

ASSOCIATION OF OREGON COUNTIES AND
OREGON DEPARTMENT OF TRANSPORTATION

Assessment of Oregon Coordinated Transportation Plans Final Report



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June 2008

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Introduction/Background

This project was sponsored by the Association of Oregon Counties (AOC), on behalf of the Oregon Department of Transportation (ODOT). AOC contracted with Nelson\Nygaard Consulting Associates to review 36 Coordinated Public Transit Human Services Transportation Plans (“Coordinated Plans”) completed within the State of Oregon in 2007 and 2008. The project resulted in the completion of an assessment of each plan in order to highlight each plan’s strengths as well as the potential for improvement, and to summarize key findings emerging from the plan reviews in their entirety. Of the 36 documents reviewed, six plans were specific to Indian tribes, and 30 plans were either county-based or, in some cases, multi-county.¹

On August 10, 2005, President Bush signed into law the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users, commonly referred to as SAFETEA-LU. SAFETEA-LU authorized funding for federal surface transportation programs over six years through Fiscal Year 2009. Starting in Fiscal Year 2007, projects funded through three programs included in SAFETEA-LU and administered by the Federal Transit Administration (FTA), including the Job Access and Reverse Commute Program (JARC, Section 5316), New Freedom (Section 5317) and the Formula Program for Elderly Individuals and Individuals with Disabilities (Section 5310) are required to be derived from a locally developed, coordinated public transit-human services transportation plan. These three funding programs focus on the needs of transportation disadvantaged persons, or those with special transportation needs that cannot be met through traditional means (access to automobile or public transportation).

The FTA issued three program circulars specific to use of those fund sources, effective May 1, 2007, that further clarified expectations (Chapter 5) for completing the plans. These guidelines are included as Appendix A.

ODOT serves as the designated recipient for JARC and New Freedom funds intended for use in small urbanized and rural areas of the state, and for all of Section 5310 funds. As the designated recipient of these funds, ODOT is required to conduct a competitive selection process to determine use of the funds, and to certify that projects were derived from a coordinated plan. ODOT also administers Oregon’s Special Transportation Fund (STF). An administrative rule requires that STF Agencies (the counties, transportation districts and Indian tribes designated by state law to receive the STF moneys) prepare a plan to guide the investment of STF moneys to maximize the benefit to the elderly and people with disabilities within that area. In June 2006, ODOT issued guidance to STF agencies to indicate that the two planning efforts would be combined into a single document, referred to as a “Coordinated Plan,” and also distributed a suggested matrix for the plan document. This guidance is included as Appendix B. Plans were required to be adopted and submitted to ODOT by September 30, 2007 in order to qualify for grant funding. ODOT offered technical assistance through the AOC to those agencies that wished or needed it. Some agencies had already embarked upon their local planning efforts either in-house or with consultant assistance, some built upon plans already underway or currently completed, and others took advantage of the planning assistance offered by ODOT.

¹ Benton and Lincoln Counties prepared a joint plan. TriMet’s plan covers Multnomah, Clackamas and Washington Counties. The Salem Area Mass Transit’s plan covers Polk and Marion Counties. Baker, Union, Wallowa Counties completed a single plan, and Malheur County collaborated with Payette County, Idaho to prepare a joint plan.

Plan Review: Methodology and Key Findings

This section of the report presents observations of the planning processes engaged by the local project sponsors, and suggests opportunities where planning updates could be strengthened. Subsequent discussion will focus on some key findings and universal themes that emerged from the plans. As a first step, the consultant team, in consultation with ODOT and AOC, prepared a checklist or matrix in order to ensure that information from each plan was consistently captured and reported. The matrix consists of a “checklist” to indicate the extent to which the plan addressed basic planning elements identified through SAFETEA-LU or ODOT guidelines, such as public outreach, stakeholder consultation, identification of strategies, etc. This matrix is included as Appendix C.

Each plan was reviewed by a member of the consultant team who used his or her discretion to determine the extent to which the planning elements were included. In some cases, the reviewer indicated that the element was “partially” addressed in the plan. It should be noted that all three persons who reviewed the plans also participated to some extent in developing one or more of the initial plans. Efforts were taken to ensure a reviewer did not assess a plan he or she had originally prepared.² In addition to completing the checklist, an individual summary report was prepared based on each plan review. The summary report highlighted the strengths of the plan as well as areas to improve upon for subsequent updates. A listing of the identified unmet needs was also included in this write-up, in order to more easily catalogue a comprehensive listing of those needs.

Plan Approach and Organization

As mentioned above, a few plan documents were prepared in-house utilizing agency planning staff, and others were prepared with technical assistance provided through ODOT (see Appendix B). In two cases (TriMet and Salem Area Mass Transit (SAMT)), the coordinated plans built upon other recent planning efforts and were not prepared specifically for this purpose. Most plans followed and described a relatively straightforward planning process of explaining the overall purpose of the planning effort and related requirements, describing the populations of concern (low-income, elderly, persons with disabilities) within the planning area, discussing how stakeholders were engaged in the planning process, identifying unmet transportation needs, and identifying strategies.

Demographic Information

Virtually all the plans included some relevant background (usually US Census data) information about the communities under consideration. Very few plans, however, included maps illustrating the location of population centers or showing their proximity to existing transit services. While some plans attempted to interpret the census data in order to shed light on subsequent findings, others merely inserted demographic tables or charts without explaining their relevance.

Future plan updates would be strengthened by inclusion of maps and with a discussion of key demographic findings. TriMet included a series of maps that clearly illustrated the proximity of transit to existing job sites. These maps helped identify service gaps and the need to prioritize future service enhancements. Yamhill County’s plan included a discussion of the employment needs specific to persons with disabilities, which included relevant demographic information obtained from sources other than the census.

² All three consultant team members worked on the Benton-Lincoln Coordinated Plan. In order to avoid a conflict of interest, this plan was reviewed by ODOT staff.

Stakeholder Involvement

The vast majority of planning efforts built upon and made good use of existing committees or coalitions, in particular local STF advisory committees, which are required by state law to represent the interests of older adults and persons with disabilities. While the Coordinated Plans are indeed intended to address the needs of those two population groups, they are also intended to identify needs--and corresponding strategies to address the needs—of low-income persons. In particular, because JARC funds are available to support transportation programs for low-income workers, employment-related transportation needs are important to consider in the plans. Very few plans included representatives from the business community, community colleges, or organizations advocating for the welfare of low-income families. In almost all cases, future planning updates would be strengthened by seeking employment-related stakeholder participation, e.g. those representing the hospitality, casino, nursing home/medical or agricultural industries that provide entry level jobs during non-traditional commute hours.

In general, the plans would be strengthened by broadening the base of stakeholders above and beyond STF committee members or existing transportation providers. For example, in addition to stakeholders representing the business community, it would be helpful for plans to include the perspective of medical providers, education facilities, local elected officials, faith-based organizations, and private transportation providers such as taxi companies.

Stakeholder involvement was solicited in a variety of ways, most commonly through one-on-one interviews, existing committee meetings, or special workshops. While this consultation was usually referred to in the plans, many did not thoroughly document how stakeholders were identified, or in what ways their participation led to the development of needs and strategies. Future planning updates would be enhanced with a more comprehensive discussion along these lines.

The Umatilla Indian Reservation Plan provided a good explanation of the methodology used for stakeholder involvement. The Benton-Lincoln Plan included a summary report of each stakeholder interview, which represented a broad range of interests in those communities.

Public Participation

The plans represent a spectrum of efforts utilized to solicit and encourage participation from members of the public. In some cases, minimal effort was made to actively seek input from the public; in these cases, newspaper notices were published, or members of the public were offered the opportunity to comment at a formal public hearing.

There are also some examples of creative and innovative ways planning sponsors encouraged participation from the public. Hood River County made considerable effort to involve the general public, including the use of surveys, bilingual materials, and convening public workshops. Malheur County (in cooperation with Payette County, ID) was successful in obtaining over 600 survey responses from members of the public by engaging a local Boy Scout troupe to distribute surveys, inserting surveys in utility bills, and offering an incentive (gift certificate at a local restaurant) to complete the survey. Lake County provided thorough summaries of public meetings as an appendix. Douglas County mounted an impressive outreach campaign, as did Crook and Gilliam Counties.

Needs Assessment

The amount of effort devoted to identifying transportation needs and existing service gaps varied greatly. Some plans identified very few needs other than simply maintaining support for existing services. Others included very detailed lists of identified needs. Again, future plans would be strengthened by including a thorough discussion of how the needs were identified (e.g., through stakeholder interviews, results of public meetings, survey findings, etc.).

Very few plans identified transportation needs specific to the populations of interest to the plans: older adults, persons with low-incomes, and persons with disabilities. Many plans in rural or small communities identified generic community-based needs (e.g., the need to operate fixed route transit on Sundays, or the need to have better transportation for medical purposes).

Few plans summarized transportation needs or gaps in a way that ensured that they could be directly related to proposed strategies. In other words, it was often difficult to discern the relationship between identified needs and proposed strategies.

Josephine County's plan included useful matrices to juxtapose service needs, transportation services that address needs, and an assessment of how well the needs are addressed.

Crook, Deschutes, Jefferson and Jackson Counties included detailed lists of identified needs, including special needs of targeted population groups.

Development and Prioritization of Strategies

Most plans included strategies or a list of potential projects; however, very few prioritized them or suggested criteria that should be used to prioritize them. Virtually all the plans could be strengthened by documentation of how strategies were derived; i.e. how they address the set of unmet needs, and how stakeholders or members of the public consider the relative value of the strategies.

The Grand Ronde Tribal Plan stood out in that it envisioned a coordinated future transportation system that can blend state and federal funds. TriMet included a comprehensive list of strategies--and corresponding action plan--to address the needs of the region's elderly and disabled customers, as developed through a previous planning effort. The strategies were wide-ranging and addressed issues such as pedestrian improvements.

Improving coordination

The plans were not consistent in their efforts to describe existing coordination efforts or to identify ways to enhance coordination. Many plans did not speak to coordination efforts at all. However, it should be noted that, in some cases, plans were prepared jointly which in and of itself demonstrates coordination. Future plan updates would be strengthened by a more thorough analysis of how well providers coordinate with each other, where there is potential overlap or duplication of service, and how the presence of the Medicaid broker contributes or enhances opportunities for coordination. Lane Transit District's Plan included a comprehensive discussion of coordination among service providers and also identified future coordination goals and objectives.

Transportation Gaps

This section of the report documents the summary findings emerging from the plans. It responds to such questions as: What are the most significant transportation needs faced by the elderly, low-income and persons with disabilities as identified in the plans? Where have regional transportation needs been highlighted, and where are there significant gaps in inter-jurisdictional connectivity? What kinds of strategies have been identified to mitigate these gaps? Each plan was expected to identify and document a range of unmet transportation needs specific to older adults, persons with disabilities, and those of low-income status within the geographic area covered by the plan, usually at the county level. This needs assessment was intended to be developed with the input of relevant stakeholders representing the interests of those three population groups. In some cases, more quantifiable documentation (i.e. customer survey) was provided, but findings were generally based on results generated from stakeholder interviews, public meetings or workshops.

As described earlier in this report, each plan was reviewed, and the respective unmet needs catalogued for further analysis. The listing of needs is included as Appendix D. The following summary of identified service gaps indicate those needs in the order of frequency they were raised in the plans. It should be noted that this analysis does not intend to draw any conclusions as to which needs are most critical to meet, or to their relative level of importance. Rather, it reports on the number of times that the particular need was mentioned. Likewise, this assessment relies completely on information included in the plans and is not based on any additional research or findings.

1) Need for additional hours of service, either early morning, later at night, on weekends

The need most frequently mentioned was that of providing additional service hours on existing public transit routes. Virtually all the plans pointed out the limitations of existing public transportation services with respect to when they operate. In particular, the plans indicated a need to provide service later at night, earlier in the morning, and on weekends. Outside urban areas, it is common for transportation services to operate only during weekdays. Additional service hours are also needed for paratransit programs.

Many plans pointed out the specific need for public transit service to be able to better meet the need of entry-level job workers whose shifts may not coincide with “regular” commute hours. Persons working or seeking employment, for example, in the hospitality, nursing home, or agriculture industries often need service when it is often not available.

2) Need for out-of-county trips for medical, shopping, recreation, other purposes

The need mentioned second most frequently was that of traveling outside the immediate county. Residents of rural counties requiring specialized medical care, such as dialysis, chemotherapy or radiation, can often only receive these services in more urban centers where such medical care is available. Likewise, people often need to travel outside their immediate county to reach airports or major shopping centers.

3) Need to serve rural areas

Another common theme emerging from the plans is that of lack of transportation in rural areas of the state. Virtually every county has some pockets that are not served by public transportation services. Often, people living in these remote areas are the ones who need services the most because they have fewer resources available to them. In particular, many plans pointed out the

need to assist persons traveling to and from rural portions of counties to access job or training sites.

4) Lack of awareness of existing services

Throughout the State, the perception exists that there is a lack of awareness of existing services, and that additional outreach and marketing is needed to inform local residents of services that are available and how to use them.

Several plans suggested targeting marketing efforts to better reach youth or seniors. Six plans identified the need to provide bi-lingual (Spanish) materials.

5) Affordability

The cost of transportation as a barrier to mobility was raised in a number of ways. Some plans called out the need to provide more affordable medical transportation for people who are not Medicaid eligible; others cited the fact that the high cost of gasoline is discouraging volunteers or is a barrier to those who rely on automobiles as their primary source of mobility. Even those who can use fixed route services sometimes have difficulty affording the fare or the purchase of a monthly pass, especially if more than one family member needs to purchase transportation this way.

6) More frequent service

Along with service needed later in the evenings and on weekends, many plans identified the need for more frequent service for existing transit routes. More frequent service can result in shorter passenger wait times, which can be especially important when a transfer is required. Frequent transportation is also an indicator of more reliable transportation, especially for work trips.

7) Need for better intra-city services within a county

In addition to traveling outside an immediate county, many plans recognized the need to improve services within the county by better connecting local communities with each other.

8) Higher level of service needed for persons with disabilities

Fixed route transit operators are required by law (Americans with Disabilities Act) to provide paratransit service for eligible persons who are unable, due to their disability, to use the fixed route service. Such paratransit service is required to be comparable, meaning it operates along the same routes and during the same hours, as the service available to the general public. In rural areas where often there are no fixed routes, specialized paratransit services are sometimes provided by social service agencies, such as senior centers, and are not necessarily tailored to meet ADA guidelines.

A number of plans recognize the limitations and growing demand for accessible paratransit services. In addition, many people need special assistance such as door-through-door service, assistance with carrying bags, etc. than what is currently able or required to be provided.

9) Services for veterans

Eight separate plans called out the need to provide transportation for veterans, especially to provide transportation to veterans' medical facilities. Some anticipated the need for future needs to serve veterans as they return home from active military service.

10) Medical trips for non-Medicaid eligible persons

While persons who are Medicaid eligible are entitled to receive transportation for non-emergency medically related trips, there are many people who “fall through the cracks.” Arranging and paying for privately provided transportation to medical centers or clinics is beyond the financial means of many people.

11) Better coordinate services and programs

As indicated above, the second most frequent need identified in the plans is that of traveling from one county to another. A number of plans recognize that transportation needs are regional in nature, and as such they extend beyond city or county boundaries. The authors of these plans also pointed out the need for a regional coordinating entity to manage, for example, a one-stop call center, to allow for a single point of entry for transportation customers to better understand their mobility options, navigate various eligibility programs, etc.

Some plans also recognize the need for coordinated training programs that would provide specialized training for drivers (i.e. disability awareness, how to work with persons with mental illness, etc.) or for social service staff to become better aware of transportation options for their clients.

12) Capital needs: vehicles, facilities, bus shelters

Many, although not all, of the plans identified specific capital improvements needed for their programs, ranging from the development of new facilities to purchasing new or replacing vehicles. In addition, a number of plans specified the needs for additional benches, shelters or other amenities at existing bus stops.

Interjurisdictional Travel Needs

As mentioned above, the vast majority of plans identified the need for residents to travel across county, or even state, boundaries. Portland, Eugene, and Bend are identified most frequently as important out-of-county destinations. Figure 1 illustrates the interjurisdictional needs mentioned in the plans and highlights the desired travel patterns into those urban centers, especially Portland, from all portions of the state. In addition, some interjurisdictional travel needs cross state lines—Boise, Idaho is the preferred destination for some living in the eastern part of the state, and some residents along the northern boundary of the state need to travel into Washington. Again, this summary does not necessarily reflect those travel needs most critical to meet; it summarizes what interjurisdictional needs were reported in the individual plans.

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Strategies

As pointed out earlier in this report, the plans varied greatly with respect to identifying or discussing potential strategies to meet the identified needs. Few plans summarized needs in a way that they could be directly associated with corresponding strategies. Furthermore, some plans blended needs and strategies; for example: “Vanpools need to be developed to major employers and population centers” implies the need to enhance employment-related transportation, and also suggests the strategy of instituting vanpool service. In addition, few plans associated the availability of federal funds available through ODOT’s grant program as a potential opportunity to fund new projects.

The following observations or themes are intended to provide guidance to ODOT and to local project sponsors when plans are updated.

Associate Strategies to Needs

As has been pointed out, most plans fell short of directly associating the needs to preferred strategies. This is an important first step in further developing a platform of strategies or improvements that could help advance the mobility of the special needs transportation population groups.

Associate Strategies with Available Funding Sources

Coordinated plans are required by federal law (SAFETEA-LU) as a condition of accessing three sources of federal funds that can be used to support transportation improvements for older adults, persons with disabilities, and those of low-income status, and also state-source Special Transportation Funds. Future planning efforts would be strengthened by developing strategies specific to the use of these funding sources; for example, identifying employment-related services to be supported by JARC grant program funds, or planning accessibility-related improvements financed by New Freedom grant funds.

Strengthen or Develop New Funding Partnerships

Use of most federal transit funds is contingent upon the availability of local match dollars—for example, operating projects using JARC funds requires a 50 percent match; capital projects require a 20 percent match. Future coordination planning efforts could focus on developing partnership agreements with human service agencies, Tribes, the local Medicaid program, community colleges, local businesses, cities or counties to seek matching funds to meet federal matching requirements. The three Federal Transit programs included in the plan allow for federal-to-federal match. While the fed-to-fed match is limited to certain human service programs, this allowance is specifically allowed to encourage coordination between agencies.

Developing and cultivating relationships with potential funding partners is a long-term effort which may not immediately reach fruition; however, it is important to document efforts and build on efforts to establish “common ground.” While federal transportation dollars can be used to fund at least half the project cost and can be a strong incentive to build partnerships, local match funds will be needed to fully fund new projects.

Quantify Benefits

It would be helpful to quantify the benefits of implementing future transportation service enhancements. How many people would be served? How many potential new job sites would be reached? How many new benches or shelters could be installed?

Consider Range of Strategies

Each of the plans, to some extent, identified deficiencies or shortfalls with existing fixed route transit services—most frequently, that service is needed where it is not available, or when it is not currently available. The most practical or realistic solution may not, however, be to increase fixed route services. Instead, project sponsors should consider implementing a range of non-traditional solutions. Such strategies could include instituting vanpools, community shuttles, training and outreach, volunteer programs, guaranteed ride home programs, taxi vouchers, or mobility management programs.

Prioritize Strategies

SAFETEA-LU planning guidelines specify that coordinated plans should both identify a range of strategies, and prioritize them. This exercise can serve to help local sponsors reach consensus with community members as to which potential solutions are considered most important or feasible to pursue locally. Few planning efforts took this step.

Mobility Management

Several plans recognize the regional nature of trip demands within and between their communities, and others pointed out the need for enhanced information and referral, i.e. having a centralized call center, providing training, or otherwise promoting a range of coordination activities. Few existing programs have the staffing capacity to develop and implement activities specific to advancing these tasks.

A concept emerging through SAFETEA-LU is that of “Mobility Management.” Mobility management activities can be funded through all three funding sources and are considered a capital projects, meaning they trigger a lower local match requirement of 20 percent. Such mobility management projects could be appropriate ways of carrying out coordination activities or joint planning and/or outreach efforts as identified in numerous plans. ODOT could be of assistance by providing case studies or best practice examples of mobility management projects funded in other states, or within Oregon as they become more established.

Feasibility of Implementation

Again, future planning updates would be strengthened by including an assessment of what it would take to implement those strategies considered most viable to pursue. Such an assessment should, at minimum, include the following elements:

- Ability of strategy to address the corresponding need
- Identification of project sponsor(s)
- Institutional, fiscal and operating capacity of sponsor to carry out the project
- Potential funding sources, including match

- Ability to sustain program beyond grant period
- Implementation timetable

Summary/Conclusion

Through this project, 36 Coordinated Plans³ were reviewed, and a written assessment prepared for each document. Each individual agency is required to adopt its plan and submit it to ODOT; in turn, ODOT must certify to the Federal Transit Administration that projects it funds are derived from an adopted coordinated plan.

The plans represent the diversity and unique characteristics of Oregon's counties and without exception demonstrate the local sponsors' knowledge and understanding of the local population they serve as well as their travel patterns and needs. While these plans were prepared to satisfy state and federal regulations to obtain certain sources of funds, it should be noted that the assessments prepared and referred to in this report are not intended to identify "deficiencies," or in any way to suggest the individual plans are or are not in "compliance" with the guidelines. The assessments are intended to enable the STF Agencies to improve the plans so that they are more useful, and become the living documents that they are intended to be.

There were several impediments to creating the plans. For the most part, agencies responsible to sponsor and adopt the Coordinated Plans have no dedicated planning staffing, nor do they have access to planning tools such as Geographic Information System (GIS) technology to analyze Census data and prepare maps. While the assistance offered and provided through ODOT mitigated these circumstances to a great extent, planning and staffing resources are simply limited in parts of the state. As noted previously, federal guidance was not issued until May 1, and most plans were well underway or already completed by then.

This set of plans represent the first effort—it is expected, at a minimum that strategies referred to in the plans will need to be updated to coincide with ODOT funding cycles. In addition, sponsors may want to make other changes or revisions to their plans in order to ensure they are current and relevant.

According to ODOT guidelines (see Appendix B):

Plans should not sit on the shelf—they should have a life. The STF Agency will use the plan to distribute STF formula funds; the local transportation providers will use the plan to develop new services. But, conditions change, and the plan should change, too. The STF law requires that the plan be reviewed every three years.

The following observations and suggestions are intended to help guide future planning updates and funding decisions, and to keep the plans current.

Expand Stakeholder Involvement

SAFETEA-LU plans require the assessment of transportation needs for low-income persons, especially employment-related transportation needs. Most of the initial plans included participation by local providers and STF members that represent the interests of persons with

³ There are 42 STF agencies; of these, several STF Agencies have joint plans; several STF Agencies are still in process.

disabilities and/or seniors, and would be strengthened through inclusion of a broader base of stakeholders.

Enhanced Public Participation

As explained above, most plans did not actively seek out public participation, or such participation was conducted only in formal settings, such as public hearings. Efforts should be taken to broaden the opportunities to allow for public participation in the planning process.

Enhanced use of Demographic Data and Maps or other Visuals

Maps are a useful visual tool that can often tell a story more effectively than text. Maps (or photos) can be used to:

- Illustrate where there are concentrations of the population groups of concern
- Show key activity centers of interest to the plan, such as hospitals, key employment sites, senior centers, schools, etc.,
- Show where there are common points of origin and destination
- Indicate the proximity of public transit services to those activity centers
- Illustrate where there are spatial gaps in service, or no transit available at all

Future plan updates should include maps. In addition, while US Census data can and was used in most plans, other data sources are also helpful and can support needs assessments.

Needs Assessment

While some overlap exists among the transportation needs facing the three population groups specific to the Coordinated Plan, there are also unique needs that could be better called out in the plans. For example, persons with disabilities often face numerous barriers in trying to arrange for transportation, and may also have difficulty in accessing the service even if it exists. Older adults also may face challenges based on their frailty, isolation or inability to drive. Low-income persons, especially families, may also experience difficulty with affording the cost of transportation as well as the need to get to work during non-peak commute hours. Few plans explored these nuances, and many tended to define needs at the broader community level.

In future plan updates, it would help to summarize the gaps or needs and to ensure they directly correspond to strategies intended to address these gaps.

Range of Strategies

Most—if not all—plans identified the limitations of public fixed route services as the primary gap needing to be addressed. Outside urban areas, public transit does not tend to operate late into the evenings, on weekends, or frequently enough to meet the needs of many community residents. It is not always feasible, nor practical for expanded fixed route services to be implemented to meet these needs. The most viable solutions may consider use of vanpools, volunteer programs, community shuttles, deviated fixed route, or improving access to transit (i.e. installing curb cuts, repairing sidewalks, etc). For the most part, the plans did not offer a wide range of strategies such as these—many of which could be eligible for JARC or New Freedom funds.

Link Strategies to Needs/Prioritize Strategies

Future planning efforts would be enhanced by taking the simple step of directly relating a proposed strategy to an identified need. In addition, only some of the plans prioritized strategies or indicated a hierarchy of implementation. Those that did were not always clear in the criteria used to determine their recommended rankings.

Documentation of Planning Processes and Recommendations

Finally, most plans did not clearly document the methodology they used to solicit stakeholder involvement, conduct a needs assessment, and identify related strategies. Much of this information could be included in appendices (i.e. meeting minutes, stakeholder lists, interview summaries, survey instruments, etc.) and need not bog down the body of the report. Inclusion of this information not only clearly documents the planning sponsor's efforts at public participation, but also establishes a clear rationale on which to base subsequent recommendation or findings.

APPENDIX A

CHAPTER FIVE FROM FEDERAL TRANSIT ADMINISTRATION (FTA) PROGRAM CIRCULARS

APPENDIX A: Chapter Five from Program Circulars issued by Federal Transit Administration, effective May 1, 2007:

C 9045.1 (New Freedom, Section 5317)

C 9050.1 (JARC, Section 5316)

C 9070.1F (Elderly and Disabled, Section 5310)

CHAPTER V

COORDINATED PLANNING

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by SAFETEA-LU, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedom programs be “derived from a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310, JARC and New Freedom Programs. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5317.
2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.

- a. Overview. A locally developed, coordinated, public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient and the metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the competitive selection of projects in the designated recipient’s area. A coordinated plan should maximize the programs’ collective coverage by minimizing duplication of services. Further, a coordinated plan must be developed through a process that includes representatives of public and private and non-profit transportation and human services transportation providers, and participation by members of the public. Members of the public should include representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes. While the plan is only required in communities seeking funding under one or more of the three specified FTA programs, a coordinated plan should also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

- b. Required Elements. Projects competitively selected for funding shall be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

- (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
- (2) An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service (Note: If a community does not intend to seek funding for a particular program (Section 5310, JARC, or New Freedom), then the community is not required to include an assessment of the targeted population in its coordinated plan);
- (3) Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
- (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Note: FTA will consider plans developed before the issuance of final program circulars to be an acceptable basis for project selection for FY 2007 if they meet minimum criteria. Plans for FY 2007 should include 1) an assessment of available services; 2) an assessment of needs; and 3) strategies to address gaps for target populations; however, FTA recognizes that initial plans may be less complex in one or more of these elements than a plan developed after the local coordinated planning process is more mature. Addendums to existing plans to include these elements will also be sufficient for FY 2007. Plans must be developed in good faith in coordination with appropriate planning partners and with opportunities for public participation.

- c. Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning process may be different from the agency that will serve as the designated recipient. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities, older adults, and/or people with low incomes. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans and action items. As all new Federal requirements must be met, however, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a

large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under three other FTA programs—the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All “planning” activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration.
 - (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation or coordination with the applicable metropolitan or statewide planning process.
 - (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at www.unitedweride.gov, helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator’s Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.
 - (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
 - (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can

be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the internet, literacy levels, and limited English proficiency.

- (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, GIS mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.

3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed through a process that included representatives of public, private, and non-profit transportation and human services providers, and participation by members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public (e.g., individuals with disabilities, older adults, and individuals with low incomes) who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of 'participation.' Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. Adequate Outreach to Allow for Participation. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available, and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. Participants in the Planning Process. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g., private providers of transportation, representatives of transit users, and

representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 , JARC, and New Freedom Programs must be “derived from a locally developed, coordinated public transit-human services transportation plan” that was “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.” The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities, older adults, and individuals with low incomes. Therefore, individuals, groups and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers;
- (e) Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and
- (f) Human service agencies funding, operating, and/or providing access to transportation services.

(2) Passengers and advocates:

- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);
- (b) Protection and advocacy organizations;
- (c) Representatives from independent living centers; and
- (d) Advocacy organizations working on behalf of targeted populations.

(3) Human service partners:

- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
 - (b) Non-profit human service provider organizations that serve the targeted populations;
 - (c) Job training and placement agencies;
 - (d) Housing agencies;
 - (e) Health care facilities; and
 - (f) Mental health agencies.
- (4) Other:
- (a) Security and emergency management agencies;
 - (b) Tribes and tribal representatives;
 - (c) Economic development organizations;
 - (d) Faith-based and community-based organizations;
 - (e) Representatives of the business community (e.g., employers);
 - (f) Appropriate local or State officials and elected officials;
 - (g) School districts; and
 - (h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the competitive selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the Common Grant Rule (49 CFR part 18).

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. It is expected that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others.

The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process, because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

- d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve plans. The designated recipient's grant application (see Appendix A) will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

- a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan can either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding through the competitive selection process must be incorporated into both the Transportation Improvement Program (TIP) and Statewide Transportation Improvement Program (STIP) in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for nonurbanized areas under 50,000 in population. In some areas, where the coordinated plan or competitive selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include competitively selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. SAFETEA-LU strengthened the public participation requirements for metropolitan and statewide transportation planning. Title 49 U.S.C. 5303(i)(5) and 5304(f)(3), as amended by SAFETEA-LU, require MPOs and States to engage the public and stakeholder groups in preparing transportation plans, TIPs, and STIPs. “Interested parties” include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
- d. Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Other Than Urbanized Formula Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(c)(5) requires that, “Each recipient of a grant shall ensure that the proposed program of projects (POP) provides for the coordination of public transportation services ... with transportation services assisted from other United

States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of the DOT to determine that a State’s Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

APPENDIX B

PLANNING GUIDANCE ISSUED BY ODOT

Coordinated Human Services Public Transportation Plan ("Coordinated Plan") Implementation

About the Coordinated Planning requirement

Oregon's Special Transportation Fund (STF) administrative rule requires that STF Agencies (the counties, transportation districts and Indian tribes designated by state law to receive the STF moneys) prepare a plan to guide the investment of STF moneys to maximize the benefit to the elderly and people with disabilities within that area.

The federal SAFETEA-LU transportation authorization passed by Congress in 2005 requires a "locally developed, coordinated public transit-human services transportation plan" intended to improve transportation services for persons with disabilities, individuals who are elderly, and individuals with lower incomes. The coordinated public transit-human services transportation plan is required for three of the Federal Transit Administration funding programs: Formula Program for Elderly Persons and Persons with Disabilities (§5310); New Freedom (§5317) and Job Access Reverse Commute (§5316).

These two plans are combined into a single requirement, referred to as the "Coordinated Plan."

The completed plan will include:

- An evaluation of the community's resources;
- An assessment of the transportation needs for people with low income, seniors and people with disabilities;
- Strategies and/or activities to address the identified gaps, and that also address efficiencies in service delivery through coordination; and
- Relative priorities of the strategies.

An example of strategies to address additional service needs is: "add service in the evening" or "increase the size of the bus." The plan is not a service plan that should identify the specific number of hours to add, or the specific type of vehicle. The strategies and/or activities should be described in very general terms in the Coordinated Plan. Once the strategies are defined, they are prioritized. Transit service providers will use these priorities to further develop specific projects that are "derived" from the plan.

Plans should not sit on the shelf—they should have a life. The STF Agency will use the plan to distribute STF formula funds; the local transportation providers will use the plan to develop new services. But, conditions change, and the plan should change, too. The STF law requires that the plan be reviewed every three years.

Planning program implementation

The STF Agencies are responsible to ensure that the plan is completed. By July 1, 2007, all STF Agencies will need to have adopted plans to be eligible to receive STF Formula funding. Also, any project recommended for a discretionary grant award will need to be "derived" from the plan.

Association of Oregon Counties (AOC) is working in partnership with Public Transit Division with many of the STF Agencies to prepare the required Coordinated Plan. The

primary purpose of this partnership is to enable the STF Agencies to complete the required plan by June 30, 2007.

The team of consultants working for AOC is working with each STF Agency to determine the appropriate level of planning assistance. The assistance will take into account plans and activities already completed, and will vary according to the needs of the STF Agency. AOC and its consultants will provide assistance in the following task areas:

- Assistance and leadership for the public involvement processes;
- Gathering and analyzing data;
- Facilitating needs identification and prioritization;
- Writing the draft plan;
- Gathering and analyzing comments regarding the draft plan; and
- Finalizing the plan for adoption by the STF Agency.

Public Transit Division Staff identified the STF Agencies who have been offered the AOC consultant services (see the chart.) The consultant service is free to the STF Agencies. The AOC support is not required, however. STF Agencies may use their own planners and resources to develop the required plan.

Project timeline

By May 31, 2007, each plan should be close to completion. However, we recognize that many of the plans will be very basic, and will need further information and detail in the coming years.

If STF Agencies do not believe that their plan will be completed and adopted by June 30, 2007, please contact the Public Transit Division. Public Transit Division will work with the agency to develop an alternate schedule. Please be aware that STF and discretionary grant funds may be held up pending completion of a plan.

Roles and responsibilities

While AOC staff may be doing the heavy lifting of the planning program, ODOT and the STF Agency will have important roles to ensure that the plan is completed. STF agencies need to assign staff to assist the AOC planners, and need to participate at key points.

For more information about AOC role and the consultant team, please contact

- Doris Penwell, AOC, 503-364-9261, 503-585-8351, dpenwell@aocweb.org
- Jean Palmateer, ODOT Public Transit Division, 503-986-3472, jean.m.palmateer@odot.state.or.us

Consultants to AOC for Coordinated Plan – 2006-07

Name	Contact Info	Counties/Planning Areas
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Donna Betts	dbetts@emily.eou.edu 541-568-8109, 541-786-4906	Union, Baker, Wallowa
Link Shadley, MCEDD Lee Curtis	links@mcedd.org 541-296-2266 lee@mcedd.org	Sherman
Mary McArthur (COLPAC)	mbmcarthur@att.net 503-228-5565	Clatsop, Columbia, Tillamook
Andrew Spreadborough, COIC Scott Aycock, COIC	aspreadborough@coic.org 541-504-3306 scotta@coic.org 541-548-9525	Deschutes (Spreadborough) Crook (Spreadborough) Jefferson (Aycock) Conf. Tribes of Warm Springs (Aycock)
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Melissa Drugge, GEODC Karen Kendall Sondra Lino	mdrugge@oregonvos.net 541-276-6745 kkendall@oregonvos.net 541-276-6745 slino@oregonvos.net 541-575-2786	Umatilla (Kendall) Conf. Tribes of Umatilla (Kendall) Gilliam (Lino) Grant (Lino) Harney (Lino) Burns Piate (Lino) Morrow (Lino) Wheeler (Lino)
Pam Curtis Susan Brody	sebrody@earthlink.net 503-725-9098 Pamelacurtis@msn.com 503-725-9097, 503-780—8269	Special Assistance to Deschutes, Crook, Warm Springs Tribe, Jefferson; Umatilla & Conf Tribes of Umatilla; Malheur/Payette County, ID; possible others

- Doris Penwell, Association of Oregon Counties – AOC
503-364-9261, or 503-585-8351; dpenwell@aocweb.org
- Morgan Cowling, Association of Oregon Counties – AOC
503-585-8351; mcowling@aocweb.org
- Jean Palmateer, Transit Division, Oregon Department of Transportation
503-986-3472; Jean.M.Palmateer@odot.state.or.us

Coordinated Human Services Public Transportation Plan (“Coordinated Plan”) Template with Instructions

Plan Elements

The completed plan will include:

- An evaluation of the community’s resources;
- An assessment of the transportation needs for people with low income, seniors and people with disabilities;
- Strategies and/or activities to address the identified gaps, and that also address efficiencies in service delivery through coordination; and
- Relative priorities of the strategies.

1. Stakeholder Involvement

Stakeholder involvement is the key to a successful Coordinated Plan. Engaging the appropriate organizations and individuals in planning efforts is critical to identifying the needs of the target population, the needs of the community/region, the transportation services available, and the identification of new solutions.

Participation

Maintain a list of participation in the planning process. Identify agencies and individuals invited to participate and keep a record of participation. This list will assist to identifying the agencies, organizations, and institutions in the community that you may contact regarding your plan. It is possible that not all of these organizations exist in your community, or that multiple agencies with the same description do. Keep this in mind when you are convening your stakeholder group.

- Area Agency on Aging
- Assisted Living Communities
- City Councils
- Community Action Program
- Community Colleges
- County Commissioners or council
- DHS Offices: Seniors and People with Disabilities; Children and Families; others
- Group Homes
- Hospitals and other health care providers
- Local Medicaid Brokers and/or Providers
- Local School Districts
- Major Employers or Employer Organization
- Non-Profit transportation providers
- Other Non-Profit Organizations
- Nursing Homes
- Private Bus Operators Regional Transportation Planning Organization Public Transit District

- STF Advisory Committee
- Taxicab Operators
- Tribal Governments
- Volunteer driver programs
- Work-First Local Planning Area
- Intercity Bus operators
- Others

Description of Convening of Stakeholders

Please provide a narrative description of how the community stakeholders were engaged in the planning process. Possible things to address: How were people invited to participate? Did you convene meetings in different locations? Were people willing to come to the table? Did social service providers explain what they do and how transportation could help them? Did transportation providers explain their services? How did the stakeholders express their perceived transportation needs? Were there subcommittees or working groups created out of the stakeholders?

2. Evaluation of Existing Transportation Services and Resources

Describe the existing transportation services. Completing this section on existing transportation services enables the planners to identify underserved areas, which served areas may be in danger of being discontinued, and where transportation services are being duplicated.

Information about these services should include the target population, hours of operation, service area boundaries, travel time standards, fares, program costs and other operating characteristics. Identify if these providers are currently working together, or if they are willing to work together. How are these transportation services currently funded? Are any of them funded with grant funds from the Special Transportation Fund, ODOT's Rural General Public Program or Public Transportation Discretionary Grant Program? Identify the vehicle fleet in the area¹, and include information about age, condition, mileage, accessibility features, and passenger seating of the vehicles. Consider:

- Fixed route,
- Route deviation,
- Intercity bus and rail,
- Shuttles, such as for workplaces or hotels,
- Demand-response programs such as ADA complementary paratransit or rural general public dial a rides,
- Taxi,
- Vanpools and rideshare,
- Volunteer driver programs,
- Medical transportation providers
- And other transportation services.

¹ Fleet information financed with ODOT grants is available upon request.

Also identify other non-traditional providers and transportation support programs.

- Transit support services, such as travel training
- Voucher and other transit pass programs
- Transportation Brokers

Which of the social and human service providers also provide some level of transportation to their clients? Are they open to leveraging resources, including sharing vehicles, and expanding or changing services?

3. Data and Information

In this section, outline information about people with special transportation needs. The stakeholder group should be very helpful determining this information as will analysis of the demographic data. Consider using maps. Producing maps as part of the planning process can assist planners with identifying unmet transportation needs and developing effective transportation alternatives. Additionally, maps can be an effective means of showing decision-makers and members of the public gaps in transportation services.

Demographics

Where do people live; how many of them are there? Is the population growing or shrinking? You should investigate demographic data that will tell you the numbers: how many people live below the poverty line; what percentage of seniors live in your area; how many people report disabilities; what is the population of non-English speaking people? At a minimum, the following data elements should be included²:

- Total population
- Number and percentage of population 65 or older
- Number and percentage of people with disabilities, age 5+
- Mean travel time to work (in minutes)
- Median household income
- Percentage unemployed
- Land area

Surveys

Consider surveying consumers and agencies where people with disabilities receive services, including housing, churches, meal sites, and clinics. The survey could ask questions about the use of transportation and the perception of unmet transportation needs. A survey can be on paper, an interview, a forum or focus group.

Common Origins

Identify locations in the community where groups of people reside such as group homes, assisted living centers, nursing homes, group homes, areas with affordable housing, and others as suggested by your stakeholder group.

- Where are people with disabilities located in your planning area?
- Where are people of low income located in your planning area?

²

These data elements are available from the US Census <http://www.census.gov/>, Oregon Labor Trends <http://www.qualityinfo.org/olmisj/PubReader?itemid=0000051>, and Future of Long Term Care website http://www.oregon.gov/DHS/spwpd/ltc/fltc/county_data.shtml.

- Where are young people and the elderly located in your planning area?
- Are there any of these locations which are common to all or some of the subgroups which constitute people with special transportation needs?

Common Destinations

Identify places that may constitute common destinations consider entry level employment opportunities, childcare facilities, schools, medical centers, shopping districts and others as suggested by the stakeholder group.

- Where do people with disabilities in your planning area need to get to?
- Where do people of low income in your planning area need to get to?
- Where do young people and the elderly in your planning area need to get to?
- Are there any of these locations which are common to all or some of the subgroups which constitute people with special transportation needs?

4. Identify Unmet Transportation Needs

Using the data collected, identify and document the various types of transportation challenges and "gaps" in existing transportation services. Compare the origins and destinations of people with special needs with the existing transportation services. Identify the unmet needs and possible wasteful duplication of efforts in certain areas.

By identifying the unmet needs of the area, stakeholders can identify the strategies and/or activities that are most appropriate and useful to gaining access to the community. It is important to also consider coordination opportunities to make services more efficient when identifying these strategies.

5. Develop Transportation Priorities

Identify and document potential transportation strategies and/or activities that will address the identified unmet needs. These strategies and/or activities will vary in each area depending on the resources available, the size of the market for each alternative and the extent of existing services.

Options may include sustaining existing services and adding efficiencies through coordination, marketing or travel training; increasing service levels; extending hours or territory; starting employer vanpool services; developing a voucher program; or developing volunteer driver services. Do not forget to consider technology solutions. It is not necessary to design the solution in specific operational terms.

Coordination

Identify how coordinated transportation will be utilized within your transportation alternatives. Is there a plan to leverage different resources against each other? Are there different subgroups of people with special transportation needs that are going to share rides or at least both use the same vehicle at different times? What about administration, will there be a sharing of dispatch or a mobility coordinator who can help find individuals transportation solutions or assist in travel training? Coordination should be considered when setting your community priorities.

Community Priorities

Review the strategies and/or activities; review the coordination goals. There might be a long list of potential strategies and/or solutions; the first step in prioritization could be to shorten the list by identifying the preferred strategies. Prioritize the preferred solutions and /or activities to address the current and unmet needs in the community.

Document the priorities by describing each solution and /or activity, and the expected outcome, in priority order.

Document the process for identifying the solutions and /or activities and priority rankings. Who was included? What role did coordinated transportation play in your prioritization?

Local providers will refer to this plan when they apply for funding through ODOT's Public Transportation Discretionary Grant Program and from the STF Agency's STF Formula Fund program.

6. Plan Review and Adoption

Summarize the public opportunities for plan review and comment. Document the date of the formal adoption of the plan, and the STF Agency members.

Amending the Plan

Plans should not sit on the shelf—they should have a life. The STF committee and STF Agency will use the plan to distribute STF formula funds; the local transportation providers will use the plan to develop new services. But, situations change, and the plan should change, too. Change the plan when an update is needed. The STF law requires that the plan be reviewed every three years, so use the three year review to update the plan to reflect changes in the community.

APPENDIX C

PLAN ASSESSMENT MATRIX

County or Counties (s) covered by plan: _____

Entity/consultant completing the plan: _____

Date plan was adopted, and entity that adopted it: _____

	yes	no	partially
Stakeholder Involvement/Public Involvement			
Does the plan identify and reference stakeholders that participated in the plan?			
Were stakeholders included to represent older adults?			
Were stakeholders included to represent persons with disabilities?			
Were stakeholders included to represent persons with limited incomes?			
Were members of the business community (i.e. Chamber of Commerce, major employers, Work Force Staff) included as stakeholders?			
Does the plan document how stakeholder participation was solicited?			
Does the plan include a record of meetings, workshops, outreach activities, etc?			
Did the planning process allow for participation by members of the public?			
Are public participation methods clearly documented in the plan?			
Plan elements (per SAFETEA-LU, ODOT guidance)			
Demographic Information			
Does the plan include relevant demographic information (i.e. census or other data) to support and illustrate the levels of older adults, persons with disabilities, and persons in poverty within the study area?			
Are maps provided to illustrate the presence of these groups, and to identify key activity centers, key points of origin and destination, and how they relate to the proximity of available transportation services?			
Assessment of existing services/inventory			
Does the plan include an inventory of existing private, non-profit and public providers that currently provide transportation services?			
Does this assessment include a comprehensive description of current services, hours served, geographic service areas, populations served, etc?			

Does the assessment of existing services include a discussion on how well providers work with each other?			
Does it include an inventory of capital equipment?			
Needs Assessment			
Does the plan include an assessment of transportation needs for individuals with disabilities?			
Does the plan include an assessment of transportation needs for persons with limited incomes?			
Does the plan include an assessment of transportation needs for older adults?			
Does the needs assessment identify spatial gaps—where service is needed and not currently provided?			
Does the needs assessment identify temporal gaps—when service is needed and not available?			
Does the plan identify gaps in serving various types of trips: employment and training, medical, recreational/social, shopping for the 3 population groups?			
Is there a discussion of interjurisdictional travel needs?			
Is the methodology described that was used to provide a solid rationale for documentation of these needs?			
Identification of Strategies			
Does the plan include a list of strategies, activities, and/or projects to address the identified gaps between current services and needs?			
Does the plan include non-operational strategies; e.g., capital projects, use of new technology, or mobility management projects?			
Does the plan describe how these strategies were derived?			
Prioritization of strategies			
Does the plan indicate relative priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities?			
Does the plan describe the process or criteria used to develop the priorities?			
Is maintenance of existing services included as a strategy?			
Does the plan recognize the need for capital replacement?			
Does the plan identify the need to apply performance measures in prioritizing strategies?			
Improving Coordination			

Are examples provided of existing coordination activities?			
Does the plan identify opportunities for coordination (such as different client groups sharing a vehicle)?			
Does the plan identify where there is overlap or duplication of services?			

COUNTY PLAN ASSESSMENT

Stakeholder Involvement

1. Indicate whether the plan identifies stakeholders that participated in the plan.
2. Indicate whether stakeholders included represented the three populations of concern for this plan:
 - older adults,
 - persons with disabilities,
 - individuals with limited incomes
3. How was stakeholder participation solicited, and does the plan include a record of meetings, workshops, outreach activities, etc?
4. Describe how members of the public were able to participate. Specify the methods used to allow for public participation (i.e. focus groups, workshops, public meetings, etc.)

Plan elements (per SAFETEA-LU, ODOT guidance)

Demographic Information

5. Describe demographic information, maps, census data, or other documentation used to define and quantify the populations of concern for the plan.

Assessment of Existing Services

6. Does the plan provide an inventory of available services that identifies current transportation providers (public, private, and non-profit)? Does this assessment include a comprehensive description of current services, hours served, geographic service areas, populations served, etc?
7. Does the assessment of existing services include a discussion on how well providers work with each other?
8. Does it include an inventory of capital equipment?

Needs Assessment

9. Describe whether the plan includes an assessment unique to each of the following groups: individuals with disabilities, older adults, and people with low incomes.

10. Describe whether the plan includes an assessment of the needs to provide trips for the following purposes: work/training, shopping, medical, recreational/social.

11. Does the plan identify *spatial* gaps; that is, where service is needed but does not currently operate? Does it identify *temporal* gaps; that is, when service is needed but does not currently operate?

12. Is there a discussion of interjurisdictional travel needs, i.e. from one county into another, or for trips that are regional in nature?

13. What methodology was used to provide a solid rationale for documentation of these needs?

Identification of Strategies

14. Does the plan include a list of strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery?

15. Does the plan describe how these strategies were derived?

Prioritization of Strategies

16. Does the plan indicate relative priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities?

17. Does the plan describe the process used to develop the priorities? Were performance measure used or identified to help measure the strategy's effectiveness?

Improving Coordination

18. Does the plan identify current coordination activities, or suggest new opportunities for coordination (such as different client groups sharing a vehicle)? Does the plan identify where there is overlap or duplication of services?

Overall assessment and observations on the plan and/or the planning process

The following highlights aspects of the plan that were done well and makes suggestions for improvements:

APPENDIX D

SUMMARY OF UNMET NEEDS

Baker, Union, Wallowa

Lack of awareness about existing transportation services
Under-utilization of transit services, by special needs population & general public
Confusion in tri-counties about who is eligible for transportation services
Lack of out-of-county transportation – to airports, medical and shopping
Limited service and frequency results in excessively long trips
Need direct service connections between three counties
Limited inter-city service between and within three counties
Accessible transportation needed for semi-independent adult – non-clients
No transportation service available during evening hours or on weekends
No bus shelters for riders within tri-county area
No slack or redundancy in existing system – vehicle breakdown or sick driver means that service is suspended
Individual county identities makes consolidating existing system difficult
Inability to make inter-system transfers
Greyhound stops not accessible to local population
Lack of common fare structure among regional carriers
Lack of dedicated, reliable funding makes planning and service expansion difficult

Basin

Extended operating hours on Saturdays
Operate on Holidays
Operate on Sundays
Service to more rural areas for transportation to & from work
Time between buses
Transport to & from Chiloquin to Klamath Falls for people needing to be town for business, shopping, medical appointments, etc.
Extending operating hours for transit buses – to early closing

Benton

Expanded service into Linn and Lincoln Counties is needed
People need to get to Portland for medical appointments
Some rural areas of Benton County aren't served by transit
More service needed in the evenings
More service needed on weekends
More frequent service is needed to avoid long trips or transfers
Higher level of care on paratransit needed
Some paratransit trips take too long
same day paratransit service is needed.
Need for better information on how to use transit services
Bi-lingual (Spanish) materials are needed
Low-income persons have difficulty affording the cost of transportation

Burns

A public transportation vision is needed for the Burns Paiute community.
An integrated network of transit services & facilities is needed.
Service needs to be available to the general public, not just elderly & disabled.
Need for purchase passenger van that is available for use by residents.
Need to have at least one paid driver on staff.
Regularly scheduled weekly service to Burns is needed – medical, grocery shopping, bill paying, etc.
Service hours need to be extended into the evenings and on weekends.
Students need transport assistance to before and after school activities.
Transportation needed for group outings and special day trips
Transportation needed for youth activities – to attend conference, educational events & for social/recreation purposes

Columbia

Disabled people have fewer travel options than seniors and low income individuals
Although most basic needs are being met, there is a need for an overall increase in public transit services in the county.

Need for out-of-county transport

Needs for both intra-community transportation and intercity routes between cities.

Lack of information about existing transportation services in the county.

Working poor are particularly underserved – in terms of time of day, frequency of service and service area.

Improved connections between existing routes are needed

Travel to economic hubs such as Portland, Longview and Washington County, OR.

Dial-a-ride service is at capacity, and needs to be expanded.

Medical trips to Portland and Longview with shorter advance reservation periods

Coos

Some of the smaller towns aren't served by public transit

There is no transportation service in the evening or on weekends

More frequent bus service is needed

Interjurisdictional travel needed

There is not enough door-to-door service to meet demand

Additional funding for vehicles is needed

Older adults and people with disabilities need travel training

Lack of information about existing services

Medical trips needed for non-Medicaid eligible persons

Veterans need improved access to medical facilities

School children need after school transportation

Some need assistance getting to work and job training programs

Coquille Tribe

no needs listed

Crook County

Demand for transportation is increasing, but resources are not

Need for early morning and evening service

Need for weekend service

Dial-a-ride needs to expand service area to Juniper Canyon & elsewhere

Daily non-medical transport needed to Bend & Redmond – shopping, social & recreational

Affordable transportation to Deschutes County needed for jobs & medical

Commuting options needed between counties & for jobs in resorts & educational centers

Service for youth to mental health services and after school activities & services

Need for stretcher transport

Transport needed to VA hospital for veterans

Dependence on fire & rescue department for non-emergency trips

Hospital staff has to drive some discharged patients

Training needed for dealing with emotionally unstable veterans

Medical trips to Bend for Medicare & other non-Medicaid recipients

Monthly pass or ticketing system on dial-a-ride needed

\$2 fare too high for low income riders

Discounted fares for seniors too high

24-hour advance reservations don't accommodate unplanned trips

Bi-lingual schedules, other materials needed

Lack of information about existing resources & travel options

One-stop call center needed for info & dispatch

Child car seats needed for dial-a-ride vehicles

Advocacy & assistance needed for riders with special needs

Transportation needs are regional, not local

Need regional coordinating entity

Curry County

Service needed evenings and weekends, expanded Coastal Service
Employment and training transportation needed
Door to door service is needed rather than curb to curb
Students need transportation into Coos County schools
Medical transportation needed for non-Medicaid eligible persons
Low-income people can't afford the cost of transportation
Lack of information about existing services

Deschutes County

Access to social and shopping, cultural and recreational access
Access to social services, workforce services in Bend, La Pine and Redmond
Access to medical centers in Bend and Redmond, particularly for non-Medicaid eligible riders
Wheelchair accessible access to services in Bend for veteran population (veteran outpatient counseling center in Bend)
Lack of space/capacity on the DAV van to Portland
Hours of operation limited, evenings and weekends
Frequency of operations
Ease of use; removing barriers to mobility
Lack of service in rural, unincorporated areas
Disabled populations utilizing emergency services for non-emergency rides
Lack of information on existing transportation services
Lack of information in Spanish on public transportation options
Physical, emotional and cognitive impediments to mobility for some riders
Access to information on rides/transportation options, so that riders can identify what their options are quickly and easily
Transportation providers lack qualification/training in emergency response
Lack of screening to match special need rider populations with the most appropriate transportation service
Lack of door-to-door transportation service options
Some special population riders need support and advocacy to access appropriate services; outreach to isolated special populations
Administrative requirements for some services too burdensome and/or complicated
Lack of options for populations without driver licenses
A broad-based committee or coalition needed to develop and implement initiatives
Public transportation needs transcend Deschutes County; regional-level needs
Lack of regional one-stop call-in center for ride information and dispatch; lack of formal coordination system among providers
Logistics-based coordination of transportation services not feasible due to lack of a lead regional coordinating entity
Need for integrated land use and transportation planning
Artificial boundaries create barriers to inter-community public transportation services (e.g. Camp Sherman to Sisters)

Douglas County

Public transit not available in rural areas of county, where needs are greatest

Out-of county travel is needed, especially to Portland

Reedsport residents and people in the northern part of the county need access to Coos Bay, Eugene, Sutherlin and Roseburg.

People in the south county need connections to Winston, Roseburg and Grants Pass.

Existing bus stops are often located too far from riders' homes or final destinations.

More service is needed in the evenings.

More service is needed on weekends.

More frequent service is needed to avoid long trips or transfers, and distances between bus stops need to be shorter.

Getting to medical appointments is a big problem, especially for seniors and others who are not eligible for Medicaid.

Door-to-door service is needed for some people with special needs.

The existing community Dial-a-Rides need to expand their service boundaries, hours of service and vehicle capacities.

Sometimes it is difficult to schedule trips ahead of time, and same day service is needed.

Lack of information by agency clients, agency staff, and the general public – about available transit services in the county and how to use them.

Need to enhance coordination among existgng providers

Low-income people can't afford the cost of transportation

Transportation assistance for veterans is limited

Gilliam County

Coordination of out-of-county medical appointments

Scheduled service for parents with children

Scheduled out-of-county service for elderly and medically frail

Service between Lonerock and Pendleton

Smaller vehicles for 1-2 person trips

Overnight outings to out-of-county destinations

Medical transport for non-Medicaid eligible parents and children

Out-of-county service for training, meetings & court appearances

Out-of-county service for youth services & classes in The Dalles

Scheduled service for elderly residents to county seat

Organized outings for at-risk youth.

Grand Ronde Tribe

There is a need for fixed route service from Willamina to Grand Ronde

There is a need for transit service from Grand Ronde to Dallas

Dial-a-ride service within the Grand Ronde community is needed for general public

Weekend transit service to Salem is needed

Employees at the casino need assistance with commuter transportation

Bus shelters would be needed in Grand Ronde if and when the community gets transportation services

Grant County

Minivans are needed to provide transportation to individuals and small groups

There is insufficient space for packages

Improve People Mover office facilities

Transportation between Long Creek and Monument

Transportation for residents in the north county area (Ukiah-Dale area)

Monthly or bi-monthly trips from outlying areas to John Day

Regular service needed into John Day

Improved transportation service to support commuters and those looking for work (especially to and from Prairie City and Mt. Vernon)

Need an additional stop in Bend to connect to Bend Area Transit

Trips to dental providers in Burns or Baker City

Distant medical appointments (VA Facilities) may require overnight service

More affordable fares and discounts for frequent riders, low-income passengers

Better coordination with neighboring bus companies to improve timed and regional connections

More frequent and reliable service is required

The public is not aware of available transportation services

Increase marketing

Harney County

There is no weekend or evening transit service

There isn't enough service to meet demand

Not all county residents are served, especially those in rural communities

Hood River County

Increased awareness of existing services, especially for seniors

Increased operating hours, evenings and weekends

Fixed-route or deviated fixed-route service is needed as an alternative to Dial-a-Ride

Coordination of transportation to special events for seniors is needed

Hood River residents would benefit from the continuation of CAT services

Increased use of rideshare programs for those without computers

Perform outreach to isolated communities; consider cultural and language differences

Need for connections to Wasco and Skamania Counties

Capital needs; i.e. new facilities

A higher level of service within Hood River for a variety of trip types

Affordable transportation to Portland

Transportation to the Dalles

Once-a-month trip to Clackamas

Reorganize Cascade Locks Tuesday shopping trips to Hood River

Early morning service to pick-up residents in Cascade Locks

Jefferson County

Public transit demand is increasing, but funding resources are not

Not enough volunteer drivers

Not enough private providers to fill needs

Lack of early morning, evening and weekend service

Lack of shuttle between Warm Springs reservation and Madras

County workers need to access jobs in Madras and neighboring county

Dial-a-Ride service area too restrictive

Small rural communities in County remain largely without service

Veterans & other county residents need access to medical facilities in Redmond, Bend, Portland, Salem and Vancouver, WA

No service to local recreation areas within the County

Lack of fixed-route transit services within city of Madras

Youth transportation & advocacy needed from outlying area to Madras

Lack of information about existing services – especially among the youth

High gas prices, cab fares, vehicle repair costs, etc., have adverse impact on low income population.

Many low income drivers have lost their license

Lack of specially designed employment or commuter transportation

Location of hospital and other medical facilities difficult to access by the elderly and disabled

Winter weather makes driving difficult for the elderly

Lack of Spanish language transportation materials

No central point of information about transportation option & existing services

Lack of centralized, regional dispatch to improve efficiency

Difficult for parents with infants to access public transit

General lack of knowledge and leadership within the community to develop true public transit system

Insurance costs are a barrier to transportation providers

Cost of new vehicles prohibitive for some providers

Lack of public understand about how transportation benefits local economy

Lack of general public education about transportation options

Josephine County

Some of the smaller communities and rural areas aren't served by public transit.

There is no transportation service in the evening or on weekends.

More frequent bus service is needed to avoid long trips and enhance ridership.

Transportation needed to out-of-county destinations, i.e. airport, medical specialists, shopping

Some passengers need a higher level of service, i.e. through door-through-door service.

Community college students need transportation to school programs and classes

Children need transportation to after-school programs

Veterans need medical transportation to Roseburg and Portland In addition

Many people without dependable, personal transportation need assistance getting to work and job training programs.

Assistance in getting to medical appointments is needed, especially for seniors and low-income families not covered by Medicaid.

Low-income people have difficulty affording the cost of public and private transportation.

Information needed about the transportation services that are available in the county and how to access them.

Klamath Tribe

General lack of accessibility

Dial-a-ride hours needed to be expanded – both in the am and pm

Dial-a-ride service needed to Portland on the weekends, especially for medical

No weekend dial-a-ride service within Clatsop County

Cost of medical transport for non-Medicaid passengers is too expensive

SETD doesn't get credit for transporting high volume of visitors during summer season

Volunteer coordinator is needed

Better/safer stops for fixed route service need to be identified

Coordination with school buses is needed to serve outlying parts of county

Expand fixed route service

Van pools need to be developed to major employers and population centers

Lake County

No public transit service

No transportation service in the evenings or on weekends

Limited access for people in some of the remote communities

Transportation assistance to out-of-county destinations such as medical and shopping trips

Special transportation needs of veterans are not currently being met, including veterans' access to medical facilities in Roseburg and Portland

The Head Start program will need transportation services once the program is re-established in the county

Youth participation in sports and after-school programs

Student transportation to community college classes

Transportation to citizens living in outlying areas for jury duty in Lakeview

Transportation for people picked up from the jail at Lake view so they do not have to walk up to North County

Persons who cannot afford reliable personal transportation assistance to work and job training programs

Transportation for senior and low-income patients released from the hospital

Assistance for medical appointments, especially for seniors and others not covered by Medicaid

Improved public education about transportation services available in the county

Lane County

Some employment sites are not accessible to transit
Florence to Eugene; cannot get from Eugene to Florence and back in one day
No service in Marcola or Alvadore
Transportation not available for adult foster homes in outlying areas
Youth are dispersed in many foster homes throughout the county, not always near transit
Shift times are not well served by transit; transit is not available during non-traditional commute hours
Infrequent service makes transit not feasible to use
Not enough evening service
Hour window on either side brings up safety issues
Need for more personalized service on Ride Source (i.e. assistance with bags)
Lack of affordable transportation to medical appointments in rural areas
Cost of medical transportation for non-Medicaid eligible persons
Lack of valid transfers between SLW and LTD make it cost prohibitive to travel to Eugene
Application fee for discount pass is difficult for some
Application process for discount pass needs to be improved
Increasing cost of gas is discouraging volunteers
Caregivers not fully compensated for transportation costs
Lack of awareness of available services by human service agency staff
Need for a clearinghouse of information options for the public
Need for outreach and information to non-English speaking persons
Need for better maps and transit information at stops and transfer points
Need for additional travel training
Need to specialized disability awareness training for paratransit drivers
Specialized outreach needed for persons with mental health issues

Lincoln County

Expanded service into Corvallis is needed
People need to get to Portland for medical appointments
Some rural areas of Lincoln County aren't served by transit
More service needed in the evenings
More service needed on weekends
More frequent service is needed to avoid long trips or transfers
Those working in transportation industry often travel during non-traditional hours
Some people need a higher level of care than what's offered on public paratransit
Some paratransit trips take too long
Difficulty in scheduling trips ahead of time
Need for better information on how to use transit services
Bi-lingual (Spanish) materials are needed
Low-income persons have difficulty affording the cost of transportation

Malheur County

One overarching gap affecting the two-county region: the lack of routed transportation service.

Morrow County

Transportation needed various cities within the County
Client access to in-county service providers
Travel from Boardman and/or Irrigon to Courthouse or DMV in Heppner
Transportation needed for low income clients
Many clients have no access to a car
Transportation needed for families with children
Transportation needed for medical care in Portland
Transportation needed to VA facility in Wall Walla, WA
Seniors need to make out of town trips, but can't be on the bus all day

Rogue Valley Transit District

Lack of capacity among accessible specialized transportation providers
RVTD's ADA service area too restricted
No paratransit service during evenings or weekends
Limited "after hours" pickups for human service clients
Medicaid providers prefer ambulatory over disabled passengers
Transport unavailable for some prescribed treatment appointments
Lack of medical transport for non-Medicaid population
Problems transporting severely over-weight riders
TransLink/Medicaid resources insufficient to meet needs
RVTD routes & service area skip some low income neighborhoods
RVTD fares doubled, and are not too high
Need low cost transport to jobs
RVTD service not available in NW Jackson Co. and other rural areas
Limited hours of operation for fixed-route bus service
Mileage reimbursement inadequate
Restrictions on trip purposes creates a burden
Access to food and other services restricted
Access to fixed route service limited do to distance from routes
Agency caps on the number of monthly trips limits access
Assistance needed for return trips from hospital
Limited travel options for foster children, visitation trips, etc.
Rural youth unable to access urban-based activities
No Emergency Transportation Committee to guide county's disaster preparedness program

Salem Area Mass Transit

Amount and frequency of public transit services are too limited
Lack of coordination and connectivity within Yamhill, Polk & Marion Counties
Commuter services are needed – to Portland and Salem
No Saturday or Sunday service
No early morning or even service
Bus routes need to be redesigned to better serve low income population
Many residents unaware of existing transit services and how to use them
Public not aware that CARTS is open to the public
Need more bus stops, signs and shelters
Spanish language signage and materials needed
There is public confusion about differences between CARTS, CherryLift and Wheels, eligibility and how to utilize each service.
None of the services are well publicized
Lack of advertising limits revenue generation

Shernan County

Need for better vehicles to help seniors with shopping trips

Sunset Empire

General lack of accessibility
Dial-a-ride hours needed to be expanded – both in the am and pm
Dial-a-ride service needed to Portland on the weekends, especially for medical
No weekend dial-a-ride service within Clatsop County
Cost of medical transport for non-Medicaid passengers is too expensive
SETD doesn't get credit for transporting high volume of visitors during summer season
Volunteer coordinator is needed
Better/safer stops for fixed route service need to be identified
Coordination with school buses is needed to serve outlying parts of county
Expand fixed route service
Van pools need to be developed to major employers and population centers

Tillamook County

More direct/non-stop routes between Astoria, Lincoln City, Seaside, and Cannon Beach
Expand hours of service (evening, early morning)
Add more stops and routes to improve route coverage
Scheduling Dial-A-Ride service should be more flexible
Special needs populations living outside of the City of Tillamook need improved access to the transit system
Transportation services should accommodate those who need to take transit to grocery shop
More affordable transportation is needed
Residents attending job training courses need transportation
Residents would like more information on bus routes and schedules

Umatilla County

Not enough funding to meet all transportation needs at an affordable cost; particularly for low-income, seniors and persons with disabilities.
Not enough adequate transportation for medical and dental services.
Limited general transportation services for activities such as social service appointments and continuing education courses.
Too few taxi tickets.
People in rural areas need discounted fares
No transportation to communities outside the city a client lives in, with the exception of the city of Milton-Freewater.
Lack of flexibility to expand outside the city boundaries for some cities.
In some areas, there is a lack of coordination efforts in order for the general public to know what transportation services may be available to them
Lack of fixed routes (with exception of Milton-Freewater)
Lack of coordination in order to utilize services and facilities together to provide a long-term vision and reality for connectivity in our region.

Umatilla Tribe

Not enough funding to meet all transportation needs; particularly the needs facing low-income, seniors and people with disabilities
With the exception of Yellow Hawk clients, not adequate transportation for necessary medical and dental trips outside the CTUIR service area
Limited general transportation services for activities such as social service appointments and continuing education courses, outside the CTUIR bus
Concern for inappropriate behavior on the bus; particularly issues related to alcohol use
Many clients living in rural areas of Umatilla County have no public transportation
No "inter-city (city to city) or "intra-city (within a city) general public transportation services.
Lack of marketing and coordination efforts in order for the general public to know what transportation services may be available to them
No single entity responsible for providing any level of coordinated transportation services in the Region
Need to expand public transportation services to all communities in Umatilla County in order to provide employment opportunities
Need to promote greater use of public transportation and minimize use of autos in order to minimize the impacts on natural resources

Warm Springs Tribe

Need to protect and strengthen existing services because transit demand is increasing, but funding resources are not
Need adequate source of capital and operating funds in order to preserve existing transportation system
Lack of service between Warm Springs and Madras, especially for employment
Lack of employment transportation generally identified as a key barrier to employment for tribal members
Lack of any services in small, isolated rural communities – Simnasho & Sidwalter
Lack of access to medical centers in Redmond and Bend
There is a need for simple, affordable public transportation within Warm Springs community
Veterans need more access to VA medical facilities in Bend, Portland & Salem
High gas prices, cab fares, vehicle repair costs, etc., have adverse impact on low income population.
No central point of information about transportation options & existing services
Lack of centralized, regional dispatch to improve efficiency

Wasco County

Adding hours include evening and weekend service.
Increasing capacity of existing providers.
Adding fixed or deviated route service to eliminate 24-hour advance scheduling.
Providing connections to Sherman County, Hood River, White Salmon (WA), Clackamas and Portland.
Offering transportation to special events for seniors
Increasing public outreach and marketing of existing services
Reducing fares.
Restoring former services such as the Mosier Senior bus.
Providing options for travel within South Wasco County, not just to The Dalles.
Obtaining county tax support for increased Transportation Network services.
Increasing number of volunteer drivers for Wamic Senior Bus.
Expanding service area of Wamic Senior Bus.
Increasing coordination among providers to serve new retirement facilities.
Developing volunteer driver network in South Wasco County.
Increasing network of volunteer companions who can accompany seniors

Wheeler County

Specialized services for clients of social service agencies
Longer service hours – earlier in the morning and later at night
Addition of paid drivers
Garage to protect vehicles
Bus shelters for seniors
Scheduled weekly service to these towns (ranked for importance): Bend, Prineville, The Dalles, John Day, Madras, Fossil, Pendleton
Scheduled monthly service to other out-of-county destinations for shopping, health care, banking & social activities
Transport to senior meal site
Medical transport to local clinic
Out-of-county medical trips
Transport to Veterans medical facilities

Yamhill County

Lack of available transportation services
Lack of available transportation funding
Dependability in transportation scheduling
Gaps in transportation service to geographic areas
Inadequate transit facilities
Lack of information and understanding