INITIATIVE:
HUMAN SERVICE AND PUBLIC TRANSPORTATION COORDINATION

Transportation is a barrier to participation in health and human service programs. Recognizing this barrier, many health and human service programs created their own human service transportation (HST) networks. These networks are oriented around getting people to/from program activities only and do not transport people for other reasons. HST networks, however, often duplicate public transportation networks, increasing the costs of transportation even as there are unmet transportation needs. Strategies for coordinating HST services and integrating them with public transportation are needed to provide better mobility and reduce costs.

Combined five state health and human service agencies spend approximately $228 million annually on client transportation. ODOT spends $14.5 million per year on vehicles and technology for the elderly and disabled and on support for Mobility Managers who foster coordination at the local level. In total, spending on HST activities is estimated at $247 million annually.¹

There is a need for improved coordination and expanded services in Ohio. Many of the state’s transit systems, particularly in rural areas, are involved in coordination, contracting with local agencies to provide client transportation. However, 27 counties have no public transit provider, 19 counties have no Specialized Service vehicles, and 52 counties have no Mobility Manager.

¹ Not including $214 million spent annually by the Ohio Department of Education on special education transportation.

HST and Public Transit Coordination Strategies

Maintain Existing HST Infrastructure
- Specialized (S310) Vehicle Fleet
- Mobility Management Programs

Improve and Expand Coordination Efforts Infrastructure
- State Program Level Coordinating Council
- Expand Mobility Management
  - Statewide Mobility Management Programs
  - State Level Mobility Manager
- Local Coordinated Planning in Every County
- Travel Training
- Technology for Coordination
  - Scheduling, Dispatching, Client Management/Invoicing Technology
  - One-Click, One-Call Information

Expand Public and Specialized Transportation
- Use Local Coordination Plan to develop local support and lead agency(ies)
- Public Transit/Coordination New Start Incentive Grants to areas with no current service
- Develop New public transit systems in counties where no systems exist
- Older Adults and Disabled Persons Transportation Program

Explore Dedicated HST Funding
Strategies to address these needs should maintain existing services and expand coordination to make the best use of all resources.

**OVERVIEW**

Transportation has long been recognized as a barrier to participating in human and health service programs, including services that encourage people to live in their homes or with family members as they age and live with disabilities. Historically, human and medical service programs responded to transportation needs by purchasing or operating their own service. While this allowed them to tailor programs to specific needs, it also led to complicated and redundant service network (i.e. use one service to get to the doctor and another for job training) as well as one that is nearly always more expensive than it should be. Strategies aimed at coordinating transportation services, therefore, are designed to share services across programs as a way to lower costs and expand the availability of service.

Public transportation is designed to meet many mobility needs and accomplish many community goals; among the most critical purposes of which is to provide transportation for those who are unable to drive or don’t reliably have access to a private automobile. These individuals always or sometimes rely on public transportation – including, in some cases, biking and walking - for all their travel, including trips for shopping, medical appointments, school, work and social needs. In some cases, people who rely on public transportation also participate in human and medical service programs. Thus, coordinating HST programs and public transportation networks can be an important and viable strategy in creating effective, easy to use and cost efficient transportation services.

The challenge, therefore, is to create a public transportation network that meets the needs of the general public as well as the specialized needs associated with human service transportation (HST). As discussed in other technical memos produced as part of the Ohio Statewide Transit Needs Analysis, the type and amount of public transportation in a community is largely driven by two factors:

1) Density – places with there are high concentrations of residents and workers have many people traveling to them, including more people wanting and needing public transportation; and

2) Demographics – communities that have people who rely on public transportation to meet their mobility needs.

Thus, some areas have a lot of public transportation, including frequent bus service or rail systems, because there are a lot of people wanting to travel to similar places. Other areas may not have high concentrations of population or jobs, but have high concentrations of people who rely on public transportation. In Ohio, for example, there are many rural counties where a high percentage of the community is over the age 65 and/or has low incomes. These communities may never have enough demand to support fixed-route bus services, but do have a need for public transportation. The goal of this initiative paper is to explore how public and human service transportation can be better coordinated to meet Ohio’s need for transportation.

The idea of service coordination involves linking the demand for people who need or want to use
public transportation with people who need transportation to access other programs and services. Combining human service transportation with general public services, particularly in rural and small urban areas, makes sense from a common sense and cost efficiency perspective. In addition, there are also two important benefits for both human service and public transportation agencies:

- Local Match – Nearly all federal programs – including public transportation but also human and health service programs – require that local entities provide local funds to match federal grants. Coordinating services allows agencies to ‘count’ income earned through contracts with human service agencies as local matching revenue.
- Vehicles – Transit vehicles that are funded through public transportation grants can be used to provide both the agency trips and the public transportation trips.
- Leveraging Funding – Public and agency resources can be combined to maximize local mobility by utilizing existing resources more efficiently and effectively.

In Ohio the public transportation program has long been aware of the benefits of coordination and in the past the state was in many ways a model in developing coordinated rural systems—and still today has a strong coordination program through its use of FTA program funds and its support for Mobility Managers through the Ohio Coordination Program. The Ohio Coordination Program supports local and regional Mobility Managers, who identify transportation resources in their communities and work to coordinate them to get the most mobility possible out of the

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**Figure 1 Hierarchy of Transit Needs**
available services. However, state funding for this program ended in 2010, and growth has continued at a reduced level using available federal funds.

**HUMAN SERVICE TRANSPORTATION IN OHIO**

In considering ways to improve mobility through coordination of public transportation and human service transportation, it is critical to understand that there are many programs that provide funding for client transportation, and that the majority of the funding for these services comes from agencies outside ODOT. In addition it is important to understand that these agencies spend a significant amount of funding for client transportation, considerably more than ODOT spends on public transportation. Improving coordination between these programs (agency programs and public transportation) offers the chance to add significant revenue sources to the public transportation system while improving cost efficiency for the agencies and improving mobility overall. While there are many programs whose clients need transportation or that fund or provide transportation, six agencies/programs have a key role in transportation coordination:

- Department of Medicaid (formerly part of the Department of Job and Family Services)
- Department of Developmental Disabilities (uses Medicaid funding for some clients/programs)
- Ohio Department of Aging (uses Older Americans Act and Medicaid funding for Passport program described below)
- Ohio Department of Veterans Services
- Ohio Rehabilitation Services Commission
- Ohio Department of Education

The largest funder of agency transportation is the Department of Developmental Disabilities, which spent $129.5 million in FY 2012, and the second largest is the Medicaid transportation program now under the Department of Medicaid, which reported spending $67 million on Non-Emergency Medical Transportation service in FY 2010. This is followed by the Department of Aging, with $29 million in FY 2009 transportation expenditures, and $3.4 million spent by the Rehabilitation Services Commission (see Table 1).

In total, state agencies other than ODOT are spending approximately **$228 million per year** on health and human service transportation. ODOT spending on grant programs dedicated to health and human service transportation in FY 2011 came to $8.5 million (Sections 5310, 5316 and 5317), all for small urbanized, non-urbanized, and statewide programs. Additional grants under Sections 5316 and 5317 in that year to direct recipient large urbanized areas came to $6.1

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2 At the federal level, the Government Accountability Office (GAO) report Transportation-Disadvantaged Populations (November 2013) documented 80 programs in eight different agencies providing transportation resources, of which two-thirds were unable to report spending information—as is the case for many Ohio agencies. Potentially the spending on agency client transportation is much greater than the amounts reported here.


4 In addition, $214.684,396 was spent in FY 2013 by the Ohio Department of Education on special education transportation (e-mail from Erin Whitt, Department of Education, to Fred Fravel, KFH Group on 9/9/2014). The amount spent to purchase such transportation from public transit agencies is not available.
million, for a total in public transportation programs focused on these users of approximately $14.5 million annually\(^5\). Information on each program and its current perspectives on transportation needs in Ohio are presented in Appendix A.

\(^5\) Ibid., p.194.
Table 1: Summary of Human Service Transportation Programs in Ohio

<table>
<thead>
<tr>
<th>Summary Agency Description</th>
<th>Medicaid</th>
<th>Persons with Developmental Disabilities</th>
<th>Older Adults</th>
<th>Veterans</th>
<th>Department of Education</th>
<th>Persons with Disabilities</th>
<th>Persons with Mental Health and Addiction Issues</th>
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| Annual Transportation Expenditures | $67 million (FY 2010)
<p>| $129 million | $29 million (FY 2013) Includes $12.8 million in Older Americans Act funding and $16.5 million in Medicaid funds. | $3.9 million (FY 2011 estimated from county data) | $214,684,396 (FY 2013 expenditure for special education student transportation) | $3.4 million | $0 |
| Department of Medicaid funds medical services for low income individuals/children | Ohio Association of County Boards Serving Persons with Disabilities—88 local boards serving persons with developmental disabilities, uses Medicaid waiver funding through the Ohio Department of Development | Ohio Department of Aging provides federal Older Americans Act Title IIIB grants to 12 regional Area Agency on Aging (AAA) organizations, uses Medicaid for PASSPORT program | Ohio Department of Veterans Services Provides funding for school transportation and school bus purchase to local school districts, | Opportunities for Ohioans with Disabilities manages federal funds to 14 Vocational Rehabilitation centers and 12 regional Centers for Independent Living under the Ohio Rehabilitation Services Commission | Ohio Department of Mental Health and Addiction Services |
| Clients Receiving Transportation Benefits | Medicaid eligible individuals traveling to Medicaid activities w/o own transportation + 15 additional discretionary trips per individual | Persons with developmental disabilities | Older Adults | Veterans | Travel to five Veterans Administration Medical Centers (VAMCs); 3 outpatient clinics and 30 community based clinics | All k-12 pupils are eligible for pupil transportation; specialized education pupils eligible for special transportation | Individuals with disabilities while they find employment and until first paycheck | Medicaid eligible individuals traveling to Medicaid activities w/o own transportation + 15 additional discretionary trips per individual |
| How transportation is provided | Transportation Brokers working with Managed Care Providers-Brokers purchase trips or provide reimbursements (gas cards, etc.) | 40 counties operate “dedicated” yellow school bus service; others use public transit, taxis and private transportation | AAAs contract for service, providers may include transit systems, vendors, senior centers, municipalities | Longer distance service through Disabled American Veterans (DAV) | Districts generally operate yellow bus systems, but can contract with public and private providers | Purchases transit rides, taxis, gas vouchers/repairs, mileage reimbursement | Does not purchase service or provide funding, but agencies that serve clients may use S. 5310 vehicles, Supports transit use by clients |
| Identified Needs/Issues | Ridesharing difficult with multiple brokers in same areas, brokers may not pay full costs, brokers need better info on providers | Funding Counties with no service Regional service | Longer distance medical trips, transportation providers in areas with no service, aging S. 5310 | Limited funding Desire for dedicated services Regional services | FTA regulations regarding school bus transportation, need to meet DoE requirements to carry pupils | Regional services Evening and weekend service Accessible taxis | Counties with no service Service not adequate to support employment |</p>
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<th></th>
<th>Medicaid</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Use of Public Transit Providers</td>
<td>Brokers purchase trips from transit operators in some areas</td>
<td>Purchase of tickets/tokens/passes</td>
<td>Currently 18 contracts with public transit statewide</td>
<td>Some local agencies purchase tickets/tokens/passes</td>
<td>Some school districts contract with transit providers for demand-responsive services for specialized pupil transportation</td>
<td>Purchase of tokens/tickets/passes where service is available</td>
<td>Locates residences on transit routes if possible</td>
</tr>
</tbody>
</table>

Source: KFH and Nelson/Nygaard adapted from data provided by ODOT

Need in Ohio – Public and Coordinated Services

There are 88 counties in Ohio, of which ten are broadly categorized as urban because parts of the county include significant urban areas. The remaining 78 counties are primary rural, although most have small towns and cities with significant economic activity and service centers.

Many of the rural counties in Ohio lack transportation options. Twenty-seven counties (of the rural 78) have no public transportation program, and 19 counties have no Specialized Services Program (Section 5310) vehicles (provided to private non-profits for transportation of the elderly and disabled) to provide coordinated human service transportation. Two counties have neither public transportation, nor Specialized Program Vehicles (see Figure 2).

Although the population of these 27 counties is fairly small, in total they encompass approximately 1.1 million individuals, or 9.2 percent of Ohio’s total population; or about 20% of Ohio’s rural population. In the counties with no public transportation, the percentage of the population that is over 65 is greater than that of the state as a whole (15.1 percent versus 13.3 percent for the state), and the percentage of the population that is low income is much greater (24.6 percent versus 18.1 percent statewide).

The changing demographics in Ohio are well documented and demonstrate clearly that Ohio is becoming older, more disabled and poorer. Between 2010 and 2030 the population that is 65 years of age and older is expected to increase 66 percent, and the population that is 85 or older will increase 46 percent. An increase in the number of individuals with these characteristics suggests an increased reliance on public transportation and a higher need for both public and human service transportation. However, despite these trends, no new public transportation services have developed in Ohio since 2000.

Additionally, in counties that have public transportation programs, stakeholders and transit managers are in agreement that they are unable to meet existing needs. Stakeholders and transit operators say they lack adequate capacity (not enough vehicles or seats), don’t operate enough hours and don’t travel to all the places people want to go, including across county lines.

COORDINATION STRATEGIES AND OPTIONS

Local Coordination Options

Fundamentally, HST service coordination takes place at the local level. In any community, those who are responsible for providing transportation to their clients need to know about their own client transportation needs, understand the available opportunities for sharing resources, have information on the service characteristics of the available services (both agency and public transportation), and be willing and able to act to share services and resources. Best practices in HST suggest a continuum of coordination activities ranging from:

- **Sharing information** between agencies (including those who provide transportation, those who fund it, and those with clients or customers with transportation needs)—often through a local coordination committee.

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6 Ohio ‘urban’ counties include Cuyahoga, Franklin, Hamilton, Lucas, Summit, Montgomery, Lorain, Butler, Delaware and Stark.

7 American Community Surveys population data, most recent Five-Year population estimates.
• **Sharing resources** across agencies, such as allowing the use of agency vehicles by other agencies during down time periods; jointly scheduling services or vehicles and drivers; purchasing contracts, maintenance facilities, etc.

• **Sharing rides** and providing rides to clients of other agencies under cost-sharing agreements or purchasing rides on vehicles of other agencies, or ultimately

**Consolidating programs** so that a single consolidated transportation operator provides transportation services all or most agencies—this may be a provider that serves only agency clients, or it could involve contracting for service from a public transit provider that also provides general public service.

**Mobility Management**

Many of these potential actions are included among the possible activities of a Mobility Management program. Mobility Management is a relatively new strategy for meeting transportation needs, involving the creation of staff resources to focus on the transportation needs of individuals, matching them with the available transportation resources.

However, the role of Mobility Manager goes beyond trip referrals or booking, but includes provision of accessible information. It includes working to increase the availability of services and improving their efficiency, effectiveness, and quality. Mobility Management is a process of managing a coordinated community transportation network that can include many providers offering different types of services, and it involves a strong advocacy role to implement the coordination strategies listed above.

It can have as its major focus providing assistance to transportation disadvantaged groups, including persons with disabilities, seniors and low income persons, but it may also address broader efforts to increase mobility and access for all through support for the development of transit services, implementation of technology, and support for transit-friendly land use and design solutions such as Complete Streets.

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8 Definition of Mobility Management is based on concepts articulated in the [Partnership for Mobility Management](http://www.mobilitymanagement.org) website.
Figure 2: 2013 Urban and Rural Transportation Systems and Number of Specialized Vehicles in Ohio
Coordination at the local level requires some significant effort to collect information, provide it to those who need to know, to communicate with those who can provide resources or services, and to develop the needed cost-sharing and reporting systems. This can require staff time and expertise that may not be available in every agency with clients who need transportation assistance. In addition, most human services rely on funding programs that have their own eligibility requirements, restrictions regarding the trip purposes that can be funded, grant and reporting requirements. For these reasons, federal and state agencies have worked for over three decades to remove program barriers to coordination, to develop policies that would incentivize local program managers to participate in coordination efforts, and to provide resources to support these efforts.

**State Level Coordination Options**

At the federal level executive orders have supported coordination among the federal funding agencies, which have in turn supported states implementing these programs in their efforts to coordinate. The U.S. Department of Transportation and the Department of Health and Human Services have spearheaded these efforts. Federal transportation authorizing legislation has provided resources in terms of funding programs, planning requirements, and information on best practices—though no specific requirements for coordination. At the state level, departments of transportation have generally been the implementing agencies for FTA programs and requirements regarding coordination, so state options for human service coordination can involve making maximum use of current federal support for coordination. Options include:

- Creation of a high level committee of state agency representatives to develop and implement policies at the state agency level to support or require coordination as a means of improving mobility—including not only the Department of Transportation, but all of the agencies that are involved with populations that need transportation—this could be accomplished through an executive order or legislation.

- Legislation addressing coordination—this may require formation of a high-level state committee to report back to the legislature.

- Maximum use of available FTA and other funds to implement mobility management strategies at the local level by staffing mobility management agencies that can develop the needed information about needs and resources, work with agencies and clients to find rides for those in need, and coordinate the institutional support (cost allocation, contracts, billing, reporting).

- Meeting the FTA requirements for local human service-public transportation plans as a basis for receiving FTA Section 5310 funding for specialized transportation (vehicles and operations).

- Making best use of other available programs to provide resources that can support human service client transportation—FTA capital funding for vehicles, scheduling and dispatching technology—with incentives to maximize coordination among local recipients.

- Providing additional resources to maintain the existing coordinated transportation services through timely vehicle replacement, current technology, etc.

- Providing additional resources to fill service gaps in areas that do not have coordinated services or public transit, or to address needs for longer hours, more seats, or services to more distant locations.
DEVELOPING, PROVIDING AND MAINTAINING A RESOURCE WITH CLEAR, COMPLETE INFORMATION ON THE FEDERAL, STATE AND LOCAL TRANSPORTATION FUNDING OPTIONS, INCLUDING ELIGIBLE RECIPIENTS AND ACTIVITIES.

BEST PRACTICES

Coordination Best Practices – Local Strategies

There are many examples of transit systems in Ohio that have developed strong relationships with local human service agency programs, providing a significant amount of mobility for using agency contract funding for a substantial part of their overall operating expenses. In addition they provide general public transportation, often focusing on providing a significant amount of non-client transportation to older adults and persons with disabilities. Three examples listed below demonstrate successful local implementation of coordination with public transit.

Community Action Rural Transit System

Community Action Rural Transit System (CARTS) operates general public dial-a-ride service for Columbiana County in rural northeastern Ohio. Columbiana County has a population of just over 107,000 people, about 17% of which are older adults. CARTS is a best practice because the agency provides close to 100,000 trips a year, making CARTS one of the larger rural systems in the state and over 70% of all passengers are older adults and disabled.

Half of all trips on CARTS are subscription trips through contracts for Medicaid NEMT, AAA, adult day care, nursing homes, and two school districts. As a result, the agency earns roughly 55% of its revenue from contracts and does not use local resources to match federal and state grants; the multitude of contracts not only stretches federal funds, it also makes the service cost effective for other HST contracting agencies. CARTS also has a mobility manager who coordinates human services transportation amongst various agencies has been instrumental in setting up these contracts and coordinating with other agencies. CARTS uses a scheduling and dispatching system to maximize efficiency, and would like to add mobile digital terminals on the vehicles to help keep track of client trips by agency. In addition, CARTS has strong support from its Transit Advisory Committee, including regular attendance and involvement from social service representatives, medical clients, general public riders, and various advocates.

Stark Area Regional Transit Authority

Stark Area Regional Transit Authority (SARTA) operates fixed route and demand response service for Stark County, including the City of Canton. SARTA provides over 2.3 million trips on its fixed routes and over 117,000 trips through demand response. It also operates a regional express route to Cleveland three times per day. It demonstrates how a local public transit system can work closely with many human service agencies.
agencies to maximize their ability to use the public transit system.

SARTA is the only public Medicaid transportation provider in Ohio, and has partnerships with the Veterans Affairs outpatient clinic, local hospitals, Stark County Job and Family Services, and the Urban League. Partnerships with the VA clinic and local hospitals have required coordinating routes. SARTA is currently trying to coordinate additional service with Stark County Job and Family Services, Ohio Department of Job and Family Services, Stark County Board of Developmental Disabilities, Ohio Department of Aging, Area Agency on Aging, and every county agency that has its own contract for non-emergency medical transportation. The daily express route to Cleveland is funded by the Veterans Administration but is open to general public riders, demonstrating that contracting can benefit all transit users. SARTA has client scheduling software, and its vehicles are equipped with automatic vehicle location (AVL) and automatic passenger counters (APC). SARTA is expanding its use of technology to improve user information as well, as it will be on Google Transit in the near future and is working on an interface for stop-level information for smartphone users.

**Hocking Athens Perry Community Action**

Hocking Athens Perry Community Action (HAPCAP) is a community action organization managing several transit providers including Logan Public Transit, Athens Public Transit (APT), Athens Mobility Management, and Athens On Demand Transit (AODT), as well as GoBus, an intercity bus provider. HAPCAP is a best practice because of its implementation of a mobility management program to maximize use of existing agency and transit resources, and its efforts to create additional new services to meet critical county-wide needs as a result of local coordination planning.

Athens Mobility Management is a transportation partnership committed to the coordination of transportation services countywide and exploring new opportunities to improve transportation options for Athens County residents. Partners consist of HAPCAP, The Ohio Department of Transportation’s Office of Transit, Athens County Children’s Services, Athens County Commissioners, Athens County Board of Developmental Disabilities, and the City of Athens. The Corporation for Ohio Appalachian Development, County Department of Job and Family Services, Ohio University, County Veterans Services, Athens Public Transit, and Ohio Rehabilitation Services are part of the cooperative effort to coordinate transportation. In 2007, Athens Mobility Management produced the Athens County Coordinated Public Transit-Human Services Transportation Plan, which was updated the plan in 2013. HAPCAP has implemented a scheduling and dispatching system to assist in managing an documenting client trips.
As a result of the Coordinated Plan, APT developed Athens on Demand Transit (AODT), a new pilot program, to provide accessible and affordable door to door transportation service to qualifying individuals with disabilities, developmental disabilities, accessibility issues, temporary mobility issues, or seniors. Transportation service is provided to and from anywhere in Athens County including medical related appointments, grocery shopping and other basic needs, and with availability, to leisure activities. HAPCAP is operating the pilot program with funding provided by the Developmental Disabilities Council of Ohio and the Osteopathic Heritage Foundation of Nelsonville and in 2014, a Section 5317 New Freedom Grant from ODOT.

Area Agency On Aging 3 (AAA 3) is a seven county region in northwest Ohio (Allen, Auglaize, Hancock, Hardin, Mercer and Van Wert) in which a regional Mobility Management program (funded by ODOT) provides transportation coordination efforts. The Mobility Manager leads the FACTS Coalition which includes many agencies and the Regional Transit Authority. This group of transportation stakeholders work together to solve the complex transportation challenges facing the seven county region and attempt to be more efficient with the use of collective (limited) dollars. Key components of FACTS Coalition/AAA 3's transportation coordination initiatives include:

- A transportation call center (staffed by nurses and social workers) that provides information to all callers about transportation options available to them.
- A FIND A RIDE program (awarded an N4A Achievement Award in 2012) that provides rides for individuals 60 and over as well as those under 60 with a disability when there are no other community options available by contracting with local transportation companies.
- A partnership with the American Cancer Society where AAA 3 Mobility Manager serves as volunteer coordinator for the Road to Recovery program.
- An partnership with Allen County EMA to provide transportation to transportation-dependent populations in Allen County in the event of an emergency.
- Defensive Drive training developed and offered to the FACTS coalition members and other transportation providers at a discounted cost.
- Beyond Driving with Dignity self-assessment and other information provided to older drivers to assist them in maintaining their safe driver status and if necessary assist to provide a smooth transition from driving.

AAA 3 is currently the only area agency on aging in the state with a mobility manager on staff working on transportation coordination.

There are numerous other transit programs in Ohio that provide human service transportation in a coordinated manner, but these three illustrate the ways in which rural and small urban (and even intercity) public transit providers can provide coordinated transportation together with general public transit, to the benefit of the passengers and the agencies.

9 http://www.aging.ohio.gov/resources/publications/5_Mobility_Managment_Erica%20Petrie_ALL.pdf
And

Coordination Best Practices – State Program Level

The Ohio Mobility Improvement Study documented the state level coordination programs in most states in great detail, focusing on state policies and organizational structure supporting coordination. A particular focus was state legislation requiring or supporting coordination among state agencies. The study did not identify any one particular state as the model program, but noted that many states had achieved improvements in efficiency and effectiveness of human service transportation through a variety of means. Based on that study and study team experience, several state programs demonstrate program aspects that are not present in Ohio, described below.

North Carolina – State Policies Direct Agency Funding to Coordinated Public Transit Systems

Coordination developed in North Carolina through a series of governor’s executive orders that mandated cooperative efforts between state human service agencies and the public transportation programs.

The best practice of note for Ohio is the basic structure supporting local coordination in terms of way in which local agencies are required to work together as a result of state funding policies. Basically, an agreement was reached at the state level that for the Governor’s apportionment programs (Section 5307 small urban and Section 5311 rural programs), the transit program would provide the capital (vehicles) and administrative costs (salary and benefits for an administrator and staff) to run a coordinated system, while the human service agencies would fund the operation of these systems by paying their allocated share of the local operating costs. In effect, for these transit programs, human service agency programs provide most of the operating revenue (except for limited state funding described below).

NCDOT has used the FTA Section 5310 and 5311 programs to provide the vehicles, and used Section 5311 operating to support the administrative expenses. Section 5311 operating funds are only provided to rural systems operating fixed-route services (or regional systems). State human service program agencies generally will not fund the purchase of vehicles except in very special circumstances, so their local agents must work with the coordinated system to obtain client transportation.

Because NCDOT focused most of its Section 5311 funding to capital and administration (Section 5311 operating can only be used in a handful of fixed-route systems), additional state funding programs have been added to support the operation of non-agency general public trips. One is the Rural General Public (RGP) program, which allocates state funds for operating costs related to non-agency transportation on rural demand-responsive systems, and the other is the Elderly and Disabled Transportation Assistance Program (EDTAP), which provides every county with funds (on a formula allocation) for non-agency service for the elderly and disabled. The counties typically provide this funding to their local transit agency, along with any local match (required for the Section 5311 program components).

Florida – Legislated State Coordination and Dedicated Funding

Florida’s Commission for the Transportation Disadvantaged (CTD) has been cited as a model for statewide human service transportation coordination—an overall “best practice” in terms of both organizational structure at the state and local levels, and in terms of providing dedicated funding.
The CTD and the Transportation Disadvantaged Trust Fund (the dedicated funding source) were both created through state legislation.

The Trust Fund provides funding 1) to local planning agencies for planning services for the transportation disadvantaged and for staff to support required local Coordinating Boards, and 2) for trips (operations) and capital for transportation services not otherwise funded by human service agencies or programs. This structure defines both state and local roles, including the linkage to the transportation planning system, and the necessity of having a meaningful local coordinating body.

At the state level the CTD administers the Trust Fund, which provides both the resources needed to fill gaps at the local level, and a role in coordinating funding from other sources. The CTD oversees local Coordinated Transportation Commission (CTCs) that are found in each county. The CTCs receive the state and federal funds, and then either operate, contract for, or broker the trips. State agencies buy the trips for their clients from the CTCs or their contractors. Non-Emergency Medical Transportation (NEMT) under Medicaid is the one exception to this overall combined program, as it has been moved in and out of the CTC depending on whether or not it is included in overall contracted managed care agreements.

**Wisconsin – Statewide Mobility Management**

The notable element of the Wisconsin coordination program has been the state’s early and strong support for the development of mobility managers as a primary means of implementing coordination at the local level. There is a state level Interagency Council on Transportation Coordination (ICTC) which includes representatives of the key state funding agencies, and it has a Stakeholder Advisory Committee with a broader group of representatives of advocacy and tribal groups. At one time the ICTC was staffed by a Human Service Transportation coordination program manager at the Wisconsin Department of Transportation (WisDOT), and before that it was also staffed by the Department of Health and Family Services. However, FTA Section 5317 and other federal funds have been used to support the Mobility Manager Program, which now covers every county in the state, though not every county has a Mobility Manager because of successful efforts to regionalize programs in many locations. The ICTC and WisDOT also support the Mobility Managers through training and technical support activities.

**Georgia – Coordinated Human Service Transportation Program with the Department of Human Services, State-Level Coordination, and Coordination of HST and Public Transit**

Georgia’s coordination efforts are best practices in three ways. One is the long-standing creation of a coordinated human service transportation program within the Department of Human Services (DHS) that includes all client transportation programs other than Medicaid NEMT. The DHS administers the FTA Section 5310 program, and has both central and regional state staff who oversees this program. It provides operating funding (but no vehicles or capital) to local agencies under the various DHS programs (including aging programs).

The local DHS agencies must use the funds to purchase transportation (the state DHS does not fund vehicle purchase), in most cases from county based Section 5311 funded transit systems who receive both operating and capital funds through the DOT. The local transit systems can use the DHS funding as either local match or revenue, and they also can use the DOT funding to provide general public service. Under this system most Section 5311 rural systems obtain a significant portion of their operating revenues from DHS contracts, and are able to use that funding to draw down public transit operating funds.
However, the largest program in terms of dollars, the NEMT program, is operated by the Department of Community Health (DCH) through contracted regional brokers. The brokers may or may not contract with the transit systems to provide NEMT trips. As the brokers are paid on capitated rate model they often seek to pay only the general public fare for NEMT trips, and transit providers are reluctant to contract with the brokers if they are not likely to obtain the full cost per trip. However, in the past regional transit agencies have won DCH regional brokerage contracts, thereby providing for a very high level of coordination of all programs. This model achieves the benefits of coordination with very limited GDOT investment beyond its normal transit programs, as the bulk of the operating funding comes from the human service agencies.

The other element of significance in the Georgia program is the legislative creation of the Georgia Coordinating Committee for Rural and Human Service Transportation (RHST) of the Governor’s Development Council. This is a high-level state agency coordinating group, and it is staffed by the Georgia Regional Transportation Authority (GRTA) which also operates the commuter bus network in the greater Atlanta area. The GRTA staff support provides for the analysis of coordination issues and needs, and reports back to the RHST on progress and the results of various initiatives.

These examples of state level coordination demonstrate that state level policies, particularly supported by legislation, can use existing human service agency funding to operate much of the needed service utilizing transit programs to provide the infrastructure. Additional state operating funds can then be used to fill gaps by providing operating funds for rural general public trips or trips for older adults and persons with disabilities that are not eligible for agency funding.

**COORDINATION EFFORTS IN OHIO**

**Local Efforts**

One way of measuring HST service coordination is through contracting, or how much revenue transit agencies earn through HST contracts. Although contracting with a public transportation agency is not the only indicator of a coordinated and cost efficient system, the amount of contract revenue does demonstrate that there is significant coordination between public transit and human service agencies.

Ohio has 61 transit agencies. In 2012, these 61 transit agencies spent roughly $730 million operating transit service; of this total amount, 4% or roughly $25 million was raised through contract revenue, including both contracts with human and medical service agencies but also universities, large employers and other institutions (see Figure 3).
Excluding Ohio’s five largest and most urban transit agencies\textsuperscript{10}, the total operating expenses of the remaining 56 agencies drop to $140 million with contracting revenue accounting for 13%, or roughly $18.5 million. In addition, about 30% of the remaining medium and small sized transit agencies do not contract with HST agencies.

This means of the 37 transit agencies with HST contracts, operating revenues total $68 million, of which $11 million is earned through HST revenues or about 17% of all revenues\textsuperscript{11} (see also Appendix B for full list of transit agency and contracting information). All but one of the rural transit agencies has some level of revenue from contracting, but percentage of overall funding from contracting varies significantly. The potential financial benefit of contracting with HST agencies is significant. Among the rural transit agencies that do contract, on average 21% of the operating budget comes from contracting. \textbf{If all rural systems could increase contract revenue to 21% of their operating budget, rural transit agencies would increase revenue by $2.2 million.} Of course, there are additional costs involved in providing the contracted service, but these funds are potentially most useful in generating the local match needed to obtain federal funding that is needed to make rural transit feasible for all users.

\textsuperscript{10} The five largest agencies are: Greater Cleveland Regional Transit Authority (GCRTA), Central Ohio Transit Authority (COTA), Southwest Ohio Regional Transit Authority (SORTA), METRO Regional Transit Authority and Greater Dayton Regional Transit Authority (GDRTA)

\textsuperscript{11} Only agencies with HST contracts were included in this analysis, but some agencies have both HST and non-HST contracts, therefore, contract revenues may slightly over state the value of HST contracts.
The data shows there is considerable variation in the amount of contracting and the degree of coordination of the local public transit systems. There does not appear to be the result of policy, and instead is likely the result of local circumstances. Some transit managers may be much more entrepreneurial and do more to reach out to agencies and other institutions. This may be a function of the degree to which local support is readily available from local governments—i.e. if the city or county provide some local capital and operating match, there may be less need to seek contract revenue.

In other cases successful coordination is the result of local leadership, who make the best use of available programs, technical assistance and training. The major factor working against coordination in many places is the lack of agency policies from the state favoring coordinated solutions, which can lead local agency directors to contract for transportation services with the lowest cost bidder, without taking into account differences in quality, safety, and the potential for addressing other non-agency transportation needs of the same population.

As seen in other states, the major policy alternative to this “permissive” model in which state human service agencies allow their local programs to contract for service but do not require it, is a model in which the state human service programs either require contracting with a designated local coordinated system, or provide funding in such a way that local agencies would find it very difficult to do anything else (such as not providing vehicles or only allowing only purchase of service). This would require the human service agencies to make major policy changes, possibly through legislation. The other required element for such a significant change is that the human service agencies would have to be sure that the local coordinated/transport systems would have the capacity to meet agency needs—in other words that there would be coverage statewide, that there would be adequate vehicle fleet capacity, and that the administration, management, and technology could support the provision of coordinated service. At the state level this could well require significant funding to implement public transportation in areas currently lacking it, and to provide adequate vehicle capital for expansion and replacement.

**State Level Coordination – ODOT Coordination Efforts**

ODOT coordination efforts began in 1988 when it used oil overcharge funding from the Department of Development and later grant funding from the Ohio Developmental Disabilities Planning Council to assist communities in developing coordinated and rural public transit systems. Also in 1988 ODOT signed a Memorandum of Understanding with the Ohio Department of Aging to receive a Federal Transit Administration (FTA) grant to identify barriers to transportation for older Ohioans, and later a similar MOU was developed with the Department of Mental Retardation /Developmental Disabilities. In 1995 ODOT formally established the Ohio Coordination Program with funding from the Ohio Public Transportation Grant Program. In 1997 the Office of Public Transportation developed *A Handbook for Coordinating Transportation Services*, which is still in use today. Also at that time ODOT formed the Statewide Coordination Task Force to address barriers to coordination among agency members. In 1998 the state Rehabilitation Services Commission provided funding to ODOT to support coordinated transportation.

Currently ODOT supports coordination through three primary program efforts:

- **Specialized Services – Section 5310**: ODOT administers the Federal Transit Administration's Section 5310 program as its Specialized Services program, providing vehicles and capital funds for technology to non-profit organizations serving the elderly
and persons with disabilities. ODOT’s inventory of Section 5310 funded vehicles includes 544 vehicles provided to 174 private non-profit agencies.

- **Section 5316 and 5317**: ODOT administers the other FTA program funds that were available under SAFETEA-LU: the Job Access and Reverse Commute program (Section 5316), and the New Freedom program for transportation for persons with disabilities beyond that required by the Americans with Disabilities Act (ADA) (Section 5317).

- **Ohio Coordination Program – Mobility Management**: ODOT provides funding for local agencies to support Mobility Managers. These grants providing staffing to support coordination at the local level through data collection, information sharing, arranging ridesharing and other shared resources, etc. There are currently 20 such programs covering 36 counties (see Figure 4 for coverage). These programs were funded with state funds up until FY 2010, when it ended and was replaced with FTA Section 5317 funding (which is only available through FY 2014). These programs are eligible for funding with FTA Section 5310 under MAP-21.

- **Local Coordination Plans**: To obtain funding under Sections 5310, 5316, and 5317 FTA required that the projects be identified in an adopted local human service and public transit coordination plan. FTA guidance defines a coordinated public transit human service transportation plan as one that identifies the transportation needs of individuals with disabilities, seniors, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. ODOT has worked with localities to develop these plans, and all but ten counties have them. They serve as the basis for funding projects under these programs, and ODOT has used federal funds to respond to local needs.

- **Program and Policy Planning**: In 2012 ODOT’s Office of Research and Development funded a comprehensive examination of coordination in the Ohio Mobility Improvement Study. This study documented human service transportation in the state, including the role of the various agencies. It also included an examination of potential state roles (and examples from around the country), and made recommendations for future improvements.

The major activity of the Ohio Coordination Program is the funding, training and technical assistance provided to local Mobility Managers. ODOT sees the benefits of mobility managers as providing a link between persons needing a ride and the wide variety of public transit, private transit and agency transportation services available. Mobility managers also work to foster cooperation between agencies, including contracting for services or brokering trips. In the near term, there will be significant changes that will shift much of the FTA funding for human service transportation to FTA’s designated direct recipients, greatly increasing the role of local regional planning agencies and urban transit providers in determining coordination policies and actions. The latest federal transportation reauthorization bill, Moving Ahead for Progress in the 21st Century (MAP-21) included the repeal of the Federal Transit Administration’s (FTA) Section 5316 (Job Access and Reverse Commute – JARC Program) and Section 5317 (New Freedom Program) and the establishment of an enhanced Section 5310 that serves as a single formula program to support the mobility of seniors and individuals with disabilities.

Under MAP-21, the Section 5310 Program has been renamed as the Enhanced Mobility of Seniors and Individuals with Disabilities Program (no longer the Specialized Transportation Program). Federal funding under this program is now allocated to urbanized and rural areas based on the
number of seniors and individuals with disabilities, with 60 percent of the funds apportioned to
designated recipients in Urbanized Areas with populations larger than 200,000, 20 percent to
states for use in Urbanized Areas of fewer than 200,000 persons, and 20 percent to states for use
in rural areas. The federal share for capital projects is 80 percent, and for operating grants is 50
percent. In the past ODOT administered 100 percent of the Section 5310 funds, while in the
future it will administer only the 20 percent for the rural areas.

Other significant changes in this program concern the eligible subrecipients and activities. Under
MAP-21, eligible subrecipients for the Section 5310 Program now include states or local
government authorities and operators of public transportation services that receive a grant
indirectly through a recipient, as well as private non-profit organizations. MAP-21 also modified
eligible activities under the Section 5310 Program:

- At least 55% of program funds must be used on capital projects that are:
  - Public transportation projects planned, designed, and carried out to meet the
    special needs of seniors and individuals with disabilities when public
    transportation is insufficient, inappropriate, or unavailable.
  -
- The remaining 45% may be used for purposes including:
  - Public transportation projects that exceed ADA requirements,
  - Public transportation projects that improve access to fixed-route service and
    decrease reliance by individuals with disabilities on complementary paratransit,
  - Alternatives to public transportation that assist seniors and individuals with
    disabilities.

The MAP-21 legislation continued the coordinated transportation planning requirements
established in previous law.

The impact of these changes going forward is that much of the responsibility for maintaining the
human service transportation infrastructure and better coordinating available services will now
be at the local/regional level. At the same time, there is much greater flexibility to use the
funding to contract for services (including contracts with transit providers), for Mobility
Management, for travel training and for other innovative coordinated services. ODOT will
continue to have a significant role in funding, particularly in the rural areas, but statewide its role
will increasingly be to facilitate and promote coordination.
Figure 4 Ohio Mobility Management Programs
OPPORTUNITIES

Both public transportation and human service transportation share a goal of providing basic mobility to those without alternatives, and increased coordination of these services, combined with expansion, will address this most basic function. Coordination activities are designed to get the most mobility out of existing resources, including both public transit and agency services. In cases where the existing services do not exist or are very limited, public transit programs are much more feasible if developed jointly with human service agency transportation program. The contract revenues from such programs can make it possible to support public transit providers that address non-agency trips as well, resulting in a general increase in mobility for those who need public transportation the most.

These recommendations regarding coordination and public transportation are consistent with the recommendations of the recently completed Ohio Mobility Improvement Study and through the stakeholder interviews conducted for this study. Appendix A documents the stakeholder input, which is summarized at the end of the appendix, and Appendix C summarizes the recommendations of the Ohio Mobility Improvement Study. There is a high degree of consistency in these perspectives, and the opportunities identified in this paper build upon this input.

There are three key areas of opportunity for ODOT to continue and strengthen Ohio's overall public transportation system through increased HST coordination:

- Committing to maintenance of the existing coordinated transportation infrastructure,
- Improving coordination to improve efficiency, effectiveness and quality of service on the existing services, and
- Expanding the amount and type of service to address the gaps in the existing services and address increased needs resulting from demographic and economic changes.

Maintaining the Existing Infrastructure for Coordinated Transportation

Maintaining the existing capacity of coordinated human service transportation is a primary strategy, one that involves both the physical capacity of the vehicles used to provide the service, and the institutional structure working to make the best use of existing resources.

Maintain the HST Vehicle Fleet

The public transit vehicle needs have been addressed in the Rolling Stock Assessment. However, there is also a need to ensure that the HST vehicle fleet is also maintained in a timely way. These vehicles were funded by the Federal Transit Administration 5310 program. These vehicles are largely provided to nonprofit organizations, such as senior centers, and used to transport clients to and from program activities. ODOT’s current inventory of Section 5310 funded vehicles consists of 544 vehicles, with the oldest dating from the 2007 model year. Of these 544 vehicles, 418 (77%) are vehicle types with an expected minimum life of five years, the

12 Produced as part of the Ohio Statewide Transit Needs Study (July 2014)
remaining 126 (23%) are six year vehicles\(^{13}\). These vehicles do not include vehicles owned or operated by public transportation service providers.

The average cost of vehicles in this fleet is roughly $60,000. If each vehicle needs to be replaced every five years, the estimated annualized cost is $6.5 million\(^{14}\). Under Section 5310 the HST vehicle fleet is eligible for 80% federal funding, or about $5.2 million – the remaining $1.3 million (annually) would need to be raised through state or local funds. Ohio’s Section 5310 apportionment for federal FY 2014 was $9.9 million (including both ODOT’s apportionment and the funds apportioned to FTA direct recipients). This suggests that maintaining the HST vehicle fleet should be possible using available federal funds\(^{15}\). It should also be noted that MAP-21 provides for additional flexibility to use Section 5310 for operating projects (55 percent of the allocation must be used for capital—which now included Mobility Management), and potentially Ohio recipients could also use this funding for coordinated services that would use the capacity and capabilities of the public transit providers.

**Maintain the Mobility Management Program**

Another critical aspect of the HST program is Ohio’s network of Mobility Managers. Mobility Managers provide information on all the available services (including public transit, Transportation Demand Management (TDM) programs etc.), linking those who need transportation with the agencies and services that can meet their needs. Mobility Managers work with agencies to assist them in sharing resources, and they can work to increase agency use of public transit through contracting. In FY 2014 ODOT grants for approximately $1.4 million supported 20 Mobility Management programs covering 36 counties.

State funding was formerly used to support these programs; that program ended in 2010 when Ohio began using federal funding to maintain and grow this program. Going forward, these programs have an important role in making coordination happen at the local level by working with the agencies and transit providers, and more directly by connecting riders with the available seats. Although the remaining federal funding programs can be used for Mobility Management, they are also used to meet many other needs—maintaining the Mobility Management programs should be a priority.

**Improving and Expanding Coordination**

Going beyond maintenance of existing efforts there are several initiatives that would further support coordination to get the most benefit out of the existing services.

**Develop State Program Policies to Increase Local Coordination**

Many of the barriers to increasing coordination at the local level, including agency contracting with public transportation providers, involve issues with inconsistent state program requirements, lack of adequate resources, and the absence of positive policies to direct local agencies to work together. Many of these can only be addressed if the state agencies (not just

\(^{13}\) These Specialized Program vehicles are standard and modified minivans, converted vans (lift equipped), and light transit vehicles (body-on-chassis small buses).

\(^{14}\) Assumes replacing 20% of the fleet each year (i.e. 544 x .2 = 109 vehicles x $60,000 = $6.5 million.

\(^{15}\) A potential issue is that the Section 5310 program has changed under MAP-21, and only 20 percent of the apportionment is available through ODOT for use in rural areas—which could pose a problem if the rural vehicle replacement needs exceed the rural apportionment.
ODOT) work together on these issues, and so one major opportunity for change would involve creating a new **State Level Coordinating Council**.

The recommendations of the Ohio Mobility Improvement Study call for creation of a policy level state coordinating committee that includes the key agencies that fund transportation. Many of the states that are most successful in coordinating transportation have such a coordinating committee or council. Creating it through legislation would likely provide for more long term stability than a governor’s executive order, but it may be that an executive order could create the committee which could then work toward the legislation as it defines the roles. The coordinating council would have key responsibilities related to the identification of funding for maintaining and expanding coordinated transportation, to planning for coordination (ensuring that all areas have a Local Coordination Plan, and developing a state plan based on the local plans), providing policy backing for standard methodologies for cost-sharing and contracting that could be used by all agencies, and developing policies for an overall rural and human service transportation program. In general philosophy the state’s current **Lean Ohio** effort to apply “kaizen” principles of continuous improvement to state government programs is similar, and could potentially be a vehicle for developing coordination strategies involving state agency programs.

A significant advantage of having such a body is the opportunity to fully develop the partnerships between agencies and ODOT, so that the resources of all partners can be combined to give the best result, rather than having ODOT as the major advocate even though its available funding is a small part of the overall expenditure on transportation. Experience in other states has shown that major policy changes that would result in state agencies consolidating agency funding or directing their local program offices to contract for service with coordinated providers are unlikely to happen unless they are developed in an effective cabinet level coordinating council.

**Expand Mobility Management**

Local coordination depends on having a local champion whose job it is to connect transportation providers and those needing transportation. Though much of the state now has this expertise available through the twenty Mobility Manager programs, statewide coverage is needed to fully implement coordination. This need not mean a Mobility Manager in every county currently lacking one, as in many cases (particularly in low-density areas) a **regional mobility management program** makes sense to spread the costs over more agencies and trips and to draw upon more resources. Regional mobility management programs potentially are more cost effective for rural areas with few providers and limited resources, as the costs are spread over a larger area. Perhaps as significantly, regional mobility managers can focus on the increasing need for regional trips, putting together trips from different counties on shared vehicles going to regional destinations.

Current Mobility Management programs cost approximately $60,000 per program (many are single county), so expanding the program statewide could cost an additional $3,120,000 per year if each county had a separate program at this scale. However, if the programs were multi-county regional programs, it is possible that the annual costs of such an expansion could be much less. Based on the average cost per county of the current program which covers 36 counties for $1.4 million, expansion statewide might cost slightly more than $2 million per year additional.

Expansion of the mobility management program could also include a state level Mobility Manager who would provide staff support to the state coordinating council, as well as work with the different state agencies and support the local programs. Additional resources are needed to allow the state program to provide more training and technical assistance. This would be an additional
administrative cost to ODOT’s transit program, unless the cost was shared by other state agencies (or this position was in another department).

**Ensure that Every County has a Current Local Coordinated Plan**

Under the current federal programs projects can only be funded if identified in a Locally Developed, Coordinated Public Transit-Human Services Transportation Plan. Every county in the state should be included in such a plan, which includes an inventory of available services, a demographic needs analysis, and locally identified priority strategies and projects. The planning process usually results in the creation of a local coordinating committee and identification of a lead agency, and is often done by the Metropolitan Planning Organization or a Regional Planning Organization. The process should result in the instigation of a local coordination process. All counties in Ohio should have a plan, and those with existing plans are likely to find that they need updating (FTA requirements call for an update at least every four years). Given the changes in the Section 5310 program to provide funding to designated recipients and the identified need for regional services, regional coordinated plans (rather than individual county plans) make sense going forward. If these plans are developed with a broad concern for the mobility needs of the elderly, persons with disabilities and all low income persons, they should inform and support many type of program efforts, not just the particular FTA programs for which they are a requirement.

**Expanded Support for Travel Training**

Travel training is the direct provision of training to persons who have not previously used public transportation or coordinated transportation to teach them how to use it, and to overcome anxiety as mobility needs shift from private vehicles. It can also include a focus on accessibility. It is likely that expanded travel training would be provided through the Mobility Managers under the Ohio Coordination Program. In areas with fixed-route, fixed-schedule transit travel training is particularly important to get persons who have never used public transportation comfortable with its use. Under MAP-21 travel training is an eligible for funding as a capital project.

**Technology for Coordination**

There are several kinds of technology, at different levels, that can support coordination. Two general types needed by programs in Ohio include:

- **Scheduling, Dispatching, Client Management, Invoicing Technology:** If transportation providers share a scheduling, dispatching, and client data management system it can make trip scheduling, invoicing and reporting by trip feasible for programs that involve multiple providers with trips that are funded from different sources. Without such technology the administrative costs and complications of tracking riders, calculating costs, invoicing and reporting can offset many of the advantages of coordinated transportation.

- **One-Call, One-Click Information Systems:** One-call, one-click systems are needed to facilitate connecting users with appropriate available services. Having up to date information about providers in a form that is easily accessible facilitates coordination, and technology can make information more readily accessible and easily maintained. Capital funding for the technology is needed, along with the training to support it.
In many states there are statewide purchases of technology for scheduling and dispatching, client data management, invoicing and billing, on-board data collection (mobile digital terminals or I-pads). Statewide procurement has several benefits in that small systems do not have to develop the procurement documents themselves, there are potential cost savings, and use of common software and hardware facilitates support from the vendor and through user groups.

**Expanding Service to Address Gaps**

Expanding coordination is needed to get as much as we can out of existing resources, but beyond that addressing current unmet needs and the potential growth in need and demand due to the aging of the baby boomers and structural changes in the economy is likely to actually require more service. Stakeholders identified a need for transit and coordinated transportation coverage in the parts of the state that have no service, and for additional hours and days of service and capacity in areas that do have service. Any such expansion will require additional funding beyond the current programs, but that could include both transportation funding and funding from other agencies. Expansion to address service needs could include:

**Expanding Public and Specialized Transportation in Areas with No Existing Service**

There are 27 counties with no public transportation service, and 19 with no Specialized Program vehicles. A policy initiative to develop statewide coverage is needed. Resources would be required to initiate coordinated service and then public transit in these areas through a multi-step process:

- **Updated Local Coordinated Plans Statewide:** Given the need to have continuing local support, such an initiative could begin with the Local Coordinated Plan (either existing plan or providing funding and technical assistance to develop a plan). Ideally that effort would provide a local coordinating committee, and a lead agency.

- **Public Transit/Coordination New Start Incentive Grants:** At one time Ohio provided coordination incentive grants to localities for start-ups, and the revival and updating of that program could be the vehicle to improve coverage over time. The idea would be that the planning process would develop local applicants for the Public Transit/Coordination New Start program, who could apply for the start-up incentive funding to support staff and initiate coordinated services. Once underway the coordinated service could apply for vehicles under the Specialized Services Program, and seek agency contract funding to support most operations.

- **Regional Approach:** New starts do not each have to be county-based but would benefit from a regional approach to spread administrative costs over more service, and the program should be designed to focus on regional solutions, and to mesh with the Mobility Management expansion. Funding could be directed only to regional applicants, or provided at a higher level to regional applicants to incentivize the development of regional systems.

- **New Public Transit Systems:** Over time these programs would evolve into transit applicants. Funding sources could include available federal programs, but would like require additional resources as systems begin to fill in gaps and grow. The Unmet Needs analysis of this study has identified the potential requirement for public transit in the thirty unserved counties if they were to have service comparable to the median level of
those with service—that level of resources would eventually be required to fully address the coverage gap.

Older Adults and Disabled Persons Transportation Program

A number of states have responded to the lack of service for persons who are not agency clients, or who are clients but have mobility needs beyond the eligible trip purposes. They have created additional state funding, usually for operating expenses, that is allocated statewide based on the population of older adults and persons with disabilities. The intention is not to replace existing agency funds, but to provide a source of funding for those additional trips. Allocating funds statewide also would provide some seed money for those areas currently without service to get involved in developing local coordinated systems. Such funding could also address service needs for more hours of service. It would be available to support both existing and new services.

Dedicated Funding

Funding for the Public Transit/Coordination New Start program, for expanded rural public transportation, and for the Older Adults and Disabled Persons Transportation Program could be generated through legislation to create a dedicated source for transportation programs.

Some states such as North Carolina have funded such programs through the use of gas tax revenues, which is not currently possible in Ohio. Others have used legislative and administrative requirements to direct agencies to include their transportation funding in a combined dedicated fund, such as Georgia’s DHS Coordinated Transportation Program. In Georgia, the DHS program is funded with federal/state agency program funds and Section 5310 (used for operating), which purchases service from the public transit providers (who receive their capital from the DOT under Section 5311).

Florida’s Transportation Disadvantaged (TD) Program is a dedicated program of funding that combines TD funds with agency funds at the local level. Revenues come from a Florida DOT public transit block grant ($13 million in FY 2012-13), the State Transportation Trust Fund ($6 million), the DOT’s Rural Capital program ($1.4 million), $1.50 vehicle registration fee ($19.4 million), and some minor sources ($70,000). In the past the fund also included the Medicaid NEMT program ($65.5 million), but this has been pulled out of the TD program to be provided through managed care providers who contract with brokers (who may or may not purchase service from coordinated providers or public transit systems), which is similar to the situation in Ohio.

Pennsylvania dedicated a portion of lottery proceeds to specialized transportation to ensure availability statewide.
Appendix A Ohio Human Service Transportation Programs

OVERVIEW

The study team conducted interviews with a number of agencies and organizations that serve client groups that utilize public or agency transportation. The questions initially involved identification of the client group, its characteristics, and particular transportation needs; organizational structure; the services provided by the agency/organization; and funding sources. Additional discussion covered the ways in which the agency or its clients utilize transit in Ohio, what is working well (and not working well); challenges with regard to transit use or coordination; and opportunities for additional coordination.

Interviews were conducted persons representing the following organizations or services:

- Non-Emergency Medicaid Transportation (NEMT)
- Department of Medicaid
- Department of Developmental Disabilities
- Managed Care Providers
- Logisticare (one of three Medicaid transportation brokers)
- Ohio Department of Aging
- Representatives of three Area Agencies on Aging
- Senior Transportation Connection in Cleveland
- Opportunities for Ohians with Disabilities
- Representatives from four Centers for Independent Living
- Ohio Association of County Boards Serving Persons with Disabilities
- Ohio Department of Mental Health and Addiction Services
- Ohio Office of Veterans Programs
- Ohio Coordination Program (ODOT Office of Transit)

Summaries of the information obtained in these interviews is presented in the following sections, which include an overview, a discussion of challenges, and a discussion of opportunities as identified by the representatives of the agency.

NON-EMERGENCY MEDICAL TRANSPORTATION

Under the federal Medicaid program eligible recipients are provided transportation to and from covered medical services if they have no other means of transportation. These services are required to be the lowest cost service available, and there are other service standards and reporting requirements. In Ohio, Medicaid recipients choose among five managed care providers (MCPs) to obtain their medical services under the program. They each serve the entire state (they
are not in separate geographic regions), providing for client choice in the delivery of services under the program. The MCPs are responsible for determining if clients require transportation services, and if so, they each have a transportation broker who will verify client and trip eligibility, identify the least cost means of providing transportation, and broker the trip to one of the providers under contract to them. The transportation brokers may use public transportation as one means of providing service, reimbursing a client for their fare (or purchasing the fare on their behalf). Transit providers that operate demand-responsive services may also be contracted to provide services, and there are many private providers of service that are also under contract to the transportation brokers. These include taxi companies and specialized medical transportation providers. The brokers may also offer mileage reimbursement to the client for providing their own transportation. Although the Medicaid program funds transportation for medical purposes, MCPs in Ohio offer up to 15 additional trips for any trip purpose as an additional transportation benefit as an incentive to potential users. Medicaid recipients who require transportation receive it because they have no alternative of their own, so they are highly likely to need transportation for other (non-medical) trip purposes as well.

One issue identified in the interviews is that in cases where an eligible NEMT client is also eligible for ADA complementary paratransit service, the transportation brokers seek to either reimburse the client for paying the fare on their ADA trip or purchase tickets or passes, limiting the cost to the broker to the ADA fare (limited to no more than twice the fixed-route transit fare) for a trip that is usually considerably more expensive to provide. This shifts the subsidy cost of the trip to the transit provider.

Persons with developmental disabilities receiving transportation under Medicaid waivers are mostly transported by the agencies that provide other services (housing, training, supported employment), so those trips are not generally served by public transit or coordinated agency services.

**NEMT Transportation Challenges**

Some of the NEMT challenges are from the perspective of the transit community, others from that of the brokers. The most fundamental challenge is that the existing structure with multiple statewide brokers providing transportation is that the potential for grouping trips is likely to be very low, making it hard to take advantage of the cost-saving potential of coordinated or public services. Also it was noted that the brokerages seek the lowest cost trip, and for those clients who are dual-eligible (ADA or public demand response) the transit provider often is paid only the general public fare (ADA or other) to provide a trip that may cost much more. Particularly for ADA or other demand response trips other human service agencies might be paying the full cost under a contract, well in excess of the public fare. The focus on lowest-cost also may not take into consideration that trips provided by public transit operators may cost more because they are held to standards regarding accessibility, safety, training, maintenance, etc. by the public transit program. Another transit related need is that these same persons who require Medicaid to provide transportation to reach medical services are likely to need transportation for other purposes, which is not always available because of the fact that there is not universal transit coverage (and fare costs may also be an issue).

Other challenges exist for those trying to use transit providers for NEMT. In rural areas the brokers (and clients) may well have difficulty understanding transit service areas and conditions as these vary (as does the quality of public information). In more urban areas with fixed-route services (which would be the lowest cost method) wheelchair users who might be able to use
accessible fixed-route buses are not assigned to that mode because of difficulties reaching the stops. Also stakeholders noted issues with driver sensitivity and provision of passenger assistance to those with disabilities (not clear if this is related to public transit providers or private providers or both).

**NEMT Opportunities**

One method of addressing the additional mobility needs of NEMT transportation clients is to provide transit passes, where service is available and accessible and the cost of the pass is the lowest cost. From the transit provider perspective one desire is that the NEMT program cover more (half or more was discussed) of the cost of demand-responsive trips by increasing the amount paid by brokerages, through contracts that involve a higher level of cost sharing (either through higher fares/rates or by invoicing in arrears). The information issues could be addressed by further development and implementation of one-call, one-click information sources covering all providers in a region.

**TRANSPORTATION FOR OLDER ADULTS**

As noted above the stakeholders interviewed include representatives of the Ohio Department of Aging (ODA), three Area Agencies on Aging (AAAs) and the Senior Transportation Connection (STC) in Cleveland.

ODA oversees the implementation of the Older Americans Act and related state funding in Ohio, as well as funding for some Medicaid waiver clients including the PASSPORT program. It provides formula grants to Ohio’s 12 regional AAAs using federal Title IIIB funding.

In addition to state and federal funding many Ohio counties (73 of 88) and municipalities use senior services property tax levies to enhance and expand services to older adults, including transportation. A study conducted by the Ohio Department of Aging and Scripps Gerontology Center at Miami University in 2012 identified that 87% of the county levies surveyed provided medical transportation and 88% funded non-medical transportation. Behind home delivered meals, transportation was the most provided service. Senior services property tax levies are administered at the local level.

The federal funds require match, and in the past this requirement was met by a combination of state and local funding (including funds from the property tax levies)—the state match share is shrinking requiring an increase in local match to maintain services.

The AAAs in each region actually determine how much of the funding is used for transportation, and how it is utilized. The AAAs contract for transportation, for the most part utilizing a competitive bidding model that includes other factors besides cost. In many cases county-wide or regional solutions or providers are favored, though they may fund multiple providers in a given county or service area. Payment structures also vary, with many using a passenger-mile basis that can allow for sharing of rides on coordinated or public systems. The service providers vary

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considerably—including provision by senior centers themselves (non-profits), municipalities, transit systems, and for-profit providers. There are exceptions or unique models as well, for example the Case Western AAA contracts with a county Office on Aging that in turn contracts with a county transit system. From the perspective of the AAAs partnerships with public/coordinated transit providers are seen as a key means of stretching or leveraging limited funds—there are currently 18 contracts with public/coordinated systems across the state.

The PASSPORT program provides transportation to persons eligible for Medicaid institutional care to enable them to remain in their homes, and it includes Non-Emergency Medical Transportation (NEMT), non-medical transportation (other trip needs), and transportation to Adult Day services.

Challenges in Transportation for Older Adults

As noted above a key challenge for aging programs generally is that there is less state funding for match, and the ability of local funding to replace it is limited. This is occurring at the same time that there is the beginning of a significant increase in the aging population as the baby boomers retire. So there will be general unmet need with additional funding. Related to that is that the PASSPORT program has identified needs well beyond the available funding.

Issues with transportation specifically include unmet needs for longer regional trips to reach medical and dialysis facilities that are only available in larger urban areas. Many rural counties have no public transit or coordinated human service transportation providers at all, so the Aging programs have few good options. In many cases the public or coordinated systems are not county-wide, with service restricted to a particular municipality. In many cases vehicles provided under FTA’s Section 5310 program are aging and need replacement, whether operated by a non-profit aging program or a coordinated system. In places with coordinated systems there is a need for consistent reporting and a standardized method of determining the fully-allocated cost as a basis for participation by the aging programs. Where there is public transit available, there is a need for travel training to get older adults comfortable with fixed-route services.

Opportunities in Transportation for Older Adults

Basically the opportunities for transportation for older adults involve efforts to increase funding—generally to offer more transit coverage and service, but specifically for operations needed to support seniors and senior programs, capital replacement to maintain current services, and travel training to better utilize available resources. Improved technology could also be used to increase productivity by facilitating the grouping of trips, once there is available service. A specific area calling for improvement is the long-distance trip, particularly for medical services, which is the most expensive type of service. This could involve efforts to focus trips on particular schedules, coordinate among jurisdictions, and coordinate with medical facilities.

TRANSPORTATION FOR PERSONS WITH DISABILITIES

Opportunities for Ohioans with Disabilities (OOD)

Opportunities for Ohioans with Disabilities (OOD) is the state agency dedicated to helping individuals with disabilities gain employment and achieve independence. It utilizes federal Department of Education Vocational Rehabilitation funding to support 240 counselors located in 14 centers across the state. It also provides services through 12 regional Centers for Independent Living. Only 3% of its budget ($3.4 million) is used for transportation. OOD funding purchases
transit tickets/tokens/passes; taxis; provides gas vouchers or needed repairs; or funds mileage reimbursement. However, this funding is limited to assistance to the individual while they are finding employment and covering work trips until they receive their first paycheck.

OOD – Transportation for Persons with Disabilities Challenges

Once again the lack of funding was cited as a key challenge, as it simply means that there is not enough service available to support independence for persons with disabilities. The services that exist are often fragmented and limited in terms of geographic coverage and span of service. In many cases routes do not serve key destinations, stop at city or county boundaries, and have limited hours or days of service. Services in separate jurisdictions often do not even have common transfer points allowing connections. In many cases taxis could be used to address transportation needs of persons with disabilities, but the taxis are not accessible. Finally, in many rural areas and small towns there may not be any public service at all.

OOD – Transportation for Persons with Disabilities Opportunities

A key opportunity for improving services would be the development or improvement of regional services that cross jurisdictional boundaries, or at least the development of services that offer direct vehicle-to-vehicle transfers at the service area boundaries. Other transit service changes that would benefit work trips include route deviations at key times to service work destinations (or tripper services), and late night services for non-traditional work shifts (this would be more feasible for large employment sites). Accessible taxis integrated with ADA and taxi subsidy programs could address many needs as well. Accessing available services could be made easier through the continued development of the Mobility Manager concept and one-click/one-call information services covering all options. Using available services could be enhanced through travel training and the use of Centers for Independent Living to provide disability awareness training for vehicle operators. Again, expanding services in terms of routes and span of service, training and information would all require additional funding for transit, and a dedicated funding source for public and human service transportation is needed.

Ohio Association of County Boards Serving Persons with Disabilities

The Ohio Association of County Boards Serving Persons with Disabilities (OACBSPD) is a trade association assisting 88 local county boards (one in each county) that serve persons with development disabilities. Seventy (-plus) of these local Boards operate or provide some type of transportation. Approximately 40 operate a “dedicated” system with yellow school buses, while other use public transit or coordinated systems for clients without behavioral issues, buying tickets/tokens/passes for distribution to clients. In addition taxis and private providers may also be used as needed. Some of the Boards have also embraced travel training as a means of providing clients with greater independence—assuming that there is usable public transit service. Medicaid funding is available for these services, with a local match required, limited to an annual cap of $9,600 per person per year.

OACBSPD – Transportation Challenges

The major challenge to the county Boards is that there is not enough funding to meet the needs overall. In rural counties there may not be providers who could be used, or the level of service may be too low to provide assistance. Another key issue is that public/coordinated services usually stop at the jurisdictional boundary lines, and so trip needs that are regional cannot be
met. There is a need for regional services and/or coordinated transfers. Having individual county Boards does not support regional service provision either.

**OACBSPD – Transportation Opportunities**

Regional services or at least coordinated transfers between systems would help meet regional trip needs. Regionalization of both the Boards serving this client group and the transportation services would facilitate regional service provision/coordination. More travel training would help clients in areas with available public transit services.

**TRANSPORTATION FOR PERSONS WITH MENTAL HEALTH AND ADDICTION ISSUES**

The Ohio Department of Mental Health and Addiction Services (ODMH&SS) is the state agency overseeing services to persons needing mental health or addiction services. While it does not purchase service or provide transportation funding, it does encourage its local boards to support Section 5310 as funding source for non-profits that serve its clients, and it encourages transit use as appropriate to the situation. In its role supporting the development of group residences, it encourages local groups to locate them so clients can access public transit and coordinated human service transportation systems.

**ODMH&SS Transportation Challenges**

The major challenge identified by this agency is the lack of transit in all counties, which is a problem for clients finding and keeping jobs. An additional implication is that the level of transit would need to be high enough to support work trips (in terms of daily service of sufficient span).

**TRANSPORTATION FOR VETERANS**

The Ohio Office of Veterans Programs (OVP) provides training to local county Offices of Veterans Services to provide financial assistance for food, utilities, etc. and assistance in getting to and from Veterans Administration (VA) medical appointments. Under state law the funding comes from a local property assessment.

The transportation services are needed to get veterans to the five VA Medical Centers (VAMC), the three outpatient clinics, and the 30 community-based outpatient clinics that are all located in Ohio. In the large urban areas the VAMC may provide local transportation services or encourage the use of public transportation services. Longer distance services are provided by Disabled American Veterans (DAV) vans, driven by volunteers. In addition some county offices have their own van services, and some buy transit tickets/tokens/passes for distribution to veterans needing transportation.

**OVP Transportation Challenges**

Some of the challenges relate more generally to serving veterans than transportation specifically. One is that funding is limited in some counties because the counties do not assess the maximum allowable millage for veterans’ services, and so funding for any services, including transportation, is limited. Another challenge is that some veterans do not wish to ride with non-veterans, requiring dedicated services. Finally, the fact that many transit systems do not cross-
jurisdictional boundaries or have arrangements to facilitate transfers to neighboring systems means that many trip needs that are regional are not being addressed.

**OVP Transportation Opportunities**

Given the challenges, a major potential opportunity for meeting more regional needs would come from the development of regional services or county-to-county coordinated transfer arrangements. Also, more needs could be met if the county offices would operate more of their own van services. Finally, there is an opportunity to use social media to get veteran volunteers to provide transportation to veterans needing to reach services.

**SUMMARY OF HUMAN SERVICE STAKEHOLDER RECOMMENDATIONS**

Many of the agency stakeholders expressed similar comments regarding needs and opportunities, often with particular reference to their agency clients or needs. However, a general list of human service transportation needs can be compiled from this input, and this has here been categorized in terms of service needs, coordination needs, and funding needs:

**Service Needs:**

- Provide public transit and/or coordinated services in those areas that have no service
- Provide more services to address the growing demand for transportation from an aging population
- Provide regional services or coordinated transfers between systems that would support regional trips
- Provide services that can support employment trips—in terms of days of the week and span of service
- Ensure that existing services have adequate vehicle replacements

**Coordination Needs:**

- Provide one-call/one-click information systems covering all services
- Provide travel training to encourage different groups to use available transit services
- Create a state-level coordinating council to support program coordination
- Include more coordination of NEMT programs to allow for more ride-sharing and to better share the costs of demand-response trips for dual-eligible clients (particularly ADA and NEMT)

**Funding Needs:**

- Provide additional funding for public and coordinated transportation
- Have a dedicated source of funding for transit and human service transportation.
## Appendix B  Contract Revenue and Ridership on Public Transit Systems

<table>
<thead>
<tr>
<th>Agency</th>
<th>Total Operating Revenue</th>
<th>Total Contract Revenue</th>
<th>Contract Revenue as a % of Total Op. Revenue</th>
<th>Total Riders</th>
<th>Contract Passengers</th>
<th>Contract as % of Total Ridership</th>
<th>Contract Service Provided</th>
<th>Human Services Contract</th>
</tr>
</thead>
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<tr>
<td>GCRTA</td>
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<td>Agency</td>
<td>Total Operating Revenue</td>
<td>Total Contract Revenue</td>
<td>Contract Revenue as a % of Total Op. Revenue</td>
<td>Total Riders</td>
<td>Contract Passengers</td>
<td>Contract as % of Total Ridership</td>
<td>Contract Service Provided</td>
<td>Human Services Contract</td>
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<td>Total Riders</td>
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<td>Human Services Contract</td>
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<td>41,525</td>
<td>7,041</td>
<td>17.0%</td>
<td>Yes</td>
<td>--</td>
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<tr>
<td>Monroe Co.</td>
<td>$306,113</td>
<td>$81,493</td>
<td>26.6%</td>
<td>41,825</td>
<td>15,491</td>
<td>37.0%</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Licking Co.</td>
<td>$2,973,004</td>
<td>$1,942,193</td>
<td>65.3%</td>
<td>134,669</td>
<td>113,439</td>
<td>84.2%</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Morgan Co.</td>
<td>$707,536</td>
<td>$317,049</td>
<td>44.8%</td>
<td>46,821</td>
<td>29,271</td>
<td>62.5%</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Perry Co.</td>
<td>$1,118,617</td>
<td>$293,422</td>
<td>26.2%</td>
<td>53,530</td>
<td>14,590</td>
<td>27.3%</td>
<td>Yes</td>
<td>Yes</td>
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<td>Pickaway Co.</td>
<td>$609,528</td>
<td>$219,615</td>
<td>36.0%</td>
<td>50,108</td>
<td>20,757</td>
<td>41.4%</td>
<td>Yes</td>
<td>Yes</td>
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<td>Ottawa Co.</td>
<td>$1,852,286</td>
<td>$756,718</td>
<td>40.9%</td>
<td>94,688</td>
<td>66,369</td>
<td>70.1%</td>
<td>Yes</td>
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<td>Sandusky Co.</td>
<td>$814,172</td>
<td>$323,857</td>
<td>39.8%</td>
<td>30,128</td>
<td>8,920</td>
<td>29.6%</td>
<td>Yes</td>
<td>--</td>
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<td>Pike Co.</td>
<td>$450,171</td>
<td>$93,941</td>
<td>20.9%</td>
<td>30,021</td>
<td>5,817</td>
<td>19.4%</td>
<td>Yes</td>
<td>Yes</td>
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<td>Seneca Co.</td>
<td>$767,700</td>
<td>$194,543</td>
<td>25.3%</td>
<td>74,533</td>
<td>15,321</td>
<td>20.6%</td>
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<td>Yes</td>
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<td>Scioto Co.</td>
<td>$668,345</td>
<td>$198,083</td>
<td>29.6%</td>
<td>35,949</td>
<td>10,884</td>
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<td>Yes</td>
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<tr>
<td>Wilmington</td>
<td>$1,116,287</td>
<td>$63,337</td>
<td>5.7%</td>
<td>131,513</td>
<td>3,626</td>
<td>2.8%</td>
<td>Yes</td>
<td>Yes</td>
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<td>Trumbull Co.</td>
<td>$1,902,138</td>
<td>--</td>
<td>0.0%</td>
<td>49,948</td>
<td>-</td>
<td>0.0%</td>
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<td>Shelby Co.</td>
<td>$663,749</td>
<td>$151,480</td>
<td>22.8%</td>
<td>41,543</td>
<td>7,585</td>
<td>18.3%</td>
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<td>Warren Co.</td>
<td>$944,674</td>
<td>$28,476</td>
<td>3.0%</td>
<td>47,949</td>
<td>2,712</td>
<td>5.7%</td>
<td>Yes</td>
<td>Yes</td>
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<td>Greene Co.</td>
<td>$3,630,552</td>
<td>$1,811,190</td>
<td>49.9%</td>
<td>181,181</td>
<td>89,262</td>
<td>49.3%</td>
<td>Yes</td>
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</table>

Source: ODOT Office of Transit
APPENDIX C OHIO MOBILITY IMPROVEMENT STUDY

STUDY PURPOSE AND CONTENTS

In addition to its ongoing program activities, ODOT recently completed the Ohio Mobility Improvement Study. The objective of this study was to answer the following question: “Can Ohio embrace a statewide approach that integrates health and human service transit (HHST) so that individuals served by these agencies, including the elderly, people with low incomes and individuals with disabilities, can meet basic mobility needs in an efficient and effective manner?”

This extensive study included a nationwide review of state coordination practices and state legislation on coordination to identify best practices from around the nation. It included the results of the Ohio Mobility Summit which brought national practice together with Ohio agencies at the state and local level, followed by twelve regional forums throughout Ohio to identify existing program benefits, impediments to coordination, and needed changes. This comprehensive collaborative process resulted in a number of recommendations for strategies to improve basic mobility in Ohio, and these are important as they represent the results of an extensive process, already completed to address the issues of human service transportation.

RECOMMENDATIONS

Summary documents from this study focus on possible state actions to improve mobility for transportation disadvantaged persons in Ohio. The report also included a phased action plan for implementation. Highlights and relevant recommendations from this study included:

Immediate Recommendations:

- Creation of a state coordinating council
- Expansion of the Mobility Manager programs statewide
- Requiring development of Local Coordination Plans

Short Term Recommendations:

- Development of regional approaches to service delivery
- Creation of a Technical Assistance and Outreach Program
- Deployment of Transit Technology
- Development and implementation of a uniform methodology for cost allocation to share costs

Mid Term Recommendations:

- Legislative actions—including potentially consolidating grants management, statewide vehicle purchasing etc.

Longer Term Vision:

- Dedicated funding for specialized transportation