 years of research and planning. R.Y.D.E. Transit serves the Kearney and Buffalo County with on-demand public transportation and represents the first brokered transit system to operate in Nebraska. The idea is based on the utilization of existing community resources to meet the need of public transportation in rural areas. R.Y.D.E. Transit began operation by assuming operational responsibilities for vehicles owned by various agencies. By bringing these vehicles “under one roof,” R.Y.D.E. has been more responsive to customer needs in Buffalo County. R.Y.D.E. eliminated barriers to providing transportation to the public and expanded service hours. R.Y.D.E. also abolished the waiting and time requirements and expanded transportation access to rural Buffalo County. R.Y.D.E. saw rapid growth in ridership in the first year of operations. In 1999, public transportation provided 11,000 rides in Buffalo County. After its first full fiscal year in operation, R.Y.D.E. had provided more than 50,000 public transportation rides in Buffalo County.

## RESULTS OF TRANSPORTATION OPTIONS WORKSHOPS

Transportation options workshops were a key component of community outreach for developing the regional coordinated transportation plan. County-level workshops were held to provide stakeholders the opportunity to consider a range of transportation coordination alternatives for improving the management and delivery of transportation services in their county. These half-day workshops were held during the week of November 12<sup>th</sup> as follows:

- Montgomery County – Wednesday, November 14, 2007
- Greene County – Thursday, November 15, 2007
- Miami County – Wednesday, November 14, 2007.

At the workshops, participants were asked to consider the following transportation coordination alternatives:

- Do nothing
- Have a central info source
- Have a central planner and trip broker
- Coordinate operational and administrative transportation functions
- Add new services
- Consolidation of all services under one administration

For each of the alternatives, participants were asked to discuss and offer input on the following:

- What are the forces that would support change?
- What are the forces that would restrain change?
- What actions would be necessary to deal with each supporting or restraining forces?
- Is there a transportation coordination alternative that would be the top priority?

In considering “supporting forces,” participants were asked to think about:

- What important problems does this solve?
- What doesn’t it solve?
- What other existing processes and structures support this action?
- Who could lead this exercise?
- What forces create or encourage opportunities?

In considering “restraining forces,” participants were asked to think about:

- What would we give up or lose?
- What forces, processes, structures could make it difficult?
- What are the barriers that need to be resolved?
- Who or what groups would we need to get on board to be successful?

## **Priority Selections in Each County**

The detailed results for each county are presented in the following section. Table 3 presents the results of priority setting among the alternatives considered in each county. The results in each county reflect the thinking of participants, given the state of transportation services in the county at the time.

Each participant was able to cast one vote for their first priority and one vote for their second priority. Table 3 presents the vote tallies and a composite score for each alternative in each county. The composite score has been calculated by giving each top priority vote one point and each second priority vote a half point and accumulating the points.

### **Montgomery County**

Two alternatives emerge with nearly the same score, trip planning/brokerage and consolidation of administrative and operations functions. The voting patterns for each are very different. Brokerage received 8 top priority votes while coordination of functions received only 3 top priority votes but 14 second priority votes.

### **Greene County**

The top priority is clearly adding new services. Greene County has a history of coordinating transportation services. In fact, the present public transportation system, Greene CATS, grew out of extensive coordination among agencies in earlier years. The priority in Greene County reflects a desire to continue to improve transportation services.

### **Miami County**

Coordinating administrative and operational function is the top priority with a rating of 7.0, followed by consolidation of services with a rating of 4.5.

**Table 3:  
RESULTS OF PRIORITY RATING AND VOTES**

<b>Transportation Coordination Alternatives</b>			
<b>Transportation Coordination Alternative</b>	<b>Priority Rating and votes by County</b>		
	<b>Montgomery</b>	<b>Greene</b>	<b>Miami</b>
<b>Do Nothing</b> Votes #1 - #2	<b>0.0</b> 0 - 0	<b>0.0</b> 0 - 0	<b>0.0</b> 0 - 0
<b>Central Information Source</b> Votes #1 - #2	<b>6.0</b> 6 - 0	<b>4.5</b> 3 - 3	<b>0.5</b> 0 - 1
<b>Trip Planning/Brokerage</b> Votes #1 - #2	<b>10.5</b> 8 - 5	<b>5.5</b> 3 - 5	<b>0.5</b> 0 - 1
<b>Coordination of Administrative and Operations functions</b> Votes #1 - #2	<b>10.0</b> 3 - 14	<b>4.5</b> 3 - 6	<b>7.0</b> 6 - 2
<b>Adding New Services</b> Votes #1 - #2	<b>0.5</b> 0 - 1	<b>10.5</b> 9 - 3	<b>1.0</b> 1 - 0
<b>Consolidation</b> Votes #1 - #2	<b>4.5</b> 4 - 1	<b>3.5</b> 2 - 3	<b>4.5</b> 2 - 5
<b>Total Votes Cast</b>			
<b>First Priority</b>	<b>21</b>	<b>20</b>	<b>9</b>
<b>Second Priority</b>	<b>21</b>	<b>20</b>	<b>9</b>

**Workshop Wrap-up Notes**

Each workshop was concluded by asking participants what their thinking was following the work on supporting and restraining forces, actions required and priorities.

In **Montgomery County**, the following thoughts were expressed:

- Who leads?
  - GDRTA – It’s their business.
  - MVRPC

- Door through door transportation – volunteer service
- Steering Committee – Bringing people to the table
- Need a champion
- Advance work on a strategic plan: Vision – Where are we going?
- What are the models?
  - Purchase of service
  - Volunteers
  
- Find a champion
- Take bits and pieces from each alternative and then add and grow. What is the next best piece? Small part?
- Write a compelling statement – to involve others.

In **Greene County**, the following thoughts were expressed:

- Consolidation can go farther
- More trip brokering
- Extend involvement to include additional agencies
- Key players meet to decide where we are at
- History of brokering
  - 1997 to 2000 – good efforts and results
  - 2001 to present – formed Greene CATS – Not so much brokering any more.

In **Miami County**, the following thoughts were expressed:

- Find a leader
- Education
- People in the room care
- There will be resistance to change.
- It will cost money for expansion (or it may not).
- Cost savings may be 15 to 25 %.

## **Overall Results of the Transportation Options Workshop**

The overall results of the transportation options workshops were as follows. In **Greene County**, the preferred options were to:

- Add new services, and
- Create a centralized trip planner / broker.

In **Miami County**, the preferred options were to:

- Coordinate administrative and operational functions, and
- Consolidate services under one operator.

In **Montgomery County**, the preferred options were to:

- Create a centralized trip planner / broker,
- Coordinate administrative and operational functions, and
- Create a central information resource.



# 5

## **PROPOSED REGIONAL ACTION PLAN**

This chapter describes the proposed Action Plan for coordinating public transit and human services transportation in Greene, Miami, Montgomery and portions of Northern Warren County, Ohio. Information is provided here on goals, perspectives, action steps, implementation stages, and potential assignments. Examples of communities with similar programs are briefly reviewed.

### **PROPOSED REGIONAL ACTION PLAN GOALS**

The proposed goals for the regional action plan are the following:

- Adopt a regional perspective and approach
- Improve transportation services for all travelers
- Implement transportation improvements in stages
- Maximize
  - Stakeholder participation
  - Coordination of services
  - Eligibility for Federal and other funding
  - Overall cost-effectiveness of services
  - Economic benefits to the region.

### **A NEW REGIONAL TRANSPORTATION PERSPECTIVE**

A new regional transportation perspective will be needed to achieve the goals listed above. The components of this new perspective are that:

- Transportation needs are increasingly regional in nature.
- Regional transportation resources should be viewed as a system with the overall goal of connecting all people to their destinations within the regional community.
- Increasing regional and local coordination within that system can deliver more service more cost effectively.
- Public transit will be just one of many parts of a sustainable regional system (that includes volunteers and others).

- Innovative programs, policies, and partnerships will be essential to meet growing needs.

## **POTENTIAL ACTION STEPS**

More coordination of transportation services in the region could generate significant benefits. An optimal level of coordination will not spring into being all at once; indeed, a measured, careful process of implementing one step after another will be needed. Some potential activities may not be taken in the long run after assessing the progress made by the previous steps. It is not necessary that all of the following steps be taken to achieve successful coordination improvements. It is important to recognize that this entire sequence (if all steps are taken) might easily take 5 or more years to accomplish.

- In the beginning:
  - Formalize regional / sub-regional leadership councils
  - Develop coordination agreements between transportation providers in each county.
- Next steps:
  - Link the county public transit services at transit hubs
  - Provide easily-accessed regional transportation information.
- Further on:
  - Create a regional trip broker to administer and monitor trips
  - Add new transportation hours, services, and areas.
- Still farther down the road:
  - Centralize management and administrative functions
  - Consolidate some transportation operations.

## **POTENTIAL COORDINATED ACTION PLAN “PROJECTS”**

The following would probably be key specific efforts in the implementation of the coordinated transportation services Action Plan:

- Provide coordinated travel information. (as is provided by FindARide in the Seattle area)
- Support existing service providers who provide services in accordance with this coordinated transportation plan by, for example
  - Assistance in acquiring vehicles

- Providing administrative and non-operating assistance
- Offering maintenance services to smaller operators.
- Connect public transit services with each other.
- Execute agency coordination agreements.
- Offer taxi subsidy options for some Project Mobility trips.
- Evaluate expanded use of the private sector.
- Provide community-oriented volunteer transportation services.
- Offer vanpools for work and other trips.
- Expand current public transportation services.
- Broker transportation operations.
- Provide additional local funding support for transportation.
- Offer multi-county transportation services.
- Coordinate transportation services on a regional basis.

As an example of the specific kinds of coordination activities that might be provided, the following should be considered:

- Administrative (non-operating) agreements for
  - Maintenance
  - Purchasing
  - Training
  - Vehicle storage, etc.
- Operating agreements for
  - Ride sharing
  - Vehicle sharing
  - Dispatching.

## **SOME POTENTIAL ASSIGNMENTS**

A key part of any action plan is who will undertake specific actions. At this stage of the planning process, key activities and potential actors include the following:

- Operate county / regional travel information centers
  - GDRTA, Greene CATS, Miami County Transit
  - MVRPC
  - County governments
  - United Way.
- Administer the vanpool program

- MVRPC
  - GDRTA.
- Augment Project Mobility operations
  - GDRTA
  - New partners.
- Construct / operate new transit transfer facilities
  - GDRTA
  - MCTS
  - Greene CATS.
- GDRTA, Greene CATS, MCTS and other major operators provide administrative assistance to smaller operators
- Coordinate agency transportation services
  - A current transportation provider
  - A consortium of current providers
  - A new private non-profit organization.
- MVRPC / stakeholder committee coordinate distribution of Federal funding
- Provide travel subsidies as needed
  - Human service agencies
  - County governments.

## **A REVIEW OF THE POSSIBLE BENEFITS OF COORDINATION**

A large number of communities have already implemented substantial coordination efforts and have achieved substantial benefits through greater coordination. Some key examples, already previously mentioned, include Pittsburgh, Pennsylvania and Portland, Oregon. There are many others, including Cincinnati, Ohio, Grand Rapids, Michigan, Louisville, Kentucky, and Southeastern Michigan that have important lessons for the Miami Valley region.

### **ACCESS: Pittsburgh, Pennsylvania**

- ACCESS (a contractor to the public transit authority) contracts for services with 8 trip providers through competitive contracts.

- \$29.5 million costs in FY 2001; 2.059 million trips (7,500 per day, a much higher figure than pre-ACCESS operations).
- Estimated cost savings of nearly 50%; in FY 2001, cost savings were estimated at \$26.1 million.
- Reduced number of transportation providers from 121 to 16.
- Increased on-time performance; reduced complaint level.

### **Ride Connection: Portland, Oregon**

- Serves 3 counties in urban, suburban, and rural areas.
- 650 drivers (63% volunteer); 300,000 annual trips; \$5.2 million total budget; operating since 1988.
- Very close relationship with local transit system and local government; substantial focus on escort service.
- Brokers / coordinates with many local agencies, including 3 Area Agencies on Aging.
- Provides trips to more than 6,000 persons who would not otherwise be able to travel; cost savings of about \$2 million per year just to public transit; more to other agencies.

## **REVIEW OF SERVICE DEFICIENCIES AND RECOMMENDED STRATEGIES**

Transportation for all of the target populations (seniors, people with disabilities and people with low incomes) is currently inadequate in the study area and will become even more challenging as those populations grow. Specific gaps include:

- Inadequate transportation options for the growing number of seniors and people with disabilities for all types of trips, especially in rural and suburban parts of the study area.
- Inadequate transportation for medical and personal trips when those trips cross county lines.
- Inadequate transportation for work-related trips when those trips cross county lines.
- Inadequate transportation on the weekends and evenings for work-related trips, especially in suburban and rural areas.
- Inadequate transportation on the weekends and evenings for social and recreational activities, especially in suburban and rural areas.

Current transportation services are fragmented. Specific issues include:

- Non-drivers have few travel options.
- The options that exist are not well-coordinated, resulting in gaps and overlaps of services, especially outside the urban core.
- No one knows or manages the entire travel picture in the study area.
- County lines represent a barrier to travel within the study area for non-drivers.

Information about transportation options is currently hard to get. Specifically:

- No single resource of possible transportation options in the study area currently exists.
- Transportation-dependent individuals and their advocates often don't know who to call about transportation-related issues.
- There is no county or regional source to call which can direct the public to the best source of transportation to meet a specific need.
- There are widespread misperceptions concerning eligibility for paratransit services.

**Overall strategies to address the gaps and service deficiencies identified include:**

1. Maintain and expand the transportation services network available to seniors, people with disabilities, and people with low incomes.
2. Make information about that system available easily at both the county and regional level so that the public and advocates have a customer-friendly resource(s) to match travel needs with available options.
3. Actively coordinate among and between transit, human service agencies, and private providers to reduce gaps and overlaps in service.
4. Actively coordinate among and between transit, human service agencies, and private providers to reduce the costs involved in providing specialized transportation and reinvest savings in providing more service to seniors, people with disabilities, low income individuals, and the general public.

# 6

## KEY PROGRAMS THAT FUND HUMAN SERVICE TRANSPORTATION

### FEDERAL PROGRAMS WITH SUBSTANTIAL TRANSPORTATION FUNDS

There are many Federally-funded programs that provide some kinds of financial support for individuals or communities needing human service transportation. A 1977 study by the General Accounting Office included 114 programs;<sup>3</sup> their 2003 list included 62 programs.<sup>4</sup> Current estimates on this wide range of programs vary from 64 to 74 Federal programs, (but many of these federal programs are not often used to fund local transportation services).<sup>5</sup> It is important to note that funds from some Federal programs not sponsored by the U.S. Department of Transportation may be used to provide some of the local matching funds required for US DOT programs.

Table 4 provides the funding perspective on these programs. As can be seen, just two programs — Medicaid and Head Start — accounted for 60 percent of all Federal funding for specialized transportation services. GAO reported a Fiscal Year 2001 total of \$2.445 billion dollars in specialized transportation expenses but, as shown in Table 3, the top 10 programs accounted for more than 93 percent of all funds spent. In fact, just the top five programs — Medicaid, Head Start, FTA's S. 5310 Elderly and Persons with Disabilities program, TANF, and Veterans Medical Care Benefits — accounted for 80 percent of the total. A fruitful transportation development strategy could be to focus on those programs with the greatest amounts of funding.

Table 5 presents estimates for FY 2006 expenses for these programs. Figures for

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<sup>3</sup>*Hindrances to Coordinating Transportation of People Participating in Federally Funded Grant Programs*, Report of the Comptroller General of the United States to the Senate Committee on Environment and Public Works, United States General Accounting Office, October 1977.

<sup>4</sup>United States General Accounting Office [now known as the Government Accountability Office], *Transportation Disadvantaged Populations: Some Coordination Efforts Exist Among Programs Providing Transportation Services, but Obstacles Persist*, Report GAO-03-697, Washington, DC, June 2003.

<sup>5</sup>For example, see *Federal Programs that Fund Ground Passenger Transportation Services*, Taxicab, Paratransit and Limousine Association, February 2006. See also *Federal Investment Guide*, Community Transportation Association of America, <http://www.ctaa.org/ntrc/federalregs/fedinvest.gd.pdf>.

**Table 4:  
THE MOST HIGHLY FUNDED FEDERAL TRANSPORTATION PROGRAMS**

<i>Program and Agency</i>	<i>FY 2001 transportation expenses<sup>6</sup></i>	<i>Percent of total funding</i>	<i>Cumulative percent</i>
Medicaid (CMS/DHHS)	\$976,200,000	39.9	39.9
Head Start (ACF/DHHS)	\$514,500,000	21.0	61.0
Elderly and Disabled Program, S. 5310 (FTA/DOT)	\$174,982,628	7.2	68.1
Temp Assistance for Needy Families (ACF, DHHS)	\$160,462,214	6.6	74.7
Veterans Medical Care Benefits (Veterans Health, VA)	\$126,594,591	5.2	79.9
Job Access and Reverse Commute, S. 5316 (FTA/DOT)	\$85,009,627	3.5	83.3
21st Century Learning (Elementary & 2ndary Ed/ED)	\$84,600,000	3.5	86.8
Title III B Supportive Services (AoA/DHHS)	\$72,496,003	3.0	89.8
Vocational Rehabilitation (RSA/ED)	\$50,700,000	2.1	91.9
Urbanized Area Grants, S. 5307 (FTA/DOT)	\$36,949,680	1.5	93.4

**Table 5:  
UPDATED ESTIMATES FOR KEY FEDERAL TRANSPORTATION PROGRAMS**

<i>Program, Agency, and Department</i>	<i>FY 2001 transportation expenses</i>	<i>Estimated FY 2006 transportation expenses</i>
Medicaid (CMS/DHHS)	\$976,200,000	\$1,171,400,000
Head Start (ACF/DHHS)	\$514,500,000	\$662,900,000
Elderly and Disabled Program, S. 5310 (FTA/DOT)	\$174,982,628	\$110,900,000
Temp. Assistance for Needy Families (ACF, DHHS)	\$160,462,214	\$169,300,000
Veterans Medical Care Benefits (VA)	\$126,594,591	\$145,600,000
Job Access and Reverse Commute, S. 5316 (FTA/DOT)	\$85,009,627	\$136,600,000
21st Century Learning (Elementary & 2ndary Ed/ED)	\$84,600,000	\$97,300,000
Title III B Supportive Services (AoA/DHHS)	\$72,496,003	\$96,800,000
Vocational Rehabilitation Grants (RSA/ED)	\$50,700,000	\$58,305,000
Urbanized Area Grants, S. 5307 (FTA/DOT)	\$36,949,680	\$42,500,000

Sources: GAO 2003 report and 2006 estimates by Westat from total agency FY 2006 budgets.

FTA programs are from FY 2006 final appropriations; estimates from other programs are based on the previously reported proportion of agency funds spent on transportation or an assumed

<sup>6</sup> United States General Accounting Office, Report GAO-03-697, 2003.

2001-2006 growth rate of between 15 and 20 percent. The FY 2001 total expenditures of these 10 programs were more than \$2.28 billion; estimates of the FY 2006 total Federal expenditures of these programs total \$2.69 billion.<sup>7</sup> Transportation expenses for these programs can be expected to continue to grow in the future.

Of the above programs, the following are among those usually involved in local transportation coordination efforts:

- Medicaid
- FTA's Section 5310 Elderly and Disabled program
- TANF
- FTA's Section 5316 JARC program
- AoA's Title III B program,
- FTA's Section 5307 program (especially funding for ADA services), and
- The Vocational Rehabilitation Grants.

Other programs shown in Table 5, including Head Start, Veterans Medical Care Benefits, the No Child Left Behind programs (the 21<sup>st</sup> Century Learning Act), and the Ryan White grants, are not typically involved in coordinated transportation services. Additions to this list should be the FTA's Section 5311 Other than Urbanized Formula Grant program (for rural communities; not included in GAO's 2003 report) and FTA's new Section 5317 New Freedom program.

Certainly, if communities in the Miami Valley region could get all of the following programs involved in coordinated transportation, in useful ways with significant cost sharing, it would be a great achievement:

- Medicaid
- TANF
- FTA Section 5310, Elderly and Persons with Disabilities
- FTA Section 5311, Other than Urbanized Formula Grant Program
- FTA Section 5307, Urbanized Area Grants
- FTA Section 5316, Job Access and Reverse Commute
- FTA Section 5317, New Freedom
- Administration on Aging, Title III B
- Vocational Rehabilitation, and
- Veterans Care.

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<sup>7</sup> This chapter contains information from a variety of sources, including Jon Burkhardt, *Business Growth Opportunities for TLPA Members in Federally Funded Transportation Programs*, prepared by Westat for the Taxicab, Limousine and Paratransit Association, April, 2007.

## **SHORT DESCRIPTIONS OF KEY FEDERAL PROGRAMS**

The following sections briefly describe the programs listed above.<sup>8</sup> Programs are listed by name, agency, and Federal department. Information on these programs is available at the web sites of the respective departments and at the web site for the Federal Interagency Coordinating Council on Access and Mobility at <http://www.unitedweride.gov/>.

### **Medicaid**

#### **(Centers for Medicare and Medicaid Services, US Department of Health and Human Services)**

The Medicaid program ensures medical assistance to qualified persons, such as certain low-income individuals and families, who fit into an eligibility group that is recognized by federal and state law. Medicaid is the largest program providing medical and health-related services to America's poorest people; the Medicaid program accounts for one of every six dollars spent on personal health care and nearly half of all spending on nursing home care.

Within broad national guidelines which the Federal government provides, each of the States establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program. Thus, the Medicaid program varies considerably from State to State, as well as within each State over time. States are mandated to provide certain categories of health care, and some chose to expand the mandated benefits as appropriate for their beneficiaries. Payments for medical services (including transportation to those services) are sent directly to the providers of those services. Program clients may be asked to pay a small part of the cost (a co-payment) for some medical services.

Most observers believe that the Deficit Reduction Act of 2005 specifies that non-emergency medical transportation is now a required, not optional, component of the Medicaid program. States are now mandated to arrange the provision of transportation when necessary for accessing health care, but each state may set their own guidelines, payment mechanisms, and participation guidelines for these transportation services.

The Medicaid program provides more funding for specialized transportation than any other Federal program. Medicaid's Federal transportation expenses equal two-thirds of all of the other expenses of all other Federal transportation programs combined. States contribute substantial funds to the Medicaid program. While state funding for Medicaid transportation services is difficult to document on a national basis, the combination of state and Federal funding for Medicaid transportation is probably about \$2 billion per year at this time.

Medicaid transportation programs vary widely from state to state. There are two major administrative or operational models in place at this time: a state supervised and administered

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<sup>8</sup> Ibid.

system and a state supervised, county administered system. In a few states, counties have the majority of responsibility for operational decisions.

In almost all situations, the program is structured on a reimbursement basis: individual trips must be authorized in advance, substantial documentation that the trip actually occurred must be provided, and there may be a significant waiting period before expenses are reimbursed. The administrative and reporting requirements are substantial. Per trip reimbursements are most often based on strict reimbursement schedules which may not reflect the actual costs of providing transportation.

### **Temporary Assistance for Needy Families: TANF (Administration for Children and Families, US DHHS)**

The Temporary Assistance for Needy Families (TANF) program provides block grants to states to help families transition from welfare to self-sufficiency. TANF funds provide cash assistance, work opportunities, and necessary support services for needy families with children. The TANF block grant replaced the Aid to Families with Dependent Children (AFDC) program, which had provided cash welfare to poor families with children since 1935. States use TANF funds to operate their own programs. States have great latitude in expenditures and have used TANF funds in many ways, including income assistance and wage supplements, child care, education and job training, transportation, and other services designed to help families make the transition from welfare to work. In order to receive TANF funds, states must spend some of their own dollars on programs for needy families.

States may choose to spend some of their TANF funds on transportation to purchase and/or operate vehicles, as well as reimburse costs of transportation. While some states spend no TANF dollars on transportation, the national average for state TANF transportation expenses is about 2 percent of TANF funds received by all states.

### **Title III Programs for the Elderly: Grants for State and Community Programs on Aging (Administration on Aging, US DHHS)**

Title III of the Older Americans Act is entitled Grants for State and Community Programs on Aging. Section 311 of the Act (Title III B) authorizes funding for Supportive Services and Senior Centers. This section enables funding for a long list of home and community-based supportive services including transportation, health, education and training, welfare, information dissemination or referral services, recreation, homemaker, counseling, transportation, access services, housing, and many other services. Funds are awarded by formula to State Units on Aging (SUAs) to provide (or ensure that other agencies provide) these supportive services to older persons. State Units on Aging and Area Agencies on Aging (AAAs) are charged with the responsibility of concentrating resources to develop and implement comprehensive and coordinated community-based systems of service for older individuals to enable them to remain in their homes and communities. Most States are subdivided into multi-

county Planning and Service Areas (PSAs), each of which is served by an Area Agency on Aging (AAA). There are about 656 AAAs in the US; many of them are multi-county not-for-profit organizations that are further subdivided into Councils on Aging (COAs).

Most AAAs use a portion of their funds for transportation services for older persons. This includes funding to purchase and/or operate vehicles as well as purchasing trips from other transportation providers.

### **Urbanized Area Formula Program: Section 5307 (Federal Transit Administration, US Department of Transportation)**

The Section 5307 program provides Federal funds to urbanized areas (areas with populations of 50,000 or more) and to Governors for transit capital and operating assistance in urbanized areas and for transportation planning. For urbanized areas with populations of 200,000 and over, funds flow directly to the designated local recipient. For urbanized areas under 200,000 in population, the funds are apportioned to the Governor of each state for distribution.

Eligible purposes for expenditures include planning, capital investments in bus and bus-related activities, and capital investments in new and existing fixed guideway systems. All preventive maintenance and some Americans with Disabilities Act complementary paratransit service costs are considered capital costs.

### **Formula Program for Elderly Persons and Persons with Disabilities: Section 5310 (Federal Transit Administration, US DOT)**

Section 5310, the Formula Program for Elderly Persons and Persons with Disabilities program, provides formula funding to States for the purpose of assisting private nonprofit groups and certain public bodies in meeting the special transportation needs of seniors and persons with disabilities. Funds are apportioned based on each State's share of population for these groups of people and are primarily to be used for capital expenses but may include purchase-of-service agreements. This program requires coordination with other federally assisted programs and services in order to provide the most effective use of federal resources. Not-for-profit, public transit, and/or specialized human service providers are awarded funds, by States, to purchase buses, vans, and related capital items, and to engage in the purchase of transportation service contracts.

Funds are obligated based on the annual program of projects included in a statewide grant application. The State agency ensures that local applicants and project activities are eligible and in compliance with Federal requirements, that private not-for-profit transportation providers have an opportunity to participate as feasible. The program requires a coordinated planning process with other Federally-assisted programs and services (such as is provided in this Action Plan). Once FTA approves the application, funds are available for state administration of its program and for allocation to individual subrecipients within the state.

## **Section 5311: Other than Urbanized Formula Grant Program (Federal Transit Administration, US DOT)**

Section 5311 provides funds for public transportation services in rural and small urban communities with populations under 50,000 persons. The goals of the nonurbanized formula grants program are to: 1) enhance the access of people in nonurbanized areas to health care, shopping, education, employment, public services, and recreation; 2) assist in the maintenance, development, improvement, and use of public transportation systems in rural and small urban areas; 3) encourage and facilitate the most efficient use of all Federal funds used to provide passenger transportation in nonurbanized areas through the coordination of programs and services; 4) assist in the development and support of intercity bus transportation; and 5) provide for the participation of private transportation providers in nonurbanized transportation to the maximum extent feasible.

Section 5311 funds are distributed to states which in turn designate local recipients. Local program recipients are usually designated units of government, including transit authorities. Local recipients can provide or purchase transportation services.

## **Job Access and Reverse Commute Program: JARC, Section 5316 (Federal Transit Administration, US DOT)**

Job Access grants are intended to develop transportation services to assist welfare recipients and other low-income individuals get to and from jobs and training. Reverse Commute grants are designed to develop transit services to transport workers living in urban centers to suburban and rural job sites. JARC grants are intended for communities where the low income population is at least 150% of the poverty level. Grants may finance a wide variety of capital projects and operating costs of equipment, facilities, and associated capital maintenance items related to providing access to jobs (including the purchase of transportation services); promote the use of transit by workers with nontraditional work schedules; promote the use by appropriate agencies of transit vouchers for welfare recipients and eligible low income individuals; and promote the use of employer-provided transportation including the transit pass benefit program. Program activities include information sharing, interagency coordination, technical assistance, best practice documentation, and demonstrations of innovative services and coordination planning. Emphasis is placed on projects that use mass transportation services. JARC grants require annual reports that include performance measures.

## **Section 5317: New Freedom Program (Federal Transit Administration, US DOT)**

DOT may make grants under this section to a recipient for new public transportation services and public transportation alternatives that assist individuals with disabilities with transportation; these activities must be beyond those required by the Americans with Disabilities Act of 1990. Transportation to and from jobs and employment support services can be included.

Federal funds for capital projects under this section may not exceed 80 percent of the net capital costs of the project; Federal funds for operating assistance may not exceed 50 percent of the net operating costs of the project. Expenditures such as funding wheelchair accessible taxis and purchase of transportation services are allowable under this program.

New Freedom projects must be coordinated with activities Section 5310, 5316, and with related activities under programs of other Federal departments and agencies. Beginning in fiscal year 2007, 5317 recipients need to certify that the projects selected were derived from a locally developed, coordinated public transit-human services transportation plan (such as this plan); and the plan was developed through a process that included representatives of public, private, and nonprofit transportation and human services providers and participation by the public. New services must not have existed nor had funding committed before August 10, 2005, to be eligible. New Freedom grants require annual reports that include performance measures.

### **Vocational Rehabilitation Grants to States (Rehabilitation Services Administration, US Department of Education)**

The Rehabilitation Services Administration (RSA) oversees six formula and discretionary grant programs that help individuals with physical or mental disabilities to obtain employment and live more independently through the provision of such supports as counseling, medical and psychological services, job training and other individualized services, such as travel and related expenses. RSA's Title I formula grant program provides funds to state vocational rehabilitation (VR) agencies to provide employment-related services for individuals with disabilities, giving priority to individuals who are significantly disabled.

Transportation services that enable an individual to participate in a VR service are an allowable expense for VR programs. Allowable expenditures include costs of purchased services from public and private vendors. School transportation, transportation support services including travel training and service coordination, and private vehicle purchase are among the allowable expenses provided through funding in the Title I formula grant program.

### **Veterans Medical Care Benefits (Department of Veterans Affairs)**

Veterans of military service may be eligible for a wide range of hospital-based services, medications, and outpatient medical services. The Veterans Health Administration (VHA) is the operating unit of the Department of Veterans Affairs (VA) that acts as a direct provider of primary care, specialized care, and related medical and social support services to veterans through the VA health care system.

VA will reimburse eligible veterans for some transportation to covered medical care. Eligibility is determined by factors such as extensive service-connected disabilities, travel for treatment of a service connected condition, veterans who receive a VA pension, veterans traveling for scheduled compensation or pension examinations, veterans whose income does not

exceed the maximum annual VA pension, and veterans whose medical condition requires special mode of transportation, if they are unable to defray the costs and travel is pre-authorized. Advance authorization is not required in an emergency if a delay would be hazardous to life or health. Individual veterans may be reimbursed for their transportation at very modest per mile rates for travel.

In addition to reimbursing individual veterans, many VA Medical Centers have travel offices that may offer their own transportation services, may contract directly with transportation providers for some trips to VA Medical Centers, or may work with volunteer networks to provide transportation for veterans seeking health care. Some VA Medical Centers have contracts (sometimes for multiple years) to transport VA clients. Larger medical centers may request hundreds of trips every day from private operators. Trip orders come from the VA travel office, not the rider. Typical contracts specify a base fare for each trip and a mileage charge but some contracts pay strictly on a mileage basis.

The Veterans Administration works closely with the Disabled American Veterans, a non-profit group, to arrange transportation through volunteers for ambulatory veterans. The local Disabled American Veterans chapters often conduct fund raisers to purchase transport vehicles and then transfer vehicle titles to the Veterans Administration for insurance purposes.

The VA is requesting legislative changes that would increase its ability to provide veterans with home and community based care rather than nursing home care. If these changes are enacted, they could be expected to increase the level of demand for transportation services among veterans.

## **OTHER POTENTIAL FEDERAL FUNDING PROGRAMS**

While not at the top of the list of funding programs, the following programs do provide significant transportation funding in some communities.

### **Congestion Mitigation and Air Quality Improvement Program (CMAQ) (Federal Highway Administration, US Department of Transportation)**

The National Strategy to Reduce Congestion on America's Transportation Network provides the framework for government officials, the private sector, and the citizen-user, to take the necessary steps to make today's congestion a thing of the past. Solutions require a smarter approach to capacity expansion and improved productivity of existing transportation assets.

The Federal Highway Administration (FHWA) funds a number of high-priority efforts to help reduce congestion on the nation's highways in support of the Congestion Relief Initiative. These include Tolling & Pricing, Public Private Partnerships, and efforts derived from the best of existing technological and operational practices. Together, these efforts provide information that allow for more informed decisions, better coordination and quick action that help avoid and reduce traffic congestion. Some efforts to reduce traffic congestion and air pollution include

strategies to provide alternative to the reliance on single-occupancy vehicles, such as employer-sponsored van pools.

## **Developmental Disabilities (Administration for Children and Families, US DHHS)**

The Developmental Disabilities program provides financial assistance to State governments, local communities, and the private sector to assist people with developmental disabilities (severe, chronic, and possibly permanent disabilities attributable to physical or mental impairment) reach their potentials through increased independence, productivity, inclusion, and community integration. The Administration on Developmental Disabilities (ADD) meets the requirements of the DD Act through four programs: State Councils on Developmental Disabilities (SCDD), Protection and Advocacy Agencies (P&A), University Centers for Excellence in Developmental Disabilities Education, Research and Services (UCEDD), and Projects of National Significance (PNS). The state Developmental Disabilities Councils (DDCs) operate to increase the independence, productivity, inclusion, and community integration of people with developmental disabilities. DDC activities demonstrate new ideas for enhancing people's lives through training activities, through community education and support, by making information available to policy-makers, and by eliminating barriers. Councils develop a State Plan which includes activities for demonstrating new approaches to enhancing quality of life, developing training activities, and eliminating barriers.

Agencies serving individuals with developmental disabilities typically provide transportation directly to their own clients, although some DD-funded agencies purchase transportation from other providers. One study of state DD councils showed that 49 per cent had some transportation expenses.

## **Workforce Investment Act Programs (Employment and Training Administration, US Department of Labor)**

The Workforce Investment Act of 1998 (WIA) superseded the Job Training Partnership Act. WIA offers workforce development activities through statewide and local organizations. Workforce development activities provided in local communities are intended to benefit job seekers, laid off workers, youth, incumbent workers, new entrants to the workforce, veterans, persons with disabilities, and employers. These activities are designed to promote an increase in the employment, job retention, earnings, and occupational skills improvement by participants. Adult and laid-off worker services are provided through locally based One-Stop Career Centers. Comprehensive One-Stop centers provide access to a full range of services pertaining to employment, training and education, employer assistance, and guidance for obtaining other assistance. While WIA requires One-Stop centers to provide specific services, local areas may design programs and provide services that reflect the unique needs of their area.

These funds may be used to help provide transportation to training programs for program participants. Transportation is considered as a “supportive service” that may be approved under certain circumstances “to allow an individual to participate in the program.”

## **Head Start (Administration for Children and Families, US DHHS)**

Head Start is a national program which provides comprehensive developmental services for America's low-income, pre-school children ages three to five and social services for their families. Specific services for children focus on education, socio-emotional development, physical and mental health, and nutrition. Head Start began in 1965 in the Office of Economic Opportunity as an innovative way in which to serve children of low-income families and is now administered by the Administration for Children and Families. Head Start mandates place this program under the Department of Education; this means that the program must adopt school bus standards (e.g., for vehicles and for seat belt restraints) for transportation. Use of these regulations has made coordination with other local public or human service transportation operations a difficult process in some communities.

The cornerstone of the program is parent and community involvement — which has made it one of the most successful pre-school programs in the country. Approximately 1,400 community-based non-profit organizations and school systems develop unique and innovative programs to meet specific needs. Head Start provides diverse services to meet the goals in education; health, parent involvement and social services.

Local Head Start grantees are not required to provide transportation, but previous reports have noted that 77 percent own their own vehicles and provide transportation. Another 22 percent contract for transportation services from other providers, which is often local school districts or school bus operators. Transportation is a major expense in most Head Start programs but amounts are often not carefully recorded.

## **Community Services Block Grants (Administration for Children and Families, US DHHS)**

Community Services Block Grant (CSBG) program provides resources to alleviate the causes and conditions of poverty. To do this, the CSBG funds the efforts of a state-administered local CSBG network composed of 1,145 local agencies that create, coordinate, and deliver a broad array of programs and services to low-income Americans. The CSBG statute requires that 90 percent of block grant funds to the states be passed through to the local eligible entities and that states use no more than 5 percent for their administrative costs. The remaining 5 percent of funds may be used for a range of state discretionary programs to accomplish the CSBG statutory purposes. Because the needs of low-income people vary, a program like CSBG that is intended to fight many causes of poverty must offer a broad array of services; transportation is often seen as a key service in addressing poverty issues. These services are delivered in most communities through the local Community Action Agency or a similar organization funded by the states.

## **Social Services Block Grants (Administration for Children and Families, US DHHS)**

This program, also known as Title XX of the Social Security Act, provides formula funds to state welfare agencies to provide needed social services, including transportation services, that help individuals reduce welfare dependency, achieve self-sufficiency or forestall unnecessary use of institutional care. The state may transfer up to ten percent of its allotment for any fiscal year to the preventive health and health services, alcohol and drug abuse, mental health services, maternal and child health services, and low-income home energy assistance block grants. Purchase of transportation services is an eligible expense under this program.

## **Community Mental Health Services Block Grants (Substance Abuse and Mental Health Services Administration, US DHHS)**

The Center for Mental Health Services (CMHS), in partnership with States, leads national efforts to demonstrate, evaluate, and disseminate service delivery models to treat mental illness, promote mental health and prevent the development or worsening of mental illness when possible. To provide leadership for improved services, CMHS conducts knowledge exchange and information/education programs; facilitates development and application of scientifically established findings and practice-based knowledge; promotes high quality, effective programs and services; collaborates with other Federal agencies and departments; works closely with SAMHSA's Center for Substance Abuse Treatment and Center for Substance Abuse Prevention to address co-occurring mental illnesses and substance abuse problems; emphasizes comprehensive, integrated systems of care, including consumer and family self-help programs; encourages recovery empowerment and participation in the design, delivery and evaluation of mental health services; and sponsors policy research to address managed care delivery systems movement. CMHS administers Community Mental Health Service Block Grants in partnership with states which provide infrastructure building financial support for program start-ups, improving rural service access, and management information systems (MIS); services integration to support coordination of children's mental health, medical, dental, and education services; assessment of special population needs; training programs for emergency health care providers, patient assessment and program evaluation, referral protocols, and case managers Mental Health Planning Council support for travel and meeting expenses; leverage to attract matching funds from private organizations; provision of direct services.

Transportation is an allowable expense within the CMHSBG but is not generally a significant component of CMHSBG-funded activities.

## **Substance Abuse Prevention and Treatment Block Grant (Substance Abuse and Mental Health Services Administration, US DHHS)**

The Center for Substance Abuse Treatment (CSAT), Division of State and Community Assistance (DSCA), developed a State Systems Development Program (SSDP) to enhance Federal and State accountability for the Substance Abuse Prevention and Treatment (SAPT)

Block Grant. The SSDP encompasses the development of a standard application to report Statewide substance abuse prevention activities and treatment services delivery plans; the conduct of State prevention and treatment needs assessments; the conduct of on-site State Alcohol and Other Drug (AOD) Systems Technical Reviews; the provision of targeted technical assistance (TA) to States; and the creation of a national database of current prevention activities and treatment services delivery information. The SSDP provides a structure for the Federal government to guide and monitor substance abuse prevention activities and treatment services supported by the SAPT Block Grant on a State, regional, and national scale while providing states with the flexibility to plan, carry out, and evaluate state-specific solutions to local AOD prevention and treatment needs.

Transportation is an allowable expense within the substance abuse prevention and/or treatment related activities funded under the SSDP. However, SAMHSA does not require the States to report on transportation activities or the expenditure of funds for transportation activities. Transportation is not likely to be a significant component of SAPTBG-funded activities.

## **Developmental Disabilities (Administration for Children and Families, US DHHS)**

The Developmental Disabilities program provides financial assistance to State governments, local communities, and the private sector to assist people with developmental disabilities (severe, chronic, and possibly permanent disabilities attributable to physical or mental impairment) reach their potentials through increased independence, productivity, inclusion, and community integration. The Administration on Developmental Disabilities (ADD) meets the requirements of the DD Act through four programs: State Councils on Developmental Disabilities (SCDD), Protection and Advocacy Agencies (P&A), University Centers for Excellence in Developmental Disabilities Education, Research and Services (UCEDD), and Projects of National Significance (PNS). The state Developmental Disabilities Councils (DDCs) operate to increase the independence, productivity, inclusion, and community integration of people with developmental disabilities. DDC activities demonstrate new ideas for enhancing people's lives through training activities, through community education and support, by making information available to policy-makers, and by eliminating barriers. Councils develop a State Plan which includes activities for demonstrating new approaches to enhancing quality of life, developing training activities, and eliminating barriers.

Agencies serving individuals with developmental disabilities typically provide transportation directly to their own clients, although some DD-funded agencies purchase transportation from other providers. One study of state DD councils showed that 49 per cent had some transportation expenses.

## TRANSPORTATION PROGRAM ADMINISTRATION IN OHIO<sup>9</sup>

Transportation coordination efforts in Ohio are led by the Ohio Statewide Coordination Task Force (Task Force), created in 1996 to remove barriers that prevent the successful coordination of transportation programs and resources among state and local agencies and organizations. The Task Force recently completed its Ohio Coordination Strategic Action Plan, a working document that provides strategies for the Statewide Coordination Task Force to accomplish its mission: **provide leadership that facilitates citizen mobility through the coordination of transportation resources and effect pro-coordination policy and communication at all levels.**

### Ohio DOT's Coordination Program

Since 1996, the Ohio Department of Transportation has provided grant funds through the Ohio Coordination Program to assist in the coordination of transportation services among transportation providers. The primary goal of the program is to enhance and expand transportation through coordination in Ohio counties with no public transportation systems.

The Ohio Coordination Program funding is competitive, and projects are evaluated on the extent to which the project improves and/or expands transportation services, the project's adaptability as a model for other areas, and the commitment of local funding and support.

Eligible applicants are:

- a board of county commissioners, municipality or village in one of the counties with no public transportation system which is applying on behalf of a countywide or regional coordination project within its boundaries;
- a board of county commissioners, municipality or village in a county that is served by a public transportation system applying on behalf of a coordination project; or
- A Regional Transit Authority (RTA) or County Transit Board (CTB) applying on behalf of a coordination project.

Only one eligible applicant per county can apply for funding. Priority is given to those counties with no public transportation system. Applicants must designate in their application operating plan which of the above categories applies to their application.

Eligible projects must demonstrate some level of interagency coordination in their local area to be eligible for funding. Interagency coordination is defined as cooperating in the delivery of transportation services between two or more agencies.

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<sup>9</sup> For additional information on these programs, see *Human Services Transportation Cost Reporting to Facilitate Cost Sharing Agreements: Interim Report # 1*, prepared by Westat, et al. for the Transportation Research Board, July 2007, and the web sites of the respective programs.

Eligible applicants must choose the type(s) of coordination which best meets their area's needs. All projects must be administered by a full-time coordinator. For applicants in counties with public transportation service, the coordinator will serve as a broker of existing public transit and human service transportation only. In addition, all projects must:

- designate a lead agency to administer the day-to-day operations of the project;
- execute a memorandum of understanding between the grantee and lead agency;
- execute memorandums of understanding or contracts between the lead agency and all participating agencies and include in the application; and
- commence the project no later than ninety (90) days following execution of the grant contract.

Funds provided through the Ohio Coordination Program are supposed to create, enhance or expand the coordination of transportation services, not to replace a source of funding currently used. Applications for inter-county or regional coordination projects are encouraged.

Eligible project expenses are limited to operating expenses such as salaries and wages, fuel, maintenance, and other costs. Documentation of how indirect costs are calculated must be included in the budget narrative. Capital expenses for purchase of equipment are not eligible.

The Ohio Coordination Program is funded with State General Revenue funds. The program has grown from annual funding of \$500,000 in FY 1996 to a high of \$1.5 million in FY 2003. Funding for FY 2006 was just over \$1 million. Eligible projects may apply for up to seventy-five percent of their total direct operating expenses, not to exceed \$80,000 for the first three years of funding. Projects which have completed three years of coordination in the program may apply for up to fifty percent of their direct operating expenses, not to exceed \$60,000.

## **Ohio's Medicaid Program**

Ohio's Medicaid program is administered by the Ohio Department of Job and Family Services (ODJFS) and is the sixth largest Medicaid program in the nation in terms of both spending and enrollment. Ohio Medicaid consumers include 1 million children, 490,000 low-income parents, 152,000 senior citizens, 265,000 non-elderly adults and children with disabilities.

Transportation is a key element of Medicaid. Once an individual is determined eligible for Medicaid, he or she is also eligible for transportation. Medicaid funds can only pay for transportation to/from a qualified Medicaid covered service (for example, doctor's appointment, hospital, or physical therapy). Individual Medicaid Waiver programs will cover services above what the basic Medicaid program will cover. These services vary among the Waiver programs. Nearly 55,000 older and disabled Ohioans are covered by in-home and community-based waivers.

## **Ohio Works First Program**

In 1997, the Ohio General Assembly enacted House Bill 408, legislation that fundamentally changed the nature of welfare assistance in Ohio. House Bill 408 built on welfare reform provisions in the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which Congress enacted in 1996. The law eliminated the Aid to Families with Dependent Children program and replaced it with the federal Temporary Assistance for Needy Families (TANF) program. Ohio created two TANF-based programs: Ohio Works First (OWF) and Prevention, Retention and Contingency (PRC).

***Ohio Works First.*** OWF is a state-supervised, county-administered program that serves every political subdivision in the State. OWF provides time-limited cash assistance to needy families with (or expecting) children, by furnishing parents or specified relatives with work, training, and other support services, including transportation, they need in order to attain permanent self-sufficiency while meeting the family's ongoing basic needs. Non-time limited OWF cash assistance is also provided to child-only cases.

***Prevention, Retention and Contingency.*** PRC is a state-supervised, county-administered program that serves every political subdivision in the State. The program is designed to provide benefits and services that are not considered assistance in accordance with 45 CFR 260.31. PRC provides ongoing services and nonrecurring short-term benefits designed to accomplish one of the four purposes of TANF by addressing supports needed by working families and by addressing the needs of families with barriers to self-sufficiency (e.g., transportation).

When H.B. 408 was first introduced, transportation was not included in the language, but by the time the legislation was enacted, each county was required to develop a transportation plan. For the program's first two years, small transportation allocations were given to each county, but these small amounts did not solve the transportation problems for OWF participants. Especially in areas with limited or no public transportation services, counties still struggled to provide the necessary services to get people to work and training. Currently, with efforts such as United We Ride, FTA's Job Access and Reverse Commute Program, and the Ohio Department of Transportation's Ohio Coordination Program, more counties are working together to reduce duplication and increase services, and transportation-disadvantaged individuals such as OWF participants have more, and better, transportation options.

## **Ohio's Aging Programs**

Ohio's aging network includes the Ohio Department of Aging (ODA), area agencies on aging, senior centers, service providers, and others, working together to assist persons 60 years of age and older through the programs supported by the Older Americans Act. Area Agencies on Aging and service providers give priority for services to low-income, minority, and rural elders. For the Federal Fiscal Year 2006, a total of \$14 million was estimated to have been spent on

ODA transportation services. Allowable trip purposes may include transportation and escort services for medical visits, meals, shopping and other essential errands.

Ohio's PASSPORT Medicaid waiver program helps Medicaid-eligible older Ohioans get the long-term services and supports they need to stay in their homes, including transportation to necessary services. Before Medicaid waiver programs, older adults who needed any degree of long-term care typically entered nursing homes. Passport funds are allocated to the ODA by the Ohio Department of Job and Family Services.

Ohio's 12 Area Agencies on Aging must competitively select service providers. All providers must meet the requirements of the Department on Aging's Title III transportation specifications. Transportation services can be provided by local senior centers, public transit systems, local taxi operators, etc. Senior centers are almost always a part of the local coordination project ODOT's Coordination Program and, in many cases, are the lead agencies.

## **Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) Program**

The Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) is responsible for overseeing a statewide system of supports and services for people with mental retardation or other developmental disabilities and their families. ODMRDD does not directly fund or monitor transportation services; transportation is funded and provided, either directly or via contract, by Ohio's 88 County Boards of Mental Retardation/Developmental Disabilities (MRDD) using local funding such as property taxes, and by Medicaid funding. All consumers enrolled in Ohio's 88 County Boards of MRDD programs are eligible for any of the services provided by the local boards.

While County MRDD Boards are not required to provide transportation, many do, either with a county-owned fleet or via contract with a local private provider or the local public transit provider. If the County Board contracts with, or a consumer uses, a public transit system for its transportation services, the public transit system is exempt from the ODMRDD rules. This exemption only applies to public transit provided services for ODMRDD consumers.

## **Ohio Rehabilitation Services Commission**

The Ohio Bureau of Rehabilitation Services (ORSC) provides assistance and support to persons with disabilities for employment through its Bureau of Vocational Rehabilitation (BVR) and its Bureau of Services for the Visually Impaired (BSVI). Transportation is an eligible service item.

Transportation is an eligible service item with ORSC; therefore, if an individual qualifies for service through the ORSC, transportation would be an eligible expense for that individual.

Rehabilitation consumers are eligible for assistance if they have a physical, mental or emotional impairment which creates or results in a substantial barrier to employment, they can benefit from vocational rehabilitation services in terms of employment outcome or RSC's vocational rehabilitation services can help them get and keep a job. Visually impaired consumers are eligible for assistance if their visual impairment creates or results in a substantial barrier to employment, they can benefit from vocational rehabilitation services in terms of employment outcome or vocational rehabilitation services must help them get and keep a job.

Transportation options are determined locally between the ORSC consumer and counselor. A variety of transportation services can be used, including from bus pass purchases, ridesharing, and taxi rides.

## **Ohio's Mental Health Program**

The Ohio Department of Mental Health (ODMH) is responsible for overseeing Ohio's public mental health system which consists of 50 county and multi-county Alcohol, Drug Addiction, and Mental Health (ADAMH) boards serving all 88 Ohio counties and nearly 500 community mental health agencies. The boards, which in most cases oversee both mental health and addiction services, do not directly provide services but act as local mental health authorities, funding, planning, monitoring and purchasing services provided by private agencies and the Behavioral Healthcare Organizations operated by ODMH. This approach, which emphasizes local management and control, generates strong citizen involvement and local financial support for mental health services.

While ODMH does not allocate dollars for nor directly fund transportation services, transportation is an eligible service, and some community mental health agencies provide transportation directly or indirectly.

## **TYPICAL LOCAL PROGRAM CONTACTS**

Local agencies often have a strong role in the administration of the above programs, including reporting and costing functions. Table 6 indicates typical local contacts,<sup>10</sup> but responsibilities vary widely from state to state and locality to locality. Key local agency contacts often include state Medicaid offices, Area Agencies on Aging or Councils on Aging, veteran's medical centers or other facilities, transit authorities, local governments, non-profit organizations, and Metropolitan Planning Organizations or Councils of Government.

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<sup>10</sup> Burkhardt, op cit.

**Table 6:  
TYPICAL LOCAL PROGRAM CONTACTS**

<i>Type of Agency to Contact</i>	<i>Kinds of Programs Often Administered</i>
State Medicaid offices	Medicaid
Area Agencies on Aging (AAAs) or Councils on Aging (COAs)	Title III B supportive services and senior centers, Nutrition programs (Title III C), Caregiver support (Title III E) Adult day care
Veterans hospitals or medical centers	Veterans Medical Care Benefits
Local public transit authorities	ADA paratransit services, Job Access and Reverse Commute, New Freedom, S. 5310 Elderly & Disabled, S. 5311 rural transit services
Local welfare departments Divisions of family services	TANF, Social Services Block Grant
Private non-profit organizations	S. 5310 Elderly & Disabled program, Some programs for seniors, Job Access and Reverse Commute
Metropolitan Planning Organizations (MPOs)	Most public transit programs, Most highway programs, Some aging and anti-poverty programs, (Occasionally) Employment programs
Councils of Governments (COGs)	Generally, same programs as MPOs
Workforce Development Boards: One-Stop centers	Workforce Investment Act programs
Local and county governments	Many of the above programs
Local, county, or state community action agencies	Community Services Block Grant
Sheltered workshops Vocational rehabilitation agencies Departments of mental retardation	Vocational rehabilitation programs Developmental disabilities programs Mental retardation programs
State Departments of Transportation (DOTs)	Transit in small urban and rural areas, Congestion Mitigation and Air Quality Improvement Program (CMAQ)
State Units on Aging (SUAs) (especially for smaller states)	Title III B supportive services and senior centers, Nutrition programs (Title III C), Caregiver support (Title III E) Adult day care



# 7

## SUMMARY AND CONCLUDING OBSERVATIONS

In developing this Action Plan, the following conclusions have become clear:

- This region needs a wider range of travel services now.
- Public and private support and participation are essential.
- Needs are projected to continue to exceed capacities; thus, more productive and more cost-effective uses of resources are essential.
- Coordinated management enhances the cost-effectiveness of transportation services.
- Transportation investments are much cheaper than
  - Moving seniors into nursing homes
  - Keeping people on welfare
  - Providing routine health care in emergency rooms.
- Some persons need assistance in paying for their trips; others can pay at least a portion of the costs.
- Customer-friendly services succeed and prosper.

Real improvements in transportation services are needed in this region NOW; even more will be needed in the future. The region needs a wider range of travel options and more cost-effective operations. Real transportation improvements are possible — other regions are succeeding in offering more cost-effective services. The costs of not making the improvements are huge; transportation investments save large amounts of money elsewhere. There are great opportunities for progress available now in the region; they should be seized and employed to the greatest possible advantage.



**APPENDIX A:**  
**COMMUNITY OUTREACH PLAN**



# **COMMUNITY OUTREACH PLAN**

**Coordinated Public Transit - Human Services  
Transportation Plan  
For Greene, Miami, Montgomery, Portions of Northern Warren County  
and Preble County**

**Prepared for the  
Miami Valley Regional Planning Commission**

**May 25, 2007**

Prepared by  
**Westat**

In association with  
Nelson/Nygaard Consulting Associates, Inc.  
Nelson Development Ltd  
The Center for Urban and Public Affairs at Wright State University



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## INTRODUCTION

Metropolitan areas across the country are developing plans to coordinate transportation services offered with funding from federal programs across departments and agencies. The focus of the planning is on the transportation mobility of three target groups:

- Older persons
- Persons with disabilities
- Persons from low income families.

In the Miami Valley area, this plan is being developed by the Miami Valley Regional Planning Commission, working in partnership with the Greater Dayton Regional Transit Authority, Miami County Transit and the Greene County Transit Board. The plan will recommend strategies that improve travel mobility by making better use of funding from federal programs in a coordinated manner to meet the needs of these target populations.

The coordination plan must address the following elements:

- An assessment of unmet needs, and gaps and overlaps in transportation services
- An assessment of available transportation services and the transportation needs of older persons, persons with disabilities and persons with low incomes
- Strategies and activities to address gaps and overlaps in transportation services
- Priorities for implementation based on resources, time and feasibility for implementing the specific strategies and activities.

The development of a successful plan requires meaningful community outreach to

- the three target populations,
- agencies and advocates serving them, and
- providers of transportation and human services funded by other federal programs.

Community outreach, collaboration, and consensus building will be important in ensuring that the coordination plan is responsive to needs and consistent with the resources that are available.

The central purpose of the community outreach plan is to ensure that key organizations and individuals with responsibility for serving and/or advocating for target populations and their mobility needs are involved in the development of the coordinated transportation plan. All parties with a stake in the planning and subsequent implementation of coordinated transportation services in the region should have an opportunity to participate in the planning.

## COMPONENTS OF THE COMMUNITY OUTREACH PLAN

The main goals of the outreach process are to:

- Encourage public participation in the overall planning process.
- Seek the involvement of older persons, persons with disabilities and persons with low income in the planning process, including the identification of their unmet needs
- Offer stakeholders an opportunity to help define overlapping services
- Bring stakeholders together to help identify gaps in transportation services
- Enable stakeholders to suggest and prioritize potential solutions or strategies.

The Community Outreach Plan has five components:

- Regular scheduled meetings of the Study Review and Implementation Team (STRIT) (selected by the funding partners)
- Key Stakeholder Involvement - Input through meetings, workshops and the transportation survey (advocates, agency representatives, transportation providers)
- Target Population Focus Groups (invited through agencies by Westat)
- Regional Transportation Public Input Sessions (advertised to the general public and interested parties)
- Community Outreach Workshops (invited advocates, agency representatives, transportation providers and invited users of transportation services).

Methods and activities early in the planning will be different from methods and activities later in the project:

- Early in the project
  - key stakeholder views on unmet needs, gaps in transportation services, knowledge of coordination activities already in place, issues, concerns and problems
  - focus group discussions with target populations to understand travel behavior, problems meeting mobility needs and solutions they feel would help them meet needs
  - County-by-county Regional Transportation Public Input Sessions.
- At a key project mid-point, hold the first group of county-by-county Community Outreach Workshops - to report back to key stakeholders on the evaluation of unmet needs, gaps and overlaps in transportation services, potential solutions and an expression of priorities for further exploration
- Nearing the completion of technical tasks, hold the second group of county-by-county Community Outreach Workshops - to present to the stakeholders conclusions on unmet needs and gaps and overlaps in services, potential solutions evaluated and recommendations for implementation and the rationale for implementation strategies, actions and timing
- Toward the end of the project, hold the final Regional Transportation Public Input Session.

## **Study Review and Implementation Team**

The Study Review and Implementation Team (STRIT) will focus on the following:

- Identification of organizations and stakeholders that should be involved in the coordination planning
- Advocacy within their respective counties for outreach and involvement in the planning process
- Participation in general community outreach, public forums and workshops
- Access to transportation needs analyses and studies completed by other agencies focusing on target populations
- Knowledge of and insights about unmet needs, gaps in service, overlapping services, solutions and priorities
- Insights into how barriers and other negative concerns can be addressed proactively.

Of particular interest are the following questions:

- What are the greatest transportation challenges and problems for people with disabilities, seniors and low income job seekers in the Miami Valley region?
- What is working particularly well in the transportation system? What strengths are there to build on?
- What is missing or inadequate in the Miami Valley region's transportation system?
- Who else should be involved in the planning? (specific contacts whenever possible)
- What ideas for improving the system, especially through coordination or cooperation, should be considered and included in the planning?

In its planning guidance, the Federal Transit Administration recommends agencies and groups from the following for involvement in community outreach:

- **Transportation partners:**
  - Area transportation planning agencies, including MPOs, States, and local governments
  - Public transportation providers (including ADA paratransit providers and agencies administering the projects funded under the FTA urbanized and non-urbanized programs)
  - Private transportation providers, including private transportation brokers, taxi operators, van pool providers, and intercity bus operators
  - Non-profit transportation providers
  - Past or current organizations funded under the JARC, the Elderly Individuals and Individuals with Disabilities (Section 5310) and/or New Freedom programs, and
  - Human service agencies funding, operating, and/or providing access to transportation services.

- **Passengers and advocates:**
  - Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes)
  - Protection and advocacy organizations
  - Representatives from independent living centers, and
  - Advocacy organizations working on behalf of targeted populations.
  
- **Human service partners:**
  - Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Medicaid, Community Action Programs (CAP)
  - Area Agency on Aging (AAA); Developmental Disability Council, Community Services Board
  - Non-profit human service provider organizations that serve the targeted populations
  - Job training and placement agencies
  - Housing agencies
  - Health care facilities, and
  - Mental health providers.
  
- **Other:**
  - Appropriate elected or appointed local or State officials
  - Security and emergency management agencies
  - Tribes and tribal representatives
  - Economic development organizations
  - Faith-based and community-based organizations
  - Representatives of the business community (e.g. employers), and
  - School districts.

Invitations for Study Review and Implementation Team participation should include representatives from these types of agencies and groups. Others should be added to the list as the project moves forward.

Representatives from these organizations will be encouraged to participate fully in other outreach activities as well such as including forums and workshops discussed later in this plan. Finally, it is expected that additional representatives will be recommended for inclusion as the planning proceeds.

Membership on the Miami Valley Regional Planning Commission's Study Review and Implementation Team has been established by the MVRPC and includes key public transit, human service and private transportation stakeholders. Membership should reflect the interests of the three target populations. Additionally, private transportation providers should be represented. Total membership will be driven by individual and

agency interest and commitment to participation throughout the planning. Members should ensure representation from individuals and agencies serving and advocating for the target populations - older adults, people with disabilities, and people with low income – that are the focus of the planning. (See appendix A of this plan.)

An organizational meeting of the committee will be held. At the meeting, the following will be discussed:

- The goals and objectives for the plan
- The method and approach to be used to complete the plan
- The role and responsibilities of the committee
- Stakeholders who should be added to the committee
- Other organizations that should be involved
- The best ways to reach target populations
- The project completion schedule
- The next steps – stakeholder involvement and outreach strategy.

Also, at the meeting, discussion will focus on the:

- Planning requirements for preparation of the Coordinated Public Transit – Human Services Transportation Plan
- The scope of work and schedule the development of the plan.

This meeting should also provide the first opportunity for members to provide input on:

- Issues and needs with transportation services for the target populations. We expect to learn of target population needs
- Needs and transportation analyses that have been completed by represented organizations or others in the region
- Outcomes of the planning process
- Hopes, concerns and expectations
- Plans for upcoming outreach activities.

Subsequent meetings will focus on discussing completion of technical analyses and evaluations, so that committee members have the benefit of these as they provide advice on future outreach activities. The thinking of committee members will be helpful as a follow-up to and de-briefing of completed outreach activities, as well.

### **Involvement Of Key Stakeholders**

The participation of stakeholders offers the opportunity for involvement of the people and organizations that will have to come together to implement the plan that is recommended and adopted. Initially, the list of key stakeholders and stakeholder organizations should include members of the MVRPC's PTHS Committee. Stakeholders should encompass a broad range of interests and affiliations related to the target populations, starting with other groups, committees and associations identified by the project team and other stakeholders. The list should be shared with the STRIT for review and discussion.

Stakeholders will be important in giving expression to community views of the transportation services environment, key strengths, key weaknesses and visions of the role that coordinated service delivery could or should play in improving the delivery of transportation services regionally and within counties.

### **Focus Group Discussions With Target Population Groups**

Six focus group discussions will be held, two discussions with members of each target population:

- Older persons
- Persons with disabilities
- Persons with low income.

Focus group discussions offer an effective way to enable existing and potential customers of coordinated transportation services to participate early in the identification of unmet needs and ideas for improving transportation services. In these discussions, current travel behavior, satisfaction with the means of transportation available to them, unmet needs for travel, strengths and weaknesses of current transportation services, opportunities for improvements, and threats to achieving those improvements will be discussed.

Members of the STRIT will work closely with the project partners and consulting team to recruit participants in each target focus group and to establish the location and timing of the discussions. The focus groups will be held at stakeholder agency locations.

The project partners and consulting team will, in consultation with the steering committee, should decide which of the six focus groups are held in which of the three counties.

### **Regional Transportation Public Input Sessions and Community Outreach Workshops**

Broad community outreach and involvement will be achieved through the following:

- First Regional Public Input Sessions – in each county, to introduce the coordination planning project to stakeholders, target populations and the general public and to solicit input on the current transportation system, gaps in service, unmet travel needs and potential strategies for improvement.
- First Community Outreach Workshop – separately in each county, with key stakeholder agencies and advocates, to review early technical work completed to identify unmet travel needs and gaps and overlaps in transportation services; to engage in shared conversation about needs, gaps and overlaps; communicate and understand next steps in the planning.

- Second Community Outreach Workshop – separately in each county, with key stakeholder agencies and advocates, to review results of technical analyses on solutions, strategies and priorities and to brainstorm and build consensus on proposed solutions, preliminary recommendations, key strategies for implementation and priorities for action.
- Second Regional Public Input Session – a regional meeting of the general public, key stakeholders and target populations following completion and distribution of the draft transportation coordination plan recommendations, to present project findings and strategies, seek group consensus on community standards for transportation coordination and seek group consensus on solutions, strategies and priorities.

The method and approach in each of the Input Sessions and Workshops will be reviewed with project partners and the STRIT. All forums and workshops will be well-staffed by the consulting team in order to allow break-out groups where appropriate. Breakout groups are important because they enable participants to engage valuable discussion that goes beyond the high-level discussion that may occur in the larger setting. Many implementation issues are addressed at the county level. Such county-level discussion and decision-making is necessary for the implementation of regional actions.

The Input Sessions and Workshops will be conducted consistent with the MVRPC's Public Participation Process. The public forums will be advertised consistent with the public meeting/hearing requirements of the MVRPC's Public Participation Plan, including legal notices.

MVRPC will provide a timetable/schedule of public participation components that WESTAT will be responsible for developing/providing to MVRPC by the outlined due dates. WESTAT will provide all web site exhibits needed to MVRPC by the outlined dates in a web-compatible format. If the due dates can not be met, for any reason, WESTAT will inform MVRPC and the schedule may be adjusted, if possible.

The integration of community outreach with technical tasks will be achieved the project schedule. This schedule presents key milestone dates for the completion of technical tasks and sub-tasks necessary for each element of community outreach. Conversely, the schedule presents key milestone dates for the completion of community outreach necessary for the completion of subsequent technical tasks, especially the development of recommended solutions, strategies, actions and priorities.

## **SCHEDULE OF COMMUNITY OUTREACH ACTIVITIES**

The schedule for community outreach activities is presented in Appendix B. The schedule (which is subject to change) is the following:

- First Regional Public Input Session.....July 24 - 26, 2007
- Target Population Focus Groups.....August 21 – 23, 2007
- First Community Outreach Workshops.....September 25 – 27, 2007
- Second Community Outreach Workshops.....November 13 – 15, 2007
- Second Regional Public Input Session.....February 12, 2008.

## **EXPECTED OUTCOMES**

Implementation of the Community Outreach Plan should achieve the active and broad involvement of key stakeholders and target populations in

- Development of the coordination plan
- Formulation of specific strategies and solutions to meeting unmet needs and reducing overlaps in transportation services
- Establishment of priorities and actions to take to put in place
- Determination of the organizational and service structure preferred by key stakeholders to coordinate transportation services in the future.

**Community Outreach Plan Appendix A:  
Stakeholder Organizations  
Study Review and Implementation Team**

Ken Bailor, Executive Director  
ADAMHS Board of Montgomery County

Douglas McGarry, Executive Director  
Area Agency on Aging PSA 2

Jarrett Roush, Office Manager  
Dayton BVR/BSVI

Bryan Bucklew, President & CEO  
Greater Dayton Area Hospital Association

Mark Donaghy, Executive Director  
Greater Dayton RTA

James Foster, Planning Director  
Greater Dayton RTA

John LaRock, Superintendent  
Greene Co.Board MR/DD

Karen Puterbaugh, Executive Director  
Greene Co.Council on Aging

Philip Masten, Director  
Greene Co. Department of Job & Family

Kenneth Collier, Chairperson  
Greene Co.Transit Board (Greene CATS)

Richard Schultze, Executive Director  
Greene Co.Transit Board (Greene CATS)

Alan Lange, Business Manager  
Miami Co.Board of MR/DD

Sara Tarzinski, Chair  
Miami Co.Council on Aging

Josh Gearhardt, Transit Director  
Miami Co.Transit

Bob Steinbach  
Director of Regional Initiatives  
Miami Valley Regional Planning  
Commission

Don Spang, Executive Director  
Miami Valley Regional Planning  
Commission

M. Marie Davis  
Business Operations Analyst  
Montgomery Co.Job & Family Services

Alice Phillips, Director of Transportation  
Montgomery Co.MR/DD

Sharon Shute, Director  
Preble Co.Job & Family Services

Tom Otto  
Director of Community Support Services  
TCN Behavioral Health Services, Inc.

Lauren Griffin, Service Developer /  
Transportation Advocate  
The Access Center

Lucy DiSalvo, Executive Director  
Troy United Fund

Mary Gillis, Director  
United Way of Greene County

Linda Roepken  
Director of Agency Relations  
United Way of the Greater Dayton Area

Carol Morgan, Agency Director  
Miami Co.Job & Family Services

## Community Outreach Plan Appendix B: Schedule of Community Outreach Activities

		<b>Weeks into the Project (may change)</b>	<b>Target Audience (types of individuals expected to attend)</b>	<b>Desired Attendance Level</b>	<b>Media Role</b>	<b>Potential (approximate) dates</b>
<b>Kinds of Meetings</b>						
<b>Public Forums</b>						
	<b>Set of 3 County-by-county Public Forums (1 per county)</b>	15 to 16 weeks	Public transit, social service and community representatives and stakeholders; public, non-profit and for profit transportation providers; target population group members and advocates; elected officials; general public; media	40 to 50 per county	News coverage in advance of Forum, with article following the meeting	7/30/2007
	<b>One Regional Public Forum</b>	42 to 44 weeks	Public transit, social service and community representatives and stakeholders; public, non-profit and for profit transportation providers; target population group members and advocates; elected officials; general public; media	40 to 50 per county	News coverage in advance of Forum, with article following the meeting	2/13/2008
<b>Community Outreach Workshops</b>						
	<b>3 early Workshops, 1 per county</b>	24 weeks	Public transit, social service and community representatives and stakeholders; public, non-profit and for profit transportation providers; target population group advocates	25-30 per county	None	9/29/2007
	<b>3 later Workshops, 1 per county</b>	31 weeks	Invited Public transit, social service and community representatives and stakeholders; public, non-profit and for profit transportation providers; target population group advocates	25-30 per county	None	11/13/2007
	<b>6 Target Population Focus Groups</b>	18 to 20 weeks	Invited older adults; people with disabilities; people with low income, including TANF participants	8 to 10 persons @	None	8/20/2007
	<b>Study Review and Implementation Team Meetings</b>	As scheduled	Invited Public transit, social service and community representatives and stakeholders; public, non-profit and for profit transportation providers; target population group advocates	12 to 15 members	None	As scheduled

## **Community Outreach Plan Appendix C: Method and Approach for Public Forums and Workshops**

### **First Set of Public Transportation Input Sessions – One in each county**

Estimated Duration: 1 ½ hours

Objective: Education, input, and commitment.

1. Overview of project and preliminary data (e.g., demographics and target populations)  
National perspective on data: How do we compare?
2. Feedback and Discussion: This section provides the public's opportunity to provide their perspective and inputs to the process
  - What are your reactions and questions?
  - Institutions and communities that look for opportunities do better. What opportunities do you see given this data?
  - Give examples of strengths and capabilities within agencies and the broader community that we might leverage. What other strengths that we might build on?
3. Next Steps
  - Technical analysis and evaluation
  - Importance of collaboration and workshops. Who we need in the room.

### **Community Outreach Workshops 1 - One in each county**

Estimated Duration: 3 ½ to 4 hours

1. What have we found? A summary of findings (Stakeholder Involvement, Focus Group Results, Transportation Survey, Demographic Analyses)
2. What is the data telling us? (Breakout discussion)
  - Overview on Using data
  - Small Groups working through sets of data
    - Review data. Look for patterns.
    - How does this information fit with what you know from other data?
    - How does this information fit with your personal experiences?
    - What are possible reasons for why the results are what they are?
  - Create posters with needs, gaps, and overlaps and answer to “What are potential reasons for results?”
  - Walk around. Look at each poster
    - What stands out?

- What is surprising?
  - What requires more discussion?
- Large Group Discussion
    - What did you learn?
    - What are the themes? (What themes were surprises?)
    - What themes were expected?
    - What questions do you still have?
3. Understanding the legacy of change in our System: Past, Present, and Future (Whole Group)
    - Technology, funding, customer interaction, decision making, collaboration among agencies, interagency contracting, customer focus
    - What has transpired in the past and how has it created our current structure?
    - What is happening in the present? What transitions or changes are occurring related to transportation? What still fits or doesn't fit?
    - What is the future?
    - What might our priorities be?
    - What strengths do we have to build on? Where can they take us in 5 years?
  4. Wrap up and Next Steps
    - What connections have you made? What do you feel compelled to move toward or act on?
    - What we will do next time?

## **Community Outreach Workshop 2 – One in each county**

Duration: 3 ½ to 4 hours

1. Presentation of Alternatives for Coordinating Transportation Services
2. Technical Analysis of Alternatives—Participant breakouts to alternatives
  - Positive and negative elements related to alternative will be examined using a force field analysis
    - Driving Forces
      - What important problems does this solve?
      - What doesn't is solve?
      - What other existing processes and structures support this action?
      - Who could lead this?
    - Opposing Forces
      - What would we give up or lose?
      - What forces, processes, structures could make it difficult?
      - What are the barriers that need to be resolved?
      - Who or what groups would we need to get on board to be successful?
3. Group Discussion of Alternatives

- Each team presents what they have done. Write on overheads or poster paper.
  - FIT analysis—Discuss each question as a group and then rate each solution individually on each of the following factors (Scale of 1 – 10)
    - Feasible- Can it be done?
    - Impact- Will the action make an important difference?
    - Together- Will it bring people together?
4. What are the priorities? Where will we get the most bang for our buck?
- Participants vote on the solutions that are preferred. The solution with the highest priority is discussed further
5. What do we need to do to further test or develop this solution? How can we support this plan?

### **Public Forum 2 – Regional Meeting – One meeting for the entire region**

Estimated Duration: 2 hours

1. Summary of the Planning Process and Plan Recommendations (How did we get to our solution...thoroughness of process)
  - Recognize role and contributions of advisory committee
  - Outcomes and insights from workshops
  - Focus groups, interviews, survey, and demographic analysis
  - Priorities emerging from data and community outreach
  - Recommended Plan and Action Agenda
2. Feedback and Discussion
  - Are we addressing Needs, Gaps, and Overlaps?
  - Are we on target with priorities, solutions, and strategies?
  - What can be done to support the implementation of this plan?