Ohio Mobility Improvement Study

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16. Abstract

Health and human services transportation (HHST) describes a series of services, administered by a multitude of different organizations, directed at various populations – including the elderly, people with low incomes, and individuals with disabilities – that is extensively provided throughout Ohio. All levels of government are actively involved in the provision of HHST programs, and more importantly, with public transportation, in the design and regulations that govern these activities. There is no Federal mandate to coordinate these resources to promote more efficiency in these common services. Despite ODOT's longstanding efforts to coordinate HHST in Ohio, many obstacles and challenges still exist to effectively coordinating health and human services transportation and public transportation in the state. The Ohio Mobility Improvement study is designed to determine whether Ohio can embrace a statewide approach that integrates HHST services so that individuals served by these agencies, including the elderly, people with low incomes, and individuals with disabilities, can meet basic mobility needs in an efficient and effective manner.

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Ohio Mobility Improvement Study

Part I: State Best Practices in Coordination

Introduction

Study Background

Health and human services transportation (HHST) describes a series of services, administered by a multitude of different organizations, directed at various populations – including the elderly, people with low incomes and individuals with disabilities – that is extensively provided throughout Ohio. All levels of government are actively involved in the provision of health and human services transportation in all 88 counties. While a myriad of Federal and State programs fund health and human services transportation, there is little coordination among these various programs, and more importantly, with public transportation, in the design and regulations that govern these activities. In summary, there is no Federal mandate to coordinate these resources to promote more efficiency in these common services.

Public transportation professionals have long recognized the potential benefits of coordination of health and human services transportation and public transportation services. Over the last three decades, the State of Ohio has addressed coordination; the Ohio Department of Transportation, Office of Transit has been recognized by the Federal Transit Administration (FTA) as an initial recipient of the Administrator's *United We Ride* Award for its efforts at coordination.

Yet despite Ohio's longstanding efforts to coordinate HHST, many obstacles and challenges still exist to effectively coordinating health and human services transportation and public transportation. Other states and agencies have recognized that despite the fact that more than 30 years have passed since initial coordination efforts began on the national level, opportunities remain to improve service delivery. One group of researchers concluded:

> *Despite the progress that has been made, there are still many more opportunities throughout the United States to improve the local and regional coordination of transportation services for the transportation disadvantaged. Duplication of services, insufficient funds, unmet trip demand, numerous regulatory constraints, lack of interagency coordination, and poor service quality still exist.*[1]

The recognition that structural improvements at the State level are necessary prerequisites to enhance mobility in Ohio is a conclusion also reached by a number of other states. In neighboring Pennsylvania, for example, despite significant investments in transportation for seniors and persons with disabilities, state officials concluded that current mobility options for HHST are "threatened with escalating costs

[1] TranSystems, *et.al*, "*Strategies to Increase Coordination of Transportation Services for the Transportation* Disadvantaged," TCRP Report No. 105, Transportation Research Board, Washington, D.C., 2004.

and increasing demands for service," and noted that "local transportation providers cannot keep pace with consumer demands and the need for well-developed transportation management skills."[2]

Challenges facing transportation providers at the local level have been well documented in existing literature. The sheer number of different Federal programs, each having its own eligibility criteria, administrative requirements, and reporting formats has been cited as an obstacle to coordination in a landmark study that first identified the Federal government's role in coordination of transportation services.[3] Complicating these issues are agency turf concerns, misinterpretations of rules and regulations, and limited guidance from other than USDOT on transportation coordination issues.[4] As a consequence, the potential for duplication of services and/or underutilization of scarce tangible and financial resources is possible.

Despite obstacles, efforts to promote and implement coordinated HHST at the local level have been documented in all 50 states.[5] These efforts, however, have produced mixed results; the sheer complexity of the problem has frequently been cited as overwhelming: "the intergovernmental landscape of transportation coordination is complex and fragmented. By one estimate, some 44,000 levels of government are involved in providing or funding transportation."[6] These complexities may explain why state level coordination initiatives are sometimes ineffective. In one study, the authors concluded that:

- Some state laws were poorly written and simply failed to achieve intended results;
- Legislation mandating coordination processes have been abandoned or ignored in some states;
- State agencies fail to undertake the necessary levels of cooperation to implement state laws;
- State agencies fail to cooperate with the state legislature; or
- State legislatures fail to provide oversight of mandated actions.[7]

[2] *Human Service Transportation Coordination Study, Summary Report*, prepared by the Pennsylvania Departments of Transportation, Public Welfare, and Aging and the Office of the Budget, Harrisburg, PA, July 17, 2009.

[3] U.S. General Accounting Office, *Hindrances to Coordinating Transportation of People Participating in Federally Funded Grant Programs: Volume I*, GAO/RCED-77-119, Washington, D.C., October 17, 1977.

[4] U.S. General Accounting Office, *Transportation Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist*, GAO-03-697, Washington, D.C., June 2003.

[5] Reed, James B. and Nicholas Farber, *Human Service Transportation Coordination and Legislative Oversight*, National Conference of State Legislatures, January 2009.

[6] Reed, James B. and Nicholas Farber, *State Human Service Transportation Coordinating Councils: An Overview and State Profiles* prepared for the Federal Transit Administration and the U.S. Department of Labor, National Conference of State Legislatures, April 2010.

[7] Reed, James B. and Nicholas Farber, *op. cit*., p 1.

These challenges have only been exacerbated by recent events. The economic climate of the recent recession has resulted in reduced budgetary outlays for human services, and indirectly, has yielded fewer funds for HHST, often a supportive and necessary service to a primary agency activity. Additionally, demographic forecasts for the nation and for Ohio project a substantial increase in the elderly population, potentially posing unprecedented demands on public and specialized transportation services in the next twenty years.[8]

This study is designed to answer the question: Can Ohio embrace a statewide approach that integrates health and human services transportation (HHST) so that individuals served by these agencies, including the elderly, people with low incomes and individuals with disabilities, can meet basic mobility needs in an efficient and effective manner?

Study Objectives

To answer the question posed (see preceding paragraph) that establishes the overriding purpose of the Ohio Mobility Study, the following research objectives were developed:

1. To summarize state level best practices with a particular emphasis on:
    a. Methods employed (legislation, executive order, memoranda of understanding);
    b. Major programs encompassed in the coordination efforts;
    c. Current status;
    d. Authority/Oversight:
        i. Administrative Structures/Department(s) with designated authority; and
        ii. Entity designated to monitor/audit accomplishments;

2. To assess and evaluate state level approaches that work and document critical factors why other states' approaches are successful;

3. To document the administrative and procedural linkages between state departments that have resulted in successful program coordination;

4. To provide specific quantifiable benefits associated with a state's program with respect to:
    a. Cost savings;
    b. Service quality; and
    c. Resource utilization;

[8] RLS & Associates, Inc., *Cuyahoga County Strategic Plan for Senior Transportation: Final Report,* prepared for the Cuyahoga County Senior Transportation Working Group, July 9, 2004, p. 125.

5. To develop Ohio specific recommendations that will result in better integration of HHST at the State and local levels;

6. To document current ODOT funding practices, resources and utilization/leverage of other funding;

7. To prepare a minimum of three options for Ohio coordination, complete with full documentation on the basis for the recommendation, institutional or infrastructure changes required, and potential cost/benefits for the State and consumers; and

8. To prepare an Implementation Plan (Optional – to be executed with ODOT approval to proceed) that details:
    a. Key action steps/responsible parties /implementation milestones;
    b. Public/private partnerships;
    c. Additional technical resources available for assistance during implementation;
    d. Evaluation/measurement of results;
    e. Critical path items and related contingency plans; and
    f. Oversight.

As noted above, ODOT has requested that all work leading up to the options for coordination be presented for review by ODOT. Based on ODOT review and direction, the Implementation Plan will be executed and the Final Report issued.

Project Approach

In this examination of the potential to expand mobility utilizing coordination of Health and human services transportation and public transportation, the research team will examine the following actions throughout each step in the study execution to seek tangible results.

Examine Policies That Increase Mobility Options

In the absence of knowledge of existing public transit and human service agency transportation options, most state agencies promulgate policies and practices that result in either: (1) direct service delivery; or (2) contracting with a select provider (with or without a competitive selection process). Due to low passenger volumes, this can result in inefficient services and high unit costs (expressed in terms of cost per passenger). By expanding potential options, such agencies may be able to reduce unit costs.

Examine Contracting or Vehicle Sharing Strategies

Both the literature and direct observation of vehicle utilization patterns suggest that use of dedicated vehicles to deliver human service transportation has shown to be a very inefficient use of rolling stock with significant periods of inactivity during the service day. By encouraging contracting and/or vehicle sharing strategies, potential increases in the utilization of existing rolling stock and other existing transportation infrastructure can be achieved, thereby reducing capital outlays by funding agencies. This can be accomplished through identification of permissive policies, education, and technical assistance at the local level, and creation of policy/contract templates for use by local agencies to implement these concepts.

Increase Revenue Base of Key Provider Organizations

In periods of economic downturns where reductions in governmental spending may mean loss of services, focusing on increasing the revenue base of organizations that provide transit services – through diversification of funding sources – can enhance the sustainability of existing services.

Introduce Ridesharing Strategies

The largest potential cost-saving benefit from the introduction of enhanced mobility management strategies is identification of opportunities for ridesharing (the clients of two or more agencies riding the same vehicle). This strategy not only reduces unit costs, but can reduce total transit operating expenses. Creation of equitable cost allocation, however, is an essential component of any such strategy, a problem that the Federal Coordination Council on Access and Mobility has identified as a significant barrier to local coordination efforts.

Three key metrics (cost efficiency, cost effectiveness, and service effectiveness) for ensuring that tangible economic benefits can be attributed to recommended actions. Finally (and often overlooked), the potential benefits of enhancing the quality of services (through enhanced driver and system safety standards, improved operating policies and procedures, use of newer rolling stock, and introduction of Intelligent Transportation Systems technology) will also be a component that will be evaluated throughout the entire study process.

External Factors That Impact HHST Coordination

The Ohio Mobility Improvement Study is being undertaken in an environment that poses challenges unseen in almost 50 years of Federal involvement in HHST or public transportation. There are a number of “external” factors that will impact this study and its recommendations. And, in some cases, there is

insufficient knowledge about some of these factors to fully analyze the potential impact on coordination strategies.

- **SAFETEA-LU Re-Authorization**: On July 6, 2012, the President signed into law a new highway and transit re-authorization bill (referred to as MAP-21). The bill makes some structural changes that will impact key programs that fund mobility programs in Ohio.

- **The 2011 Budget Control Act**: The 2011 Budget Control Act is scheduled to trigger across-the-board cuts of nearly eight percent off Federal spending beginning January 2013 if Congress does not adopt any alternative legislation. The cuts will bring government outlays to their lowest levels since the Eisenhower administration, according to the statements made by the Interim Director of the Office of Management and Budget (OMB). Thus, even with new spending levels provided in MAP-21, this legislation may not improve transit funding if automatic sequestration occurs on January 2, 2013.

- **Patient Protection and Affordable Care Act of 2010 and the related Health Care and Education Reconciliation Act of 2010**: The health care legislation passed by Congress in 2010, the subsequent challenge to the law and ruling by the U.S. Supreme Court, combined with Ohio's passage of Issue 3, have created great uncertainty regarding a significant piece of that bill – extension of Medicaid benefits to upwards of 20 million new Ohio participants in 2014 and the potential impact on HHST.

- **Ohio Health Care Reform**: In 2011, Ohio was spending more than all but 13 states on health care, but ranked 42nd in health outcomes. Believing that Ohio was not getting the best value for its health care dollar, the Governor's Office of Health Transformation was created and tasked with three key initiatives: (1) reforming the fragmented Medicaid program; (2) streamlining how government health systems and programs interact with each other and consumers; and (3) engaging private sector partners to improve overall healthcare systems performance. While none of these initiatives, by themselves, appear to directly relate to the coordination of HHST and public transportation, any potential changes to Medicaid (as the single largest funder of HHST), could potentially impact existing service delivery networks.

Each of these issues and its potential impact on the Ohio Mobility Improvement Study is discussed below.

SAFETEA-LU Reauthorization (MAP-21)

Overview

The recently passed Federal highway and transit re-authorization bill, "Moving Ahead for Progress in the 21st Century Act" or MAP-21 makes substantial structural changes in state administered FTA programs, as follows:

Section 5310. Now known as the "Enhanced Mobility of Seniors and Individuals with Disabilities Program," this program is a consolidation of the previous Section 5310 program with the New Freedom Program. The program, once awarded directly to the states to distribute on a statewide basis on a competitive process, has been converted to a formula program with 80 percent of the funding now directed at urbanized areas. Sixty percent of funds will be directly allocated to large urbanized areas (over 200,000 population); 20 percent will be allocated to small urbanized areas (50,000 to 200,000 population); and 20 percent will be allocated to ODOT.

ODOT has historically allocated funds to the Metropolitan Planning Organizations (MPO) in urbanized areas, so the change to a formula distribution may have less impact in Ohio than in other states.

At least 55 percent of the apportionment must be used for projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when existing public transportation is insufficient, inappropriate, or unavailable. The remaining 45 percent may be used to fund projects previously eligible for funding under Section 5317, New Freedom Program. Recipients have discretion in using funds for New Freedom-type projects; funds can also be used for traditional Section 5310 projects. Importantly, the national demonstration project permitting Section 5310 funds to be used for operating assistance (limited to just a few states under SAFETEA-LU) has been extended to all recipients. Additionally, Section 5310 funds used to purchase transportation services by the recipient or subrecipient can be reimbursed at 80 percent Federal participation (*e.g*., as a capital expense rather than as an operating expense), thereby creating a powerful incentive for coordination.[9]

*Section 5311***.** Funds are now allocated to the states using, in part, service measure (revenue miles) in additional to population and land area data. Most program features about the Section 5311 program have been retained; perhaps the largest single change is that the set-aside for state administration has been reduced to 10 percent from the historic 15 percent level. Additionally, a new initiative, the Appalachian Development Public Transportation Assistance Formula Program is a new set-aside program with $20 million in funding taken off the overall apportionment of Section 5311 funds.[10]

Section 5316. The Job Access and Reverse Commute Program (JARC) has been eliminated. Projects previously eligible for JARC funding are now specifically eligible under Section 5311.

*Section 5317***.** The New Freedom Program has been eliminated. Projects previously eligible for JARC funding are now specifically eligible under Section 5310.

[9] Federal Transit Administration, *Fact Sheet: Enhanced Mobility of Seniors and Individuals with Disabilities Section 5310*, retrieved from http://www.fta.dot.gov/documents/MAP-21_Fact_Sheet_-_Enhanced_Mobility_of_Seniors_and_Individuals_with_Disabilities.pdf.

[10] Federal Transit Administration, *Fact Sheet: Formula Grants For Rural Areas Section 5311*, retrieved from http://www.fta.dot.gov/documents/MAP-21_Fact_Sheet_-_Formula_Grants_for_Rural_Areas.pdf.

Impact

Passage of this long-delayed legislation continues the 34-year history of the Nonurbanized Area Public Transportation and 39-year history of the Enhanced Mobility of Seniors and Individuals with Disabilities Program and should work to increase the perception of stability in these funding sources, even in the face of tight Federal budgets.

Authorization levels under most transit programs authorized in the bill are scheduled to increase, although new take-downs (programs that are funded from Section 5311), such as a new Appalachia Transit Program, will reduce the amounts that are apportioned to the states. However, large sections of southern Ohio are eligible for this program and with oversight, could assist mobility expansion efforts in these communities.

Some concerns may arise due to the elimination of the Section 5316 and Section 5317 programs, as these programs were expressly permitted to fund mobility management activities. FTA defines these activities as:

> *mobility management consists of short-range planning, management activities and projects for improving coordination among public transportation, and other transportation service providers carried out by a recipient or subrecipient through an agreement entered into with a person, including a governmental authority, but excludes operating expenses*.[11]

ODOT has used these funds extensively to fund mobility managers throughout the State of Ohio.

While program guidance has not yet been issued, mobility management is an allowable activity under both the Section 5310 and Section 5311 programs. Thus, the continuity of ODOT's existing programs seems assured.

The 2011 Budget Control Act

Overview

In passing the 2011 Budget Control Act, Congress and the Executive Branch agreed to a Federal debt ceiling deal that would permit an increase of the ceiling by up to $2.4 trillion in two stages. The agreement also called for a reduction of at least a similar amount, over a 10 year period, in governmental expenditures. To ensure that the budget cuts were actually enacted, Congress passed a "trigger" measure which would automatically result in across the board cuts in domestic spending, including military spending, to achieve the reduction goal. A committee (the so-called "Super Committee") established to identify the reductions (and avoid the trigger) reached a stalemate in November 2011. The automatic cuts are scheduled to be implemented on January 2, 2013. These

[11] Federal Transit Administration Circular 9040.1F, *Nonurbanized Area Formula Program Guidance and Grant Application Instructions,* Chapter III, paragraph 2e(2)(r), April 1, 2007.

reductions – despite the re-authorization bill noted above – will impact all domestic programs, including Federal Transit Administration (FTA) funding transportation. While there is some debate how transit will be affected given the fact that transit is primarily funded through the Highway Trust Fund, FTA officials have recently noted that since the Trust Fund now is supported in small measures by the General Fund, the potential to be included in future sequestration of funds is possible.[12]

The 2011 Budget Control Act is scheduled to trigger across-the-board cuts of nearly eight percent off Federal spending beginning January 2013 if Congress does not act. The cuts will bring government outlays to their lowest levels (as a percent of total spending) since the Eisenhower administration.[13]

Impact
Automatic sequestration of funds could potentially offset any program funding increases contained in MAP-21 or even lessen funds currently available for use to fund all human service agency and transportation services and coordination activities.

As is evident in Chapter 2 of this report, the current budget recession has had a direct impact on state level coordination efforts and could undermine political will to undertake a new coordination initiative in a time of severe budget reductions.

Patient Protection and Affordable Care Act of 2010 and the related Health Care and Education Reconciliation Act of 2010

Overview
The Patient Protection and Affordable Care Act of 2010 and the related Health Care and Education Reconciliation Act of 2010 (collectively referred to as the "Affordable Care Act" or ACA) initiate a massive overhaul of the nation's health insurance and health delivery systems.

Nothing in this legislation specifically references transportation. Nevertheless, the Act will have profound impact on transportation as the ACA will provide for universal access to health coverage, through expansion in the Medicare program, expansion of eligibility under the Medicaid program, the establishment of state level insurance exchanges, and expansion of the Children's Health Insurance Program (CHIP). Moreover, the Act attempts to coordinate these actions to provide efficiency in service delivery.

Major portions of the Medicaid provisions within the Act are set to take effect in January 2014. The ACA will have substantial impact on Non-Emergency Medical Transportation (NEMT), as one of the primary

[12] Remarks of Henrika Buchanan-Smith, Associate Administrator for Program Management, Federal Transit Administration, before the AASHTO Standing Committee on Public Transportation, Chicago, IL, August 15, 2012.

[13] "*Congress Must Stop Automatic Spending Cuts*," Remarks of Jeffrey Zients, Acting Director, Office of Management and Budget (OMB), reported in a blog for Politico.com, retrieved at http://dyn.politico.com/printstory.cfm?uuid=CE1D642F-A285-4E46-9528-BCE387FFF3CE.

mechanisms that would be used under the Act to ensure universal health care access is a substantial expansion in eligibility under the Medicaid program. ACA will expand the number of individuals who will be eligible for Medicaid by expanding existing eligibility categories and creating new eligibility categories. The most notable addition is that of non-disabled individuals, ages 19-64 with incomes at or below 133 percent of the Federal Poverty Level (FPL) who will become eligible for Medicaid effective January 1, 2014.The Centers for Medicare and Medicaid (CMS) estimates that an additional 20 million new participants could potentially be enrolled in the program.[14] These individuals would be entitled to NEMT. According to the Kaiser Commission on Medicaid and the Uninsured, as many as 684,000 additional uninsured adults in Ohio would be eligible for Medicaid if the state expanded its Medicaid program. Note that these numbers only reflect Medicaid Program participation and enrollment, and who would be entitled to NEMT, but no estimate of those who would actually request or be provided NEMT. [15]

Legal Challenges

In perhaps one of the most closely watched U.S. Supreme Court decisions in recent memory, the Court opted to hear challenges to the Affordable Care Act. On June 28, 2012, the Court rendered its opinion that the individual mandate, or the requirement to force individuals to acquire health care insurance or face penalties when filing income taxes with the Internal Revenue Service, was consistent with the constitutional authority granted to Congress to levy taxes.[16]

While this decision was generally regarded as favorable to the current administration, the Court did rule that punitive provisions of the ACA that required states to follow the Medicaid expansion elements of the law – or risk loss of *all* Medicaid funds – exceed constitutional authority.[17] The Court ruled that states could "opt-out" of this facet of the ACA.[18] The Court effectively revised the law to allow states to choose between participating in the expansion while receiving additional payments or forgoing the expansion and retaining the existing payments.[19]

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[14] *Medicaid Program Eligibility Changes under the Affordable Care Act of 2010, Final Regulatory Impact Analysis*, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, March 2012, p. 7.

[15] "The Cost and Coverage Implications of the ACA Medicaid Expansion: National and State-by-State Analysis, Kaiser Commission on Medicaid and the Uninsured; John Holahan, Matthew Buettgens, Caitlin Carroll, Stan Dorn, The Urban Institute, November 2012.

[16] National Federation of Independent Business *et al*. v. Sebelius, Secretary of Health and Human Services, *et al*., No. 11–393 (2012).

[17] Liptak, Adam, Supreme Court Upholds Health Care Law, 5-4, in Victory for Obama, New York Times, June 29, 2012 retrieved from http://www.nytimes.com/2012/06/29/us/supreme-court-lets-health-law-largely-stand.html?_r=0.

[18] National Federation of Independent Business, *op. cit*., p. 59.

[19] Liptak, *op. cit*.

The State of Ohio also stepped into the issue of applicability of the Affordable Care Act. On November 8, 2011, Ohioans overwhelmingly voted to approve a constitutional amendment known as Issue 3. The ballot measure read:

> *In Ohio, no law or rule shall compel, directly or indirectly, any person, employer, or health care provider to participate in a health care system. In Ohio, no law or rule shall prohibit the purchase or sale of health care or health insurance. In Ohio, no law or rule shall impose a penalty or fine for the sale or purchase of health care or health insurance.*[20]

Impact

The intent of this ballot initiative was to block the so-called individual mandate of the ACA – a provision that was upheld by the Supreme Court. The supremacy clause of the U.S. Constitution would suggest that Ohio will have to carry out various aspects of the ACA, but will permit Federal action in the absence of state action in terms of creating state insurance exchanges. Additionally, all indications point to the fact that Ohio will likely "opt-out" of Medicaid expansion.[21] Thus, while some states will see significant impacts on NEMT, the research suggests that this expansion will not be a factor in Ohio.

Ohio Health Care Reform

In early 2011, Governor Kasich specifically challenged the Ohio's health and human services (HHS) cabinet agencies to improve services to vulnerable Ohioans, reduce cost and increase efficiency, and support the Administration's efforts to create jobs and reduce unemployment. A new Office of Health Transformation (OHT) was established by the Governor and now serves as the lead agency, along with the Departments of Health (ODH), Developmental Disabilities (DODD), Aging (ODA), Mental Health (ODMH), Alcohol and Drug Addiction Services (ODADAS), Job and Family Services (ODJFS), and the Rehabilitation Services Commission (RSC), to address three primary challenges. In many respects, this is the single largest initiative and certainly one of the most visible of the current administration.

Actions are already underway. Medicaid, in FY 2014, will become a separate agency. It is anticipated that such a move will improve not only the quality of health care but also the effectiveness and efficiency by which it is provided for the 2.2 million individuals served currently by this program. It was noted that by resetting Medicaid payment rules to reward value rather than volume, the budget will improve the quality of health care for Ohio's most vulnerable citizens, reduce costs for taxpayers and ensure the fiscal stability of the Medicaid program. These incentives can also prove problematic, as

[20] Ohio Secretary of State, Ballot Issue 3 text, retrieved at http://www.sos.state.oh.us/sos/upload/ballotboard/ 2011/3-language.pdf.

[21] Hart, Jason, *Kasich Administration Will Not Create Ohio Obamacare Exchange, Unlikely to Expand Medicaid*, retrieved from http://news.heartland.org/newspaper-article/2012/08/16/kasich-administration-will-not-create-ohio-obamacare-exchange-unlikely-

transportation providers have noted that state capitated rates for transportation services may or may not fully recover the cost of providing these services.

Additionally, there are potential opportunities for improved communication; the Office of Health Transformation was specifically formed to coordinate the activities and policies of the six state agencies involved in Medicaid (ODA, DODD, ODAMH, ODMH, DOH, and ODJFS) to improve health outcomes for all citizens and offer employers a healthy and productive workforce. At present, local officials and transportation professionals attempting to coordinate service delivery at the local level must deal with a confounding array or rules, different agencies, and different operating procedures to transportation clients all covered under the Medicaid program. Efforts to simplify and streamline state requirements in this regard would be beneficial to local service providers.

Impact

There appears to be any number of external factors that will clearly impact on the provision of coordinated human service and public transportation services. As noted above, the impacts of these many potential changes are difficult to assess, but clearly must be taken into account when evaluating options and considering recommendations to enhance mobility.

Organization of this Report

This report is organized by part and chapters, as follows:

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- Chapter 1: Introduction
- Chapter 2: Best State Practices in Coordination
- Chapter 3: Coordination Legislation Summary
- Chapter 4: Ohio Mobility Summit Summary
- Chapter 5: Local Assessment of HHST Policies
- Chapter 6: Assessment and Lessons for Ohio

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- Chapter 7: Demographic and Economic Conditions
- Chapter 8: Key Programs and Service Delivery Networks
- Chapter 9: State Level Involvement in HHST
- Chapter 10: Public Transit Involvement in HHST
- Chapter 11: Baseline Conditions Summary

Part III: Coordination Options and Recommendations

- Chapter 12: Coordination Options
- Chapter 13: Recommendations
- Chapter 14: Options and Recommendations – Summary

Best State Practices in Coordination

Introduction

The following summaries offer insight into the methods employed by each state as well as the major programs and departments encompassed in statewide coordination efforts, where such efforts exist. Summaries also document the administrative and management structures and the informal or formal accomplishments realized through those structures.

While it is true that common themes are apparent across several states, it is also true that no two states are exactly alike. For that reason, it was not always possible to document the procedural linkages or quantitative benefits experienced by every state. If relevant information was not available from a state, its summary format will differ from states where such information was provided.

The research team began the research effort by reviewing relevant existing literature on the subject. The next step was to explore resources such as state department websites. Sources referenced within this report are documented so that the reader may perform additional research as desired. Finally, to ensure that all information contained within the report was current and accurate, telephone interviews were conducted with directors of the lead agencies or state departments and/or with the state's United We Ride Ambassador. All interviews were conducted during May and June 2011.

State By State Summary

The following summaries of state-level coordination activities are listed in alphabetical order, by state. For each state, the basic method of coordination – legislation, executive order, or memoranda of understanding between participating departments – is stated.

Alabama

Methods Employed
Legislation was proposed in 2010 to create a United We Ride (UWR) Commission in statute but was deferred to the existing Commission, which will continue operating under the Governor's Executive Order 28.[22]

[22] State of Alabama Executive Order Number 28 (2005).

Major Programs Encompassed in the Coordination Efforts

To date, coordination of program funding is limited to Sections 5316 and 5317 which were transferred from the Alabama Department of Transportation to the Alabama Department of Senior Services (ADSS) in 2010. Major transportation-related program funding administration is divided among the following State organizations:

- Section 5307/09 – Administered by the Alabama Department of Transportation;
- Section 5310 – Administered by the Alabama Department of Transportation;
- Section 5311 – Administered by the Alabama Department of Transportation;
- Section 5316 – Administered by the Alabama Department of Senior Services;
- Section 5317 – Administered by the Alabama Department of Senior Services;
- Medicaid (Non-Emergency Medical Transportation (NEMT)) – Administered by the Alabama Medicaid Agency. The Agency is represented in the Commission but, to date, does not take an active role in decision-making.
- Human Service Dollars – Alabama Department of Human Resources budget includes transportation but not as a separate line item. The DHR transportation funding has not been coordinated.
- Department of Mental Health – The Department provides transportation for its consumers only.

Current Status

The UWR Commission was established in 2005. The Alabama Department of Senior Services is designated with the authority to Chair the Commission and administer grant funding for Sections 5316 and 5317.

Program Authority/Oversight

Administrative Structures/Department(s) with Designated Authority. The Alabama Department of Social Services (ADSS) spearheaded Executive Order 28 in 2005 and is designated as the Chair of the UWR Commission. The ADSS took the lead in the effort because administration of Sections 5316 and 5317 funding coincided with the mission of the Department and the funding is dedicated to their clientele.

Other members of the Commission consist of the following individuals or their respective designees, each of whom have voting authority on the commission:

- State Health Officer of the Department of Public Health;
- State Superintendent of the Department of Education;
- Commissioner of the Alabama Medicaid Agency;
- Commissioner of the Department of Human Resources;
- Commissioner of the Department of Mental Health and Retardation;
- Commissioner of the Department of Rehabilitation;
- Director of the Department of Transportation;
- Director of the Department of Economic and Community Affairs;
- Director of the Governor's Office of Faith-Based and Community Initiatives; and,

- One representative each from the following:
  - State House of Representatives, appointed by the Governor;
  - State Senate, appointed by the Governor;
  - One consumer, appointed by the Governor;
  - One representative of the Office of the Governor; and,
  - One At-Large Member appointed by the Governor.

The State UWR Commission does not administer any activities other than sharing information and improving communication across multiple agencies about the actual costs of transportation and the potential for improving services through coordination.

Entity Designated to Monitor and Audit Accomplishments. The ADSS is responsible for all administrative duties related to Commission meetings, including annual reports to State legislators.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

Alabama does not have state funding for public transportation, and in most cases, transportation is built into human service agency program line-item expenses. Therefore, both local and state agencies in Alabama are limited in how they provide and fund transportation.

All of the organizations represented in the UWR Commission support the concept of coordinated transportation, but none have agreed to coordinate transportation-related funding to support it.

Specific Quantifiable Benefits Associated with Alabama's Program

The UWR Commission is fairly young and remains focused on the task of educating legislators and state level human service agency directors so that they understand the great need for coordinated transportation. While state agencies have not moved toward coordinated spending on transportation, many sub-recipients are coordinating. The ADSS reports that human service agencies are relying more on public transportation providers and other local organizations than they have in the past.

Alaska

Methods Employed

The Community and Public Transportation Advisory Board (CPTAB) was legislatively established within the Department of Transportation & Public Facilities by the Alaska Legislature in late 2012 (AS 44.42.090). This 13-member Board intends to build on the work of its predecessor, the Alaska Coordinated Transportation Task Force (CTTF) 2009-2012 (see below, Previous Efforts of the CTFF).

The new Board is charged with the development of a strategic plan that includes the mission, objectives, initiatives, and performance goals for coordinated community and public transportation in the state. The Board shall also analyze community and public transportation services in the state and make recommendations for improved agency coordination and combining of services to achieve cost

savings in the funding and delivery of community and public transportation services. Other responsibilities include the assessment and removal of barriers to coordination of services, and the annual review of state, federal, and local funding. Board members are appointed by the Governor and include:

- The commissioner of transportation and public facilities or the commissioner's designee;
- The commissioner of health and social services or the commissioner's designee;
- The commissioner of labor and workforce development or the commissioner's designee;
- The chair of the board of trustees of the Alaska Mental Health Trust Authority or the chair's designee;
- The state co-chair of the Denali Commission established under P.L. 14 105-277, 42 U.S.C. 3121 note, or the state co-chair's designee;
- Three members with expertise in the transportation needs of senior citizens, persons with disabilities or special circumstances, individuals of low income, or transit-dependent individuals;
- One member who represents municipalities that operate modes of public transportation;
- One member who represents nonprofit organizations that operate modes of public transportation;
- One member who represents transportation providers that receive federal funding available to Indian tribes, including financing provided under 24 U.S.C. 204(j) and 49 U.S.C. 5311(c); and
- Two members of the public at large.

Members serve staggered three-year terms. If a vacancy arises on the board, the governor shall, within 60 days after the vacancy arises, appoint a person to serve the balance of the unexpired term. A person appointed to fill the balance of an unexpired term shall serve on the board from the date of appointment until the expiration of the term.

Previous Efforts of the CTFF

The CTFF was established under Administrative Order 243, and charged with the responsibility of: (1) helping to coordinate and integrate community-based public transportation services to benefit persons with special needs; and (2) advising the governor on developing policy for the State's existing special-needs transportation programs. The CTTF has for over three years focused on State agency coordination of available funding, programs, and services. Administrative Order 254 extended the duration of the CTTF until delivery of its action plan, which occurred in January 2012. [23]

Administrative Order 254 also added new voting members to fill gaps in agency representation from the original CTTF, and new duties for the preparation of a needs assessment and action plan.

Major Programs Encompassed in the Coordination Efforts

Voting members of the CTTF included the following organizations:[24]

[23] Office of Governor Sean Parnell, Boards & Commissions Factsheets, Transportation Task Force (Board identification number:221). Retrieved from http://gov.alaska.gov/parnell/services/boards-commissions/board-factsheets.html!?!=221.

[24] Governor's Coordinated Transportation Task Force, Contact List (2010-2012) Retrieved from www.dot.state.ak.us/stwdping/cttf/docs/CTTF2contactlist.pdf.

- Department of Transportation and Public Facilities, CTTF Chair;
- Senior Citizens of Kodiak, CTTF Vice Chair;
- Central Area Rural Transit;
- Sitka Tribe of Alaska;
- Alaska Mental Health Trust Authority;
- Department of Education and Early Development;
- Department of Commerce, Community, and Economic Development;
- Municipal Transportation Organizations;
- Alaska Independent Living Council;
- Department of Health and Social Services;
- Department of Labor and Workforce Development; and
- Department of Military and Veterans Affairs.

Non-voting members of the CTTF include the following organizations:

- U.S. Department of Health and Human Services, Indian Health Services;
- Federal Transit Administration Region X;
- United We Ride;
- U.S. Department of Veterans Affairs, Alaska VA Healthcare System; and
- A Representative of the Anchorage School District.

The CTTF members met quarterly to discuss the ongoing transportation needs assessment research and refine the Task Force action plan. Participants discussed issues related to coordinated transportation, such as fully allocated cost contracts, sharing resources between different state departments, and benefits and challenges to coordinating transportation at the local and regional levels.

The long term goals of the CTTF involved development of the following items:

- A statute establishing coordinated transportation considerations in State and Federal funding programs;
- A Governor-appointed commission to guide implementation;
- State funding support for operational expenses of human service public transportation projects;
- Increased technical support and guidance for communities; and
- A process for conducting and updating the statewide assessment of transportation need for Alaskans with special needs.[25]

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[25] Governor's Coordinated Transportation Task Force, *Recommendations Report* (February 11, 2010). Retrieved from: www.dot.state.ak.us/stwdping/cttf/docs/CTTF_recommendations_report_Signed 021101.pdf; Alaska Department of Transportation & Public Facilities website, http://www.dot.state.ak.us/stwdplng/cptab/#

Program Authority/Oversight
Federal transportation program funding is administered by the Alaska Department of Transportation and Public Facilities, Division of Transit. Other human service agency transportation-related funding continues to be administered by individual State programs. The Alaska Mental Health Trust Authority is a state corporation that administers the Alaska Mental Health Trust. The organization operates like a private foundation and uses its resources to ensure that Alaska has a comprehensive and integrated mental health program. As such, the Mental Health Trust Fund provides grant money to programs across that coordinate transportation for individuals with disabilities. Currently, there is no State funding for public or coordinated transportation, and no joint interagency oversight of the allocation of existing transportation resources.

In 2011, the House and Senate approved a Bill that would dedicate State funding for rural public transportation. The Bill was subsequently signed by Governor and enacted into law.

Administrative Structures/Departments(s) with Designated Authority
Currently, no funding is coordinated through the CPTAB. The Department of Transportation and Public Facilities provides staff support to the Board.

Entity Designated to Monitor and Audit Accomplishments
The CPTAB is responsible for drafting a strategic plan to be submitted to the Governor.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
No administrative or procedural linkages have been formally established between state departments that would foster coordinated transportation. However, several local and regional systems are sharing resources and reducing duplication of services to better serve the special-needs populations. Progress is still limited on a statewide level; however, the CTTF worked actively toward educating the various departments and removing barriers that currently create 'silos' of funding in each agency. It is believed that the Board will continue these efforts.

Specific Quantifiable Benefits Associated with Alaska's Program
While the progress of the CTTF had not yet been quantifiable, the local and regional level organizations as well as members of the task force have a stronger understanding of the resources necessary to meet the needs of older adults, individuals with disabilities, and people with low incomes throughout the state. The next step is determining the best approach for distributing the resources within the combined financial realities of the participating departments.

Arkansas

Methods Employed
In 2010, the state of Arkansas established the Arkansas Public Transportation Coordination Council (APTCC) through ARK. STAT. ANN. §27-3-101. The legislation established a council to improve the quality of transportation by ensuring access for essential purposes.[26]

Major Programs Encompassed in the Coordination Efforts
The state's coordination efforts included members from transportation planning organizations, Workforce Development, Department of Aging, and the Medicaid program.

The Council was not responsible for any funding and was short lived. Individual agencies resisted it, and with no authority, the Council was quickly dissolved.

Current Status
When the APTCC disbanded, the Arkansas Transit Association (ATA) took over as the unofficial human service agency transportation coordinating council. The ATA is made up of agencies that represent aging programs, individuals with developmental disabilities, and urban and rural transportation providers.

Authority/Oversight
Administrative structures/Department(s) with Designated Authority. Before the Council dissolved, it was made up of representatives of transportation providers, consumers of public transit, representatives of elected officials, Department of Human Services, State Highways and Transportation, Department of Health, the Economic Development Council, Department of Rural Services, University of Arkansas Cooperative Extension Service, and Temporary Assistance for Needy Families.

The APTCC was established to share information and improve communications between agencies. The group was also asked to review and monitor state and Federal funding request for transportation. These funding sources were not specified and as a result the council did not oversee any funding.

Entity Designated to Monitor and Audit Accomplishments. The Arkansas State Highway and Transportation Department was designated to oversee and assist the APTCC.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
Within the state there are 10 Medicaid-only brokerage programs. Currently, the Aging and Medicaid programs coordinate well because they often share the same clients. To this end, the Aging and Medicaid programs have developed successful local coordinated efforts.

[26] Arkansas Statute §27-3-101

Specific Quantifiable Benefits Associated With the Program

The top down administrative method of coordination was largely rejected across the State. Since the APTCC has been dissolved, local areas have begun to coordinate using their own methods. While not an official coordination council, the ATA works with these local efforts to expand coordination in areas that have a desire to work together.

California

Methods Employed

The Transportation Development Act (TDA) and the Social Services Transportation Improvement Act (SSTIA) provide the legal and funding basis to support public transit and human service coordination efforts and activities undertaken at the state, regional, and local levels in California. In 2010 the California Department of Transportation (Caltrans) Division of Mass Transportation (DMT) completed the Mobility Action Plan (MAP) Implementation Study[27]. The study identified and assessed impacts of Human Services Coordination legislation and regulations and detailed recommended strategies that can be implemented by the DMT and other California entities.

Major Programs Encompassed In the Coordination Efforts

The MAP plan includes provisions to coordinate the efforts of multiple state agencies. These agencies and organizations include:

- Department of Transportation;
- Housing and Health and Human Services Agencies;
- Department of Social Services;
- Department of Developmental Services;
- Department of Mental Health;
- Department of Health Services;
- Department of Rehabilitation; and
- Local businesses.

The MAP study plan required the project team to "address restrictive and duplicative laws, regulations and programs related to human services transportation-funding programs." Under the direction of Caltrans Division of Mass Transportation (DMT), members of the team reviewed and analyzed the relevant provisions of laws, regulations and codes for the purpose of identifying restrictive or duplicative laws that may be impeding coordination. Conclusions from the analysis provided the basis for an on-going dialogue with stakeholders, and the development of alternatives and strategies for coordinated transportation in California. The ability of participating agencies to oversee and administer any transportation funding services is currently undetermined.

[27] Caltrans, *California Department of Transportation Division of Mass Transportation Mobility Action Plan (MAP), Phase I Implementation Study Fact Sheet* (June 8, 2010).

Current Status
The state finalized the MAP plan and is currently evaluating possible strategies to improve coordinated transportation services. No formal decision has been made as of the date of this report.

Colorado

Methods Employed
Colorado has a state coordination council, the Colorado Coordinating Council of Transportation Access and Mobility (CCCTAM) that was formed through a Governor's initiative in 2006. Since then, the original initiative has ceased to exist, but the Council has continued. The Council functions under the guide of a work plan and the guidance of a private consultant. The CCCTAM has several task forces that report on specific coordinated transportation issues, including for Medicaid, Employment, and Veterans Affairs.

Major Programs Encompassed in the Coordination Efforts
The CCCTAM oversees the management and distribution of the State's Section 5311 administrative funds. The Council utilizes these funds to support local coordinated councils across the State. In addition, the Council works with the Department of Transportation to make recommendations regarding Sections 5310, 5316, and 5317 funding.

Current Status
The CCCTAM was established in 2005 and has continued to operate since then. The Council was well received when it was created and continues to receive large support from both the local and State levels.

Authority/Oversight
Administrative structures/Department(s) with Designated Authority. The lead organization for the CCCTAM has been the Department of Transportation (DOT). This is due to the funding that the DOT receives and administers. Other agencies who sit on the Council include representatives of the following groups:

- Local, State, and Federal Governments;
- Transportation providers;
- People with disabilities;
- Seniors;
- Education;
- Health;
- Veterans; and
- Workforce Development.

The funding from these various groups is not overseen by the CCCTAM. The Council acts as a forum for sharing information and making suggestions for possible coordination improvements across the State.

Medicaid funding has been a source of problems for the Council. There are currently not enough providers in the State, and the existing providers do not see a need for coordination.

Entity Designated to Monitor and Audit Accomplishments. The DOT oversees that activities of the CCCTAM and commands the final approval of any decisions, including the use of Section 5311 administrative funds.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

While the CCCTAM has received large support from both providers and administrators, the Council has not taken over the direction of any administrative funding. The Council oversees Section 5311 administrative funding at the DOT's discretion. However, no authority exists to allow the Council control over coordinated transportation funding.

The Council works as a source of information, providing support resources for the State's transportation providers and local coordinated councils. The CCCTAM works closely with local providers to improve communication, develop strategic plans, and locate funding.

Specific Quantifiable Benefits Associated With the Program

The quantifiable benefits associated with the CCCTAM are not easily tracked. The Council has seen substantial progress since its formation, but lacks the statistics to support these benefits. The CCCTAM points to greater communication and trip sharing between agencies. There have been notable improvements in veterans' transportation and the number of agencies willing to provide transporting for veterans.

Connecticut

Methods Employed

Connecticut does not have a formal State coordinating council, but the State's Department of Transportation (ConnDOT) is heavily involved in local coordination efforts.

A State statute in the 1980s mandated coordination between ConnDOT and other State departments that had transportation projects. The Commissioner of ConnDOT was required to approve any transportation-related expenditure. Though the statute passed, State departments did not follow the rules outlined therein and Commissioners were not willing to relinquish control of their budgets. In 2003, the State statute was removed since it was not being followed.

Major Programs Encompassed in the Coordination Efforts

ConnDOT has worked with the Department of Social Services (DSS), the Workforce Investment Board, and local human service organizations on job access programs dating back to the welfare-to-work initiatives of the 1990s. ConnDOT has developed the State's JARC program into an $8 million (Federal and local) per year program. Under the competitive grant process of the JARC program, Connecticut

obtained up to $3.5 million annually. When SAFETEA-LU converted JARC to a formula program in 2005, resulting in only $1.1 apportioned to the state, ConnDOT used additional bus operations funding to make up for the difference in order to sustain funding levels. The DSS Transportation to Work funds and State Job Access funds (DOT) help match the JARC funds.

ConnDOT also facilitates a Municipal Grant Matching Program for Elderly and Disabled Demand Responsive Transportation. This program requires coordination between the requesting organization and their local Transit District or Regional Planning Organization.

Current Status

Local coordination between human service agencies and public transportation providers is successful. The DSS is responsible for monitoring non-emergency medical transportation (NEMT); however, there is no formal coordination between NEMT and other human service or public transportation services.

Program Authority/Oversight

Administrative Structures/Departments(s) with Designated Authority. With ConnDOT as the recipient of Sections 5307, 5310, 5311, 5316, and 5317 programs, both efficiency and coordination is achieved in the grants process. It was also reported that there are more local grassroots efforts happening that are making coordination work for local entities. ConnDOT collaborates with the substate regions to develop coordinated plans.

Connecticut's Medicaid program is housed in the Department of Social Services (DSS) within the Medical Care Administration Division. The Medical Care Administration is responsible for overseeing the administration, policy, regulations and operations of the Medical Assistance Programs. Non-emergency medical transportation is managed within the Managed Care Division, a unit with the Medical Care Administration. The Fee for Service Non-Emergency Medical Transportation (NEMT) program is administered by DSS according to five geographic districts, with each district having an assigned transportation broker. The State pays according to a capitated rate (per member, per month) that reflects the number of eligible Medicaid enrollees covered. Transportation is included in the capitated rates paid by the State.

Entity Designated to Monitor and Audit Accomplishments. As the designated recipient for Federal Transit Administration funding programs, ConnDOT is the agency responsible for monitoring accomplishments for programs funded with Sections 5310, 5316, 5317, 5311, and 5307 across the State. The DSS is responsible for monitoring the NEMT program.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

Connecticut received two United We Ride grants to develop a Statewide Coordinating Council. The participants were from the Departments of Education, Veterans Affairs, Social Services, Corrections, Mental Health and Families and Children. They held several half- and full-day workshops that were well-

attended. The group developed a Draft State Action Plan for *United We Ride* as part of the workshop process. However, the Plan was never finalized nor adopted.

The State announced that the working group would not be able to access funding or create proposals for projects that may have required funding or more staff, and the group was forced to abandon its efforts.

Meetings for the State Action Plan took place in 2008 and 2009. The group cited barriers to further coordination:

- Lack of communication between agencies and with the public;
- Incomplete information about transportation services;
- Insufficient funding for transportation services;
- Restrictions imposed by funding sources on the use of funds; and
- Lack of political commitment to coordinate.

The committee had created working groups to begin addressing these barriers prior to the termination of this coordination effort. Today, the Governor has a new director of nonprofit agencies who may be very interested in working on coordination strategies.

Specific Quantifiable Benefits Associated With A State's Program
The State takes a leading role on local coordinating plans for its five regions. ConnDOT was appointed facilitator of the small-urbanized area plans and non-urbanized area plans, with the large urbanized areas developing local plans themselves, but with close coordination with ConnDOT. The benefits of the approach included a consistent format for the process and the plans themselves and coordinating multiple agencies and regional planning organizations.

Another coordination effort led by DSS is called Connect-Ability, a grant program for helping individuals with disabilities gain access work sites. The program is through DSS and offers five years of funding to help identify and break down barriers to employment for individuals with disabilities.

District of Columbia

Methods Employed
In 2006, the District of Columbia Transportation Planning Board (TPB), the designated recipient of JARC and New Freedom funding in the Washington DC-Virginia-Maryland urbanized area, adopted a resolution to establish the Human Service Transportation Coordination Task Force. The TPB oversees a variety of transportation issues, including coordinated human services transportation. The TPB created the Coordination Task Force to specifically oversee coordinated human service transportation. The Task Force is also responsible for overseeing the development of the Coordinated Human Service Transportation Plan.

Major Programs Encompassed in the Coordination Efforts
The Task Force does not administer funding, and is designed to assist the TPB and metropolitan planning organization (MPO) in improving coordination in the D.C. area. The Task Force provides a clearinghouse of all human service providers and works as an information center.

Current status
The Task Force was established in 2006. Since its creation the Task Force has worked at the local level to encourage coordination and assist with coordination plans and implementation. In the last five years, the Task Force has assisted with the implementation of over 50 projects, primarily funded with JARC and New Freedom funding.

Authority/Oversight
Administrative Structures/Department(s) with Designated Authority. The Task Force is comprised of 45 members from the District of Columbia, Virginia, and Maryland. It includes representatives from the following agencies:

- Local, State, Federal Governments;
- Transportation providers;
- Planning organizations;
- Senior organizations;
- Health and Human Services;
- Workforce Development; and
- Medicaid providers.

Entity Designated to Monitor and Audit Accomplishments. The MPO is the lead organization and oversees all coordination planning efforts. The Task Force serves as an advisory committee to the TPB and MPO.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
The Task Force has no control over funding. Instead, it works to support local coordination efforts by providing information and technical assistance.

Specific Quantifiable Benefits Associated With the Program
A study was conducted of the TPB's JARC and New Freedom Programs and recommendations for improving the JARC and New Freedom application and funding process were recommended. However, there have been no specific efforts to quantify the cost savings or service improvements resulting from activities of the Task Force.

Florida

Methods Employed

The Commission for Transportation Disadvantaged (CTD) is Florida's well-established coordinated transportation system. The system is intended to balance local flexibility with comprehensive state planning, policy and oversight. [28]

Legislation was first passed in 1979 requiring the coordination of state-funded programs that provide transportation to transportation-disadvantaged populations. In 1989, the law was amended to create the CTD and the Transportation Disadvantaged Trust Fund. Florida's transportation disadvantaged (TD) program and the CTD are currently governed by Chapter 427.011-017, Florida Statutes, and Rule 41-2, Florida Administrative Code.

The Trust Fund is disbursed in two kinds of grants:

1. Planning grants to local planning agencies for the purpose of local transportation disadvantaged planning and providing staff support to local Coordinating Boards;[29] and
2. Trips and equipment-related grants to CTCs to fund transportation services not otherwise sponsored by a government agency or program, including the purchase of capital equipment.[30]

Major Programs Encompassed in the Coordination Efforts

Florida's legislation clearly defines the roles of both state and local agencies to participate in the CTD. The State Commission selects a Metropolitan Planning Organization (MPO) or other local entity to be the designated official planning agency, which, in turn, appoints and staffs a Local Coordinating Board (LCB), the Chair of which must be an elected official. The Coordinating Board serves as an advisory body in its service area.

Membership of each LCB includes the Chairperson of the board, who is an elected official; representatives from the Departments of Transportation, Children and Families, Education, Elder Affairs, and Agency for Health Care Administration; a person over 60 representing the elderly; a person with a disability; two citizen advocate representatives (one who must be a user of the system): a representative of the local public education system; a person who is recognized by the Florida Department of Veterans Affairs; a person who is recognized by the Florida Association of Community Action representing the economically disadvantaged; a representative of the local private for profit transportation industry; a representative for children at risk; a person representing the Regional

[28] Fl. Statute Ann. Section 427.011(1)).

[29] Florida Commission for the Transportation Disadvantaged (CTD), Distribution Formula for the Commission for the Transportation Disadvantaged Grant Programs, Retrieved from http://www.dot.state.fl.us/ctd/docs/tdhandbook/m%20DistributionFormula.doc.

[30] Rule 41-2.014, Florida Administrative Code.

Workforce Board, a representative of the local medical community; and where available, a representative of a local public transit system.[31]

Current Status

The CTD is actively administering the Transportation Disadvantaged Trust Fund and providing oversight to coordinated transportation in Florida. Sources of funding for coordinated transportation in Florida include the following:[32]

- Transportation Disadvantaged Trust Fund;
- Local Governments;
- State Medicaid Program;
- Fares;
- Federal Department of Transportation;
- Other Federal Programs; and
- State Departments or Agencies for Children and Families, Education, Elder Affairs, Health, Community Affairs, Juvenile Justice, and Workforce Innovation.

Authority/Oversight

Administrative Structures/Departments(s) with Designated Authority. Florida's CTD is state-level policy board responsible for the oversight of the implementation of coordinated transportation disadvantaged services. The CTD is housed administratively at the Florida Department of Transportation.

According to Chapter 427.012(1), F.S., the Commission shall consist of seven voting members all appointed by the Governor, including five Business Community Members; two members who have a disability and use the TD System. One of these members must be over 65 years of age.

In addition, ex officio non-voting advisors to the Commission include the following, or a senior management level of each:

- Secretary of Transportation;
- Secretary of Children and Families;
- Director of the Agency for Workforce Innovation;
- Director of the Department of Veterans Affairs;
- Secretary of the Agency for Health Care Administration;
- Director of the Agency for Persons with Disabilities; and
- A County Manager or Administrator who is appointed by the Governor.

[31] Farber, Nicholas J. and Rall, Jamie, *Human Service Transportation Coordination State Profile: Florida,* Denver, Colorado (September 2010).

[32] Florida Statute, Chapters 320.02, 320.03, 320.0848, 320.204, 341.052, and 427.0158.

Entity Designated to Monitor and Audit Accomplishments
Among other duties, the CTD must make annual reports to the governor and legislature, establish objectives and standards for transportation disadvantaged service provision, develop policies and procedures for coordinating state, local and Federal funding, disburse funds and provide assistance to local agencies, and prepare a statewide five-year transportation plan that addresses coordination issues. The CTD produces a statewide annual report.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
The CTD contracts directly with the CTCs, which are responsible for coordinating transportation services in each of Florida's 67 counties. The CTCs receive State and Federal funds, and provide, contract for or broker transportation services. State agencies that fund transportation services buy trips from a CTC or are billed directly by service operators.

The exception to the brokerage or contract arrangement is the State Medicaid agency, which contracts directly with the CTD to manage the Medicaid non-emergency transportation program (NEMT).[33] In 2004, the Florida Agency for Health Care Administration (AHCA) contracted with the CTD to transfer the administration and management of NEMT to the CTD. The agreement stated that NEMT was to be provided by the CTD, certain Medicaid Health Maintenance Organizations, and Medicaid Reform Provider Service Networks.[34]

In 2007, Florida moved toward providing Medicaid healthcare services through managed care organizations, which included NEMT. This caused more Medicaid beneficiaries to use the managed care organizations for NEMT instead of the CTD, but resulted in a loss of critical Medicaid funds relied on by the CTD. In 2008, NEMT was restricted from managed care providers and moved back to the authority of the CTD. The CTD continues to administer the Medicaid NEMT program for the Agency for Health Care Administration.

Specific Quantifiable Benefits Associated With the Program
Florida's CTD is one of the most analyzed and measured coordinated transportation programs in the country. The State makes quantifiable performance data available for review. In addition to the measures provided below, the CTD is respected for the qualitative improvement it has made in the communication to legislators about the benefits of coordinated transportation for disadvantaged populations.

In 2010, a reported 51.6 million trips were provided statewide for 827,469 transportation-disadvantaged Floridians. The number of trips provided by funding source is listed in the following table.[35]

[33] Farber and Rall, *op. cit.*, p. 4.

[34] *Ibid*., p. 4.

[35] Florida Commission for the Transportation Disadvantaged, *Annual Statewide Summary* (2010).

Table 1. GCT Fully Allocated Cost Analysis

Funding Source	Number of Trips (2010)	Percent Change (FY 2009 – FY 2010)
CTD	8,461,251	26.93%
Agency for Health Care Administration	4,266,798	9.93%
Agency for Persons with Disabilities	2,545,577	-11.64%
Dept. of Elder Affairs	3,945,592	-4.78%
Dept. of Education	312,669	-17.50%
Other	31,640,919	-4.97%
Total Trips:	**51,596,487**	**-0.07%**

Source: Florida CTD Statewide Annual Performance Report Data

Additional Program Measures for the CTD program:
In addition to the information contained in Table 1, the following data elements describe CTD activities:

- Total CTD revenues in 2010 were $338.7 million (down by 4.65 % from 2009).
- Total CTD expenses in 2010 were $373 million (down by 4.58% from 2009).
- The CTD reports that for every $1.00 spent on transportation, the state receives more than $7.00 in return.
- In 2008, Florida State University examined the CTD's return on investment (ROI) to both the State and local governments that fund the program. The report acknowledges that the funds invested in the program do not generate revenue in the traditional sense, but indirect financial benefits are realized through the economic activity that is generated by the trips they provide.[36]

Georgia

Methods Employed
The Georgia Coordinating Committee for Rural and Human Services Transportation (RHST) of the Governor's Development Council (GDC) was established by the passage of HB 277 and SB 22 (2010). The General Assembly of Georgia Enacted Title 32 of the Official Code of Georgia Annotated, to establish the Council for the purpose of encouraging efficient transportation service delivery in the rural areas of the state and to coordinate human service transportation in both the rural and urban areas of the State. Title 32 did not establish a new agency, but rather a new mechanism for coordinating transportation.[37]

[36] *Florida Transportation Disadvantaged Services: Return on Investment Study,* prepared by the Marketing Institute, Florida State University (March 2008).

[37] Official Code of Georgia, Ann. Title 32.

Major Programs Encompassed in the Coordination Efforts

Membership of the GDC mirrors the Georgia Regional Transportation Authority (GRTA). The RHST Advisory Subcommittee membership includes the following members or their respective designees:[38]

- Chair – Department of Transportation (DOT) Commissioner;
- State School Superintendent;
- Department of Human Services (DHS) Commissioner;
- Department of Behavioral Health and Developmental Disabilities (DBHDD) Commissioner;
- Department of Community Health (DCH) Commissioner;
- Department of Labor (DOL) Commissioner;
- Department of Community Affairs (DCA) Commissioner; and
- Governor's Development Council (GDC) Commissioner.

The three largest funders of the RHST System in FY 2010 were Georgia DOT (providing 27% of annual revenue), DHS (providing 19% of annual revenue), and DCH (providing 55% of annual revenue. Funding from each of these state agencies includes a combination of state, Federal and local revenue.[39]

In Georgia, the Department of Human Services (DHS) encompasses the Division of Aging, Department of Family and Children Services, and Job Access Reverse Commute (JARC)/New Freedom programs. The Department of Community Health (DCH) is responsible for the non-emergency medical transportation (NEMT) service in Georgia, including Medicaid eligible transportation.

Current Status

The RHST System is currently at the phase of working together to make recommendations for coordinating human service agency transportation. The three funding organizations are working to coordinate transportation services provided through their programs.

The Georgia DOT has recommended State- and Regional-level coordination that utilizes the RHST Advisory Subcommittee to develop a long-term vision for coordination and identify short- and long-term implementation strategies. At the regional level, the DOT recommends that the RHST cultivate regional champions to take the role of "mobility manager," and provide technical assistance and incentives for implementation.

Program Authority/Oversight

Administrative Structures/Departments(s) with Designated Authority. Members of the RHST examine the manner in which transportation services are provided by the participating agencies represented on the

[38] Official Code of Georgia, Ann. Title 32. (32-12-5).

[39] Georgia Department of Transportation, Georgia Rural and Human Services Transportation Coordination Plan Update (February 9, 2011). Retrieved from www.grta.org/rhst_home/docs/GDOT_HST_GDC_RHST_Update_020711_final.pdf.

committee. Responsibilities shared by participating agencies include, but are not limited to, the following:

1. Analysis of all programs administered by participating agencies, including capital and operating costs, and overlapping or duplication of services among such programs, with emphasis on how to overcome such overlapping or duplication;
2. Analysis of the means by which transportation services are coordinated among State, local, and Federal funding programs;
3. Analysis of the means by which both capital and operating costs for transportation could be combined or shared among agencies;
4. An analysis of those areas which might appropriately be consolidated to lower the costs of program delivery without sacrificing program quality to or endangering the health of clients, including shared use of vehicles for client trips regardless of the funding source which pays for the trip;
5. Analysis of state of the art efforts to coordinate rural and human services transportation elsewhere in the nation.
6. Review of any limitations which may be imposed by various Federally funded programs;
7. Analysis of how agency programs interact with and impact state, local, or regional transportation services; and
8. An evaluation of potential cost sharing opportunities.

The majority of funding for coordinated transportation is administered through Georgia DOT and DHS. Georgia DOT administers Section 5311 funds while DHS administers the Section 5310, 5316, and 5317 funds. DHS also administers Medicaid funds and DHDD, DOL, and other human service agency funds.[40]

Entity Designated to Monitor and Audit Accomplishments. The process of developing a statewide coordination administrative structure is currently at the recommendation phase. The Georgia DOT has recommended that a State-level Office for a Mobility Manager is created to implement, monitor and audit accomplishments of the system.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

Through the Georgia Regional Transportation Authority, participating agencies are working to determine the most cost-effective and convenient way to provide transportation. If the RHST System is implemented statewide, the proposed regional Mobility Managers will be responsible for determining the most appropriate mix of funding sources to pay the providers.

[40] Office of Facilities and Support Services, Georgia Department of Human Services, Retrieved from http://team.georgia.gov/portal/site/DHS-OFSS/.

Specific Quantifiable Benefits Associated With Georgia's Program

The State has established a plan for each of the funding sources for the RHST System to track performance measures for the program. Statewide coordination has not yet been implemented, but a study has been conducted which reported the current average cost per trip for agencies to be included in the RHST to range from $26.05 for the DCH to $10.37 for the BHDD.[41] These initial measures provide a starting point from which responsible parties can measure success.

Idaho

Methods Employed

Section 40-514 of the Idaho Code established the Public Transportation Advisory Council and Interagency Working Group and designated the Idaho Transportation Department to improve the efficiency and productivity of publicly-funded transportation services in presently served areas of the state, and extend needed services to un-served areas.[42]

Major Programs Encompassed in the Coordination Efforts

Council members include all State agencies except the Department of Education, and all public entities that use public funds to provide transportation. Interagency Working Group membership includes the following organizations:

- The Office of the Governor;
- Idaho Commission on Aging;
- Idaho Head Start Association;
- Idaho Department of Health and Welfare;
- Idaho Division of Medicaid;
- Idaho Department of Education;
- Idaho Transportation Department;
- Community Transportation Association of Idaho (CTAI);
- Idaho Council on Developmental Disabilities;
- Idaho Division of Vocational Rehabilitation; and,
- Idaho Department of Commerce and Labor – Workforce Development Council.[43]

Ex-Officio members include the Public Transportation Advisory Council; Idaho Department of Environmental Quality; Department of Commerce and Labor; and Pocatello Regional Transit.

[41] Governor's Development Council, *2011 Reporting Year Presentation* (June 8, 2011).

[42] Idaho Code, Section 40-514.

[43] *Ibid*.

Current Status
The Idaho Transportation Department, Division of Public Transportation continues to assist local mobility stakeholders in developing a structure and process to create mobility plans. However, a large part of the coordinated transportation planning effort has been handed off to the Community Transportation Association of Idaho (CTAI).

The CTAI provides vision, management, and oversight of the new *I-way* planning process. The CTAI also works with mobility stakeholders and the public-at large to identify transportation related issues. There are six Mobility Managers based in each transportation District who work with *I-way* to develop and coordinated transportation activities in their respective geographic areas of responsibility.

Program Authority/Oversight
Administrative Structures/Departments(s) with Designated Authority Entity Designated to Monitor and Audit Accomplishments. The roles of the Idaho Transportation Department that directly pertain to state-level coordination program oversight are as follows:[44]

- Promote, support, and administer Federal and State funding for public/private transportation systems and services that will enhance the mobility choices of Idaho citizens.
- Encourage and assist local and regional governmental agencies and officials in coordinating and reducing duplication in transportation services.
- Encourage and assist agencies in mitigating congestion and attaining air quality goals.
- Assist local governments in the formation and operation of regional public transportation authorities.
- Promote public/private partnerships.
- Work through the Advisory Council and Interagency Working Group to analyze public transportation needs and identify opportunities to coordinate at the state level.
- Identify and negotiate solutions to overcome barriers in state regulatory and administrative processes and procedures in order to promote efficiency and effectiveness.
- Maintain a comprehensive state plan for public transportation.
- Allocate Federal and State funding to projects identified in the Statewide Transportation Improvement Program.

The Public Transportation Advisory Council is required to meet three times per year, while the Interagency Working Group meets quarterly.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
The CTAI and a grassroots coalition championed the *I-way* program.[45] *I-way* provides people in Idaho the freedom to choose from a variety of connected, convenient, and cost-effective transportation options,

[44] *Ibid.*

[45] See http://i-way.org.

including park and rides, car and vanpools, bike and walking paths, shuttles, and public transportation options. *I-way* is a new focus on people, rather than transportation modes. *I-way's* efforts began at the local level and worked through the state level.

Specific Quantifiable Benefits Associated With Idaho's Program
The successful grassroots effort of CTAI has resulted in coordination and improved connectivity at the local level and in the state's six districts. Together with the mobility managers in each district, CTAI has developed a plan that identifies short- and long-term strategies for improving transportation across the state.

Illinois

Methods Employed
The Illinois Interagency Coordinating Committee on Transportation (ICCT) was created by state Public Act 93-0185 in 2003. The organization Work, Welfare and Families was the impetus for the bill and began working on it in the early 2000s. The organization believed there was a need for coordination across the state, even predating FTA's *United We Ride* event in 2004.

Major Programs Encompassed in the Coordination Efforts
Members of the ICCT include:

- Federal Transportation Administration;
- Director, Illinois Department of Public Health;
- Governor;
- Deputy Chief of Staff Illinois Social Services;
- Secretary, Illinois Department of Human Services;
- Director, Illinois Department of Public Aid;
- Director, Illinois Department of Commerce and Economic Opportunity;
- Director, Illinois Department of Employment Security;
- Secretary, Illinois Department of Transportation;
- Director, Illinois Department of Aging;
- Director, Illinois Rural Transit Assistance Center;
- AARP Illinois Legislative Office;
- Executive Director, Illinois/Iowa Center for Independent Living;
- Executive Director, Illinois Public Transportation Association;
- Chief Executive Officer, RIDES MTD;
- Illinois Association of Rehabilitation Facilities;
- Work, Welfare and Families;
- Executive Director, Rural Partners;
- Illinois Retail Merchants Association; and
- Executive Director, Illinois Council of Developmental Disabilities.

Medicaid is a participant in the ICCT. Illinois has a private, statewide broker for Medicaid trip authorizations and assignment; this broker does not coordinate with other programs. Medicaid coordination with public transit systems across the state has proven difficult due to state training requirements for Medicaid transportation providers, which require a high fee per employee.

Current Status

The stated goal of the ICCT is to improve the coordination of community-based transportation programs, facilitating communication to local areas, and offering technical assistance to address unmet needs and gaps in service.

The current focus is creating transit in rural areas instead of addressing the coordination of all of the Federal funding streams.

Program Authority/Oversight

Administrative Structures/Departments(s) with Designated Authority. The first meeting took place in June 2004, with the Governor presiding and the Secretary of the Department of Transportation (IDOT) as the vice chair. The task of managing the work of the Committee was assigned to the manager of the Rural Transit Assistance Program, housed at Western Illinois University.

Entity Designated to Monitor and Audit Accomplishments. Currently, three staff members work on coordinated transportation work, funded initially by a *United We Ride* grant and currently by Section 5311 administrative funds. Illinois RTAP plays a leading role, and IDOT is also heavily involved in the work of the State Coordinating Council.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

A major success of the ICCT is their Transportation Coordination Primer for counties to use. The Primer is a nearly 200-page resource guiding counties through a step-by-step process to develop transportation or make their systems better. Steps include self-assessments to learn about local needs and resources, developing an action plan, identifying and accessing funding, and evaluating programs. The Primer also discusses how to go about getting service contracts from various sources and matching the service to funding streams. The Primer has won awards and has proven useful for states across the country. A third edition was recently published in 2009.

Specific Quantifiable Benefits Associated With Illinois' Program

Beyond the creation of the Primer, the ICCT has worked through the Primer steps with rural counties across the state, assisting in the creation or improvement of transportation services. A few years before the ICCT began, 35 of Illinois' 90 counties received 5311 funding for public transportation. Staffing constraints at IDOT prevented the development of new programs in these counties. Within the next five years (approximately by 2016), all counties will be served by public transit programs as a direct result of the ICCT and RTAC's efforts.

Indiana

Methods Employed

The Indiana Department of Transportation, Public Transit Section (INDOT) undertook the development of a Statewide Coordinated Public Transit-Human Services Transportation plan to address coordination of resources between various public and private agencies and organizations. The plan was inspired by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) and the need to facilitate efficient transportation service configurations.

Without state legislation or executive order, INDOT established an Interagency Cooperation Group (ICG) to facilitate cooperation and coordination between other State-administered transportation programs and the Section 5311 program. The purpose of establishing this group was twofold: (1) to assist and advise INDOT in the review and selection of Section 5311 grant applications, and (2) to provide a forum for discussing strategies and policies that may assist INDOT in achieving its program goals.[46]

Major Programs Encompassed in the Coordination Efforts

The Interagency Cooperation Group (ICG) consists of representatives from the following state agencies:[47]

- Family and Social Services Administration, Division of Family Resources;
- Family and Social Services Administration, Division of Aging;
- Family and Social Services Administration, Division of Disability and Rehabilitation Services;
- INDOT/Transit Office, 5311 Program Manager (Chair Person) ;
- INDOT/Transit Office, 5311 Project Managers;
- INDOT/Transit Office, Transit Planner; and
- Rural Transit Assistance Program (RTAP), Coordinator.

Current Status

The Interagency Cooperation Group (ICG) is currently inactive. INDOT's Office of Transit provides oversight and administration of coordinated transportation funds for non-urbanized areas. It follows an established work program for a statewide coordinated transportation effort that is based on the development of county and regional coordination goals. Without executive order or legislative direction, state divisions are not motivated to work with INDOT to advance the coordination policy development on a State-level.

Program Authority/Oversight

Administrative Structures/Departments(s) with Designated Authority. INDOT's Office of Transit is responsible for the administration of State and Federal transit assistance funds for Indiana. In addition

[46] Indiana Department of Transportation, Transit Office, *Statewide Coordinated Transportation Plan* (2008).

[47] *Ibid*.

to the Interagency Cooperation Group (ICG), INDOT directed the Indiana Rural Transit Assistance Program (RTAP) to include coordinated transportation in its area of responsibility. Indiana RTAP is a comprehensive and flexible program of training, technical assistance, research, and support services for rural public and specialized transit agencies. Several of the RTAP goals apply to the coordination of public transit and human service agency transportation, including the following:

1. To promote the safe and effective delivery of public transit in rural areas and make more efficient use of public and private resources;
2. To encourage the development of state and local ability for training and technical assistance;
3. To improve the quality of information and technical assistance available through the development of resource materials;
4. To facilitate peer-to-peer self help through the development of local networks of transit professionals; and
5. To support the coordination of public, specialized, and human service transportation services.[48]

An RTAP staff member is responsible for facilitating information sharing, statewide coordination program updates, and reminders to the coordination representatives in each of the eleven regions to conduct community outreach efforts and update their locally developed Coordinated Public Transit-Human Service Transportation Plan. By building in this level of accountability to the overall planning process, the potential success of the local plans, although not guaranteed, is greatly increased.

Entity Designated to Monitor and Audit Accomplishments

The Governor of Indiana has designated INDOT as the agency responsible for administering Federal and State public transit programs for non-urbanized areas. INDOT's responsibilities include a fair and equitable distribution of funds, adhering to Federal and state program guidelines, notifying eligible applicants about the availability of program funds, developing program criteria, soliciting applications, and monitoring and improving coordination of public transportation services at the local and state levels.[49]

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

Primarily due to the absence of executive order and legislative direction, no formal administrative and procedural linkages have been developed to facilitate coordinated transportation efforts at the state level. However, state departments have willingly provided information to contribute to locally developed coordinated transportation plans.

[48] *Ibid.*

[49] *Ibid.*

Specific Quantifiable Benefits Associated With Indiana's Program
Each of Indiana's rural county regions and its urbanized areas adopted a coordinated transportation plan that has fostered discussions between agencies at the local and regional levels. Furthermore, many of the State's rural transportation providers are non-profit organizations that also have a mission to serve older adults, individuals with disabilities, and/or people with low incomes. As such, many programs have utilized funds provided through the Section 5310, 5317, and 5316 programs to expand the public transportation service provided in their counties and regions.

Kansas

Methods Employed
Legislation was proposed to create a United We Ride (UWR) Committee in 2005. The committee was formed based on a State statute that was originally passed in 1993.

Major Programs Encompassed in the Coordination Efforts
To date, coordination of program funding is limited to Sections 5310, 5311, 5316, and 5317 which are all administered by the Kansas Department of Transportation.

- Section 5307/09 – Administered by the Kansas Department of Transportation;
- Section 5310 – Administered by the Kansas Department of Transportation;
- Section 5311 – Administered by the Kansas Department of Transportation;
- Section 5316 – Administered by the Kansas Department of Transportation;
- Section 5317 – Administered by the Kansas Department of Transportation;
- Medicaid (Non-emergency funding dollars) – Administered by the Kansas Department of Social and Rehabilitative Services. Kansas has established a Medicaid brokerage.

Current Status
The UWR Committee was established in 2004. The Kansas Department of Transportation is designated with the authority to Chair the Committee and administer grant funding for Sections 5310, 5311, 5316, and 5317. Kansas requires all grant recipients under these programs to actively participate in development and maintenance of coordination plans.

Program Authority/Oversight
Administrative Structures/Department(s) with Designated Authority. The Kansas Department of Transportation (KDOT) in conjunction with Kansas University Transit Center spearheaded the UWR Committee. KDOT took the lead in the effort because administration of Sections 5310, 5311, 5316, and 5317 funding is regulated by the Department and dedicated to their clientele.

Other members of the Committee consist of the following individuals or their respective designees, each of whom have voting authority:

- Kansas Health Policy Authority;

- Kansas Department on Aging;
- Kansas Department of Commerce;
- Kansas Commission on the Disability Concerns; and,
- Kansas Department of Social and Rehabilitative Services.

Entity Designated to Monitor and Audit Accomplishments. The Kansas University Transportation Center has been designated by KDOT to be responsible for all administrative duties related to UWR Committee meetings, including providing Kansas United We Ride Technical Support.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

The 2004 Summit resulted in the development of coordination plans for the 15 Regional Transit Districts covering 105 counties.[50] Each district has formed a local coordination committee; these committees remain very active. The Medicaid brokerage firm for Kansas is active in the local committees and contracts with local non-profit transit providers to provide non-emergency medical transportation.

Specific Quantifiable Benefits Associated With KANSAS' Program

The UWR Committee in Kansas is very active and receives technical assistance through the Kansas Rural Assistance Program operated under the direction of Kansas University Transportation Center. The committee has developed a mission, Coordinated Public Transit – Human Service Transportation Plans for each of the 15 districts, action plans, best practices, and a Coordination Plan Toolkit. Kansas UWR information is available on the Kansas Department of Transportation and Kansas University of Transportation Center websites and is updated frequently.

Kentucky

Methods Employed

The Coordinated Transportation Advisory Committee (CTAC) is codified in section 281.870 of the Kentucky Revised Statutes.

Major Programs Encompassed in the Coordination Efforts

The CTAC is composed of members of the Transportation Cabinet, the Cabinet for Health and Family Services, and the Education and Workforce Development Cabinet.[51]

Current Status

The Transportation Cabinet can accept and direct Federal funds to entities that promote coordination. The State also has a Transportation Development Fund which requires all funds in the account to be

[50] Kansas Coordinated Transit Districts Act 75-5051 through 75-5058.

[51] Ky. Rev. Stat. Section 281.870 (2010).

used for "public transportation capital and operating subsidies, public transportation development, or administrative costs incidental to these developments." [52]

Program Authority/Oversight

Administrative Structures/Departments(s) with Designated Authority. The Kentucky Office of Transportation Delivery is responsible for seeking grant funds; providing oversight and implementation of various statewide public transit grants; and coordinating human service transportation, including non-emergency medical transportation. The Office is also required to provide administrative support, and the Executive Director is required to set the CTAC agenda for each meeting.[53]

Within the Office of Transportation Delivery, the Human Services Transportation Delivery Branch (HSTD) is responsible for the oversight of the HSTD program. The program consolidates transportation services that were previously provided by various state governmental agencies. Under the HSTD program, transportation services for the Department of Medicaid Services, Department for the Blind, and the Department of Vocational Rehabilitation are now coordinated by the Kentucky Transportation Cabinet, Office of Transportation Delivery.[54]

The Kentucky Public Transportation Branch is also located within the Office of Transportation Delivery. The Branch is responsible for the oversight and implementation of statewide public transit grants which are administered directly by statewide nonprofit or public operators.

Entity Designated to Monitor and Audit Accomplishments. The CTAC monitors accomplishments of the transportation programs. The Executive Quality Management Committee (EQMC) is responsible for developing policies and procedures that are consistent with Medicaid requirements. The committee consists of representatives from the Office of Transportation Delivery, the Department of Medicaid Services, and the Department of Workforce. The EQMC meets monthly and reports issues to the CTAC.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

Prior to the establishment of the HSTD program, the transportation delivery process for human service agencies, Medicaid transportation providers and public transit were fragmented and vulnerable to fraud. Bringing the programs under one State office resulted in better management of transportation-related costs and fewer incidents of fraudulent use of services and/or billing. [55]

[52] The Kentucky Office of Transportation Delivery, retrieved from http://transportation.ky.gov/transportationdelivery/.

[53] *Ibid*.

[54] I*bid*.

[55] Farber, Nicholas J., *Human Service Transportation Coordination State Profile: Kentucky,* National Conference of State Legislatures, Denver, Colorado (July 2010).

Specific Quantifiable Benefits Associated With Kentucky's Program
The HSTD program estimates that before the program was initiated in Kentucky, costs for non-emergency medical transportation (NEMT) were projected to be $62 million by 2002. With the program in place, the costs of NEMT in 2010 were $60 million, less than the 2002 predicted expenses. The program also attests to the fact that fraud and abuse have been eliminated while Medicaid transportation costs have been lowered statewide. Another benefit of the program has been standardization of driver training and improved passenger safety.

Maryland

Methods Employed
The State Coordination Committee for Human Service Transportation (SCCHST) was formed in 1997. The committee was established to evaluate needs, improve inter-agency cooperation, develop a five-year plan, and serve as a clearinghouse for transportation coordination issues.

In 1994, through a variety of local and regional forums that State began to develop, an Ad Hoc Committee for Human Service Transportation was formed. The Lower Shore was the major push behind the State's interest in coordination. Under the Department of Transportation, the Maryland Transit Authority (MTA) took the lead. These efforts led to Executive Order 01.01.1997.06, which established the Ad Hoc committee in 1997 to oversee the coordination of human service agency transportation. In 2006, the governor rescinded executive 01.01.1997.06 and enacted executive order 01.01.2006.09 to further coordinate human service agency transportation[56].

Major Programs Encompassed in the Coordination Efforts
While the SCCHST does not directly control or administer any funding programs, many funding members of the council work together to coordinate funding programs when possible. The MTA advises the SCCHST how Sections 5310, 5317, and 5316 funds will be used, and the committee's recommendations are considered when funding is awarded. The agencies who administer funds like Medicaid and Title III-B of the Older American's Act are on the committee; however, they do not coordinate those program funds to the same degree that Sections 5310, 5317, and 5316 are coordinated.

Current Status
The SCCHST is an active working group. While the group does not directly administer any funding it does coordinate funding based on recommendation from committee members.

Program Authority/Oversight
Administrative Structures/Department(s) with Designated Authority. The Executive Order outlines the members of the committee and defines its purpose. The committee is comprised of the following council members:

[56] Maryland DOT, *State Coordination Committee for Human Services* Transportation: Historical Foundations (October 2009).

- Chair – Secretary of Transportation;
- Secretary of Human Resources;
- Secretary of Health and Mental Hygiene;
- Secretary of Aging;
- Secretary of the department of Disabilities;
- Secretary of Housing and Community Development;
- Secretary of Planning;
- State Superintendent of Schools;
- Secretary of Veterans Affairs; and
- Director of the Governor's Office of the Deaf and Hard of Hearing.

Additional members as recommended to the governor by the chair. This may include the following:

- Local governments;
- Employers;
- Agencies;
- Transit providers; and,
- Consumers from target populations.

Entity Designated to Monitor and Audit Accomplishments. Maryland's SCCHST is responsible for evaluating the needs individuals who use human service transportation. The committee works with Federal, State, and local agencies to develop cooperative transportation services. The Executive Order also specifies that the SCCHST develop a five-year human service transportation plan that improves services and provides education as to the benefits of coordination. Finally, the committee serves as a clearinghouse for human service transportation coordination issues across the State. The committee identifies solutions to coordinate problems and woks with necessary agencies to resolve issues[57].

The SCCHST reports its accomplishments to the Department of Transportation and the Governor.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination. The support for coordination within the state has been very strong, but there has been very little coordination of transportation-related funding. As mentioned above, agencies that administer transportation funding sit on the SCCHST and share information. Despite their participation, funding is still performed by the individual agency with no oversight from the SCCHST.

Specific Quantifiable Benefits Associated with the Program

In 1999, the committee conducted an evaluation of transportation services in the State, but services have not been evaluated since. For this reason, the State cannot point to any quantifiable evidence to prove the effects of coordinated transportation. The SCCHST can identify an increase in Medicaid

[57] Farber, Nicholas, and Rall, Jaime, *Human Service Transportation Coordination State Profile: Maryland*, National Council of State Legislatures, Denver, Colorado (February 2010).

transportation and the leveraging of Medicaid funds to match Federal and State programs like Section 5316.

Massachusetts

Methods Employed
Massachusetts has a highly coordinated service delivery system across the commonwealth. The commonwealth does not have a Coordinating Council focused on human service transportation. However, under the Executive Office of Health and Human Services (EOHHS), the Human Services Transportation Office has been coordinating transportation services for some time.

Major Programs Encompassed in the Coordination Efforts
The Human Services Transportation Office has been coordinating five State transportation services since 1998:

- Mass Health (DayHab and Medicaid);
- Dept. of Public Health (Children, Families, and Early Intervention);
- Department of Developmental Services (DDS);
- Massachusetts Rehabilitation Commission;
- Massachusetts Commission for the Blind;

These programs are coordinated on a local level through nine regions brokered by Regional Transit Authorities.

Current Status
In 2011, the Governor formed a Commission per Executive Order 530. The Commission will study the commonwealth's paratransit, transit and human service transportation systems, looking for ways to gain efficiencies and ensure that the systems are meeting the needs of the public.

Meetings of this body have not begun as of June 2011. The membership list is not final as of June 2011, but tentative membership includes:

- MassDOT/MBTA
- EOHHS
- Paratransit users
- Transportation providers
- Regional Transit Authorities
- Councils on Aging

The HST Office also recently partnered with UMass Work Without Limits to apply for a JARC and New Freedom grant to facilitate a statewide Mobility Management program.

Program Authority/Oversight.

Administrative Structures/Departments(s) with Designated Authority. The HST Office has an Advisory Board with many members typically seen on Coordinating Councils. The Medicaid office, MassHealth, is a member, along with the other purchasers of service, the Department of Public Health (Children, Families and Early Intervention), the Department of Developmental Services, Massachusetts Rehabilitation Commission, and the Massachusetts Commission for the Blind. The Board also includes MassDOT, the Executive Office of Elder Affairs and Veterans Services. The Advisory Board members are senior managers from their respective departments - primarily Deputy Commissioners and Deputy Secretaries.

The role of the Advisory Board is advisory and supportive. The Board meets quarterly for updates on service delivery, the status of the programs, policy issues, and any procurements or grant applications that the HST Office is planning to engage in.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

Massachusetts coordinates its human services transportation through a state office, the Human Services Transportation Office (HST), housed under the Executive Office of Health and Human Services. When the commonwealth was setting up the coordinated brokerage model, the HST subdivided the State into nine brokerage regions. These regions roughly but not exactly reflected the regional public transportation network. HST contracts with six regional entities (covering nine brokerage regions in Massachusetts) who accepted responsibility to broker transportation services for the five State agencies.

Massachusetts HST manages a total of $106 million annually, supplied by Medicaid, DPH, and DDS funding streams. Of this, $6 million funds 13 HST staff and the administrative costs for the nine regional brokerages. The remaining $100 million funds transportation services, totaling approximately 5 million trips for 37,000 consumers each year. Eligibility screening is conducted by each sponsoring agency, and screening costs are not included in this figure.

When HST issued the RFP for brokerages 10 years ago, it limited it to existing RTAs, excluding private entities from bidding. There are 15 RTAs who provide public transit services in Massachusetts, but only nine (9) brokerage regions (thus, some regions include more than one RTA). However, only six broker RTAs operate throughout the state; some brokers cover multiple service areas, even ones in which they do not normally operate transit services. The largest example of this is MART (Montachusett Area Regional Transit), which covers the Pioneer Valley, South Central, North Central, and Greater Boston areas, but only operates its regular transit services in a small portion of this area. Originally, Boston was not included in the brokerage RFP until HST was sure that the model worked; at that time, HST managed Boston's NEMT in-house. Between them, the brokers have over 300 private transportation carrier vendors across the state.

Specific Quantifiable Benefits Associated With Massachusetts' Program

Prior to the current structure, each of the three agencies ran their own transportation programs. MassHealth had individual contracts with all 300+ transportation vendors in the commonwealth and provided clients with paper vouchers for rides. A brokerage model had been implemented for both MassHealth and DPH before the statewide HST office existed. Twelve years ago, MassHealth, DPH, and DDS transportation staff were all brought under one office, the HST office. Then, five years ago, they became EOHHS employees instead of MassHealth, DPH, or DDS. Today, HST views MassHealth, DPH, and DDS as their customers. The agencies trust HST because many HST employees used to work for one of the agencies, and there is a lot of cooperation among them. Still, the conversion to a coordinated, brokered system was a difficult political process.

Michigan

Methods Employed

Michigan does not have a State Coordinating Council (SCC) dedicated to human service transportation coordination. Michigan applied for a *United We Ride* grant in 2004 and was ultimately awarded funds. The intention was to look into forming a SCC and develop supporting programs. Shortly thereafter, the State began facing a severe budget crunch.

The State spent a small amount of the UWR money, but ended up giving it back to the Federal Transit Administration. Several stakeholders in the State and at the Federal level, including the CTAA Regional Ambassador, had meetings with the State legislative committee, but the State was not able to continue efforts to develop a Coordinating Council.

Major Programs Encompassed in the Coordination Efforts

The Michigan Public Transit Association (MPTA) is very active and involved in local planning; however, Michigan Department of Transportation (MDOT) did not have enough resources to participate in the formation of a SCC. MDOT staff are committed to complying with state and Federal mandates, but beyond these requirements are unable to staff additional efforts. Michigan has not revisited the State Coordinating Council issue since the return of the UWR grant.

Current Status

Since 2005, MDOT and the MPTA work together on several efforts. The Bureau of Transit within MDOT co-hosts training workshops for rural transit operators with the MPTA. The two organizations also host a joint conference and annual meeting together which helps coordination in some ways. The 2010 conference was attended by over 100 members.

The RTAP program in Michigan is run by the MPTA, and the Association also works closely with specialized services operators.

State Medicaid is testing a pilot project with a private broker in Wayne, Oakland, and Macomb counties. Medicaid Non-Emergency Medical Transportation (NEMT) is administered on a county-by-county basis in other parts of the State. Medicaid is not coordinated with other programs on a State level.

Minnesota

Methods Employed
Minnesota's Interagency Committee on Transit Coordination (ICTC) was formed by Executive Order in 2005. Governor Pawlenty made it an administrative priority to coordinate State agencies and Federally funded programs with Minnesota's existing transportation systems. Since the governor is leaving office, the State legislature decided to solidify coordination efforts and created the Minnesota Council on Transportation Access by statute in 2010.

Major Programs Encompassed in the Coordination Efforts
Original membership in the ICTC included:

- Minnesota Department of Transportation (DOT);
- Department of Health;
- Department of Human Services (including the state Medicaid program);
- Department of Employment and Economic Development;
- Department of Education;
- Metropolitan Council;
- Minnesota Center for Transportation Studies;
- Board on Aging; and
- State Council on Disability.

The Committee has many assistant commissioners and decision-makers on its roster, as well as staff members.

Current Status
The application process for Sections 5310, 5316, 5317 and public transit funding is administered by the DOT.

The Department of Human Services (DHS) oversees the Medicaid program in Minnesota. As with many states, State Medicaid is looking to restructure service delivery. Last year, DHS put out an RFP to create a private statewide brokerage for Medicaid transportation, but pressure from the private transportation providers forced the State to rescind the RFP. The DHS is looking into other means for service delivery, including regional brokers.

Program Authority/Oversight
Entity Designated to Monitor and Audit Accomplishments. The DOT is responsible for monitoring accomplishments and acting as Chair of the Committee.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
The Committee is focusing on improving communication between State departments as well as regions within the state. It continues to work toward more coordination of resources.

Specific Quantifiable Benefits Associated With Minnesota's Program
The old ICTC worked on statewide initiatives. The current committee has begun sharing success stories locally, focusing on local coordination. This has been one challenge - communication among different parties in the state about what has been accomplished. There are many service providers (59 public transit operators) and lots of resources, but not much coordination. Different parts of the state do things very differently.

Mississippi

Methods Employed
No legislation has passed, but plans are underway to create a structure and dedicated funding to ensure statewide coordination.

Major Programs Encompassed in the Coordination Efforts
The Mississippi Department of Transportation (DOT) takes the lead in ensuring coordination occurs at the local, state, and regional levels.

Current Status
For the past four years, the DOT has held summits to bring all stakeholders together to share their experiences and work toward new strategies in coordination. The group meets regularly to collaborate with agencies and identify practices that promote coordination. [58]

Missouri

Methods Employed
The State Association of Rural Planning Commission (RPC) was established in 2007 by state statute. The Missouri Department of Transportation is designated with the authority to Chair the Commission and administer grant funding for Sections 5316 and 5317.

Major Programs Encompassed in the Coordination Efforts
To date, coordination of program funding is limited to Sections 5310, 5311, 5316 and 5317. The MODOT requires participation in a locally developed coordination plan to receive Sections 5310, 5311, 5316, and 5317 funding. Medicaid is managed independently by a private statewide broker.

[58] The Community Transportation Association of America, National Resource Center for Human Service Transportation, retrieved June 2011.

Current Status
The group has not met since 2007 when the initial coordination plans were developed; however, plans are in process to establish regional and community meetings to update coordination plans. The MODOT continues to have authority over the Commission. Meetings will begin at the state level in late summer 2011.

Program Authority/Oversight
Administrative Structures/Department(s) with Designated Authority. The MODOT took the lead in the effort because administration of Sections 5310, 5311, 5316, and 5317 funding resided with the Department and the funding is dedicated to their grantees. Other members of the Commission consist of an appointed representative from each State department, representative from each MPO, and a representative from each RPC.

Entity Designated to Monitor and Audit Accomplishments
MODOT is responsible for oversight of all administrative duties related to Commission meetings; however, plan development and implementation is controlled at the local level by the MPOs and RPCs.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
To date there has been no linkage between State departments. Coordination is happening at the local level to provide a patchwork quilt of services to blanket the State.

Specific Quantifiable Benefits Associated With Missouri's Program
MODOT reports that the regional coordination plans are working well and have resulted in increased service at the local level. MODOT prefers localized plans to one statewide plan due to the diversity of the State.

Missouri is beginning planning for trainings and meetings to update the existing plans beginning in late summer 2011.

Montana

Methods Employed
Through an Executive Order issued by the governor, the Human Services Transportation Coordinated Council was formed in 2007. The Council functioned for two years before it was dissolved by the Governor in 2009 due to State budget constraints. Since that time, a Transportation Coordinator position has been created to oversee coordination efforts within the State.

Major Programs Encompassed in the Coordination Efforts
The Transportation Coordinator does not administer or oversee any funding. The position's main role is to provide assistance to local agencies that are looking for ways to coordinate transportation services.

Current Status
The State Transportation Coordinator works semi-independently from the Departments of Transportation and Human Service Agencies. The position allows the Coordinator to be accessible to local agencies as well as the Department of Transportation. The State originally attempted to consolidate transportation. This idea was rejected by the local human service agencies, which refused to participate if consolidation was the focus. Now the State has developed a lead agency approach, in which local agencies go the Transportation Coordinator for assistance.

Entity Designated to Monitor and Audit Accomplishments
The Transportation Coordinator does, however, report to the Department of Transportation on accomplishments and actions. However, there are no specified goals to audit accomplishments or monitor expected progress. The State is currently working on the development of success stories to provide providers with a "How To" guide.

No quantifiable statistics exist to identify any accomplishments that have occurred since the coordination program began. The Transportation Coordinator does maintain a list of individual success stories, which provide a good example of how coordination can work, but do not identify quantifiable changes in cost or service. The State has seen a large jump in 5311 providers since the coordination efforts began. Before 2007, there were only nine rural providers in the State. Today, there are 43 providers. The increase in providers may or may not be attributable to the coordinated transportation efforts.

Nebraska

Methods Employed
No formal coordinated transportation group exists within the state. Currently, however, there is a grassroots public transportation coalition. The group was established in 2009 by the Metro-Area Planning Agency, AARP of Nebraska, and Easter Seals Nebraska in response to the lack of effort directed at coordination at the state level.

Major Programs Encompassed In the Coordination Efforts
The coalition is made up of public transit agencies, Nebraska Department of Roads, local human service agencies, Easter Seals Nebraska, and Nebraska Mobility. The group holds no formal authority and does not administer any funding.

Current Status
The coalition is working towards the development of a charter and goals, which will allow the group to become a formally recognized entity. Currently, the group works to help inform local providers about coordination and provide vocal support to the state. Efforts are underway to contract with a private consultant for statewide mobility management and develop operational models to support coordination.

Nevada

Methods Employed
The State developed a transportation advisory committee, but due to a lack of organization and funding, the committee has been dissolved. The Department of Transportation is now responsible for all coordination efforts.

Major Programs Encompassed in the Coordination Efforts
With no official coordination council, the State's coordination of programs has been limited to Sections 5310, 5316, and 5317.

Current Status
The Department of Transportation oversees the State's coordination plan for nonurbanized areas. Coordination plans for urbanized areas are developed the respective Metropolitan Planning Organizations. The Department of Transportation also oversees the administration of Sections 5310, 5311, 5316, and 5317.

Currently, efforts are underway to develop an informal committee to assist with coordination workshops and inform local agencies about the benefits and possibilities involved with coordination.

New Hampshire

Methods Employed
New Hampshire's State Coordinating Council for Community Transportation was created by state statute in 2007. The Governor had appointed a task force in 2006 to investigate transportation issues in the State. The New Hampshire Department of Transportation (DOT) is the administrative group leading the coordination effort.

The Council's official mission is "to foster regional and local coordination of community transportation services that directly or indirectly improve access and mobility for all New Hampshire residents, especially those in need of essential services and activities."

Major Programs Encompassed in the Coordination Efforts
The following members are listed specifically in the statute:

- Department of Health and Human Services;
- Department of Transportation;
- Department of Education;
- Governor's Commission on Disability;
- New Hampshire Transit Association;
- Regional Planning Commission Representative; and
- Philanthropic Organization (like the United Way).

The Council includes eight other representatives from transportation providers, business community representatives, the AARP, Easter Seals, Community Action organizations and independent living centers.

Though the Commissioners are listed as members in the statute, most send representatives to the meetings.

Current Status
The State's Community Transportation Summit held in 2010 had nearly 200 attendees and was considered a great success for getting the word out about coordination and engaging partners.

The SCC has approved nine of the 10 Regional Coordinating Councils in the state, with one remaining to gain approval.

Funding is an issue. All of the SCC participants are volunteering their time to the Council and its efforts. They are doing everything they can do without funding, including creating volunteer driving and other programs.

The Section 5310, 5311, 5307, 5316, and 5317 programs are all administered through the DOT. The SCC recently created a 5310 purchase of service program. In order to be eligible, the RCCs have to put in place a lead agency to manage Section 5310 activities. Most are planning to use the funds for vouchers or for the coordination of volunteer driver programs. This has led to some start-up volunteer driver programs and some expansion of existing volunteer services. These services are slated to begin in FY 2012.

Easter Seals also operates a transportation program with funding, but the funding is not coordinated through the SCC.

Program Authority/Oversight
Administrative Structures/Departments(s) with Designated Authority. There is no brokerage for New Hampshire's Medicaid program. Medicaid is a division under the Department of Health and Human Services, which is heavily involved in the SCC. However, Medicaid and Medicaid funding operate independently of DHHS.

Entity Designated to Monitor and Audit Accomplishments. The SCC itself provides advocacy to the State's elected officials and monitors accomplishments of participating organizations.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
The stakeholders are very engaged in the SCC, with very few exceptions. The SCC meets monthly and is characterized by strong communication among members.

Medicaid was not involved in the development of the Council and is not currently involved, though the SCC is continuing to try to get them involved. The State is considering switching to a statewide broker for Medicaid, which would further distance NEMT provision from a coordinated system.

Specific Quantifiable Benefits Associated With New Hampshire's Program
Tracking benefits of the program has been a challenge, and the effort is ongoing. The State reports that the toughest obstacle to coordination is getting people to agree to participate in local coordination activities.

New Jersey

Methods Employed
Like many states, New Jersey's coordination efforts have roots in the welfare reform program of the late 1990s. The Work First New Jersey program created in 1997 resulted in a partnership between the Department of Human Services (DHS), the Department of Transportation, the Department of Labor (DOL), NJ TRANSIT, and the State Employment and Training Council. This group helped create a framework for the Community Transportation Plan process for counties across the state.[59]

In 2004, the Governor sent transportation representatives to the United We Ride Leadership forum in Washington DC. Representatives from DHS, NJ TRANSIT and the DOL all attended. The group became the New Jersey Council on Access and Mobility (NJCAM).

In 2007, Governor Corzine created the Governor's Council on Access and Mobility through Executive Order 87. The order sunset in 2010, and the new gubernatorial administration did not renew the order. The group had been less active since the recession began in 2008, since many Commissioners who serve populations in need have more pressing obligations.

Major Programs Encompassed in the Coordination Efforts
In 2007, NJCAM included the secretaries of key State agencies and four at-large members appointed by the Governor. The requirement was that these four members include one individual with a physical disability, one older adult, a person with a developmental disability or mental illness, and a person with low income. The Commissioners or their designees were from the following departments:

- Human Services;
- Children and Families;
- Community Affairs;
- Education;
- Health and Senior Services;
- Transportation;
- Labor and Workforce Development;

[59] United We Ride NJCAM State Action Plan (2006).

- State Treasurer;
- Adjutant General; and
- Executive Director of the New Jersey Transit Corporation.

The Governor's Council met periodically to discuss the work of the NJCAM and guide decision-making. This Governor's Council was chaired by the Commissioner of DHS. Staff from NJ TRANSIT Office of Special Services Division (now Local Programs and Minibus Support Unit), DHS, and other agencies continued work as NJCAM, which was co-chaired by DHS and NJTRANSIT staff. NJCAM expanded its membership to include:

- Department of Social Services;
- Department of Corrections;
- Department of Education;
- Division of Vocational Rehabilitation;
- Division of Disability Services;
- Division of Developmental Disabilities;
- Division of Mental Health Services;
- Division of Youth and Family Services;
- Division Family Development;
- Division of Medical Assistance and Health Services;
- NJ TRANSIT's Access Link; and
- Rutgers Voorhees Transportation Center.

The Executive Order required that the Governor's Council study transportation systems in the State and come up with recommendations, as well as coordinating activities with Federal coordinating bodies such as United We Ride and the Federal Council on Access and Mobility. Reports were due each December.

The stated goal of the group was to make the most efficient and effective use of State resources in order to ensure that the elderly, disabled and transportation disadvantaged have access to community based transportation services. [60]

Current Status

As noted above, the Executive Order sunset in 2010, and the new gubernatorial administration did not renew the Order.

The NJCAM put together a survey of programs through the USGAO and began investigating how much money the State was spending on transportation through its various programs. They were able to list all of the programs that received some type of Federal transportation funds, but most agencies could not provide spending information on transportation since it is not a line item. The Department of Labor, DHS, NJTransit, DOT and TANF were able to supply transportation costs. The Veterans Affairs Office as

[60] *State Management Plan and Program Management Plan*, New Freedom Program (49 U.S.C. Section 5317).

well as HUD-related offices were not able to provide this information. The group also conducted a United We Ride survey. The reports compiling these data were not completed before the Executive Order expired.

New York

Methods Employed

New York State has a very active Department of Transportation (NYSDOT) that works closely with local organizations and counties to facilitate coordination as well as on the state agency level to foster communication and policy-building. There is no State Coordinating Council for human service transportation, but there are multiple coordinating efforts occurring at other levels.

The State had an Interagency Coordinating Committee on Rural Public Transportation that was created in the early 1990s by State Statute (NY Transportation Law 73a-73p). The goal of this Committee was to "increase accessibility to basic services for the transportation disadvantaged in rural areas." The Committee was required to submit a report to the governor about rural transit operation and recommend improvements.[61]

The Council consisted of twelve members or their representatives:

- Director of Office for the Aging;
- Commissioner of Education;
- Commissioner of Labor;
- Commissioner of Health;
- Commissioner of Office of Mental Health;
- Commissioner of Office of Mental Retardation and Developmental Disabilities;
- Commissioner of Social Services;
- State Advocate for the Disabled;
- Secretary of State;
- Commissioner of Agriculture and Markets;
- Director of the Office of Rural Affairs; and
- Director of Division for Youth.

Six additional members consisted of transportation providers or consumers from rural counties. Two were appointed by the President of the Senate, two by the Speaker of the Assembly, one by the Senate minority leader, and one by the Assembly minority leader.

The Committee had funding to support coordinated planning projects in rural counties and called the program that Rural Public Transportation Coordinated Assistance Program (RTCAP). Initially, RTCAP

[61] Sundeen, Matt, Reed, James, B., Savage, Melissa*, Coordinated Human Services Transportation: State Legislative Approaches*, National Conference of State Legislatures, Denver, Colorado (January 2005).

supported 14-15 counties and their projects. Only a portion fully completed a Coordinated Plan. Several opted to coordinate services through a private broker instead of through a public coordinated effort. Several organizations proceeded with their coordination programs and are still operating as such today.

When the funding ran out, the program ended in the late 1990s.

Major Programs Encompassed in the Coordination Efforts

The State attempted to coordinate at a State-level with supporting legislation in place, but ultimately, the RTCAP program did not fulfill its original intention. NYSDOT works closely with counties to assist them in the development of coordinated plans and in finding local solutions to transportation issues; NYSDOT believes that this grassroots approach garners the most support and ultimately leads to the most success. Utilizing the Federally-mandated coordination plans for funding access, NYSDOT is able to facilitate coordination projects without a formal state-level structure.

New York State is also a strong home rule state, with most programs being administered through the counties, so this local approach is more appropriate. DOT leaves coordination up to the counties and MPOs to develop local coordinated plans. The DOT collects and maintains the plans on their website.

Current Status

New York State is currently (2011) conducting a pilot project to test a regionalized brokerage model for Medicaid Non-Emergency Medical Transportation (NEMT) service delivery. While there is little policy coordination between Medicaid and other transportation programs at the state level, at the local level, many counties have built relationships with public transit systems and other providers to create a strong network of NEMT services. Regionalization of service delivery may cause some of these local coordination relationships to fray.

NYSDOT participates in two other state-level bodies with the goal of coordination state-level transportation policy. New York State is Federally mandated to facilitate a Most Integrated Setting Coordinating Council (MISCC) which brings together departments affiliated with services for individuals with disabilities, including the Office for People with Developmental Disabilities (OPWDD) and the Department of Health. DOT heads the transportation sub-committee. MISCC was established by legislation in 2002 and includes a rotating committee of commissioners. The Public Transportation Bureau of DOT manages the transportation subcommittee.

The other committee is the evaluation team for 5310 applications. The OPWDD, Department of Health, and the Office for the Aging all review the 5310 applications when they are submitted. Also, there is one point of access online for all funding streams managed by NYSDOT.

North Carolina

Methods Employed

North Carolina has addressed the coordination of human service transportation through a series of executive orders and legislation beginning in 1978. The original Governor's Executive Order was issued in 1978, a product of a Governor's Committee on Rural Public Transportation and the Committee's study that was undertaken to primarily address human service transportation issues across the state. The Executive Order mandated the coordination of human service transportation for all agencies that utilize Federal and State funding programs to support their transportation services and served as the foundation for the State's coordination accomplishments over the years. The Executive Order required that existing transportation resources be coordinated before additional resources would be funded. It further mandated that a transportation plan be prepared as a prerequisite for funding under any state-administered transportation program.

The 1978 Executive Order established two committees to address public transportation issues in North Carolina. One was the Public Transportation Advisory Council (PTAC) that served as a policy making body for public transportation issues, advising the Governor and NC Board of Transportation on matters related to public transportation. The second was the Interagency Transportation Review Committee (ITRC), a technical committee with the job of reviewing all transportation funding applications to determine if proposed projects met certain goals such as coordination and accessibility.

The North Carolina Act to Remove Barriers to Coordinating Human Service and Volunteer Transportation, enacted in 1981 and intended to facilitate the coordination of human service transportation, supplements North Carolina's executive orders. The Act was intended to promote improved transportation for older adults, people with disabilities, and residents of rural areas and small towns through an expanded and coordinated transportation network. It clarified definitions and insurance requirements for human service and volunteer transportation and prevented local jurisdictions from imposing special taxes or licensing requirements on such transportation. The law further clarified that client transportation services cannot be regulated as commercial transportation and allowed human service agencies to purchase insurance for providers of volunteer transportation.

The ITRC continued until 1991 when it was replaced by the North Carolina Human Service Transportation Council (HSTC) which was authorized by another Governor's Executive Order. The most recent Governor's Executive Order, Number 21, was issued in 2002 and continued the work of the HSTC.

Major Programs Encompassed in the Coordination Efforts

North Carolina was one of the first states to dedicate a portion of State and Federal funding for the coordinated transportation effort. At the local level, State funding was derived from gas tax and was used to sponsor a local mobility manager in areas that were using Section 5310 dollars that could demonstrate that they were coordinating services.

At inception, the Council was chaired and staffed jointly by the Department of Transportation and the Department of Health and Human Services. To further encourage the relationship between the two state departments, NCDOT dedicated a portion of its State's Section 5311 administrative funds to support the salary of a Transportation Coordinator who was housed at the DHHS offices.

In its entirety, Council members included the following State departments and Commissions:

- Council on Developmental Disabilities;
- Department of Commerce;
- Department of Health and Human Services;
- Department of Public Instruction;
- Department of Transportation;
- Employment Security Commission;
- Governor's Advocacy Council for Persons With Disabilities;
- NC Association of County Commissioners;
- NC Commission on Indian Affairs;
- NC Head Start Association; and
- NC System of Community Colleges.

Representation shall include any division that administers state or Federal funds used to provide human service transportation.

Current Status

The current Governor was not requested to renew the executive order; thus the authority that has guided transportation coordination for more than three decades no longer exists. However, the approach has been successful: 80 coordination community transportation systems completely cover the state. All but two of the State's 100 counties have coordinated human service transportation programs that also serve the public. The other two systems are coordinated human service transportation programs but do not serve the general public.

Without the authority of the executive order, the Human Services Transportation Council is no longer active and has not met for the past three and one-half years. While most state agencies continue to embrace a strong coordination policy, the Division of Medical Assistance is now considering pulling out of the longstanding coordination network to independently operate NEMT through a statewide brokered transportation program that would not involve existing community transportation providers.

Program Authority/Oversight

Administrative Structures/Department(s) with Designated Authority. When it operated, the Council was chaired and staffed jointly by the NCDOT and the NCDHHS for many years. Today, NCDOT is the entity primarily responsible for oversight of coordinated transportation activities at the local level.

Entity Designated to Monitor and Audit Accomplishments. NCDOT requires that every five years each county in the state complete a Community Transportation Services Plan (CTSP) as a prerequisite for Federal and state funding for capital, administrative and operating assistance. This is the foundation of the state's coordination program. The CTSP examines the transportation needs and resources and looks at trends and performance measures over a five-year period. Each county in North Carolina is required to produce a CTSP every five years, and the work is usually completed by outside consultants chosen by the state. NCDOT also assigns a regional Mobility Development Specialist to assist each county with producing its CTSP and working with an assigned consultant. NCDOT will sometimes award the contracts to bidders in regional blocks, so that there is a coordinated, regional perspective among the plans for neighboring counties.

The local community transportation system's transportation advisory board is an important factor in the process of completing a CTSP. This advisory board consists of representatives from transportation providers, human service agencies, transit users, and county government. The board oversees the CTSP process, manages public meetings, and ultimately approves or rejects the final product. Once the CTSP has been approved, the transportation advisory board will oversee the implementation of the plan.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

Because of the various Federal and state funding "silos" which support program-specific activities, there often exists limited coordination among the various state and local agencies. One of the more significant actions of North Carolina's coordination efforts occurred in 1998 with the establishment of a full-time Human Service Transportation Coordinator position under the NCDHHS Division of Social Services. This position was originally funded at 50% by NCDOT and focused primarily on employment transportation issues pertaining to the Temporary Assistance for Needy Families (TANF) Program. While this position participated in the coordination of services and the resolution of transportation issues involving other divisions/agencies, the degree of involvement was minimal.

In 2002, a full-time departmental level Transportation Program Administrator position was established within NCDHHS and funded at 100% by NCDOT. This position reported directly to the DHHS Assistant Secretary for Long Term Care & Family Services and served as the Department's transportation program and policy liaison between DHHS and DOT. The Transportation Program Administrator position provided leadership, consultation and technical expertise to NCDOT's Public Transportation Division and to all of the divisions/agencies under NCDHHS that provided transportation services. The position stressed the need for improved budgeting and cost analysis of transportation expenditures within NCDHHS. In coordination with NCDOT management, the position made recommendations to the Assistant Secretary for Long Term Care & Family Services for opportunities to consolidate transportation services and leverage funding sources. This cooperation between NCDOT and NCDHHS greatly facilitated the state's progress in the coordination of human service transportation. As noted above, however, this position no longer exists.

An outgrowth of this position was the convening of a special NCDHHS workgroup called the Transportation Report Information Project (TRIP). The TRIP team worked to identify the total transportation expenditures by all divisions under NCDHHS.

In 1987, the legislature enacted the North Carolina Elderly and Disabled Transportation Assistance Program (EDTAP), with funds appropriated for use by counties on a formula basis from NCDOT to provide elderly and disabled transportation services. To receive funding, counties were required to have an approved Community Transportation Services Plan (CTSP); a transportation advisory board that includes representation from agencies and programs that serve the transportation-disadvantaged, and operate in a coordinated manner consistent with the local CTSP. Note that as an incentive for regionalization, NCDOT allowed multi-county or regional systems to transfer EDTAP funds from one county to another based on the level of demand for services in particular counties within the service area.

Specific Quantifiable Benefits Associated With North Carolina's Program

The coordinated transportation planning requirement, supported by a Governor's Executive Order, has been in place since 1978, and has resulted in the development of 80 community transportation systems serving each of the state's 100 counties. Today, counties are encouraged through these planning efforts to coordinate their public transportation services on a regional basis, thereby consolidating services where possible. NCDOT continues to work with counties and local transportation systems to explore opportunities for more regional coordination.

Oklahoma

Methods Employed

Executive Order 2006-20 established the United We Ride Governmental Council (UWRGC) in 2006[62].

Major Programs Encompassed in the Coordination Efforts

When the UWRGC was originally formed, each contributing agency was required to pay a membership fee of $20,000. The group combined this money and administered the funds through and coordination grant. After the first years, it was concluded that contributing agencies would not be required to pay for membership. With the elimination of this funding source the UWRGC no longer administers any funding.

Current Status

Currently, the UWRGC exists through an Executive Order. The Council is partnered with 11 regions in the state working to improve coordination. In March of 2011, three of these regions started pilot projects to identify providers and gaps in service.

Early in 2012, the Council anticipates that it will complete the current Strategic Action Plan. After completion of United We Ride's Report to the Governor and ODOTs publication of the revised Locally

[62] Farber, Nicholas J. and James B. Reed, *State Human Service Transportation Coordinating Councils: An Overview and State Profiles*, National Council of State Legislatures, Denver, CO (April 2010).

Coordinated Public Transit/Human Service Transportation Plan, the Council expects to devise a new Strategic Action Plan that will include the Council partnering with other entities to encourage collaborations that will enhance public transportation in Oklahoma.

Authority/Oversight

Administrative Structures/Department(S) With Designated Authority. In 2006, the council was made up of members from the Department of Transportation, Department of Human Services, and Department of Rehabilitation Services. Within two years it was clear that many of the key stakeholders had been left out of the group. In 2008, the group was reorganized to include the following organizations:

- Department of Commerce;
- Department of Rehabilitation Services;
- Department of Health;
- Department of Human Services;
- Department of Mental Health;
- Department of Veterans Affairs;
- Department of Transportation;
- Department of Disability;
- Department of Health Care;
- Department of Education;
- Employment Security Commission;
- Transportation Providers;
- Disadvantaged Citizens;
- Local Governments; and
- A Tribal Representative.

Entity Designated to Monitor and Audit Accomplishments

The UWRGC reports to the Governor. The Council's lead agency is the Department of Rehabilitation Services.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

While the workgroup does not administer funding, they have developed an improved grant process to assist the DOT. The development of an online grant process allows more applicants to be reviewed at a faster rate. It has also helped to inform regional councils about funding opportunities.

Specific Quantifiable Benefits Associated with the Program

Since the improvements made to the council in 2008, there has been an increase in coordination within the regional level. Agencies have begun to report benefits and continue to improve coordination efforts. There is currently no method to quantify the improvements that have occurred. However, with the start of regional coordinated pilot projects the Council believes that reports will indentify a measurable improvement.

Oregon

Methods Employed

Oregon's Transportation Coordination Working Group was created by Executive Order in 1998. The purpose of the Working Group was to maintain or improve transportation services, eliminate duplication, maximize effectiveness of existing transportation services, establish flexible coordination benefits that could be shared statewide, and meet mandates of the Americans with Disabilities Act.

Major Programs Encompassed in the Coordination Efforts

Member organizations of the Working Group are listed below:

- Association of Oregon Counties;
- Cascades West Council of Governments;
- Lane County Council of Governments;
- League of Oregon Cities;
- Oregon Association of Area Agencies on Aging and Disabilities;
- Oregon Department of Corrections;
- Oregon Department of Education;
- Oregon Department of Human Services;
- Oregon Department of Transportation;
- Oregon Department of Veterans Affairs;
- Oregon Disabilities Commission;
- Oregon Governor's Office;
- Oregon Housing and Community Services;
- Oregon Job Training Partnership Act and Community Colleges; and
- The Oregon Transit Association.

Current Status

The Working Group met for 18 months, starting in 1998, and then disbanded. The State now has a veteran's coordination group, and human services transportation groups that are working toward expanding into a statewide council.[63] Oregon also has an inter-agency contract for Medicaid transportation. Through this inter-agency contract, Medicaid contracts with the public transit provider to be the broker of trips.

Pennsylvania

Methods Employed

Currently, the State of Pennsylvania has no coordination council. The Department of Transportation, Bureau of Transit, oversees all coordinated human service transportation.

[63] Ibid., p. 20.

The State identified transportation as a statewide crisis and established lottery funds to support transportation to seniors across the state. The result was the development of a curb-to-curb service in every county. The lottery funds are used to subsidize the cost of transportation for older adults and individuals with disabilities. Services are also open to the general public at the fully allocated cost. In 2009, it was realized that the State could improve these services with the use of coordination. The Department of Transportation (PennDOT) began a process to evaluated coordinated transportation in the state. Currently, the DOT is working with an independent consultant to develop a state coordination Study[64].

Major Programs Encompassed in the Coordination Efforts

PennDOT has worked with the Department of Aging and the Department of Public Welfare to identify the issues facing coordinated transportation in the State. The oversight of program funding remains in the development stages.

Current status

The State has begun to set up regional coordination council pilot projects across the State. These pilot projects will act as a test to determine what level of oversight is needed to improve coordination in the State. The projects will be required to file reports outlining the cost saving and performance improvements of transportation providers in their region.

Puerto Rico

Methods Employed

Puerto Rico has no legislation for coordinated transportation nor is there any existing coordination council.

Current Status

The United We Ride Ambassador Program facilitated a Coordinated Planning Summit in Puerto Rico in April, 2011. The summit was successful in attracting nearly 50 attendees representing human service agencies, municipalities, state agencies, transportation entities, and others. The focus of the summit was (1) to continue education and provide application assistance on available JARC and New Freedom funds; and (2) to begin updating the coordinated plan to coincide with the transportation needs of the area. The United We Ride program is optimistic that available funds will be utilized in Puerto Rico, based on the applications that have been submitted to date.

[64] PennDOT, *State Approaches to Coordination* (May 2008).

Rhode Island

Methods Employed

Rhode Island does not have a formal State Coordinating Council. Several years ago, a Paratransit Task Force was meeting regularly to discuss human service transportation issues; however, this Task Force was never formalized and no longer meets.

Major Programs Encompassed in the Coordination Efforts

The Rhode Island Public Transit Authority (RIPTA) is the recipient of Federal Transit Administration (FTA) funds in Rhode Island. Federal reimbursement makes up about 22% of RIPTA's approved SFY 10 operating budget.[65]

RIPTA programs are also supported by a share of the State's motor fuel tax (45% of the SFY 10 budget), passenger revenue (21%), and other revenues (12%) such as advertising, lease revenues, etc. RIPTA's capital investment program is also largely funded through Federal funds, with the required local contribution (typically 20%) funded through voter-approved General Obligation Bonds and contributions from the RI Capital Fund (RICAP).

JARC funds in SFY09 were $450,000, or 0.5% of the total RIPTA operating budget. Mobility Management funding through New Freedom was $590,000, or 0.6% of the total operating budget.

As Rhode Island's designated Mobility Manager, RIPTA conducts numerous planning and support activities that do not involve the direct operation of transit service, but improve coordination among different transportation providers. These programs are supported through a mix of Federal and state funding sources, including the FTA Section 5317 New Freedom program.

Current Status

In recent years, the Rhode Island Public Transit Authority (RIPTA) and Executive Office of Health and Human Services - primarily the Department of Human Services (DHS), which administers Medicaid - have been working closely together to address a range of human service transportation issues. The partnership initially arose due to the large number of programs that utilize RIPTA services such as ADA paratransit, called The RIde. Together, RIPTA and DHS conducted a Human Service Transportation Study in 2010 to research the State's human service transportation funding streams and agencies and to investigate strategies to address identified challenges and issues.

Rhode Island is currently considering changes to its Medicaid NEMT service delivery model, with the intention of maintaining RIPTA as a strong partner.

[65] Nelson/Nygaard. Rhode Island Human Services Transportation Study (2010).

Program Authority/Oversight

Administrative Structures/Departments(s) with Designated Authority. RIPTA is the designated recipient for most Federal Transit Administration (FTA) funding appropriated to Rhode Island and the only public transit authority based within the State. As a result, RIPTA is the primary coordinating body in the State. Through its ADA paratransit program, The RIde, RIPTA also coordinates a number of services.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

The RIde, is a highly coordinated program that is primarily designed to support four state programs: the Elderly Transportation program, Medicaid transportation, transportation for the developmentally disabled, and complementary ADA paratransit services, as required by the American with Disabilities Act (ADA) of 1990. Other agencies and social service organizations also use The RIde Program.
RIde Program purchasers of service in SFY 09 included, among others:

- Five organizations providing services to persons with developmental disabilities;
- Two Arcs;
- Department of Elderly Affairs;
- Department of Human Services Medicaid Programs (Adult and Children & Families);
- ADA Paratransit; and
- Vocational Rehabilitation.

The Rhode Island General Assembly has established that all FTA Section 5310 funds appropriated to Rhode Island will be used to support the statewide Paratransit fleet. Any entity receiving a 5310-funded vehicle must participate in The RIde Program. There are 154 vehicles in the Statewide Paratransit fleet: 132 operated by RIPTA, 11 operated by Northwest (a RIde Program provider), 10 operated by Maher (a RIde Program provider) and one used for Commercial Driver License (CDL) training.

In order to ensure vehicle standards and economies of scale in purchasing, RIPTA takes responsibility for the statewide paratransit fleet and its ongoing fleet maintenance and replacement program. Due to anticipated growth in The RIde Program and fleet, RIPTA constructed a new $32 million Paratransit Operations & Maintenance Facility on Elmwood Avenue in Providence. This facility opened in late summer 2010 and is anticipated to introduce efficiencies into the statewide fleet maintenance program.

Specific Quantifiable Benefits Associated With Rhode Island's Program

Examples of successful coordinated transportation activities carried out by RIPTA include the following:

- Development and support of training programs.
- Development and implementation of commuter support programs operated under the Commuter Resources RI program. This includes the Upass, ECOpass and Guaranteed Ride home programs, as well as other carpool and transit incentives. Of particular note is the Keep Eddy Moving program, which ended in October 2009, but which provided discount fare media for businesses and social service organizations in the I-195/I-95 construction zone.

- Technical support and a funding contribution for the RI Department of Elementary & Secondary Education's Out of District Transportation Study completed in 2009. RIPTA is still providing support as a member of the Technical Advisory Committee.
- Assistance to local cities and towns in the area of vehicle procurement, allowing these entities purchase vans or other vehicles for local transportation, such as senior services. The municipalities benefit from the economies of scale gained through a larger procurement and are able to obtain vehicles at lower cost. RIPTA does not supplement local funding for these purchases; the municipalities provide either full funding or local match to an earmark they may have obtained through FTA's Section 5309 Discretionary program.
- Oversight and coordination of sub-recipients of FTA grants.
- Staff time to support the programs above, as well as individuals to operate the Senior/Disabled Pass Program photo id booth and to determine ADA eligibility for complementary paratransit services.
- Coordination with the RI Public Utilities Commission and private taxicab companies to introduce accessible taxicab service to Rhode Island.
- Coordination with the RI Executive Office of Health & Human Services to support and improve the delivery of paratransit service in Rhode Island.

South Carolina

Methods Employed

Executive Order 2009-13 established the South Carolina Interagency Transportation Coordination Council on September 25, 2009.[66]

Major Programs Encompassed in the Coordination Efforts

The Council is comprised of legislators, executive directors, heads of state agencies, and/or their designees. Member agencies include the following:

- Secretary of Transportation;
- Department of Social Services;
- Department of Health and Human Services;
- Department of Disabilities and Special Needs;
- Employment Security Commission;
- Governor's Office on Aging;
- Department of Vocational Rehabilitation Commission for the Blind;
- Department of Mental Health;
- Department of Commerce;
- Budget and Control Board;
- Office of Regulatory Staff;
- Department of Veterans Affairs;

[66] South Carolina Executive Order 2009-13.

- Senate Transportation Committee;
- House Education and Public Works;
- Transportation Association of South Carolina;
- Commission for Minority Affairs;
- Representatives of Councils of Governments; and
- Governor appointed at-large community representative.

Current Status
South Carolina is beginning to make progress toward statewide coordination. In September 2011, the state will hold a summit along with representatives of the Community Transportation Association of America (CTAA) and the United We Ride Ambassador program to discuss future opportunities for coordination of transportation resources.

Program Authority/Oversight
The Council provides quarterly progress reports to the Governor, General Assembly, Senate Transportation Committee, House Education and Public Works Committee, and all member agencies. The Council is also responsible for a five-year plan detailing future goals and needs as they relate to coordinated statewide transportation and submit it to member agencies.

Administrative Structures/Departments(s) with Designated Authority Entity Designated to Monitor and Audit Accomplishments. The Governor appointed the Council Chair and assigned him with the responsibility to monitor and audit accomplishments of the program.

South Dakota

Methods Employed
The State does not have an official council that oversees coordination efforts. Currently, the independent living council develops the State's coordination plans and the Department of Transportation (DOT) works with local agencies to inform them of possible coordination opportunities.

Major Programs Encompassed in the Coordination Efforts
With no official coordination council the State's coordination of programs has been limited to Sections 5310, 5311, 5316, and 5317.

Current status
While there is no official coordination council, the South Dakota Department of Transportation (SDDOT) does work to encourage coordination. SDDOT requires that any agency applying for Sections 5310, 5316, or 5317 funding be part of the coordinated plan. In addition, SDDOT requires that providers report coordination efforts when applying for Section 5311 funding.

Tennessee

Methods Employed

Tennessee Code Annotated, Title 4, Chapter 3, Part 23, was amended in 2011. The amendment created a special coordination committee to study the improvement of the methods of delivery and coordination of transportation services by agencies, as well as transportation provided by local government and non-profit agencies that are funded by state departments and agencies.

Major Programs Encompassed in the Coordination Efforts

The new law requires that a representative from each of the following departments participates in the coordination committee. However, language in the law does not specify that the representative must be a Director or Department Head. Therefore, it will be important for the individual agencies to assign the appropriate decision maker for their organization to participate in the committee. [67]

Committee Members include the following organizations:

- A member of the Senate Transportation Committee;
- A member of the House of Representatives, to be selected by the Speaker of the House;
- Two representatives of the Department of Transportation;
- One representative of the Department of Children's Services;
- One representative of the Department of Finance and Administration;
- One representative of the Tennessee Department of Veterans Affairs;
- One representative of the Bureau of TennCare;
- One representative of the Commission on Aging and Disability; and
- A representative from each department or state agency as deemed necessary by the Department of Transportation.

The law also states that all State agencies shall provide assistance to the coordination committee, upon request.

Current Status

The State of Tennessee started coordinating transportation before it was being promoted by the Federal Transit Administration. The initial intergovernmental agreement was between the Tennessee Department of Transportation (TDOT) and the Department of Human Services (DHS) under which DHS gave TDOT authority to manage TANF funding for all TANF eligible transportation.

The DHS entered into the agreement with TDOT because, prior to the agreement, DHS was brokering out all of their transportation for human services. The broker and its subcontractor were receiving administrative fees, and DHS was spending money but not getting the level of service that it needed. When TANF recipients were being denied transportation because the state lacked the resources, DHS

[67] State of Tennessee, Public Chapter Number 198. Senate Bill Number 523.

took action by entering into the agreement with TDOT. The interagency agreement resulted in savings for the TANF program because TDOT was able to broker trips so that TANF eligible consumers rode on transit vehicles with the general public.

Following the success of the TANF program, rural transportation providers approached their representatives and then became the primary providers for non-emergency medical transportation (NEMT). This resulted in two brokers for the state, one for NEMT and one for TANF eligible trips.

A Public Act was passed requiring State agencies to contribute information toward an assessment that would identify the different types of Federal funding that came to State departments for the purpose of transportation. The study results indicated that some departments were not spending transportation dollars and others were duplicating services because they did not realize that TDOT provided transportation in all Tennessee counties.[68]

The TDOT was responsible for conducting the statewide assessment and reporting the results to the General Assembly. No action was taken at that time.

A recent change in administration has brought about new attention to the coordination committee. The Bill was tried again in 2011 and it passed the House and Senate with 100% of votes supporting the action. Now, the TDOT is working to create the coordinating council and collecting information. Representatives from every State agency that receives money for transportation will be required to show how it is using that funding.

Program Authority/Oversight

Administrative Structures/Departments(s) with Designated Authority. The Tennessee Department of Transportation is responsible for oversight and administration of the coordination committee and its efforts.

Starting in July 2011, State agencies must report to the Committee all contractual agreements to for transportation. The Committee will analyze the contracts and rates, but they do not expect to establish a single standard rate due to the variety of operating conditions for various areas of the state (i.e., urban or rural areas). However, the Committee expects to establish an acceptable standard for contracts.

Contracts established after July 2011 will require the approval of the Committee. TDOT will have the opportunity to disapprove local contracts and require that the local agreement be established through another broker or contractor.

Entity Designated to Monitor and Audit Accomplishments. TDOT is responsible for oversight and monitoring of program accomplishments.

[68] Tennessee Department of Transportation, Division of Multimodal Resources*, Legislative Report: Public Chapter Number 891, Inventory of Human Service Transportation Coordination in Tennessee and Future Opportunities for Leveraging Federal Funds* (December 31, 2008).

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
Other than the interagency agreement between TDOT and DHS for TANF transportation, State-level linkages are still developing and the success is yet to be determined.

Specific Quantifiable Benefits Associated With Tennessee's Program
One key factor in the successful passage of the law was support from the new State administration, the Commissioner of the Department of Transportation, and the remainder of the Governor's Council.

TDOT is looking forward to working through the challenges of adjusting to the business practices and equipment needs of its new partnering agencies in the coordinated effort. Statewide coordination means adjusting the transportation network to accommodate the specialized needs of various agencies. As the broker of these services, TDOT will be tasked with administration of a program that involves a variety of vehicles, and levels of service. As such, the state is striving toward standardized training requirements and vehicle standards for all providers.

Texas

Methods Employed
The state has no official coordinated council or oversight committee. Coordination is overseen by 24 planning regions. These planning regions are based on the states regional government councils.

Major Programs Encompassed in the Coordination Efforts
The Department of Transportation administers Section 5310, 5316, and 5317 funding based on the coordination plans developed by the planning regions. Other transportation funding sources are administered by their respective State agencies. Medicaid funding is overseen by the Health and Human Service Commission. The Commission works with human service agencies, public transportation provides, and privet transportation providers to provide transportation.

Current Status
While coordinated transportation is currently limited, there have been efforts to improve coordination in the state. The Department of Transportation is in the process of conducting an in depth analysis of mobility management and how it can be use in the State to improve transportation.

Vermont

Methods Employed
Vermont's State Coordinating Council is titled the Public Transit Advisory Council. Vermont's unique public transportation service delivery infrastructure makes State-level coordination a streamlined process. The Council was formed by State statute in 2003 and is housed within the Public Transit Association.

Major Programs Encompassed in the Coordination Efforts
Membership on the Advisory Council includes:

- Executive Director of VT Public Transportation Association;
- 3 representatives Vermont Public Transportation Association;
- 1 representative of Chittenden County Transportation Authority;
- Secretary of Human Services;
- Commissioner of Employment and Training;
- Secretary of Commerce and Community Development;
- 1 representative of Vermont Center for Independent Living;
- 1 representative of Council of Vermont Elders;
- 1 representative of private bus operators/taxi services;
- 1 representative of VT intercity bus operators;
- 1 representative of VT Association of Planning and Development Agencies;
- 1 representative of VT League of Cities and Towns;
- 1 citizen appointed by the governor;
- 1 member of Senate appointed by the Committee on Committees; and
- 1 member of House of Representatives, appointed by the speaker.

Current Status
The Section 5310 program has been rolled in with the Section 5311 funding, with a specific note in the budget line designating it as 5310. Section 5310 is exclusively allocated to public transit operators.

Program Authority/Oversight
Administrative Structures/Departments(s) with Designated Authority. Vermont's Medicaid program is administered by the Office of Vermont Health Access (OVHA) within Vermont's Agency of Human Services (AHS). Vermont provides Non-Emergency Medical Transportation (NEMT) service through contracts with the State's public transportation providers who function as brokers for NEMT services.

The OVHA sets service expectations and requirements through contracts, which are negotiated with individual brokers annually. The state has come under scrutiny recently due to the public transit providers also serving as brokers for NEMT.

Virginia

Methods Employed
In 2006, a Coordinated Workgroup was created through a memorandum of understanding.

Major Programs Encompassed in the Coordination Efforts
The following list indentifies the agencies that make up the workgroup:

- The Department of Health and Human Resources;
- Department of Rural and Public Transit;
- Department of Aging;
- Department of Social Services;
- Department of Behavioral Services;
- Department of Disabilities; and
- Department of the Mentally Disabled.

These agencies share information and work together to further coordination efforts across the state. However each agency remains in control of its own transportation funding.

Current Status
The Workgroup continues to act as an information center and resource to local agencies interested in coordination. Its main focus is to remove the negative concepts that exist about coordination and assist agencies in accessing funding that supports coordination.

Authority/Oversight
Administrative structures/Department(s) with Designated Authority. When it was first formed the Workgroup was responsible for making a recommendation as to how the Department of Transportation should allocate Sections 5310, 5316, and 5317 funds. Due to a lack in participation on the Workgroup, it no longer oversees the administration of any funding.

Entity Designated to Monitor and Audit Accomplishments. The Department of Transportation over sees the Coordinated Workgroup.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
While the workgroup does not administer funding, it has developed improved grant process to assist the Virginia Department of Rail and Public Transportation. The development of an online grant process allows more applicants to be reviewed at a faster rate. It has also helped to inform agencies about funding opportunities.

Specific Quantifiable Benefits Associated with the Program
No quantifiable evidence of improvements currently exists. However, there is evidence of improved communication and through process regarding coordinated transportation. Agencies have become more active in coordinating information and developing cost allocation plans.

Washington

Methods Employed

The coordinated transportation program and Agency Council on Coordinated Transportation (ACCT) are governed by 47.06B.010.900, Washington Annotated Statutes. ACCT, housed at the Washington State Department of Transportation (WSDOT), was created by the legislature in 1998. The Statute was enacted with the intention of facilitating a statewide approach to coordination. ACCT was reauthorized in 2007 and amended in 2009.[69] Legislation in 2009 directed the creation of a working group to focus on removing Federal and state barriers to sharing costs between transportation funders, safely sharing client information, streamlining performance and cost reporting systems, and establishing consistent terms and definitions.

ACCT established the Federal Opportunities Workgroup (FOW) in June 2010 to conduct this work.

The 2007 reauthorization of ACCT amended the Council's statutory duties to include adoption of results-focused biennial work plans that identify and advocate for special needs transportation improvements, project prioritizations, involvement in disaster preparedness planning; and recommending certification of regionally developed coordinated transportation plans.[70]

Major Programs Encompassed in the Coordination Efforts

There are 14 voting members from the following entities:

- The Governor's Office;
- Regional and Metropolitan Planning Organizations:
- Counties;
- Transportation Providers;
- State Agencies of Public Instruction, Transportation, Social and Health Services, and Veterans Affairs; and
- Three consumers of special needs transportation services.

Current Status

The ACCT sunset in 2011.

Program Authority/Oversight

Entity Designated to Monitor and Audit Accomplishments. In 2009, study results of ACCT's progress revealed that the program was underfunded and understaffed. The State legislature responded to that report by creating Local Coordinating Coalitions to maximize efficiencies and advise ACCT about local needs. Regional coalition members included public transit agencies and other service providers,

[69] Farber, Nicholas, J., and Jaime Rall, *Human Services Transportation Coordination State Profile: Washington*, National Conference of State Legislatures m Denver, CO (August 2010).

[70] Washington State Department of Transportation, retrieved from http://www.wsdot.wa.gov/acct/.

consumers, Medicaid brokers, social and human service programs, school districts, and the state Department of Veterans Affairs.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination

The ACCT legislation allowed for the creation of a statewide working group to address relevant barriers and opportunities for coordinated transportation efforts. The working group invited Federal representatives from the various agencies providing and impacting transportation coordination to collaboratively develop consistent transportation definitions and terminology. Once the common terminology was established, state agencies were more easily able to share information and work toward uniform cost reporting systems, as well as exploring opportunities for cost allocation.

Furthermore, many of the local coordinating coalitions that resulted from the ACCT will work to continue successful coordination efforts at the state and local level.

Specific Quantifiable Benefits Associated With Washington's Program

Quantifiable benefits were not noted, however, one of the progressive accomplishments of the program was the establishment of a brokerage model to cost-effectively provide non-emergency medical transportation (NEMT) services for individuals eligible for medical assistance under the Medicaid State Plan; who need access to medical care or services, and have no other means of transportation. In Washington, NEMT services are administered by the Department of Social and Health Services' Medicaid Purchasing Administration.[71] The Department's NEMT transportation brokerage program is currently operated statewide under contracts with eight contractors for the state's thirteen service regions.

West Virginia

Methods Employed

The West Virginia Transportation Coordinating Council (WVTCC) is a state level committee appointed by the Governor through Executive Order Number 5-04 (July 15, 2004) to study issues pertaining to the effective and efficient use of transportation resources in the State.[72]

Major Programs Encompassed in the Coordination Efforts

Members of the WVTCC are listed below:

- Division of Public Transit - WVTCC Chair person;
- Public Transportation Community Representatives;
- West Virginia Department of Health and Human Resources (DHHR):
- Office of Healthcare Policy & Managed Care Coordination Bureau for Medical Services;

[71] Washington State NEMT Brokerage Program RFP # 0913-343 (2011).

[72] RLS & Associates, Inc. *West Virginia Statewide Coordinated Public Transit Human Services Transportation Plan* (2007).

- Office of Behavioral Health;
- Bureau of Public Health; and
- Division of Family Assistance.
- Governor's Workforce Investment Division, West Virginia Development Office;
- State Americans with Disabilities Act (ADA) Coordinator, Department of Administration;
- West Virginia Mental Health Consumer's Association;
- Appalachian Center for Independent Living;
- West Virginia Department of Education;
- Fair Shake Network; and
- Bureau of Senior Services.

Current Status
Collaboration and coordination at the state level regarding transportation are relatively rare, and collaboration or consolidation at the local level for more than one-half of the state's transit providers is non-existent.

West Virginia's Division of Public Transit has updated the State's locally developed coordinated transportation plans and continues to advocate the potential benefits of coordination and consolidation to local transportation providers. Strategies that are appropriate for the providers in each region are being updated and transportation providers that serve older adults, individuals with disabilities, people with low incomes, and the general public are collaborating on strategies that will help them meet growing demand. However, as long as the resources are available to each of the human service agency and older adult transportation providers who request them, the efforts to coordinate the use of those resources will continue to be minimal.

Program Authority/Oversight
The West Virginia Division of Public Transit, is responsible for administration of Federal transit funds including, Sections 5310, 5316, and 5317.

Entity Designated to Monitor and Audit Accomplishments.
As the administrator of transit funds, the West Virginia Division of Public Transit takes responsibility of monitoring and auditing the accomplishments of its grantees. Furthermore, each State agency has individual authority over the accomplishments of its grantees, including their provision of transportation.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
The West Virginia Division of Public Transit oversees the creation of locally developed public transit-human services transportation plans. Generally, the most willing participants in the planning process are those local organizations that depend upon the Section 5310 program for capital funds.

Specific Quantifiable Benefits Associated With West Virginia's Program
All of West Virginia's rural multi-county regions and urbanized areas have adopted a coordinated transportation plan and are working to update those plans for the next four years. Although not quantifiable, the planning process brings transportation providers together at least one time every four years to discuss the growing transportation needs of their clients consider strategies for efficiently meeting those needs.

Wisconsin

Methods Employed
Transportation in Wisconsin is coordinated at the State level through the Interagency Council on Transportation Coordination (ICTC), which formed in 2005.

The stated goal of the ICTC is to create a "coordinated, accessible, affordable, dependable, and safe statewide system providing the best transportation services to transportation disadvantaged individuals in Wisconsin."

Major Programs Encompassed in the Coordination Efforts
Members include the Department of Transportation, Department of Health Services, Veterans Affairs, Workforce Development, and the Office of the Commissioner of Insurance.

The Council also utilizes a Stakeholder Advisory Committee to ensure communication with all of the State's involved organizations. These include:

- AARP Wisconsin;
- Association of WI Regional Planning Commissions;
- County Veteran Service Officers Association of WI;
- Disability Rights Wisconsin;
- Disabled American Veterans- Wisconsin;
- Specialized Medical Vehicle Association of WI;
- Survival Coalition of Disability Organizations;
- WI Association of Aging Unit Directors;
- WI Coalition of Independent Living Centers;
- WI Community Action Program Association;
- WI Council of the Blind and Visually Impaired;
- WI Council on Developmental Disabilities;
- WI Council on Physical Disabilities;
- WI Counties Association;
- WI County Human Service Association;
- WI Rehabilitation Council;

- WI Rural and Paratransit Providers;
- WI Urban and Rural Transit Association;
- Great Lakes Inter-Tribal Council;
- Bad River Band of Lake Superior Chippewa;
- Forest County Potawatomi Community;
- Ho-Chunk Nation;
- Lac Courte Oreilles Band of Lake Superior Chippewa;
- Menominee Nation;
- Oneida Nation of Wisconsin;
- Red Cliff Band of Lake Superior Chippewa;
- Sokaogon Chippewa Community; and
- Stockbridge-Munsee Band of Mohican.

Current Status

The ICTC is less active than in years past due to the retirements and departures of multiple key staff at WisDOT. The state's network of mobility managers, are still closely networked through online communication channels and are still collaborating effectively despite the present lull in state-level coordination. Forty (40) of the 56 mobility managers in the State attended the 5th annual workshop of the Mobility Management Training Program in the fall of 2010.

Program Authority/Oversight

Administrative Structures/Departments(s) with Designated Authority. ICTC was staffed by the HST coordination program manager at WisDOT, a position that is no longer in place. Before that position was created, it was co-staffed by the Department of Health and Family Services.

Entity Designated To Monitor/Audit Accomplishments. WisDOT conducted a mobility management study in 2008 to help move coordination forward in the State. The primary strategies resulting from the study were:

- To strengthen the ICTC as the leading State entity for coordination
- To encourage county and regional coordinating councils
- To require county and regional coordination councils
- To utilize rewards and incentives to encourage regionalization

The mobility managers, originally funded through New Freedom grants and various State and Federal funding, now cover nearly every county of Wisconsin's 72 in the State and number between 40 and 50.

The ICTC and WisDOT host training sessions and provide technical support for the mobility managers.

Administrative and Procedural Linkages Between State Departments That Have Resulted In Successful Program Coordination
Section 5310, 5316, 5317, and 5311 are provided by WisDOT to transportation programs. The section 5307 program is not administered by the State. Medicaid funds continue to be managed by the Department of Health and Human Services.

A number of other funding streams exist for transportation in Wisconsin, but they are not coordinated through the ICTC:

- Specialized Transportation Assistance Program for Counties (1977);
- Wisconsin's Employment Transportation Assistance Program (WETAP) (1981);
- A tribal elderly transportation program for tribes;
- Intercity Bus Assistance Program; and,
- Elderly and Disabled Transportation Capital Assistance Program (includes 5310).

Specific Quantifiable Benefits Associated With A State's Program
The ICTIC instituted mobility managers across the State and created a statewide training program that has been a model best practice for the nation.

Key Practices Associated with Successful State Coordination Efforts

Several common trends appeared during the literature review and interview process. Overviews of those trends that may be of most interest to ODOT are described here.

First, a state can have success in state level policy and programming action using any type of methodology: legislation, executive order, or simple voluntary action of participating state departments. Similarly, no one method guarantees success; even legislative actions can fail.

Direct telephone interviews with key state coordination officials emphasized the importance of having a leader for the effort who will remain strong, consistent, and flexible when building interagency and political relationships. For some states, it was important for this leader to be someone outside of the coordinating council. For other states, the leadership of one or more organizations within the council was the key to success.

Beyond the state level facilitation of policy development, it is also critical to have a leader, or leaders, at the local and regional level who embrace coordinated transportation and will motivate the providers to take action together to achieve goals. Some states are more involved in facilitating local and regional efforts than with making new coordination policy.

Awareness and education about the benefits of coordinated transportation is the biggest challenge for all states that are attempting to set policy at the state level. In all cases, the leadership behind the effort must constantly focus on building awareness. Activities to educate involve personal interactions, documentation, websites, newsletters (or e-newsletters), and brochures.

Next, it appears that several of the state coordinating councils that have been established over the last 10 to 15 years are no longer making progress because of major roadblocks experienced in recent years. These barriers are typified by loss of revenues, staff cutbacks and reductions, and lack of participation by key human service agencies. In some cases, coordination work continues as local or regional grassroots efforts have replaced the statewide coordinated councils.

Finally, this research draws the same conclusions of other similar efforts found in the literature that states that have most success have some foundation in the establishment of a strong, functioning state coordination council supported by executive order or legislation. Those with dedicated funding for coordination, or requirements for multiple agencies to coordinate transportation-related funding, are the most successful.

A tabular summary of state coordination activities is presented in Table 2.

Table 2. Summary of Current State Practices in Coordination

State	Mechanism	State-Level Coordinating Council	Key Points
Alabama	Executive Order	Formal	The Department of Senior Services Chairs the Council. Major transportation-related program funding is administered by the DOT and Senior Services.
Alaska	Executive Order	Formal	The CTTF meets quarterly to communicate and discuss transportation needs.
Arkansas	Statute	Informal	Agencies resisted the original Council and it was short-lived. A new, unofficial association of agencies has replaced it.
California	None	None	No oversight organization.
Colorado	Executive Order has sunset	Formal	The Council functions under the guide of a work plan and a private consultant. The Council has several task forces involving the Offices of Medicaid, Employment, and Veterans Affairs.
Connecticut	None	Informal	State Statute was removed after 23 years, but ConnDOT continues to be heavily involved in local coordination efforts.
District of Columbia	Resolution	Formal	Task Force was established in 2006 and focuses on facilitating local coordination efforts.
Florida	Legislation	Formal	Commission for Transportation Disadvantaged (CTD) and the Transportation Disadvantaged (TD) Trust Fund are used to administer and fund coordination.
Georgia	Legislation	Formal	The Coordinating Committee for Rural and Human Services Transportation (RHST) was established in 2010. Legislation supported a new mechanism for coordinating transportation, but did not create a new agency. Major participants in the RHST include Georgia DOT, DHS, and DCH.

State	Mechanism	State-Level Coordinating Council	Key Points
Idaho	Legislation	Formal	The Division of Public Transportation assists local mobility stakeholders to facilitate coordination efforts. A large part of the coordination effort is handed off to the Community Transportation Association of Idaho (CTAI).
Illinois	Legislation	Formal	The current focus has shifted toward creating transit in rural areas. Medicaid is a participant in the Council but does not actually coordinate with other programs.
Indiana	None	Informal	Interagency Cooperation Group (ICG) is inactive and cooperation from non-DOT State agencies has been minimal. Indiana's Rural Transportation Assistance Program (RTAP) facilitates regional coordination activities.
Kansas	Governor's Initiative	Formal	The Committee was established in 2004. Now, it is very active. It is a partnership with Kansas University Transit Center and Kansas DOT while other State agencies participate and have voting authority.
Kentucky	Statute	Formal	The Committee is composed of members of the Transportation Cabinet. The Cabinet can accept and direct Federal funds to entities that promote coordination.
Maryland	Executive Order	Formal	The Committee does not directly control or administer funding. But, member agencies coordinate and make recommendations before awarding transportation-related grants to their local or regional offices.
Massachusetts	Executive Order	Formal	Historically, the Human Services Transportation Office (HST) has been informally coordinating transportation. In 2011, the EO established a Commission. Membership is under development.
Michigan	None	None	Due to a severe budget crunch in the State legislature, the funds granted to create a Coordinating Council were returned to the FTA.

State	Mechanism	State-Level Coordinating Council	Key Points
Minnesota	Statute	Formal	Statute created the Minnesota Council on Transportation Access (2010) as a follow-on to the committee that was created by EO, in 2005.
Mississippi	None	None	The DOT takes the lead in coordination on local, regional, and State levels.
Missouri	Statute	Inactive	The Committee has not met since 2007 when initial coordination plans were developed. Coordination plan development and implementation is controlled at the local and regional levels.
Montana	Executive Order	Dissolved	The Council functioned for 2 years and was dissolved due to State budget constraints. State Transportation Coordinator position was created to continue oversight of coordination efforts in the State.
Nebraska	None	None	There is a grassroots public transportation coalition that was created in response to the lack of effort directed at coordination at the State level.
Nevada	None	None	A transportation advisory committee was created but then dissolved.
New Hampshire	Statute	Formal	The Council includes representatives from transportation systems, the business community, AARP, Easter Seals, Community Action programs, and Independent Living Centers. Medicaid is not involved in the Council and is not coordinated with other HHST programs.
New Jersey	Executive Order has Sunset (2010)	None	The coordination committee became less active in 2008, with many Commissioners having more pressing obligations as a result of the economic recession.
New York	None	None	An Interagency Coordinating Committee on Rural Transportation existed but was repealed. The NYSDOT is conducting a pilot project to test a regionalized brokerage model for Medicaid NEMT.

State	Mechanism	State-Level Coordinating Council	Key Points
North Carolina	Executive Order Order sunset in January 2009.	Formal	An Executive Order first issued in 1978 and renewed by every Governor through 2008 required executive branch departments to coordinate services, participate in coordinated planning activities, and established a state level coordinating council. The current Governor was not requested to renew the order and the order technically sunset in January 2009. The Human Services Transportation Council (HSTC) has not met since that time. The successful partnership, particularly between NCDOT and NCDHHS resulted in the development and implementation of 80 coordinated human services transportation in the state – covering all of North Carolina's 100 counties. Despite the fact that no state level mechanism now exists at the state level, coordination at the local level has been maintained.
Oklahoma	Executive Order	Formal	The Council is partnered with 11 regions in the State. The Council's lead agency is the Department of Rehabilitation Services.
Oregon	Executive Order	Inactive	The Working Group met for 18 months in 1998 and then disbanded.
Pennsylvania	None	None	The DOT is working with other departments to identify issues facing coordinated transportation.
Puerto Rico	None	None	The *United We Ride* Ambassador program is working with Puerto Rico to continue education.
Rhode Island	None	None	Recently, RIPTA and Office of Health & Human Services (Medicaid) have been working closely together to address a range of transportation issues.
South Carolina	Executive Order	Formal	The Council provides quarterly progress reports to the Governor, General Assembly, Senate Transportation Committee, House Education & Public Works Committee, and all member agencies.
South Dakota	None	Informal	The Independent Living Council develops the State's coordinated transportation plans and the DOT works with local agencies to inform them of possible opportunities.

State	Mechanism	State-Level Coordinating Council	Key Points
Tennessee	Statute	Formal	State agencies must report to the Committee all contractual agreements for transportation. The Committee expects to establish acceptable standards for contracts. After July 2011, new contracts will require approval of the Committee.
Texas	None	None	No official coordinating council or oversight committee exists. Planning is conducted by region.
Vermont	Statute	Formal	The Council was formed in 2003 and is housed within the Public Transit Association. Vermont provides NEMT service through contracts with the State's public transportation providers who function as brokers for NEMT.
Virginia	MOU	Formal	Created in 2006, the Coordinated Working group acts as an information center and resource for local agencies interested in coordinated transportation.
Washington	Statute (Sunset in 2011)	Informal	Legislation originally created a Council within the WSDOT. In 2009, legislation was revised and directed the creation of a working group to focus on removing Federal and State barriers to sharing costs and consumer information between funders.
West Virginia	Executive Order	Inactive	WV Division of Public Transit is updating regionally developed coordinated transportation plans and continues to advocate the benefits of coordination and consolidation to local transportation providers.
Wisconsin	Executive Order	Active	The Council is less active than in past years due to departure of multiple key staff at WisDOT.

Source: RLS & Associates, Inc., September 2011.

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State Legislation on Coordination

Introduction

This chapter discusses those states that have attempted to pass legislation that impacts HHST. The work presented in this chapter draws heavily from previous research conducted by the National Council of State Legislatures (NCSL).

NCSL found 34 states with statutes related to coordination. Of these, NCSL identified 21 states with statutes that specifically relate to human service transportation coordination, and 16 states with statutes that require or authorize human service coordination but are not specific to transportation programs.

Among the 21 states with specific coordination statutes, the degree of coordination varies. Thirteen states have comprehensive statutes that seek to coordinate specialized transportation services across many agencies, organizations, officials and disadvantaged populations. Statutes in five states coordinate transportation programs for a single, distinct disadvantaged population. Other statutory approaches include consolidation of services, support for local coordination and legislatively mandated coordination studies.[73]

Approach

Based on the identification of legislative actions identified in the 2009 NCSL report, original research was conducted to update the list of states that have enacted legislation more recently and to determine factors behind the legislative approach. This was generally accomplished through newspaper accounts and telephone interviews with key state officials. In some cases, these interviews were conducted in addition to the original research presented in the previous chapter. Additionally, in some cases where NCSL reported state legislation, some follow-up with the identified state was conducted to determine if legislative intent was still being carried out in practice.

State-by-State Summary

The following summaries of state legislation are listed in alphabetical order, by state. For each state, the intent of the legislation and current status is provided.

[73] Reed, James B. and Nicholas Farber, *op sit*., p.2.

Arkansas

This Act was designed to facilitate coordination. Due to a failure to secure local buy-in of the program, officials reported that the law was quickly ignored. This is an example of a "top-down" approach that even with legislation was ineffective. The law also created a state coordination council, but the lack of interest failed to sustain operation of the committee. Coordination is primarily a local activity, supported by the Arkansas Department of Transportation and the state transit association.

California

One of the earliest examples of state legislation, this provided the ability of local authorities to designate local consolidated transportation service agencies (CTSA) and required preparation of action plans detailing local coordination actions. Funding was provided to support local implementation.

Without authority to require cooperation of local social service agencies, the more mature, fully-functioning CTSAs have developed strategies to promote and explain the benefits of coordination and deliver it at the local level. Persistence, political savvy, and friendly persuasion have effectively served these CTSAs, some of which are direct recipients of Federal operating and capital funding programs as well as local transportation sales tax revenues specifically for providing community transit to the transportation disadvantaged.

More recently, it was reported that the inventory reporting requirements became too burdensome and cumbersome without apparent perception at the local level of benefit. Thus, while this Act has been successful for many years and served as a stimulus to promote local coordination, for all practical purposes, this Act is no longer relevant.

Florida

Arguably the most comprehensive and specific coordination legislation has been adopted by the Florida legislature. The Florida Commission for Transportation Disadvantaged:

- Provides statewide oversight for a coordinated transportation system;
- Administers the Transportation Disadvantaged Trust Fund;
- Partners with local officials and citizens to assist with mobility needs and to resolve concerns;
- Provides statewide training and technical assistance;
- Performs quality assurance reviews to ensure program accountability, cost effectiveness and quality of services;
- Develops policies and procedures;
- Approves CTC and planning agency appointments;
- Develops minimum performance standards;

- Submits an annual performance report to the Governor, Florida Senate and Florida House of Representatives;
- Annually evaluates local system performance measures and works with locals for improvements; and
- Manages the TD Helpline/Ombudsman Program.

Georgia

Georgia is one of the latest states to specifically adopt legislation relating to coordination. Unlike most states, when the legislature authorized creation of a state coordinating council, administrative support was placed on the Governor's Development Council, not a department of transportation.

Currently, the new council is active and a statewide study is underway.

Idaho

Idaho has created a state coordinating council and working group that has been very active in transportation development and the coordination fields. With an emphasis on mobility, the Transportation Department has linked with the Community Transportation Association of Idaho (CTAI) to provide coordinated transportation services.

Illinois

Although plagued in the past with keeping staff assigned to the Illinois Coordinating Committee on Transportation, Illinois DOT has use a combination of strategies to keep the council going, including relying on the state RTAP program, staff, and consultants to provide administrative and planning support. These efforts have paid off, with IDOT using the SAFETEA-LU required coordinated public transportation/human services transportation plan to begin to build a planning and mobility management infrastructure on a regional basis in Downstate Illinois.

Iowa

Although not as well promoted as other states (NCSL does not even list this state as having coordinated legislation in the 2009 reference), Iowa has passed several bills over the course of three decades relating to coordination. A statewide coordination council remains active after many years and the Iowa Transportation Coordination Council (ITCC) meets on a regular basis.

Kentucky

Kentucky has emerged as one of the nation's leading states with respect to transportation coordination. Working under the auspices of a state coordination council and with extensive legislative participation, a single coordinated Human Service Transportation fund from among several state-administered human service programs was established. The model established a series of transportation brokers throughout the state whose job it was to secure the most cost effective transportation delivery for the human service clients of the various programs involved, including the Kentucky Cabinets of Transportation, Workforce Development, and Health and Families.

Louisiana

Louisiana is another state that recently has established a state coordinating council via legislation. The newly formed Working Group consists of representatives from MPOs, DOTD, DHH, AARP, public transportation providers, special needs transportation providers, private providers, and numerous health and human service agencies. The Working Group has been tasked with creating a report for the legislature recommending systemic changes to address deficiencies in coordinating service for the elderly, low-income, and disabled and lack of overall mobility for transportation disadvantaged persons in the State.

Maryland

Maryland has passed several statutes that relate to the administration of various Federal and state transit programs. These provisions have some recommendation regarding coordination. One section relating to the elderly and persons with disabilities program requires that the Secretary of DOT shall consult with the Department of Aging and the Department of Disabilities in distributing funds. Similarly, the law requires that any local application for funds submitted by a county under this subsection may not be accepted or considered by the Secretary unless the local area agency on aging certifies its approval of the project for the funding for which the application is made.[74]

Minnesota

The Minnesota Council on Transportation Access (MCOTA) was formed by the Minnesota State Legislature during the 2010 legislative session (MN Statute 2010 174.285). It succeeds the Interagency Committee on Transit Coordination (ICTC), which was established by Minnesota Governor Tim Pawlenty in 2005 and consists of representatives from 13 separate agencies and organizations.[75]

[74] Maryland Code § 2-103.3(e)(2).

[75] Minnesota Council on Transportation Access, retrieved from: http://www.coordinatemntransit.org/MCOTA/documents/MCOTA_Overview_Jun2011.pdf.

MCOTA's work focuses on increasing capacity to serve unmet transportation needs, improving quality of transit service, improving understanding and access to these services by the public, and achieving more cost-effective service delivery. In addition, fostering communication and cooperation between transportation agencies and social service organizations leads to the creation of new ideas and innovative strategies for transportation coordination and funding.[76]

North Carolina

North Carolina has been incorrectly cited in the literature for having legislative-based coordination statutes. The bill frequently referred to as the "North Carolina Act to Remove Barriers to Coordinating Human Service and Volunteer Transportation" was designed to ensure that coordinated human service agency programs could obtain affordable insurance and would be improperly classified as "for-hire" for rate classification purposes. This same provision was extended to the purchase of insurance when volunteers were used in service delivery.

New Hampshire

The goal of this legislation was to create a state coordinating council to lend a more formal approach to longstanding local efforts to coordinate services in the state. The council is tasked with the development of a coordinated system, regional councils to design and implement coordinated services around the state, and designation of regional transportation coordinators, which would arrange trips through a "brokerage" system of varied funding sources and a network of providers.

Tennessee

This legislation was based in 2011 and creates a state coordinating council. Members of the committee have been appointed pursuant to statute. The council has not produced any work product as of the publication of this study.

Washington

The legislature has had longtime involvement in transportation coordination, dating back to 1998 when it created the Agency Council on Coordinated Transportation(ACCT) – housed at the Washington State Department of Transportation (WSDOT). The legislation has been amended many times since its creation.

Until 2007, ACCT's mandated duties included developing guidelines for, initiating, and supporting local planning of coordinated transportation; engaging in coordination pilot projects; developing guidelines for setting performance measures and evaluating performance; administering grant funds; developing standards for safety, driver training, and vehicles; providing models for processes and technology to

[76] Minnesota Council on Transportation Access, *2012 Annual Report*, St. Paul, MN (2012).

support coordinated service delivery systems; acting as an information clearinghouse for best practices and experiences; and advocating for coordination at the Federal, state and local levels, including recommendations to the legislature.[77]

More recently, the life of the ACCT has been extended and more focused results from coordination activities set forth by the legislature.

[77] Farber, Nicholas, J., and Jaime Rall, Human Services Transportation Coordination State Profile: Washington, National Conference of State Legislatures m Denver, CO (August 2010).

Table 3. Summary of State Legislation on Coordination

State	Citation	Title	Description	Enactment	Type	Current Status
Arkansas	Arkansas Code § 27-3-101, *et. seq*.	The Arkansas Public Transportation Coordination Act	This Act created a state level coordination council with the following duties: (1)serve as a clearinghouse; (2) establish statewide objectives for providing public transportation services for the general public, particularly the transportation disadvantaged; (3) develop policies and procedures for the coordination of Federal, state, and local funding for public transportation facilities and services; (4) Identify barriers; (5) assist communities in developing public transportation systems; (6) assure that all procedures, guidelines, and directives issued by state agencies are conducive to the coordination of public transportation services and facilities; (7) develop standards covering coordination, operation, costs, and utilization of public transportation services; (8) apply for funds; (9) review, monitor, and coordinate funding; and coordinate Federal funding with public transit agencies.	March 3, 1993	Specific transportation coordination statute	The Council was not responsible for any funding and was short lived. Individual agencies resisted it, and with no authority, the Council was ineffective. The law remains in effect, but the APTCC no longer is functioning. According to the Arkansas Highway and Transportation Department, the APTCC has not met in six years.

State	Citation	Title	Description	Enactment	Type	Current Status
California	California Governmental Code 15950. - 15952	"Social Service Transportation Improvement Act" (AB 120)	One of the earliest known pieces of legislation regarding the coordination of transportation. This act attempted to promote the consolidation of human service agency transportation through various coordination strategies, such as centralized purchasing, consolidated driver training, centralized maintenance, etc.	1979	Specific transportation coordination statute	The Act required RTPAs and CTCs to submit to the Department a one-time inventory and action plan, completed in 1980 and 1981 respectively. In 1988, the Act was amended to require RTPAs and CTCs to update the inventory every four years and the action plan every two years, to submit them to the Department, and to conduct hearings on the action plan. The amended Act, in Section 15977, also required the Department to submit to the Legislature and the Governor a biennial summary of the reports received from the RTPAs and CTCs. The reporting requirement was repealed by AB 2647 in 2002. While Consolidated Transportation Service Agencies (CTSAs) exist in many areas, universal coverage throughout the state is lacking. Other coordination provisions of the law are embraced in the State's Transit Development Act (TDA) which is the primary funding legislation for the state.
Florida	Chapter 427, Florida Statutes	Special Transportation and Communication Services	Comprehensive planning, management, and funding to support coordination of specialized transportation services in the state. The statutes create a dedicated funding source for non-sponsored individuals and created a local planning process with a local governance structure to oversee coordinated transportation. The statutes created a dedicated state agency to implement the provisions of the statute. Widely regarded as the single best example of state level coordination practice, but difficult to emulate because of funding.	1979, with substantial amendments in 1989	Specific transportation coordination statute	Commission active, infrastructure in-place, on-going funding, and quality assurance monitoring conducted. After several years of high level coordination with Medicaid, the state may separate Medicaid from the coordination network.

State	Citation	Title	Description	Enactment	Type	Current Status
Georgia	Georgia Code §32-12-1 *et seq*	An Act – Georgia Coordinating Committee for Rural and Human Services Transportation	This Act created a state coordination council under the auspices of the Governor's Development Council. Nine specific actions and a requirement that an annual report be submitted to the legislature.	2010	Specific transportation coordination statute	Committee has been active and reports submitted to the legislature as required. On-going statewide coordination initiative underway.
Idaho	Idaho Code 40-514	An Act Relating To Public Transportation Policy (S 1458)	IC 40-514.creates an Interagency Working Group (IWG) advise and assist the department in analyzing public transportation needs, identifying areas for coordination and developing strategies for eliminating procedural and regulatory barriers to coordination at the state level. The group shall undertake detailed work assignments related to transportation services which promote cooperation and collaboration among systems.	February 22, 2000	Specific transportation coordination statute	State works with Community Transportation Association of Idaho (CTAI) on implementation
Illinois	20 ILCS 3968	Interagency Coordinating Committee on Transportation Act.	This Act created the Interagency Coordinating Committee on Transportation, comprised of 18 legislatively named state level organizations, local agencies, and transit disadvantaged constituencies, , including the Governor, and representatives of the legislature. The Committee was tasked with the encouraging the coordination of public and private transportation services, with priority given to services directed toward those populations who are currently not served or who are underserved by existing public transit. The Committee shall seek innovative approaches to providing and funding local transportation services and offer their expertise to communities statewide. Specifically, the Committee shall:	July 11, 2003	Specific transportation coordination statute	The Committee is still active. Illinois DOT has assigned much of the administrative responsibility for implementation to the state RTAP program. IDOT funds RTAP and provides some staffing support to RTAP and the ITCC. This effort has led to a coordinated human services transportation planning process that encourages local level coordination of services.

State	Citation	Title	Description	Enactment	Type	Current Status
Iowa	Iowa Code Ann. §324A.5 Iowa Code § 324A.1 et seq.	An Act Relating to Matters Under The Purview of The Department of Transportation, Including Provisions Relating to the Regulation of Motor Vehicles and Motor Vehicle Operations And Provisions Relating To The Coordination of Public Transit Funding Programs, and Making Penalties Applicable	Iowa DOT must include in its annual report to the state legislature information about the coordination of planning for transportation services at the urban and regional levels by all agencies or organizations that receive public funds and that are purchasing or providing transportation services. The section also compels the Iowa DOT to analyze human service transportation programs and recommend methods to avoid duplication and increase the efficacy of services. It establishes several evaluation criteria, including elimination of administrative and service duplication, efficient use of resources, and coordination of planning for transportation services.	2010	Specific coordination statute	This action represents just one of several legislation actions taken by Iowa over the last 30 years. In 1976, the Iowa Legislature adopted the first-in-the-nation coordination law, with a compliance review process added to the legislation in 1984. At that time, an Ad Hoc Interagency Advisory Committee was formed to develop administrative rules for coordination. The Iowa Transportation Coordination Council (ITCC) was created in 1992 with original members including the Iowa Department of Transportation, the Iowa Department of Human Services, and the Iowa Department of Elder Affairs. In 2001, the ITCC membership was expanded. A United We Ride Action Plan for Iowa was created in 2005.
Kentucky	Kentucky Revised Statutes §281.870 §96A.095	Coordinated Transportation Advisory Committee. Authorization for the Transportation Cabinet to accept funds for promotion of, development of, and provision of capital for mass transit services and human service transportation delivery -- Authority to promulgate administrative regulations.	Kentucky has adopted a series of legislative initiatives that have resulted in the coordination of human services and public transportation service. Most notable among these accomplishments is the coordination of Non-Emergency Medical Transportation (NEMT) through a series of regional brokerages.	2010	Specific coordination statute	A legislative study report on Medicaid brokerage issues resulted in the creation of a human service transportation delivery office which coordinates with a similar organization under the Kentucky Transportation Cabinet (Office of Transportation Delivery). Kentucky has established a network of 15 regional brokers who coordinate public transportation, Medicaid, and other health and human services transportation funding sources.
Louisiana	House Concurrent Resolution No. 131	A Concurrent Resolution to Create and Form a Human Services Coordinated Transit Work Group	This resolution establishes the Human Services Coordinated Transit Work Group which shall report recommendations for systemic changes.	June 23, 2011	Joint Legislative Resolution	Resolution was passed during recent legislative session. Implementation efforts underway.

State	Citation	Title	Description	Enactment	Type	Current Status
Maryland	Maryland Code 2-103.3		These sections of Maryland code require the Secretary of Maryland DOT to consultant with the Secretaries of other state departments before awarding grants under the job access and elderly and persons with disabilities programs.		Funding statute with reference to coordination	Law remains in effect and is part of state grant management procedures.
Minnesota	MN Statute 2010 174.285	Minnesota Council on Transportation Access	Creates a state coordination council which had been established, but expired based on a previous executive order. New council will operated from date of enactment and the act is set to sunset on June 30, 2014.	2010	Specific transportation coordination statute	The Council has been active, meets regularly, and has issued its annual report for the year ended June 30, 2012.
Missouri	Missouri Revised Statutes 208-275	Coordinating council on special transportation, creation--members, qualifications, appointment, terms, expenses--staff--powers--duties	This statute creates a state coordinating council, appoints member, and assigns nine specific tasks or duties of the council. Staff to the council is provided by the Missouri DOT. A report must be issued to the Governor. The law is set to sunset on December 31, 2014.	August 28, 2011	Specific transportation coordination statute	No data available regarding the committee's work.
North Carolina	N.C.G.S. § 62-289.1	North Carolina Act to Remove Barriers to Coordinating Human Service and Volunteer Transportation	Legislation ensuring that coordinated human services transportation is not regulated as a for-hire carrier.	1981	Regulatory scope statute	This regulation does not specifically apply to transportation coordination or coordination councils. Rather, the bill was aimed at removing a perceived barrier to coordination.
New Hampshire	N.H. Rev. Stat. § 239-B:1 to 239-B:5	State Coordinating Council (SCC) for Community Transportation in New Hampshire	Establishes a state coordinating council for community transportation to develop, implement, and provide guidance for the coordination of community transportation options within New Hampshire.	July 1, 2007	Specific transportation coordination statute	The council has divided the state into regions and has established regional coordinators in each region.

State	Citation	Title	Description	Enactment	Type	Current Status
Tennessee	Senate Bill No. 523	An Act to amend Tennessee Code Annotated, Title 4 and Title 54, relative to transportation services	This legislation created a special committee, to be known as "the coordination committee," to study the improvement of the methods of delivery and coordination of transportation services by state departments and agencies, as well as transportation provided by local government and nonprofit agencies that are funded by state departments and agencies; the effectiveness of existing services and the need for new types of services; improvements in the effective use of existing funding by state departments and agencies to maximize financial efficiency; reduction of barriers to the effective funding of transportation services; identification of new sources of transportation funding; and improvement of universal mobility for Tennessee citizens and visitors.	May 17, 2011	Specific transportation coordination statute	Bill was passed during most recent legislative session. Implementation efforts underway.
Texas	SB 71	This bill	This bill repealed an annual reporting requirement imposed that previously required that results in implementing the statewide coordination plan be filed with a series of oversight agencies.	2011	Repeal of a coordination reporting requirement.	The reporting requirements were cited by the Senator introducing the bill as "cumbersome."
Washington	Revised Code of Washing (RCW) 47-06B	Access Washington	Comprehensive coordination legislation that creates a coordination council, specifies membership, establishes local coordination coalitions	1998	Specific transportation coordination statute	Some recent efforts to extend ACCT failed to pass the 2012 legislative session.

Source: Compiled by RLS & Associates, Inc. based on phone interviews and the National Council of State Legislatures searchable "State Transportation Coordination Database," (August 2012).

Ohio Mobility Summit Results

Introduction

As part of the Ohio Mobility Improvement Study, ODOT recognized that the project could potentially impact multiple state agencies that expend millions of dollars on HHST including Medicaid, Aging, and Developmental Disabilities. There are no less than 53 non-DOT programs supporting HHST according to the General Accountability Office.[78]

In order to re-establish a dialogue with these other state and local HHST agencies, the study work plan included a "Mobility Summit," held on March 27, 2012 at ODOT in Columbus, OH. Along with ODOT, the Summit was co-sponsored by the Ohio Department of Aging and the Ohio Public Transit Association (OPTA).

The objectives for the Summit were to:

- Discuss best practices and legislation adopted by other states;
- Discuss research results to date (state practices, state legislative practices, and recommendations from key transit and HHST stakeholders);
- Solicit the assistance of other Ohio agencies to partner with ODOT in our efforts to enhance mobility;
- Identify legislative and policy initiatives that will support mobility goals.

Invited to the Summit were Cabinet Directors, State Legislators, various State Agency representatives, of local elected officials, Metropolitan Planning Organizations, and human service agencies. A sample letter of invitation and detailed Summit Agenda is contained in Appendix A to this report. The agenda was divided into parts, as follows:

- Welcoming remarks by ODOT leadership;
- Welcoming remarks by Summit co-sponsors;
- Study overview by the research team;
- National overview of coordination efforts by the Associate Director of the Community Transportation Association of America (CTAA);
- National success stories by the research team;
- Local success stories by selected local transportation officials in Ohio; and

[78] U.S. General Accounting Office, *Transportation Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist*, GAO-03-697, Washington, D.C., June 2003.

- Town hall forum where participants could voice concerns and recommend policies and actions.

The highlight of the forum was lunch remarks made by Senator Peggy Lehner (R) – Ohio Senate District 6. Senator Lehner discussed her role in local government, as a member of the Dayton RTA Board of Directors, and her service on the Senate's Health, Human Services and Aging Committee.

Senator Lehner addressed the difficult times confronting the Senate, indicating that the national recession has had profound impacts on revenue streams in the State. This has resulted in a program of reduced expenditures across a wide range of state programs. She emphasized the need to find creative solutions to funding needs and the necessity to manage programs and services more efficiently.

Senator Lehner then fielded questions from the audience on a wide range of funding question.

Presentation Summaries

Summit Co-Sponsors

The Summit was opened and participants were welcomed by ODOT Assistant Director and Chief Engineer, Jim Barna.

Following the opening and welcome, the Ohio Department of Aging (ODA) was represented by Janet Hofmann who introduced Bonnie Kantor-Burman, Sc.D., Director; Ms. Kantor-Burman addressed the Summit via previously recorded video. She reviewed some of the major initiatives underway at the ODA and noted the longstanding cooperation between the ODA and ODOT. At the conclusion of her remarks, Ms. Hofmann presented a series of slides that succinctly presented the key mobility challenges facing the Department – the substantial increase in the number of citizens who will be elderly in the coming decade. Virtually every county in Ohio is going to see an aging of the population and the increased elder population will require transportation options in order to live independently (Figure 1).

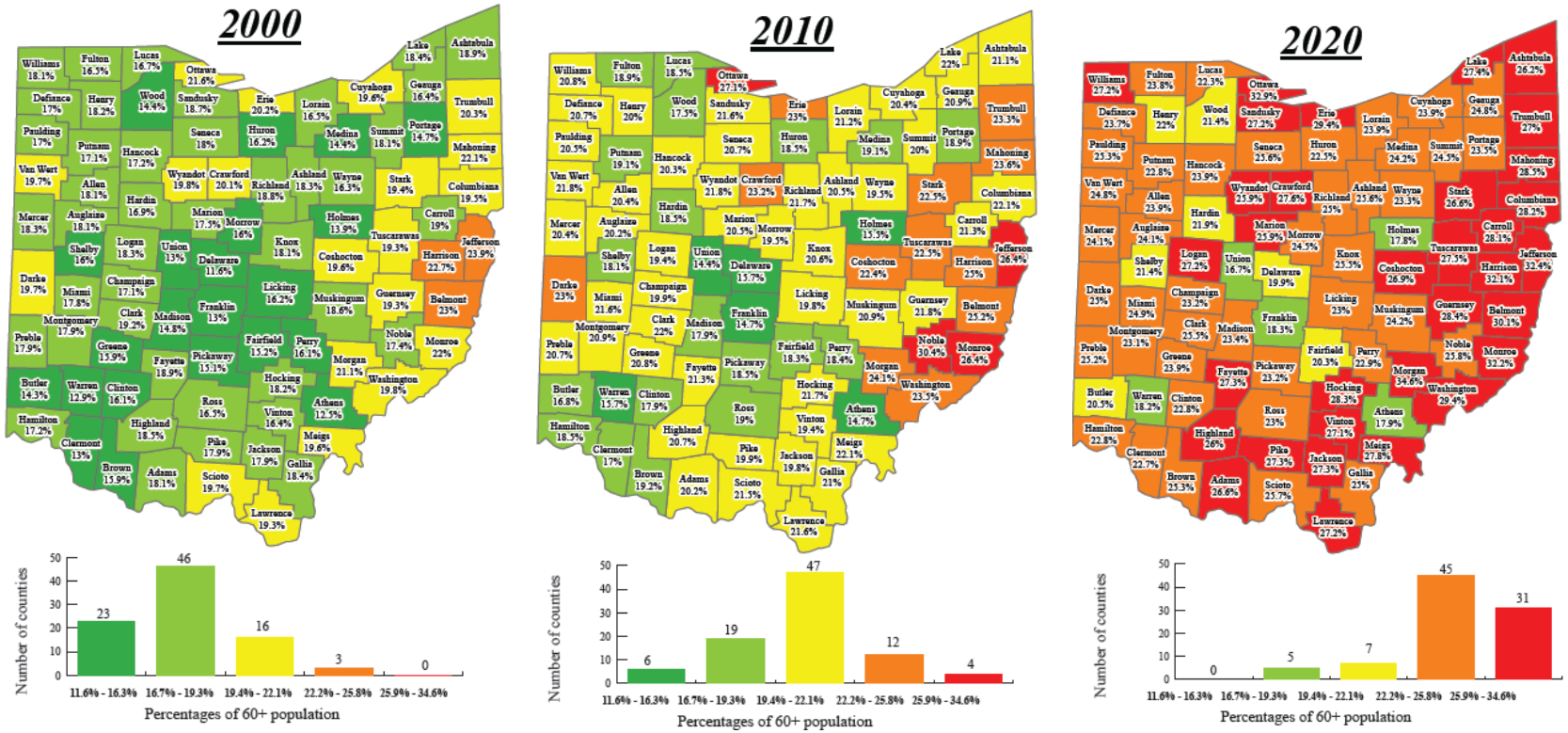
Mark Donaghy, President, Ohio Public Transit Association (OPTA) (and General Manager of the Greater Dayton RTA) welcomed participants and noted that OPTA was actively supporting the study with ODOT. He noted that OPTA has had a committee on rural and small urban transportation providers with a deep interest in service coordination.

This part of the agenda closed with a presentation by the research team on the study scope and preliminary outcomes from the series of coordination forums held throughout Ohio in September 2011 (see Part 1, Chapter 5).

National Level Trends

Mr. Charles Dickson, Assistant Director of the Community Transportation Association of America, described this membership organization and the role CTAA has played in human services transportation coordination. He noted that since 2006, CTAA has operated the National Resource Center for Human Service Transportation Coordination.

Figure 1. Percent of Ohio County Population 60 Years of Age or Greater: Comparative Analysis 2000 - 2020



Source: Ohio Department of Aging, presented at the Ohio Mobility Summit, March 27, 2012.

Mr. Dickson described the generally recognized benefits of coordination, noting that coordination:

- Improves transportation efficiency;
- Lowers cost of individual trips;
- Provides more trips for more purposes;
- offers better quality services; and
- Improves overall mobility in communities.

He addressed the Federal role in coordination, noting:

- Coordination has been a priority topic for Congress and the Executive Branch
- US DHHS/US DOT have participated in a coordinating council since 1986
- President George W. Bush signed an Executive Order In 2004 creating the Coordinating Council On Access and Mobility (CCAM).

Eleven different Federal departments and agencies are represented on the CCAM. He concluded his remarks with the goals of the National Resource Center for Human Service Transportation Coordination and described what are considered the major opportunities and challenges from the Federal perspective:

- Mobility Management;
- Veteran's Transportation;
- Medical Transportation;
- State and Local Funding Issues;
- Transportation Reauthorization;
- Demographic Changes;
- Rapidly growing urbanization;
- Record-setting numbers of people living at or below poverty; and
- Populations of elderly persons and individuals with disabilities continuing to grow at much more rapid rates than the population at large.

A member of the research team provided an overview of results of other state practices with respect to coordination, noting the number of states with coordination councils and those that have initiated coordination efforts under the auspices of an Executive Order or less formal means. One common theme is that virtually every state has established some state level coordinating council.

Those states that use a statewide council sometimes have authority to manage and/or advise a grantor agency on funding. At least 10 states have a dedicated source of funding to support some aspect of coordinated transportation and it was reported at two states are actively considering a dedicated source of funding.

He concluded his remarks with preliminary lessons about state level coordination successes.

Ohio Successes

The formal Summit presentations ended with a series of examples from within the State of Ohio that have achieved success in coordinating health and human services transportation. These presenters included:

- Doug Wagener, Director of Mobility Management, PARTA, Kent, OH
- Erica Petrie, Mobility Manager, Area Agency on Aging 3, Lima, OH
- Rich Schultze, Executive Director, GreeneCATS, Xenia, OH
- Cathleen Sheets, General Manager, Licking County Transit Board, Newark, OH
- Lantz Repp, Mobility Manager, Athens Mobility Management Program, Athens, OH

Key Elements of Successful Local Coordination

Coordination is not a new concept in Ohio. As stated in Chapter 1 of this report, over the last three decades the State of Ohio has addressed coordination in a number of ways: developing technical resources (e.g., development of the Ohio Coordination Handbook and the Guide for Implementing Coordinated Transportation Systems); providing direct funding for the coordination of transportation services; and supporting Mobility Managers in several areas. Yet despite Ohio's longstanding efforts to coordinate HHST, many obstacles and challenges still exist to effectively coordinating health and human services transportation and public transportation. However, some communities across the state, using a variety of resources, continue to engage in coordination activities to increase and improve the mobility of its citizens.

Representatives from the five local transportation coordination projects listed above represented both urban and rural areas of the State and were invited to present the key elements associated with their success in providing mobility to people with low income, persons with disabilities, and elderly persons through transportation coordination.

- PARTA, Kent, OH
    - Application and use of technology;
    - Forging regional collaborations to ensure mobility beyond political boundaries;
    - Phased implementation;
    - Embracing the "family of services concept.
- Agency on Aging 3, Lima, OH
    - Mobility management
    - Seven county service area
    - 24 Stakeholders
    - Call Center
        - Information/referral
        - Find-a-Ride
- GreeneCATS, Xenia, OH
    - Coordination under a HHST board

    - Multiple partners (25)
    - Phased implementations
    - Spin-off of Mobility Management functions
    - Embrace fully allocated cost concepts/privatization of services
- Licking County Transit Board, Newark, OH
    - Multiple partners (28)
    - Coordinated operations
    - Enhanced productivity/lower unit costs
- Mobility Management Program, Athens, OH
    - Multiple partners (15)
    - Rural/urban connectivity
    - Embrace the "family of services concept.

Input from Summit Participants

The Summit concluded with an open forum that enabled participants to express their opinions on how the State of Ohio could assist local authorities plan, promote, implement, and operate coordinated HHST. The comments were offered as follows:

- Provide technical assistance directly to rural areas with state personnel willing to travel to our site and discuss mobility options and available implementation assistance.
- Re-activate a State-level interagency coordination council that will assist local entities resolve regulatory obstacles to coordination.
- This re-activated council should also examine:
    - Use of volunteers/insurance consortia to cover volunteers; and
    - Better use of existing vehicles at local level.
- One method that may result in more cost effective transportation is to think regionally – the current service delivery model organized around counties does not provide seamless mobility across county boundaries.
- ODOT manages a variety of programs that support coordination (Sections 5310, 5316, and 5317); however, these grants are relatively small and all have their own program requirements. ODOT, to the extent permitted by law, should combine and/or standardized grant administration procedures.
- State agencies should discuss the varied reporting requirements used by different state agencies all used to document the same service: transportation. Some commonality will reduce the administrative burdens of providers trying to coordinate multiple funding sources.
- Merge all transportation funding and reporting requirements at the state level.
- Establish a statewide network (regions) of mobility managers, but ensure local management and operation.
- A re-activated state coordination council should have membership from key local stakeholders.

- Ensure that investments in technology, particularly in dispatching/scheduling software, are done in a manner that provides open competition but provides interoperability between providers, thereby facilitating mobility between counties.
- Most Federal programs are “silos” with specific eligibility criteria serving particular populations. However, there seems to be gaps in this funding network, with individuals under 59 years of age who are unable to qualify for Medicaid, unable to obtain transportation services.
- We recognize that the Ohio Mobility Improvement Study is targeting three specific populations, but transportation investments should be made that address the transportation needs of all individuals.
- Investigate technologies for expanding access to transportation (local/regional/statewide) by all transportation users.
- It was great to see that members of the General Assembly attended the Summit. We need to do a better job in communicating public transportation issues to the General Assembly committees.
- Some entities that develop and operate coordinate transportation services have an inherent advantage in being able to take advantage of state purchasing options. The nonprofit sector cannot obtain these same advantages; some consideration to expanding this to include nonprofit entities – when engaging in public services – should be given.
- Expand number of non-medical trips available under Passport.
- Investigate dedicated source(s) to pay for transportation (cannot use Ohio gas tax funds for non-highway projects).
- Explore partnerships with AAAs for Mobility Management and coordination.
- Explore incentives to using private nonprofit providers in Medicaid transportation services.

Local Assessment of HHST Policies

Forum Schedule and Invitations

In order to ensure that public transportation, human service agency, and local elected officials had an opportunity to participate in the Ohio Mobility Improvement Study, the research team, working cooperatively with ODOT, established a series of twelve (12) regional forums throughout Ohio. The purpose of these forums was to explain the project and solicit input from key stakeholder groups.

The forums were organized to provide a brief overview of the Ohio Mobility Improvement Study work program, then opportunity was provided to enable participants to offer comments in three key areas:

- What are the Most Beneficial Elements of Existing Programs/Policies?
- What are the Major Impediments to Enhancing Coordination in Your Community?
- What Recommendations or Changes Would You Make to Existing State Policies and Practices?

All but two of the forums were held in ODOT District Offices; the District 6 meeting was held at ODOT Headquarters in Columbus, Ohio. The District 5 meeting was held in nearby Newark, Ohio. The schedule and locations for the workshops are shown in Table 4.

Table 4. Location and Schedule of Regional Coordination Forums

ODOT District	Location	Date	Counties
1	Lima, OH	Tuesday, September 13, 2011	Allen, Defiance, Hancock, Hardin, Paulding, Putnam, Van Wert, and Wyandot Counties
2	Bowling Green, OH	Wednesday, September 14, 2011	Fulton, Henry, Lucas, Ottawa, Sandusky, Seneca, Williams, and Wood Counties
3	Ashland, OH	Thursday, September 15, 2011	Ashland, Crawford, Erie, Huron, Lorain, Medina, Richland, and Wayne Counties
4	Akron, OH	Tuesday, September 20, 2011	Ashtabula, Mahoning, Portage, Stark, Summit, and Trumbull Counties
5	Newark, OH	Thursday, September 15, 2011	Coshocton, Fairfield, Guernsey, Knox, Licking, Muskingum, and Perry Counties
6	Columbus, OH	Tuesday, September 20, 2011	Delaware, Fayette, Franklin, Madison, Marion, Morrow, Pickaway, and Union Counties

ODOT District	Location	Date	Counties
7	Sidney, OH	Monday, September 19, 2011	Auglaize, Champaign, Clark, Darke, Logan, Mercer, Miami, Montgomery, and Shelby Counties
8	Lebanon, OH	Thursday, September 22, 2011	Butler, Clermont, Clinton, Greene, Hamilton, Preble, and Warren Counties
9	Chillicothe, OH	Tuesday, September 13, 2011	Adams, Brown, Highland, Jackson, Lawrence, Pike, Ross, and Scioto Counties
10	Marietta, OH	Wednesday, September 14, 2011	Athens, Gallia, Hocking, Meigs, Monroe, Morgan, Noble, Vinton, and Washington Counties
11	New Philadelphia, OH	Thursday, September 22, 2011	Belmont, Carroll, Columbiana, Harrison, Holmes, Jefferson, and Tuscarawas Counties
12	Garfield Heights, OH	Wednesday, September 21, 2011	Cuyahoga, Geauga, and Lake Counties

Source: RLS & Associates, Inc., September 2011.

Based on ODOT mailing lists, electronic and regular mail invitations were extended to over 900 potential including all previous ODOT, Office of Transit grantees, Metropolitan Planning Organizations, County Commissioners, Mayors and City Councils, and human service agencies.

Forum Results

Attendance

More than 132 stakeholders from across the state took advantage of the opportunity to provide input into the Ohio Mobility Improvement Study. Attendance, by forum, is provided below (Table 5).

Table 5. Forum Attendees, by Location

ODOT District	ODOT Office of Transit Personnel	ODOT District Personnel	Other Attendees	Total Attendees
1	1	1	6	8
2	1	1	6	8
3	1	0	7	8
4	1	0	17	18
5	1	3	10	14
6	4	0	10	14
7	0	0	9	9
8	0	2	8	10

ODOT District	ODOT Office of Transit Personnel	ODOT District Personnel	Other Attendees	Total Attendees
9	1	0	6	7
10	1	2	5	8
11	1	1	7	9
12	1	2	16	19
Total Attendees		**12**	**107**	**132**

Source: RLS & Associates, Inc., September 2011.

ODOT personnel were present at every forum. Of the remaining attendees, participants represented a wide range of organizations (20), including:

State Agency
Area Agencies on Aging
County Commissioners
Senior Centers
County Aging Departments
Public Transit--Rural
Public Transit--Urban
Mobility Managers
Board of Developmental Disabilities
Home Health Care
Private Transportation Providers
ODOT Coordination Projects
County Jobs and Family Services office
Metropolitan Planning Organizations
Employment agencies (LEAP, etc.)
Consultants
Cities/Villages
American Red Cross
Salvation Army
Community Action Programs

Results

An individual summary for all forums is contained in Appendix B. Based on the results of all 12 forums, stakeholder comments are listed below.[79]

What are the Most Beneficial Elements of Existing Programs/Policies?
Participants responded with the following when asked about the most beneficial elements of existing state programs and policies:

- FTA/ODOT capital grant programs are a great resource for public and specialized transportation systems.*
- Local agencies providing specialized level of customer care and service under existing programs and policies.
- Mobility Manager in PSA3 (Lima) brokering Title III-B funding/Easter Seal grant for coordination.
- Coordination among County DD agencies and public transit resulting in major cost savings and more service.
- Coordination of maintenance functions/facilities resulting in cost savings.
- Demonstration project between ODA/AAA and local DD provider to provide senior trips.
- Funding for Mobility Managers.*
- Use of contract revenue as local match.*

[79] An asterisk denotes that the same comment was made at multiple forums.

- The coordination requirements contained in SAFETEA-LU for Section 5310, 5316, and 5317 grant recipients resulting in local coordination groups.*
- Cooperative purchase agreements (*e.g*., fuel).
- Local Medicaid brokerage.
- ODOT's State Term Contracts.
- Section 5310 funding for capital.*
- Past efforts by ODOT to promote coordination were positive and helpful to our local efforts.*
- Established coordination efforts that have been shown to result in cost savings.*
- ODOT's re-instituting coordination roundtables.
- The requirement to prepare Local Public Transportation/Human Service Agency Coordination Plans has been helpful. This process brought both transit and agency representatives together and these meetings have been productive.
- ODOT's past training and technical assistance.

What are the Major Impediments to Enhancing Coordination in Your Community?

Participants responded with the following when asked about the major impediments to enhancing coordination in the local community:

- Funding, both reduced funding levels and lack of funding to support coordination is problematic, particularly the lack of funding to support transit operations.*
- Agencies are reluctant to coordinate for fear of losing the specialized level of care their clients need.*
- Lack of transportation service for individuals age 59 or younger is lacking, especially for those individuals who require extensive medical care.
- Funding silos, with different eligibility criteria, rules and regulations, operating requirements, etc. which makes coordination difficult.*
- The State coordinating council (for coordination) is no longer meeting.
- "Red tape" is an impediment. For example, those who operate mixed fleets under the Special Transportation Program are subject to differing, and sometimes conflicting, information regarding inspections, etc.*
- Transportation coordination is not a mandate, and not always a priority for urbanized area public transportation operators.
- Inconsistent state level oversight and guidance, *e.g*., ODA and ODOT have different rules and requirements which result in duplicative reporting and recordkeeping.
- Inconsistent and burdensome Medicaid requirements (*e.g*., requiring accessible vehicles even if that type of vehicle is not needed).
- Managed care situations are resulting in a capitated rate that often does not cover costs of transportation.
- Different funding sources impose differing levels of passenger assistance that must be provided to their clients, creating a complex set of circumstances for providers.
- Limited hours of service that precludes use of transit for 2nd and 3rd employment shifts.

- We have found that some of the vehicle inspection issues being discussed here are driven by Medicaid requirements or by the other funding sources. The state should develop consistent rules.*
- The lack of coordination at the state level.*
- Differing program criteria among the State Agencies *e.g.*, eligibility criteria, reimbursement criteria, reporting requirements, recordkeeping.*
- Lack of clarity/consistency in interpretations of various rules and regulations. In the absence of a clear cut "yes," the answer is "no."
- Fear of: losing local/state/federal funding, mixing clients, loss of control, etc.*
- Perception persists that certain sources of funding can only be used for designated clientele.*
- Lack of training and education (from the State).
- Lack of communication and sharing of best practices (from/by the State).
- Burdensome administrative requirements for grant programs, *e.g.*, FTA's Section 5316 and 5317 programs.
- *Restrictive jurisdictional boundaries (real or perceived).
- Charter restrictions.*
- FMCSA restrictions for interstate transportation.
- Inability to use contract revenues as local match (urbanized areas).
- Placing FTA Section 5310 vehicles in areas with public transit.

What Recommendations or Changes Would You Make to Existing State Policies and Practices?
Participants responded with the following when asked what changes they would make to existing policies and practices:

- Mandate coordination and designate a State agency or group to lead it.*
- Re-establish the State Partnership with the right representation to truly cover the range of coordination issues seen at the local level.*
- Develop a system of communication from the State level down to the local agencies. Share best practices, etc.*
- More training and technical assistance.*
- Consider consolidation of systems to save dollars, *e.g.*, regional, multi-county, etc.
- Educate/train agencies (in particular, JFS agencies) about fully allocated costs.*
- Educate State level administrators about the benefits and "how-to" of coordination.*
- The State should discourage the proliferation of vehicles funded by the various grant programs; once an agency obtains its own fleet, it is much more difficult to get them to coordination. Fleet ownership creates an inertia and resistance to coordination.*
- More funding/expanded funding sources (*e.g.*, dedicated funding, a portion of the gas tax, lottery, etc.) and fewer restrictions.*
- Reconsider managed care plans that promise to save money but provide a lesser level and quality of service.*

- Provide technical and/or financial assistance to small, rural areas in the development of coordination plans.
- Use common sense in issuing new rules/requirements and ensure they do not conflict with existing rules/requirements of another state agency.
- Develop one-stop centers for providing transportation information. Consider incorporating transit into 511.*
- Establish transit presence in ODOT Districts.
- Establish universal fare/payment cards to encourage regional travel.
- Make sure transportation is at the table with all of the other agencies when funding and service issues are discussed.*
- Consider transportation and mobility with land use and growth management.*
- Re-establish start-up money for coordination.*
- Consider limiting capital awards to only designated agencies with an area/county/region.*
- Executive order(s) may be needed to facilitate coordination at other state level human service agency programs. Ohio should consider legislation when necessary.*
- Deliver a consistent message to local and State politicians and legislators about the value of transportation with specific "hooks" to describe the potential benefits of coordination. Be cautious to ensure that all parties are conveying similar points of view in presenting the case for transit and human service agency coordination.
- Establish coordination mandates for other federally programs other than only those funded by FTA.
- Establish policies to eliminate duplication of service at the local level.

Lessons for Ohio

Introduction

Two major work efforts have been completed thus far:

- A detailed inventory and analysis of coordination efforts and practices of 39 States, the District of Columbia, and Puerto Rico.
- An extensive stakeholder outreach effort that identified:
  - Best coordination practices occurring in Ohio.
  - Obstacles to coordination; and
  - Solutions to these obstacles.

This chapter summarizes potential lessons learned and direction for future HHST coordination policies and mobility improvements for Ohio.

Lessons for Ohio: Coordinating Councils and Other Actions

State Coordinating Councils

State level coordinating councils are the most commonly used technique at the state level to address coordination at either the state or local level. Most councils are created through legislation, however, the success of such councils does not appear to rest on the method of creation. Councils created through legislation, by Executive Order, or even through simple agreement of the participating agencies have all been successful. Often obstacles can be avoided or eliminated simply by brining a matter to the attention of the Council and initiating a discussion among its members. An example of this occurred during the conduct of this study. An obstacle to coordination that was cited during one of the regional forums was the application of certain ambulette regulations of the Ohio Medical Transportation Board to non-ambulette providers (e.g., a public transit system or senior center) who participate in non-emergency transportation (NEMT) under contract to one of the State's Medicaid brokers. Further investigation of this issue by the researchers with the appropriate officials found that some providers are actually exempt from the regulations, therefore, providing a resolution to this issue. This is just one example of issues that a state coordination council can address. A council can also provided unified support to its members as they approach similar challenges in their particular programs as they opportunities to coordinate programs and resources.

However, councils created by these three mechanisms have also failed. Primary reasons for this failure include:

- Failure of the participating agencies to have a vested interest in the coordination of transportation resources;
- Ill-defined or insufficient definition in the purpose and role of the state coordinating council;
- Failure to provide or sustain designated administrative support for the state coordinating council;
- Failure to incorporate local interests or support in the formation of state coordinating council;
- Failure to have meaningful oversight, reporting, and accountability of the state coordinating council; and
- Imposition of excessive reporting requirements that dissuade state and local agency support for the council.

Recognition of these factors will assist Ohio if creation of a state level coordinating council is a recommendation offered in Part 3 of this study.

Leadership

Whether or not a state elects to establish a state coordinating council, leadership and support for coordination of transportation services as a meaning state policy is required for success. Direct telephone interviews with key state coordination officials emphasized the importance of having a "champion" for the effort who will remain strong, consistent, and flexible when building interagency and political relationships. In examining the champions in these states, a range of organizations were found to provide this role:

- State legislature;
- State DOT;
- State Human Service agency (typically Aging or a Development Disabilities department);
- State public transit association.

State level of efforts that have failed have common characteristics: failure to provide some administrative support function, loss of personnel/lack of continuity in dedicated personnel, and changing priorities all can undermine efforts.

Stability, availability of long-range funding to support coordination, human resource levels, and interest must, therefore, all be taken into account in identifying champions.

Local Recognition of the Benefits of Coordination

Identifying a champion is not restricted to the state level. Failure to have local buy-in on HHST can similarly undermine state efforts. This has typically involved both transit and human service agency belief in the benefits of coordination, typically preceded by state led education and information

campaigns touting the benefits of coordination or the results of demonstration projects. This practice is more effective when led by a multiple state departments, rather than a single department (*e.g.*, a state DOT).

Given Ohio's longstanding accomplishments in coordination, and the more recent efforts in supporting mobility management projects, there should be sufficient, there should be little difficulty in building a body of evidence that supports the benefits of coordination. The five best practices presentations made at the Mobility Summit are examples of how the benefits of coordination should be marketed, particularly to human service agency officials and local elected officials.

Purpose and Milestones

Examination of state level coordination practices has also shown that when coordination councils are formed, they are more successful when:

- There are specific tasks and responsibilities assigned to the council;
- There are specific milestones to be achieved;
- There is some authority the council reports to, such as the legislature or governor of the state; and
- There are sunset provisions.

Creating realistic expectations for the performance of the council and establishment of milestones that within the purview of state agencies (*e.g.*, state coordination councils do not have the authority to combine all Federal funding into a single source) is critical to the council having a sense of purpose. While counterintuitive, inclusion of sunset provisions is important as many legislative bodies may be more favorably disposed to establish a temporary committee rather than given the appearance of establishing more state bureaucracy. Additionally, a sunset provision means that milestones must be established within the parameters of the sunset date, discouraging such committees from merely talking about coordination and not accomplishing stated objectives.

Methods

This Part has identified three basic techniques for forming state level coordinating councils: executive order, legislation, and memoranda of understanding between departments.

Legislation is generally regarding as the best method for establishing coordinating councils, as councils created by executive order technically expire with the term of the governor who issued the order. However, a review of state practices indicates that success over the long term can be achieved using either method. States that have used executive orders have cited the fact that such orders can be implemented more expeditiously than legislation.

Stakeholder Input

Stakeholders also provided guidance on both state and local practices that will further coordinate and enhance mobility. A summary of key recommendations from the Summit include:

- Technical assistance is a critical function of coordination promotion.
- Establish a state level coordination council that will assist local entities resolve regulatory obstacles to coordination.
- Encourage regional transportation service delivery models.
- Coordinate reporting requirements to avoid duplication and reduce administrative burden in the management of multiple program funds.
- Expand the initial network of mobility managers statewide.
- Encourage technology investments and interoperability between systems.
- Create and maintain on-going communication with the legislature.
- Explore and create new incentives for entities to coordinate – include public, nonprofit, and for-profit providers.
- Promote more partnerships between area agencies on aging and mobility managers.

Stakeholders at the regional coordination forums offered a large number of recommendations, and those recommendations offered at multiple locations include:

- Establish a strong state level policy statement and designate a lead agency for implementation responsibility. Use an executive order or legislation as necessary.
- Re-establish a state coordinating council.
- Communicate and educate local officials on best practices.
- Provide training and technical assistance on an on-going and statewide basis.
- Promote establishment of regional systems.
- Education state and local HHST and transportation officials on fully allocated cost principles.
- Coordinate the policy for capital acquisition to avoid unnecessary or duplicative investment in rolling stock.
- Create new funding sources to support coordinated public transit and HHST.
- Encourage the development of one-stop call centers for transportation.
- Coordination implementation benefits from “seed” money, similar to the coordination grants that were once awarded by ODOT.
- Consider transportation and mobility with land use and growth management.

Finally, the showcase of Ohio-based best practices resulted in the identification of local practices that were common to all systems. These factors are:

- Application and use of technology;

- Regional collaborations to ensure mobility beyond political boundaries;
- Phased implementation;
- Adoption of "family of services" concept, where a variety of transportation modes are used in service delivery;
- Use of fully allocated cost concepts;
- Establishment of multiple institutional partners; and
- Creation of "one stop "call centers so that consumers can obtain a wide range of transportation information on all available services with a single telephone call.

Summary

As stated in Chapter 1 of this report, the Ohio Mobility Study was designed to answer the question "can Ohio embrace a statewide approach that integrates health and human services transportation (HHST) so that individuals served by these agencies, including the elderly, people with low incomes and individuals with disabilities, can meet basic mobility needs in an efficient and effective manner?" The first step to answering that question was to conduct an in-depth review of other states which have addressed in some manner coordinated health and human services transportation. Perhaps the most important finding of the preliminary research is that, using many different approaches and methods, States across the country are successfully coordinating transportation funding and services (including FTA, AoA, and HHS funded programs) and maximizing scarce resources, resulting in increased mobility and access for their citizens, in particular the transportation disadvantaged. And by studying these methods and approaches, we can begin to draw conclusions about which of these methods and approaches have applicability to Ohio.

The second major step in the research was to obtain input from those individuals and agencies that have a stake in the outcome of this study. Consistently, the message from these stakeholders indicated that they are actively seeking the State's direction in implementing coordination among State funding agencies that would result in the better use of funding and resources, and the elimination of redundant and conflicting rules, regulations, and requirements. State level coordination is not only possible, but needed.

Part II of this report will document the demographic and economic conditions that will impact the ultimate coordination options and recommendations presented for Ohio, as well as the Federal and State programs that fund HHST which are at the heart of this issue.

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Ohio Mobility Improvement Study

Part II: Data Collection/Document Baseline Conditions

Demographic and Economic Conditions

Economic Overview

Ohio has one of the country's largest economies. With a Gross Domestic Product of $469 billion in 2010, Ohio ranked eighth-largest of all the states. But like many Midwestern states, Ohio's economy and job market declined more sharply than the national economy during the recession and is now taking longer than the national economy to recover. Between 2008 and 2009, Ohio's GDP declined from $465.5 billion to $451 billion. The state also lost almost 618,000 jobs between 2000 and 2010. [80] Ohio's seasonally adjusted unemployment rate rose from 5.8 percent in 2006 to 11.0 percent in March 2010. [81]

Most of the state's economic activity (62%) occurs in the three largest metropolitan areas: Cleveland has the largest GDP, followed by Cincinnati, and Columbus. Other metropolitan areas contributing at least $10 billion to Ohio's GDP include, in descending order: Dayton, Akron, Toledo, Youngstown, and Canton-Massillon. [82] The last decade has brought enormous shifts to Ohio's cities - namely sustained, long-term population and job loss. This phenomenon has caused a new movement called "shrinking cities" to emerge, and many of Ohio's cities are using innovative strategies to address the realities of population loss, such as land reconfiguration, targeted neighborhood redevelopment, and large-scale urban agriculture. [83]

Although the last few years have been difficult for Ohio, the state's economic climate is finally showing positive improvement. Ohio's 2011 GDP is estimated at $484 billion, up 3.7%, and the state has begun to invest in new technology and job markets. [84] Ohio Real GDP is expected to grow at a solid pace over the next few years, gaining 2.5 percent, 3.4 percent, and 3.9 percent in 2012, 2013, and 2014, respectively. [85] Accordingly, the State's unemployment numbers are decreasing, although gains vary widely by county. The June 2012 unemployment rates by county show a range of 4.6 percent in Mercer

[80] Policy Research and Strategic Planning, Ohio Department of Development, *Gross Domestic Product from Ohio August 2012,* Columbus, OH (August 2012).

[81] Ohio Department of Job and Family Services, *2010 Economic Analysis: A New Beginning* (undated).

[82] Policy Research and Strategic Planning*, op. cit*., p. 9.

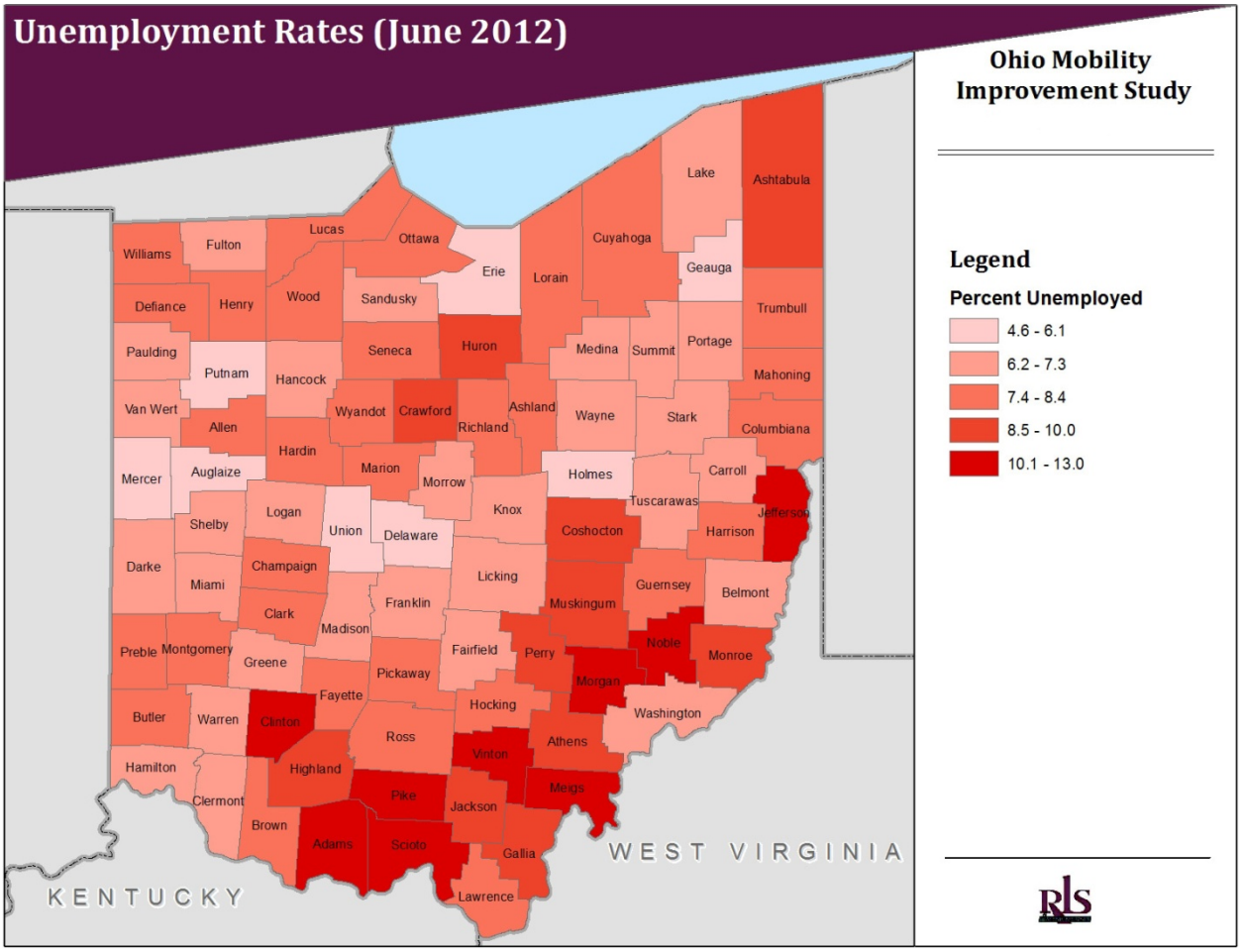
[83] Mallach, Alan and Lavea Brachman, *Ohio's Cities At a Turning Point: Finding the Way Forward*, prepared for the Metropolitan Policy Program, Brookings Institute, Washington, D.C. (May 2010).

[84] Ohio Department of Job and Family Services, *op. cit*., p. 3.

[85] Glassman, Jim, *2012 The State of Ohio's Economy*, prepared for JPMorgan Chase & Company, New York, NY (June 30, 2012).

County to 13.0 percent in Pike County (Figure 2). But overall, the state's unemployment rate is showing improvement at 7.4 percent. [86]

Figure 2. Unemployment Rates by County, June 2012



Source: Ohio Department of Job and Family Services, Office of Workforce Development.

As it has been for decades, Ohio's largest industry is manufacturing largely focused on the motor vehicle industry, followed by fabricated metal products and machinery. The state is beginning to invest in new technologies and sectors to diversify its economic base. Computer and electronics production, although not a large portion of Ohio's manufacturing section, has grown 125 percent between 2001 and 2010.[87] By employment, Ohio's largest sector is trade/transportation/utilities, which supplies approximately one million jobs (20 percent of all jobs). The second largest employment sector is healthcare and education,

[86] Ohio Department of Job and Family Services, Office of Workforce Development, Prepared by the Bureau of Labor Statistics and U.S. Department of Labor.

[87] Policy Research and Strategic Planning, *op. cit*., p. 79.

followed by government and manufacturing. Employment in educational services increased 9.6 percent and health care and social assistance increased 6.6 percent and is projected to rise 22 percent by 2016.[88]

Ohio's economy may be slowly improving, but the state's residents are still faring slightly worse than the national average. Ohio's median household income is $47,358, which is lower than the median household income for the U.S. at $51,914. The per capita income between 2006 and 2010 is $25,113, compared to $27, 334 for the U.S. Moreover, 14.2 percent of the state's residents are living below poverty level, compared to 13.8 percent nationally. While the state has a higher rate of people graduating high school than the national average (87 percent to 85 percent), Ohio's percent of people with a bachelor's degree or higher is much lower than the national average (24 percent to 28 percent).[89]

According to the 2010 Economic Analysis report from the Ohio Department of Job and Family Services, the state's plan for full recovery from the recession and future economic gains is to invest in technology, workforce development, and education and training. The report acknowledges an educational/knowledge shortage as opposed to a labor shortage, especially when faced with new technology and the shift from blue-collar manufacturing to white-collar professional services. Looking forward, workforce development, education, and training, while not a quick fix, will be essential to Ohio's recovery.[90]

The State of Ohio passed an austere budget in the summer of 2011 to eliminate an $8 billion deficit. For many localities, this translates to a more than 25% reduction in state funding, which has crippled many local programs, including transit.

Demographic Overview

Population Change

As discussed, some counties, especially urban counties, have seen population decline since 2000. However, some have seen substantial population growth (see Table 6 and Figure 3).

Cleveland (Cuyahoga County) experienced the starkest population decline, with more than 8 percent loss of population. Youngstown (Mahoning and Trumbull counties), and Crawford County also saw loss of population of around 7 percent. Delaware County is one of the fastest growing counties in the nation and is absorbing a large amount of growth from Columbus, 30 miles to the south. Other counties with more than 20 percent population gain are Warren and Union Counties.

[88] *Ibid*., p. 14.

[89] U.S. Census Bureau, American Community Survey, 5-Year Estimates.

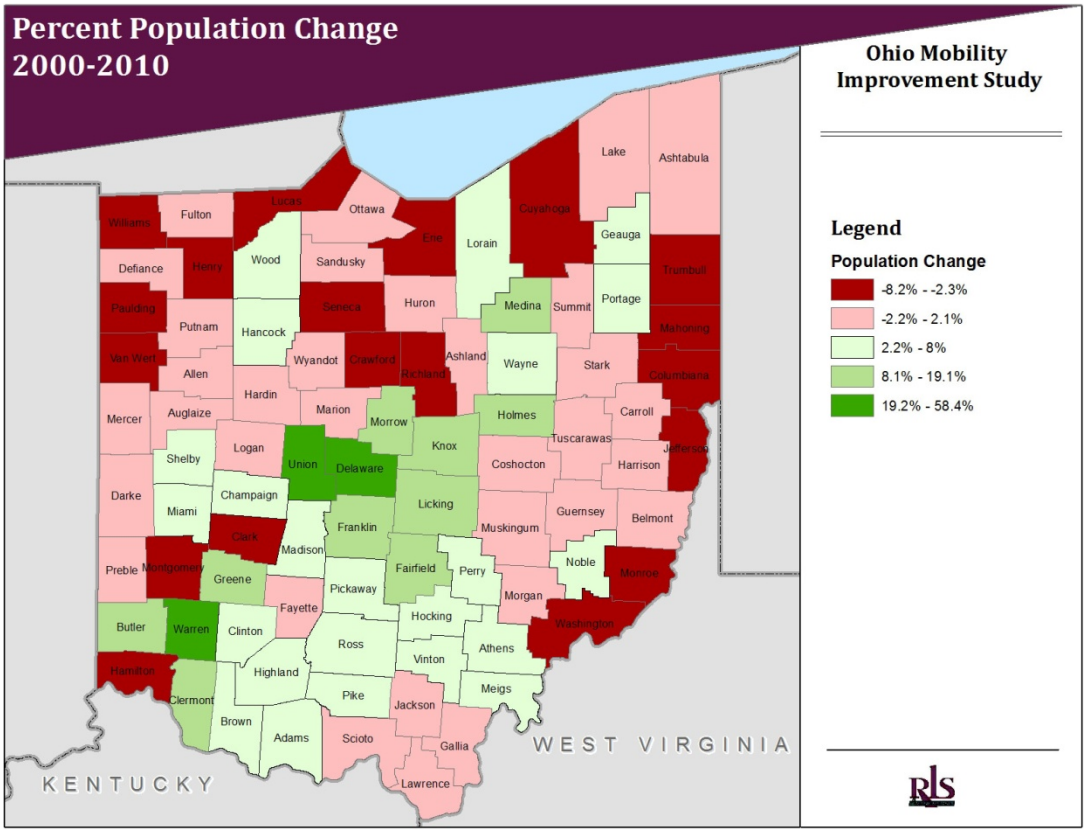
[90] Ohio Department of Job and Family Services, *op. cit*., p. 19.

Table 6. Percent Population Change in Ohio by County, 2000-2010

Counties Losing Population		Counties Gaining Population	
County	Percent Change	County	Percent Change
Cuyahoga	-8.2%	Delaware	58.4%
Mahoning	-7.3%	Warren	34.3%
Crawford	-6.8%	Union	27.8%
Trumbull	-6.6%	Fairfield	19.1%
Jefferson	-5.7%	Licking	14.4%
Hamilton	-5.1%	Medina	14.1%
Clark	-4.4%	Knox	11.8%
Montgomery	-4.3%	Clermont	10.9%
Williams	-3.9%	Butler	10.6%
Columbiana	-3.8%	Morrow	10.1%

Source: U.S. Bureau of the Census.

Figure 3. Percent Population Change in Ohio by County, 2000-2010



Source: U.S. Bureau of the Census.

Older Adults

Ohio's population, like that of the United States, is aging (consistent with the maps presented by the Department of Aging at the Mobility Summit, see Chapter 5). The table below displays the top 10 counties with the fastest growing population of adults 60 years old and over. Some of these counties also had a high percentage of total population growth, but in most cases, the older adult population is growing much faster.

In all but 8 counties in the state, growth in older adult population outstripped total population by more than 10 percentage points; in more than 30 counties, the difference was more than 20 percent.

Table 7. Top Ten Counties with Increase in Older Adult Population, 2000-2010

County	Percent Change: Total Population	Percent Change Adults 60 and Over
Delaware	58.4%	99.8%
Noble	4.2%	90.4%
Warren	34.3%	64.4%
Medina	14.1%	52.1%
Clermont	10.9%	49.4%
Fairfield	19.1%	41.2%
Geauga	2.7%	38.7%
Union	27.8%	37.5%
Brown	6.1%	37.1%
Licking	14.4%	35.5%

Source: U.S. Bureau of the Census.

The maps on the following pages display the percentage of population aged 60 and over for the years 2000 and 2010 (Figures 5 and 6). Figures 7 and 8 display the percentage of population aged 75 and over for the years 2000 and 2010. Higher percentages of adults 60 years of age and older as well as over 75 can be found in eastern Ohio.

Figure 4. Adults 60 and Over 2000

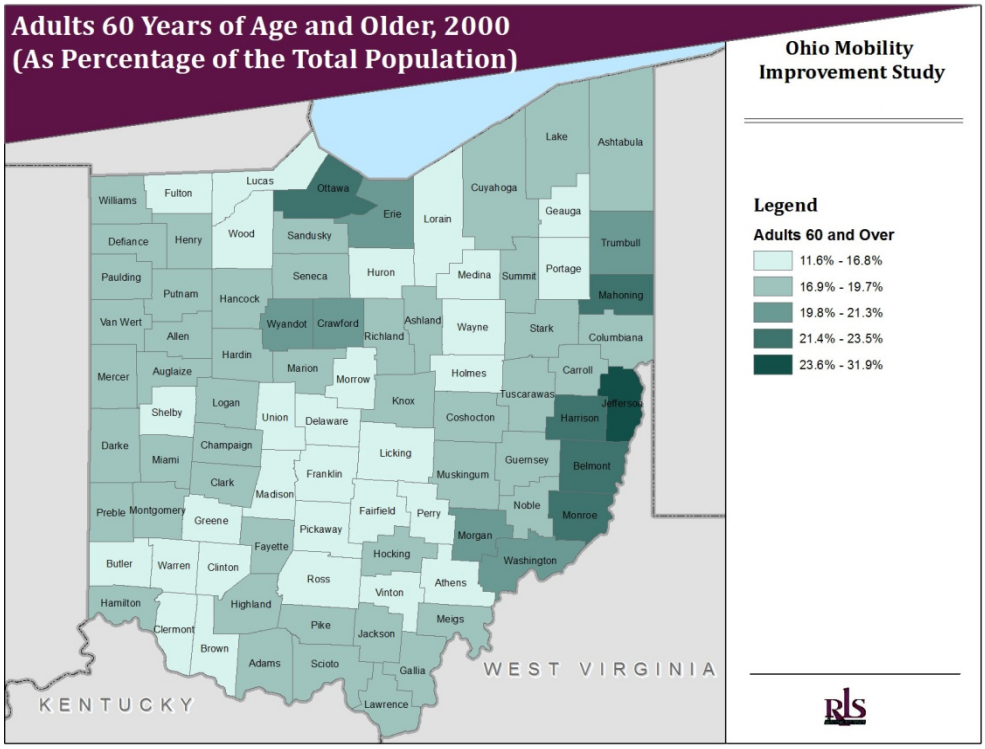
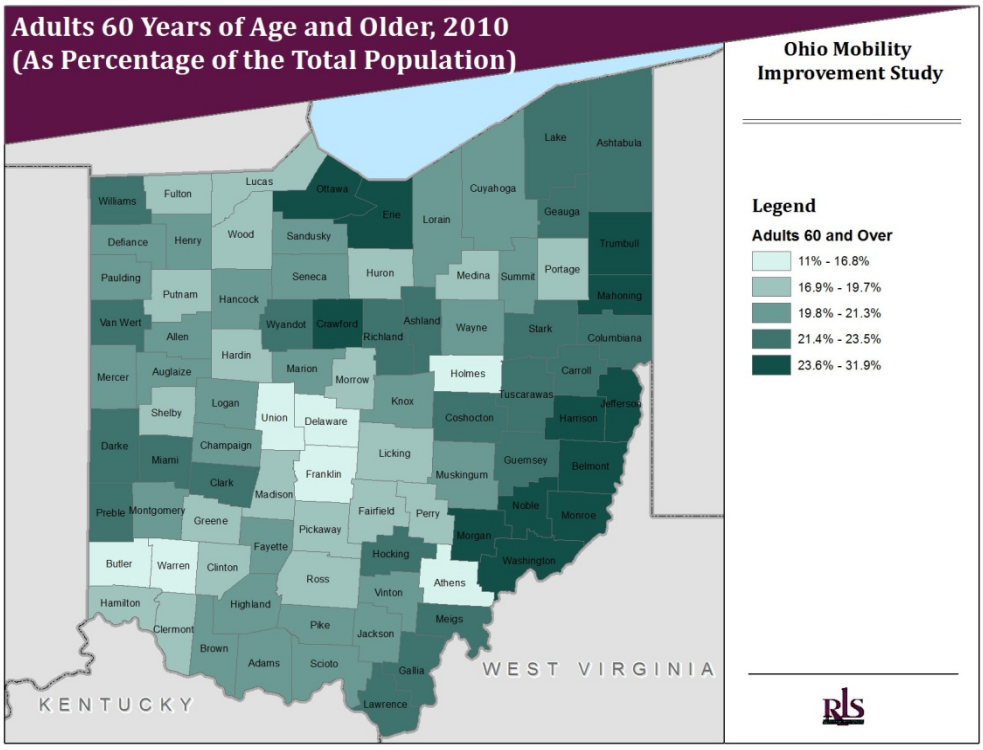


Figure 5. Adults 60 and Over 2010



Source: U.S. Bureau of the Census.

Figure 6. Adults 75 and Over 2000

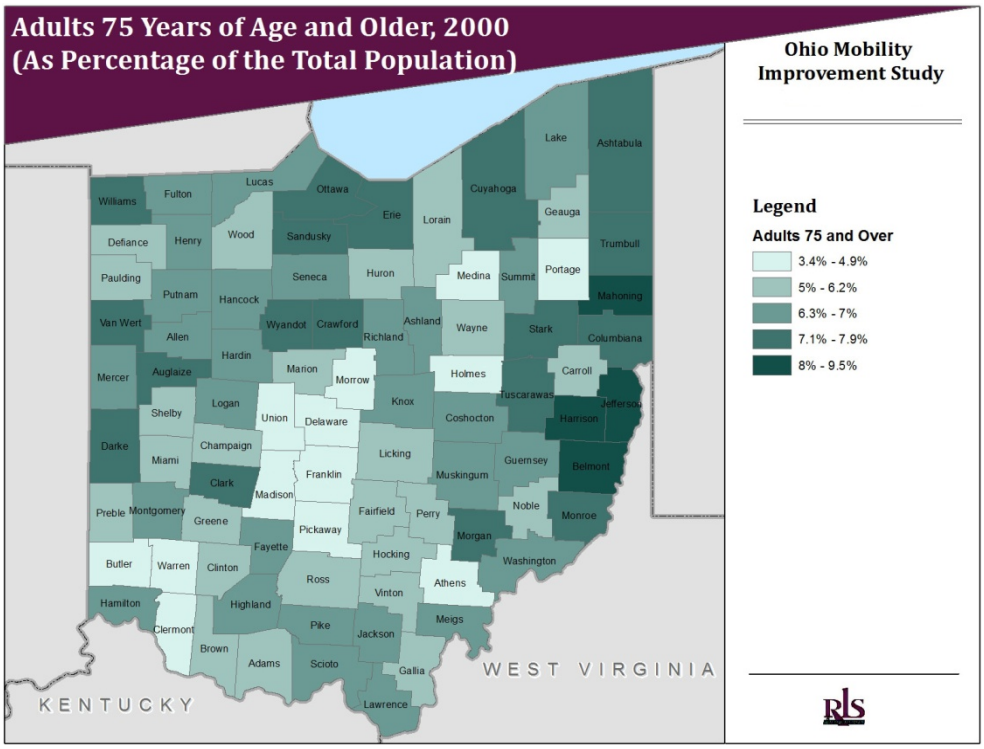
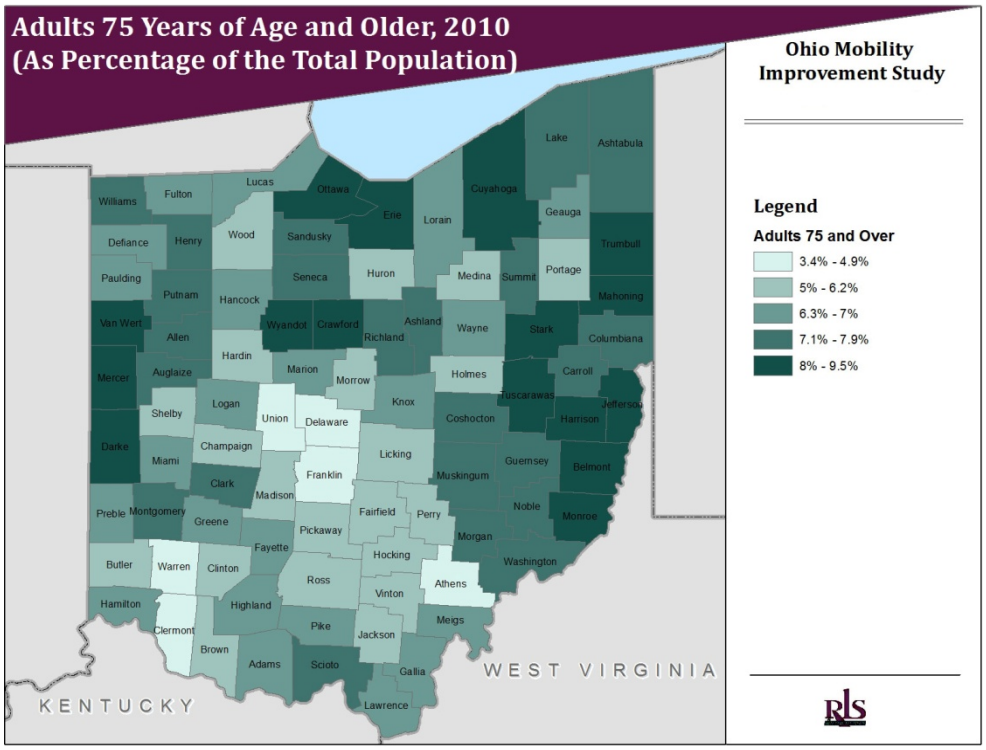


Figure 7. Adults 75 and Over 2010



Source: U.S. Bureau of the Census.

Persons with Low Incomes

As discussed, Ohio's low income population is slightly worse off than that of the nation as a whole. The low income population in the state has grown, with the percentage of persons with a ratio of income to poverty level under 150 percent increasing in nearly all counties. Twenty counties saw an increase in low income population of 50 percent or more.

Union and Delaware counties both saw rapid population increases between 2000 and 2010, but their low income population increased by a far higher percentage than their total population. Some counties that lost population, such as Logan and Preble, saw those remained fall further into poverty.

Table 8. Top Ten Counties with Increase in Low Income Population, 2000-2010

County	Percent Change: Total Population	% Change: Low Income Population
Union	27.8%	91.7%
Delaware	58.4%	91.0%
Fairfield	19.1%	86.9%
Shelby	3.2%	86.4%
Warren	34.3%	82.7%
Fulton	1.5%	72.9%
Ashland	1.2%	69.8%
Marion	0.4%	69.7%
Logan	-0.3%	68.5%
Preble	-0.2%	66.0%

Source: U.S. Bureau of Census.

Figures 10 and 11 show maps of the low income population in 2000 and 2010, respectively. A large swath of counties in southern, southeastern, and eastern Ohio as well as the Mansfield area had the highest percentages of low income population in 2000. By 2010, percentages had risen in more parts of the state, especially in central Ohio counties.[91]

[91] Note that in Figure 9, data is missing for some counties. This data was not available from the American Community Survey for this geography.

Figure 8. Low Income Population 2000

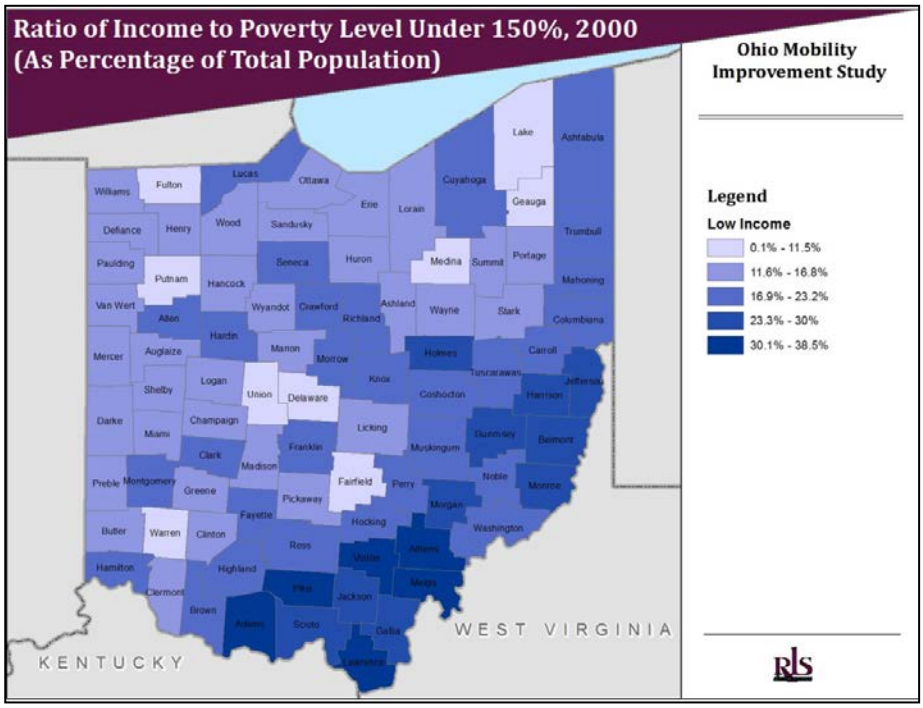
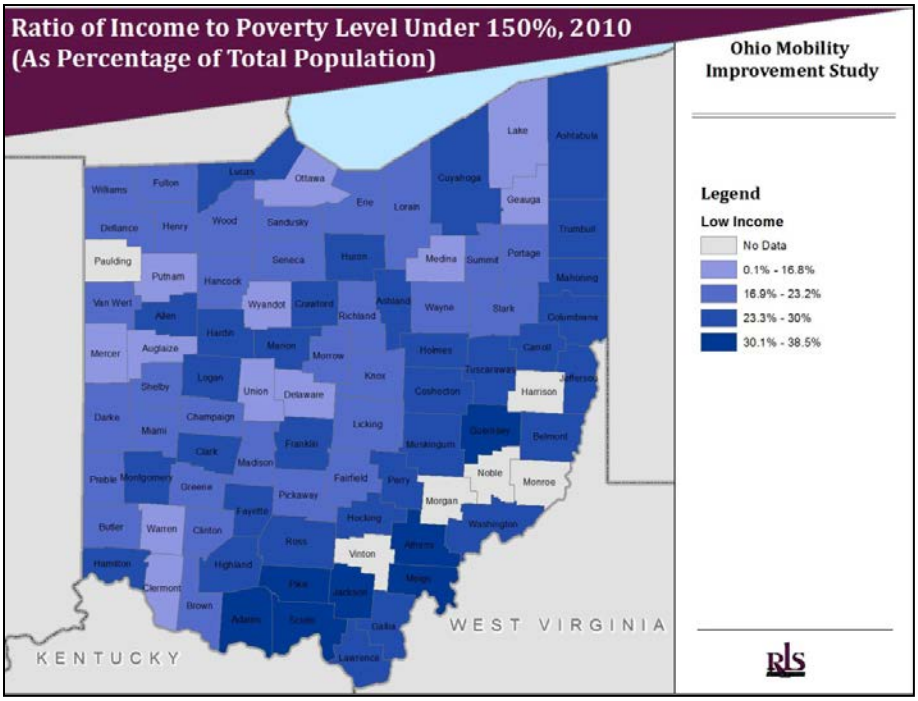


Figure 9. Low Income Population 2010



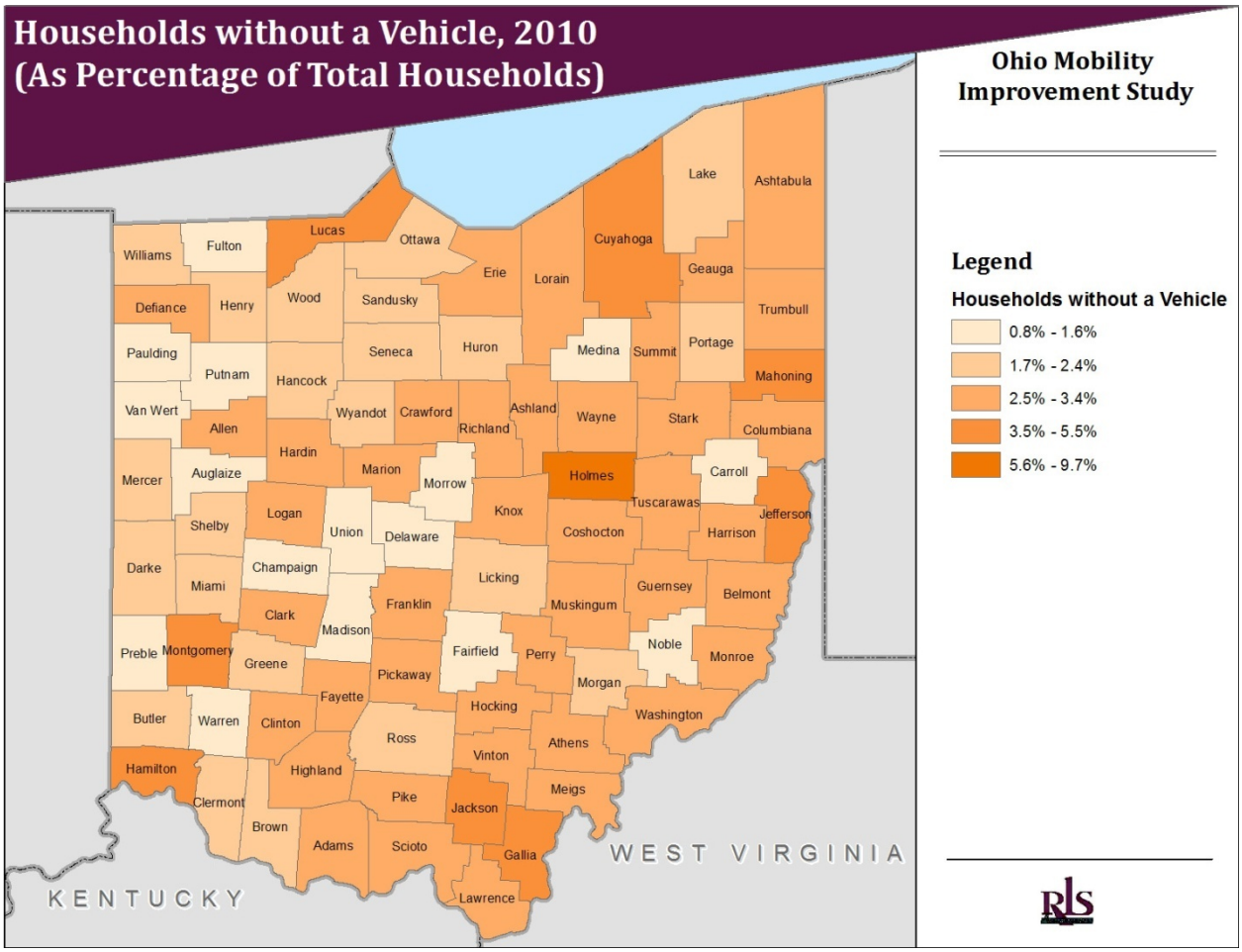
Source: U.S. Bureau of the Census.

Households Without a Vehicle

The presence of a vehicle in a household can also indicate income level, as households with low income are less likely to own a vehicle.

Some central counties north of Columbus have the fewest percentage households with no vehicles. The highest concentrations are generally the eastern half of the state, with Holmes County having the highest.

Figure 10. Households Without a Vehicle, 2010

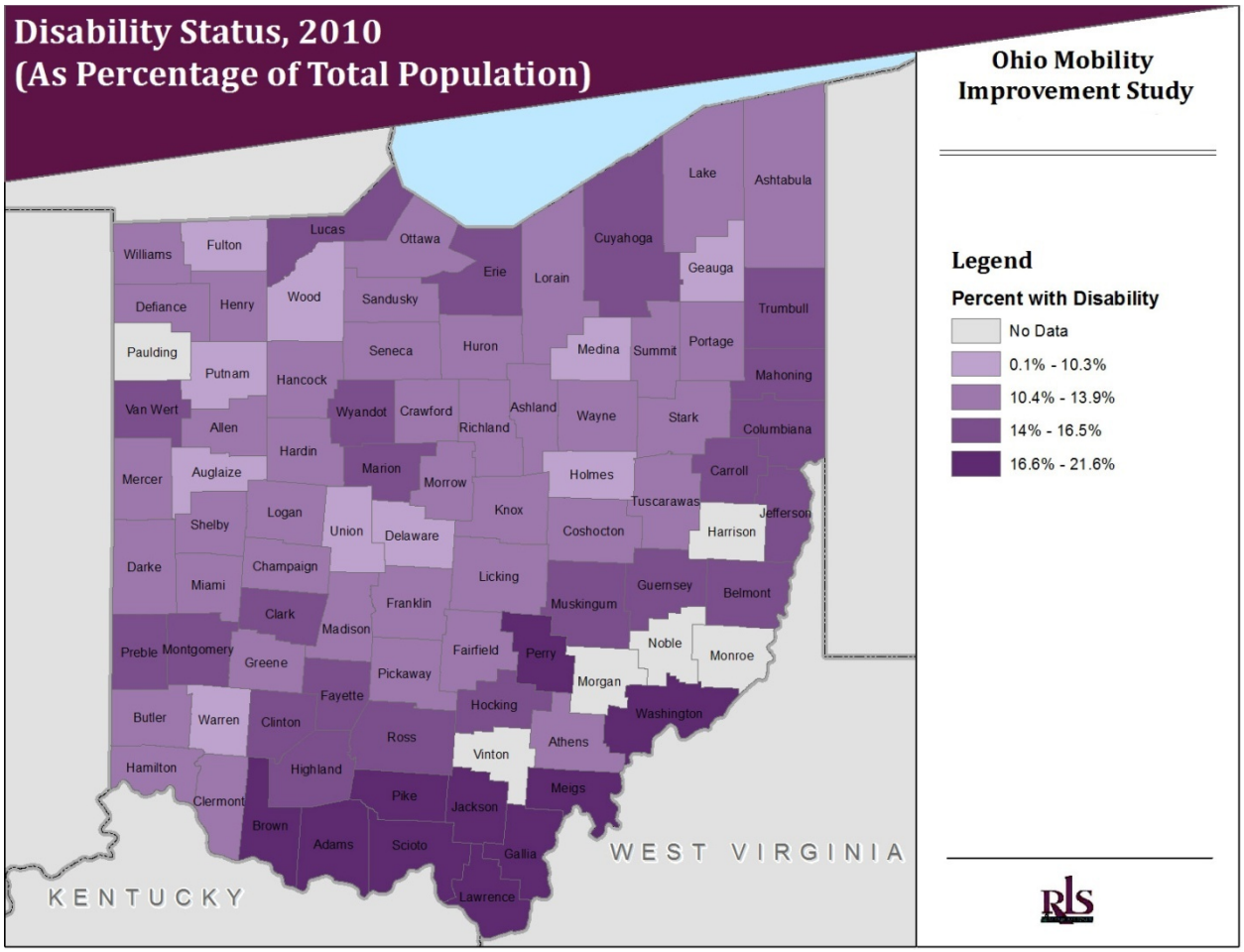


Source: American Community Survey 3-Year Estimates 2010

Individuals With Disabilities

Showing a similar pattern to low income's geographic extent, the percentage of individuals with a disability is much higher in southern Ohio, with some higher percentages also in eastern Ohio.[92]

Figure 11. Disability Status, 2010



Source: American Community Survey 3-year Estimates 2010.

[92] Note that in Figure 11, data is missing for some counties. This data was not available from the American Community Survey for this geography.

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Key Programs and Service Delivery Networks

Introduction

The complexity of the mobility problems facing people with low incomes, individuals with disabilities, and elderly persons is compound by a complex web of an estimated 62 different Federal programs that have been established over the last 40 years to resolve such problems – yet, despite investment in a multitude of targeted programs – mobility problems remain. In one noteworthy review, the General Accountability Office stated:

> *Sixty-two federal programs—most of which are administered by the Departments of Health and Human Services, Labor, Education, and Transportation—fund transportation services for the transportation disadvantaged. The full amount these programs spend on transportation is unknown because transportation is not always tracked separately from other spending. However, available information (i.e., estimated or actual outlays or obligations) on 29 of the programs shows that federal agencies spent at least an estimated $2.4 billion on these services in fiscal year 2001. Additional spending by states and localities is also not fully known but is at least in the hundreds of millions of dollars.*[93]

These 62 programs are administered by eight different departments of the Federal government, including:

- U.S. Department of Agriculture (1)
- U.S. Department of Education (8)
- U.S. Department of Health and Human Services (23)
- U.S. Department of Housing and Urban Development (4)
- U.S. Department of the Interior (2)
- U.S. Department of Labor (15)
- U.S. Department of Transportation (6)[94]
- U.S. Department of Veterans Affairs (3)

[93] U.S. General Accounting Office, *Transportation Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist*, GAO-03-697, Washington, D.C. (June 2003).

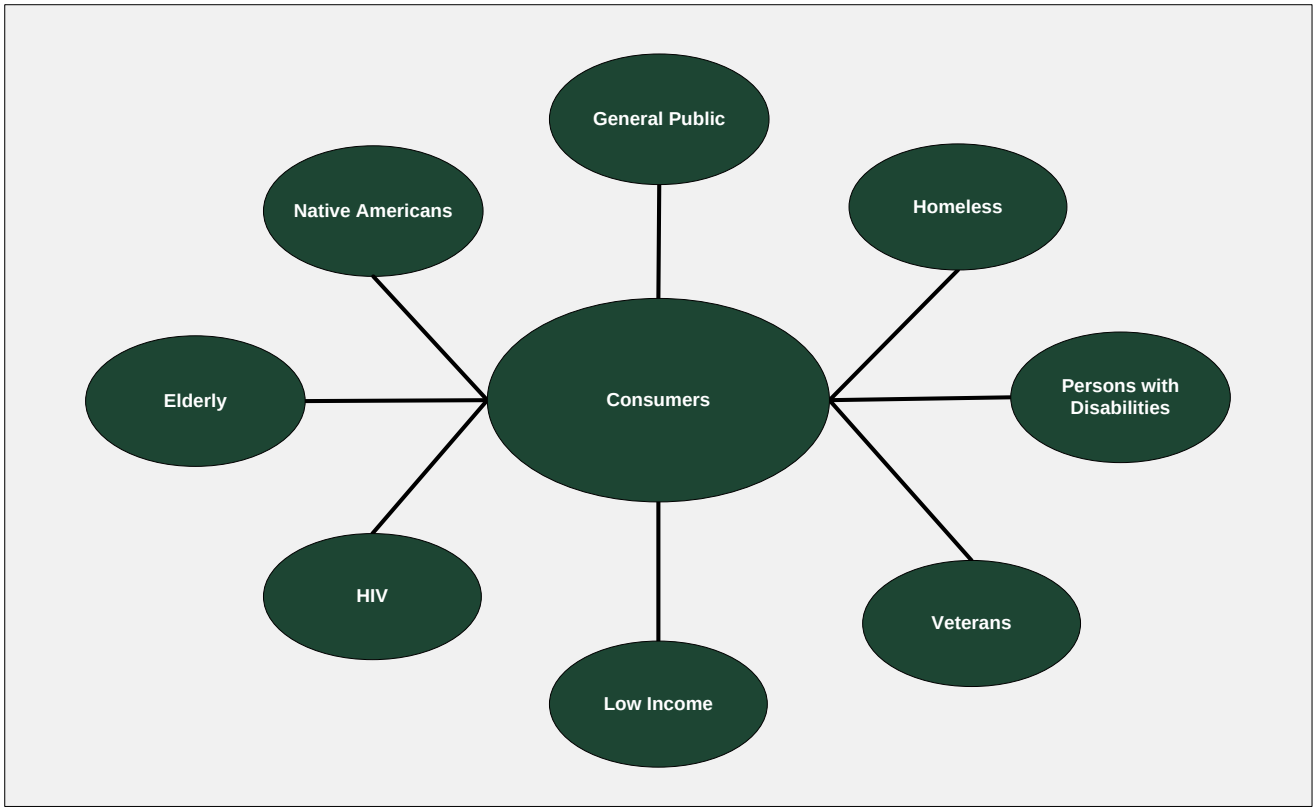
[94] Recent legislation, Moving Ahead for Progress in the 21st Century Act (MAP-21), has changed the total number of programs actually operated effective for Federal Fiscal Year 2013. The original number of programs as reported by GAO has been retained to keep the total at the commonly accepted 62 programs.

No less than 16 different divisions or administrations within these eight departments are responsible for grants administration of these programs.

An examination of the eligibility provisions of the listed 62 programs suggest that there are eight (8) target populations served by these programs including Native Americans, the homeless, individuals with disabilities, elderly persons, individuals with HIV, veterans, and people with low incomes.[95]

Additionally, GAO includes major programs administered by the U.S. Department of Transportation, Federal Transit Administration that typically serve the general public, but in some instances may be utilized primarily one of the three primary transit disadvantaged populations (people with low incomes, elderly persons, and individuals with disabilities)(Figure 12).

Figure 12. Target Populations of Programs Serving the Transportation Disadvantaged Population



Source*: Ibid*., p. 42.

A synopsis of the 62 key programs, by department, by agency is provided in Figures 13.

[95] Youth are frequently cited in the eligibility criteria for these programs but a qualifying factor, such as "low income" youth, results in placement in one of the eight categories defined herein.

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs

Federal Department:	**Department of Agriculture**
Department Administration/Office/Division:	**Food and Nutrition Service**
Programs:	**Food Stamp Employment and Training Program**
Typical Transportation Use:	**Reimbursement or advanced payment for gasoline expenses or bus fare**
Trip Purpose:	**To access education, training, employment services, and employment placements**
Target Population:	**Low-income persons between the ages of 16 and 59**

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	**Department of Education**	
Department Administration/Office/Division:	**Office of Elementary and Secondary Education**	
Programs:	**21st-Century Community Learning Centers**	**Voluntary Public School Choice**
Typical Transportation Use:	**Contract for service**	**Contract for services, purchase and operate vehicles, hire bus drivers and transportation directors, purchase bus passes**
Trip Purpose:	**To access educational services**	**To access educational services**
Target Population:	**Students from low-income families**	**Students from underperforming schools who choose to transfer to higher performing schools**

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	Department of Education					
Department Administration/Office/ Division:	Office of Special Education and Rehabilitative Services					
Programs:	Assistance for Education of All Children with Disabilities	Centers for Independent Living	Independent Living Services for Older Individuals Who Are Blind	Independent Living State Grants	Supported Employment Services for Individuals with Most Significant	Vocational Rehabilitation Grants
Typical Transportation Use:	Purchase and operate vehicles, contract for service	Referral, assistance, and training in the use of public transportation	Referral, assistance, and training in the use of public transportation	Referral, assistance, and training in the use of public transportation	Transit subsidies for public and private transportation (e.g. bus, taxi, and paratransit), travel training	Transit subsidies for public and private transportation (e.g. bus, taxi, and paratransit), travel training
Trip Purpose:	To access educational services	To access program services	To access program services, for general trips	To access program services, employment opportunities	To access employment services, and voc rehab services	To access employment services, and voc rehab services
Target Population:	Children with disabilities	Persons with a significant disability	Persons aged 55 or older who have significant visual impairment	Persons aged 55 or older who have significant visual impairment	Persons with most significant disabilities	Persons with physical or mental impairments

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	Department of Health and Human Services					
Department Administration/Office/ Division:	Administration for Children and Families					
Programs:	Child Care and Development Fund	Community Services Block Grant Programs	Developmental Disabilities Projects of National Significance	Head Start	Refugee and Entrant Assistance Discretionary Grants	Vocational Rehabilitation Grants
Typical Transportation Use:	States rarely use CCDF funds for transportation and only under very Restricted circumstances	Taxi vouchers, bus tokens	Transportation information, feasibility studies, planning	Purchase and operate vehicles, contract with transportation providers, coordinate with local agencies	Bus passes	Bus passes
Trip Purpose:	To access child care services	To access program services	General trips	To access educational services	To access employment and educational services	To access employment and educational services
Target Population:	Children from low-income families	Low-income persons	Persons with developmental disabilities	Children from low-income families	Refugees	Refugees

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	Department of Health and Human Services				
Department Administration/Office/ Division:	Administration for Children and Families				
Programs:	Refugee and Entrant Assistance Targeted Assistance	Refugee and Entrant Assistance Voluntary Agency Programs	Social Services Block Grants	State Councils on Developmental Disabilities and Protection and Advocacy	Temporary Assistance for Needy Families
Typical Transportation Use:	Bus passes	Bus passes	Any transportation related use	Small grants and contracts to local organizations to establish transportation projects	Any use that is reasonably calculated to accomplish a purpose of the TANF program
Trip Purpose:	To access employment and educational services	To access employment and educational services	To access medical or social services	All or general trips	General trips
Target Population:	Refugees	Refugees	States determine what categories of families and children	Persons with developmental disabilities and family members	Assistance to families with a minor child, but states eligibility

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	Department of Health and Human Services			
Department Administration/Office/ Division:	Administration on Aging		Centers for Medicare & Medicaid Services	
Programs:	Grants for Supportive Services and Senior Centers	Program for American Indian, Alaskan Native, and Native Hawaiian Elders	Medicaid	State Children's Health Insurance Program
Typical Transportation Use:	Contract for services	Purchase and operate vehicles	Bus tokens, subway passes, brokerage services	Any transportation related use
Trip Purpose:	To access program services, medical, and for general trips	To access program services, medical, and for general trips	To access health care	To access health care
Target Population:	Program is targeted to persons aged 60 or over	Program is for American Indian, Alaskan Native, and Native Hawaiian elders	Recipients are low income persons, but states determine specific eligibility	Beneficiaries are children from low-income families, but states determine eligibility

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	Department of Health and Human Services					
Department Administration/Office/ Division:	Health Resources and Services Administration					
Programs:	Community Health Centers	Healthy Communities Access Program	Healthy Start Initiative	HIV Care Formula Grants	Maternal and Child Services Grants	Rural Health Care, Rural Health Network, and Small Health Care Provider Programs
Typical Transportation Use:	Bus tokens, vouchers, transportation coordinators, and drivers	Improve coordination of transportation	Bus tokens, taxi vouchers, reimbursement for use of own vehicle	Bus passes, tokens, taxis, vanpools, vehicle purchase by providers, mileage reimbursement	Any transportation related use	Purchase vehicles, bus passes
Trip Purpose:	To access health care	To access health care	To access health care	To access health care	To access health care	To access health care
Target Population:	Medically underserved populations	Uninsured or underinsured populations	Residents of areas with significant perinatal health disparities	Persons with HIV or AIDS	Mothers, infants and children, particularly from low income families	Medically underserved populations in rural areas

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	**Department of Health and Human Services**	
Department Administration/Office/ Division:	**Substance Abuse and Mental Health Services Administration**	
Programs:	**Community Mental Health Services Block Grant**	**Substance Abuse Prevention and Treatment Block Grant**
Typical Transportation Use:	**Any transportation related use**	**Any transportation related use**
Trip Purpose:	**To access program services**	**To access program services**
Target Population:	**Adults with mental illness and children with emotional disturbance**	**Persons with a substance related disorder and/or recovering from substance related disorder**

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	Department of Housing and Urban Development			
Department Administration/Office/ Division:	Office of Community Planning and Development			
Programs:	Community Development Block Grant	Housing Opportunities for Persons with AIDS	Supportive Housing Program	Revitalization of Severely Distressed Public Housing
Typical Transportation Use:	Purchase and operate vehicles	Contract for services	Bus tokens, taxi vouchers, purchase and operate vehicles	Bus tokens, taxi vouchers, contract for services
Trip Purpose:	General trips	To access health care and other services	To access supportive services	Trips related to employment or obtaining supportive services
Target Population:	Program must serve a majority of low income persons	Low-income persons with HIV or AIDS and their families	Homeless persons and families with children	Residents of the severely distressed housing and residents of the revitalized units

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	**Department of Interior**	
Department Administration/Office/Division:	**Bureau of Indian Affairs**	
Programs:	**Indian Employment Assistance**	**Indian Employment, Training and Related Services**
Typical Transportation Use:	**Gas vouchers**	**Gas vouchers**
Trip Purpose:	**To access training**	**Employment related**
Target Population:	**Native American persons between the ages of 18 and 35**	**Low-income Native American persons**

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	**Department of Labor**					
Department Administration/Office/ Division:	**Employment and Training Administration**					
Programs:	**Job Corps**	**Migrant and Seasonal Farm Workers**	**Native American Employment and Training**	**Senior Community Service Employment Program**	**Trade Adjustment Assistance - Workers**	**Welfare-to-Work Grants to Federally Recognized Tribes and Alaska Natives**
Typical Transportation Use:	**Bus tickets**	**Mileage reimbursement**	**Bus tokens, transit passes, use of tribal vehicles and grantee staff vehicles, mileage reimbursement**	**Mileage reimbursement, reimbursement for travel costs, and payment for cost of transportation**	**Mileage reimbursement, transit fares**	**Any transportation related use, though purchasing vehicles for individuals is not allowable**
Trip Purpose:	**To access Job Corps sites and employment services**	**To access employment placements or intensive and training services**	**To access employment placements, employment services**	**To access employment placements**	**To access training**	**To access employment placements, employment services**
Target Population:	**Low-income youth**	**Low-income persons and their dependents who are primarily employed in agricultural labor that is**	**Unemployed American Indians and other persons of Native American descent**	**Low-income persons aged 55 or over**	**Persons found to be impacted by foreign trade, increased imports, or shift in production**	**American Indians/ persons of Native American descent who are long-term welfare recipients or are low-income**

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	**Department of Labor**					
Department Administration/Office/ Division:	**Employment and Training Administration**					
Programs:	**Welfare-to-Work Grants to States and Localities**	**Work Incentive Grants**	**Workforce Investment Act Adult Services Program**	**Workforce Investment Act Dislocated Worker Program**	**Workforce Investment Act Youth Activities**	**Youth Opportunity Grants**
Typical Transportation Use:	**Any transportation related use, though purchasing vehicles for individuals is not allowable**	**Encourage collaboration with transportation providers**	**Mileage reimbursement, bus tokens, vouchers**	**Transportation allowance or reimbursement, bus/subway tokens**	**Public transportation**	**Bus tokens**
Trip Purpose:	**To access employment placements, employment services**	**To access one-stop services**	**To access training**	**To access transition assistance to find/ qualify for employment**	**To access training and other support services**	**To access program services**
Target Population:	**Long-term welfare recipients or low-income individuals**	**Persons with disabilities who are eligible for employment and training services**	**Priority must be given to people on assistance and low-income individuals**	**Includes workers who have been laid off, or have received an individual notice of termination, or notice that a facility will close**	**Youth with low individual or family income**	**Youth from high poverty areas, empowerment zones, or enterprise communities**

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	Department of Labor		
Department Administration/Office/Division:	Employment Standards Administration	Veterans Employment and Training Services	
Programs:	Black Lung Benefits Program	Homeless Veterans' Reintegration Project	Veterans' Employment Program
Typical Transportation Use:	Mileage reimbursement, transit fares, taxi vouchers	Bus tokens	Bus tokens, minor repairs to vehicles
Trip Purpose:	To access health services	To access employment services	To access employment services
Target Population:	Disabled coal miners	Homeless veterans	Veterans

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	Department of Tramsportation					
Department Administration/Office/ Division:	Federal Transit Administration					
Programs:	Capital and Training Assistance Program for Over-the-Road Bus	Capital Assistance Program for Elderly Persons and Persons with Disabilities	Capital Investment Grants	Job Access and Reverse Commute	Nonurbanized Area Formula Program	Urbanized Area Formula Program
Typical Transportation Use:	To make vehicles wheelchair accessible and training required by ADA	Assistance in purchasing vehicles, contract for services	Assistance for bus and bus related capital projects	Expand existing public transportation or initiate new service	Capital and operating assistance for public transportation service in nonurbanized areas	Capital assistance, and some operating assistance for public transit, in urbanized areas
Trip Purpose:	General trips	To serve the needs of the elderly and persons with disabilities	General trips	To access employment and related services	General trips	General trips
Target Population:	Persons with disabilities	Elderly persons and persons with disabilities	General public, although some projects are for the special needs of elderly persons and persons with disabilities	Low income persons, including persons with disabilities	General public, although paratransit services are for the special needs of persons with disabilities	General public, although paratransit services are for the special needs of persons with disabilities

Figure 13. Federal Programs that Support Mobility Among Transit Disadvantaged Programs (Con't.)

Federal Department:	Department of Veterans Affairs		
Department Administration/Office/Division:	Veterans Health Administration		
Programs:	Automobiles and Adaptive Equipment for Certain Disabled Veterans and	VA Homeless Providers Grant and Per Diem Program	Veterans Medical Care Benefits
Typical Transportation Use:	Purchase of personal vehicles, modifications of vehicles	Purchase of vehicles	Mileage reimbursement, contract for service
Trip Purpose:	General trips	General trips	To access health care services
Target Population:	Veterans and service members with disabilities	Homeless veterans	Veterans with disabilities or low incomes

Source: U.S. General Accounting Office, Transportation Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist, GAO-03-697, Washington, D.C. (June 2003).

Key Programs

Previous research suggests that not all of those programs that fund HHST operations (some only fund planning) and that the overwhelming amount of HHST expenditures are concentrated in the top ten programs.[96] Indeed, it is estimated that these ten programs encompass about 93.4 percent of all HHST expenses (Table 9).

Table 9. Top Ten Programs for HHST Expenditures

Federal Program	FY 2001 Reported Expenditures	FY 2006 Estimated Expenditures
Medicaid (DHHS/CMS)	$976,200,000	$1,171,400,000
Head Start (DHHS/ACF)	$514,500,000	$662,900,000
Enhanced Mobility of Seniors and Individuals with Disabilities, Section 5310 (FTA/DOT)	$174,982,628	$110,900,000
Temporary. Assistance for Needy Families (DHHS/ACF)	$160,462,214	$169,300,000
Veterans Medical Care Benefits (DVA)	$126,594,591	$145,600,000
JARC, Section 5316 (DOT/FTA)	$85,009,627	$136,600,000
21st Century Learning (DOE/Elementary and Secondary Ed)	$84,600,000	$97,300,000
Title III B Supportive Services (DHHS/AoA)	$72,496,003	$96,800,000
Vocational Rehabilitation Grants (DOE/RSA)	$50,700,000	$58,305,000
Urbanized Area Grants, Section 5307 (DOT/DOT)	$36,949,680	$42,500,000
Total	**$2,282,494,743**	**$2,691,605,000**

Source: GOA and Burkhardt, *et. a*l. (2011)

Additionally, at least one of the top programs (21st Century Learning) is related to specialized school programs and in Ohio, has no real impact on HHST. A full list of these 62 programs is found in Appendix C.

For purposes of this study, focus has been limited to only the major programs.

Medicaid (Centers for Medicare and Medicaid Services, DHHS)

Enacted in 1965 through amendments to the Social Security Act, Medicaid is a health and long-term care coverage program that is jointly financed by states and the Federal government. Each state establishes and administers its own Medicaid program and determines the type, amount, duration, and scope of services covered within broad Federal guidelines. States must cover certain mandatory benefits and may choose to provide other optional benefits. These declarations are made in a State plan, submitted to the Centers for Medicare and Medicaid Services annually. Transportation is an eligible activity as either an administrative expense or as a direct program service.

[96] Burkhardt, Jon E., Richard Garrity*, et. al*., *Sharing the Costs of Human Services Transportation*, TCRP Report No. 144, Transportation Research Board, Washington, D.C., (2011).

Federal law also requires states to cover certain mandatory eligibility groups, including qualified parents, children, and pregnant women with low income, as well as older adults, individuals with disabilities and people with low incomes. States have the flexibility to cover other optional eligibility groups and set eligibility criteria within the federal standards.[97]

The Medicaid program varies considerably from state-to-state, as well as within each state over time. States are mandated to provide certain categories of health care, and some chose to expand the mandated benefits as appropriate for their beneficiaries. Payments for medical services (including transportation to those services) are sent directly to the providers of those services. Program clients may be asked to pay a small part of the cost (a copayment) for some medical services.

There is now a Federal mandate for states to arrange the provision of transportation when necessary for accessing health care, but each state may set their own guidelines, payment mechanisms, and participation guidelines for these transportation services. The Federal requirement to obtain the lowest cost service has been interpreted by many state Medicaid programs to mean the primary use of family, friends, and volunteers, which means anyone who owns a car usually does not receive significant transportation assistance from Medicaid.[98]

The Medicaid program provides more funding for specialized transportation than any other federal program. Medicaid's federal transportation expenses equal two-thirds of all other expenses of all other federal transportation programs combined; moreover, states contribute substantial funds to the Medicaid program, typically representing one of the largest single expenditure items in any state budget.

Two major administrative or operational models are in place at this time: a state-supervised and administered system and a state-supervised, county-administered system. In a few states, counties have the majority of responsibility for operational decisions.

In almost all situations, the program is structured on a reimbursement basis; individual trips must be authorized in advance, substantial documentation that the trip actually occurred must be provided, and a significant waiting period may occur before funds are received. The administrative and reporting requirements are substantial. Reimburse rates may be set by the state, managed care providers operating services on behalf of a state, or through a transportation broker. Payments may not reflect the actual costs of providing transportation.

[97] Program overview is derived from CMS website, retrieved from http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/ohio.html.

[98] Burkhardt and Garrity, *et. al*., *op cit*., p. 23.

Head Start (Administration for Children and Families, DHHS)

Head Start is a national program that provides comprehensive developmental services for America's low-income, pre-school children (between the ages of 3 and 5) and social services for their families. Head Start began in 1965 in the Office of Economic Opportunity as an innovative way in which to serve children of low-income families and is now administered by the Administration for Children and Families in DHHS.

The cornerstone of the program is parent and community involvement—which has made it one of the most successful preschool programs in the country. Approximately 1,400 community-based, nonprofit organizations and school systems develop unique and innovative programs to meet specific needs. Head Start provides diverse services to meet the goals in education, health, parent involvement, and social services. [99]

Local Head Start grantees are not required to provide transportation, but more than three-quarter of Head Start recipients provide this service. Head Start transportation rules structure the service like school bus transportation (where permitted by state law) even though the Federal Transit Administration treats the program as a human service agency, not a school service.

Enhanced Mobility of Seniors and Individuals with Disabilities (Federal Transit Administration, DOT)

This program is intended to enhance mobility for seniors and persons with disabilities by providing funds for programs to serve the special needs of transit-dependent populations beyond traditional public transportation services and Americans with Disabilities Act (ADA) complementary paratransit services.

The Section 5310 Program is designed for transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable. One of FTA's oldest programs, MAP-21 combined the Section 5317, New Freedom Program, with Section 5310 program. MAP-21 also changed the distribution formula for the program.[100]

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

The Temporary Assistance for Needy Families (TANF) program provides block grants to states to help families transition from welfare to self-sufficiency. TANF funds cash assistance, work opportunities, and

[99] *Ibid*., p.28.

[100] Program Fact Sheet, retrieved from http://www.fta.dot.gov/documents/MAP-21_Fact_Sheet_-_Enhanced_Mobility_of_Seniors_and_Individuals_with_Disabilities.pdf.

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

States may choose to spend some of their TANF funds on transportation to purchase or operate vehicles, as well as reimburse the costs of transportation. Although some states spend none of their transportation dollars on TANF, the national average is about 2 percent of TANF dollars currently spent on transportation.[101]

Veterans Medical Care Benefits (U.S. Department of Veterans Affairs)

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

VA will reimburse eligible veterans for specified transportation services to covered medical care. Eligibility is determined by factors such as extensive service-connected disabilities, travel for treatment of a service-connected condition, receipt of a VA pension, travel for scheduled compensation or pension examinations, income that does not exceed the maximum annual VA pension, and medical condition that requires special mode of transportation if veterans are unable to defray the costs and travel is preauthorized. Advance authorization is not required in an emergency if a delay would be hazardous to life or health. Individual veterans may be reimbursed for their transportation at very modest per mile rates for travel.

In addition to reimbursing individual veterans, many VA Medical Centers have travel offices that may offer their own transportation services, may contract directly with transportation providers for some trips to VA Medical Centers, or may work with volunteer networks to provide transportation for veterans seeking health care.[102]

[101] Burkhardt and Garrity, *et. al*., *op cit*., p. 23.

[102] *Ibid*, p. 26.

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

Job Access grants are intended to develop transportation services to assist welfare recipients and other low-income individuals in getting to and from jobs and training. Reverse Commute grants are designed to develop transit services to transport workers living in urban centers to suburban and rural job sites. MAP-21 repealed this program, but projects are now allowable under the urban and rural formula programs, at the discretion of the recipient.

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

Title III of the Older Americans Act is entitled "Grants for State and Community Programs on Aging." Section 311 of the act (Title III-B) authorizes funding for supportive services and senior centers. This section enables funding for a long list of home and community-based supportive services including transportation, health, education and training, welfare, information dissemination or referral services, recreation, homemaker, counseling, transportation, access services, housing, and many other services. Funds are awarded by formula to State Units on Aging (SUAs) to provide or to ensure that other agencies provide these supportive services to older persons.

SUAs and Area Agencies on Aging (AAAs) are charged with the responsibility of concentrating resources to develop and implement comprehensive and coordinated community-based systems of service for older individuals to enable them to remain in their homes and communities. Most states are subdivided into multi-county Planning and Service Areas (PSAs), each of which is served by an AAA. About 656 AAAs are in the United States; many of them are multi-county, not-for-profit organizations that are further subdivided into Councils on Aging (COAs). Most AAAs use a portion of their funds for transportation services for older persons. This includes funding to purchase and operate vehicles as well as to purchase trips from other transportation providers.[103]

Vocational Rehabilitation Grants to States (Rehabilitation Services Administration, U.S. Department of Education)

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

[103] *Ibid*, p. 24.

Transportation services that enable an individual to participate in a VR service are an allowable expense for VR programs. Allowable expenditures include costs of purchased services from public and private vendors. (See Policy Directive RSA-PD-07-01, October 5, 2006.) School transportation, transportation support services including travel training and service coordination, and private vehicle purchase are among the allowable expenses provided through funding in the Title I formula grant program.[104]

Section 5307: Urbanized Area Formula Program (Federal Transit Administration, DOT)

This program provides grants to Urbanized Areas (UZA) for public transportation capital, planning, job access and reverse commute projects, and operating expenses in Urbanized Areas with less than 200,000 population (and who operate less than 100 vehicles in maximum revenue service).

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

While this program is typically associated with urban fixed mode transportation services, the estimated amounts include transportation services directed at the three key target populations of this study: people with low incomes, older adults, and individuals with disabilities.

[104] *Ibid*, p. 26.

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State Level Involvement in HHST

Introduction

Chapter 8 addressed the Federal involvement in the sponsorship, funding, and management of HHST. In this section, the roles of various key state agencies are examined. Generally interviews were conducted via telephone or face-to-face and followed a prescribed interview format found in the questionnaire in Appendix D.

This section addresses health and human service agencies; in the next chapter, an overview of public transportation services is provided.

Tracing the Flow of Major Programs to Ohio

The general model of funding of HHST follows a "Federal Agency to State Agency to Local Agency" service delivery model; however, this is not always the case. Medicaid, for example, follows this formula. The second-ranked program according to GAO, Head Start, does not.

This distinction is critical, as any state level based coordination policy will only have impact on those problems where the state has a direct program or grants role; programs flowing directly from the Federal level to the local level (or client level) will essentially by-pass a state level policy.

This dilemma is not unique to Ohio. A number of states have confronted this issue, usually adopting the same approach:

- Structure a statewide framework that only attempts to address state or state-administered programs.
- Create incentives for those programs or agencies falling outside the "Federal Agency to State Agency to Local Agency" service delivery model that makes voluntary participation in the state level coordination policy or initiative attractive.
- Through policy, consistent rule-making, technical assistance, advocacy, and promotion, create proven, cost-effective local coordinated mobility programs willing to provide service under contract to agencies that fall outside the "Federal Agency to State Agency to Local Agency" service delivery model.

In short, either through incentives or building the business case for participation, states that have successful coordination models have been able to include agencies that may not have a direct grant relationship with the state.

Programs that Follow the Federal-State-Local Model

The following programs most closely follow the model that a cohesive, coordination state policy on HHST will have the most impact:

- Medicaid - particularly NEMT.

- Section 5310 – Other states have been aggressive with using Section 5310 funds as incentives for coordination. With MAP-21, changes have occurred so that the state only receives 20 percent of the Section 5310 program (the remaining 80 is allocated to urbanized areas). However, the small UZA apportionment goes to the Governor, who, in turn, can communicate statewide goals in the programming of these funds. Similarly, Section 5310 funds now being allocated to designated recipients in the large urbanized areas generally will have the Metropolitan Planning Organizations assist in identifying projects. Close cooperation between ODOT and the MPOs can result in adherence to a broader set of state coordination standards in project awards.

- Temporary Assistance to Needy Families – This program fits the model and can work well for clients who need community transportation type services (as opposed to other types of personal transportation such as mileage reimbursement, gas vouchers, etc.).

- Title III-B – This program has statutory references to transportation coordination and is typically a leader at the local level for coordinated HHST programs.

- Vocational Rehabilitation Grants – Other states have been very successful in using these funds, particularly those aimed at providing sheltered employment, in a local coordination system.

Programs that Follow the Federal – Local Model

The following programs most closely follow the model that potentially could result in little or no impact by a statewide HHST coordination policy and initiative:

- Head Start – Head Start transportation regulations typically impose school bus safety standards on service delivery that make the service difficult to coordinate. Vehicles meeting school bus safety regulations, for example, are typically uncomfortable for use by adult passengers. In the aftermath of the Head Start transportation rulemaking in the late 1990s, many states have opted to not tackle this program in statewide coordination models.

- Urbanized Area Formula Program – These funds flow directly from the Federal level to designated recipients in urbanized areas. Funding is primarily for capital, but in smaller areas, operating assistance is an allowable cost. Additionally, in all areas, some funds can be used for complementary paratransit services, aimed specifically at individuals with disabilities who, because of a disability, cannot independently use or navigate an accessible fixed route transit system.

Programs that Follow the Federal – Individual Model

The following programs most closely follow this model that has proven in some cases to be difficult to coordinate:

- Veterans Medical Care Benefits (DVA) – This program has proven particularly difficult to integrate in local coordination efforts given the individual focus of this Federal program. Where there is some local governmental involvement (such as a county), inclusion or coverage under a statewide coordination initiative is more productive. Importantly, FTA has recently made a series of grant awards of discretionary funds specifically aimed at improvements in transportation provided to veterans. These funds can serve as the incentive to include this group in coordinated transportation service delivery efforts.

Table 10 outlines the flow of the major Federal programs discussed in Chapter 8.

State Agency Involvement with HHST

This section deals with those state level agencies that administer one of the major Federal programs above. In examining state level administration of major Federal programs, Ohio is particularly challenging in comparison to other states in that multiple state agencies are involved in Medicaid program management.

Ohio Department of Developmental Disabilities (DODD)/Medicaid Development and Administration

The Ohio Department of Developmental Disabilities (DODD) administers two Medicaid Waiver Programs that fund transportation for DODD clients: Non-Medical Transportation and Homemaker/Personal Care.

Non-Medical Transportation means transportation that is used by waiver enrollees solely to access adult day support, vocational habilitation, supported employment-enclave, and/or supported employment-community services, as specified by their individual service plans (ISP) (OAC 5123:2-9-18). Transportation must be linked to one of these services; if the client is not enrolled in a service, funding for transportation will not be provided.

Table 10. State Responsibility in Major Federal HHST Programs

Federal Program Name	Primary Recipient	State Agency	Local Agency	Service Level
Medicaid (DHHS/CMS)	State	Ohio Department of Jobs and Family Services Ohio Department of Developmental Disabilities Ohio Department of Aging	Local departments of Jobs and Family Services	County
Head Start (DHHS/ACF)	Individual Program Agencies	None	Individual Program Agencies	Varies
Elderly and Disabled Program, Section 5310 (FTA/DOT)	State	Ohio Department of Transportation	Varies based on a statewide competitive process	Typically County or multi-county nonprofit
Temp. Assistance for Needy Families (DHHS/ACF)	State	Ohio Department of Jobs and Family Services	Local departments of Jobs and Family Services	County
Veterans Medical Care Benefits (DVA)	Individual Program Agencies	Ohio Department of Transportation	Local veterans departments	County, but does not deal with Federal grant
JARC, Section 5316 (DOT/FTA)	Urbanized Areas, State	Ohio Department of Transportation	Competitively selected transit agencies and/or subcontracts	Varies
21st Century Learning (Elementary and Secondary Ed/ED)	State	Ohio Department of Education	Local School districts	City or county
Title III B Supportive Services (DHHS/AoA)	State	Ohio Department of Aging	Area Agencies on Aging	County aging programs
Vocational Rehabilitation Grants (DOE/RSA)	State	Ohio Rehabilitation Services Commission	County Boards of Developmental Disabilities	County
Urbanized Area Grants, Section 5307 (DOT/DOT)	Urbanized Areas	N/A	Designated urbanized area transit providers	Municipal or regional

Transportation Service as a Program Component

Homemaker/Personal Care transportation includes transportation necessary to access a variety of services and supports necessary for the health and welfare of an individual which enables the individual to live in the community. These are tasks directed at increasing the independence of the individual within his/her home or community. This service will help the individual meet daily living needs, and without this service, alone or in combination with other waiver services, the individual would require institutionalization. The benefit limitation for this service, institutional respite, informal respite, and transportation combined shall not exceed five thousand dollars annually. In addition, due to the scope of services available, homemaker/personal care services may not be used at the same time as any non-residential habilitation or supported employment services (OAC 5123:2-8-10).

Transportation Providers

Service providers for transportation under either of the Medicaid Waiver programs include local county boards of developmental disabilities, residential homes, and owners and operators of commercial vehicles defined in OAC 5123:2-9-18 to include buses, livery vehicles, and taxicabs, that are available for public use. It is important to note that commercial vehicles are not subject to the requirements of OAC 5123 but must meet all Federal, State, and local requirements pertaining to the maintenance and operation of these vehicles as well as the fares charged for their use.

Service providers are identified locally as part of planning for services for individual clients. Provider standards are contained in the Ohio Administrative Code 5123:2-9-18 and 5123:2-8-7.

Transportation Expenditures

DODD tracks transportation expenditures statewide as well as by county and by provider. Dollars spent on transportation under the two Medicaid Waiver programs in SFY 2012 were:[105]

[105] Funding is allocated to an individual client. When a person is approved under a Waiver program and deemed eligible for DODD services (including transportation), a meeting between the local county board of developmental disabilities (DD) and the individual and his or her family or representative to develop an Individual Service Plan (ISP). The individual can choose from a menu of services which includes transportation. Once the ISP is developed, a "budget" is developed based on the level of services required. For example, if the individual chooses day vocational services and transportation to and from those services, the number of trips/miles/transit fares per day/week would be estimated and an annual amount determined from that estimate. Again, non-medical transportation service will only be approved if the client chooses day services as part of his or her ISP.

Table 11. DODD Medicaid Reported Transportation Expenditures: FY 2012

Program	FY 2012 Expenditures
IO Waiver Costs	
Residential transportation (HPC Transportation)	$77,793,752
Day program transportation (NMT Transportation)	$10,417,074
Level One Waiver	
Residential transportation (HPC Transportation)	$40,390,252
Day program transportation (NMT Transportation)	$868,399
Total	**$129,469,477**

Source: Ohio Department of Developmental Disabilities, August 2012.

Client Eligibility/Eligible Trips

DODD pays for transportation trips on either a per trip, per mile, or in the case of public transit systems, a fare basis. Eligible providers are required to list the unit rate, the date the service was provided, the name of the individual receiving the trip on their billing report for reimbursement. According to a DODD official, there is no prescribed time period for submitting the reports/requests for reimbursement, but DODD processes them weekly.

Capital Acquisition

DODD does not provide funding for vehicles dedicated for transportation but will pay for the cost of modifying a van purchased by a DODD client. It was noted that many of the DODD private nonprofit providers may take advantage of the Section 5310 Program administered by the Ohio Department of Transportation.

Perceived Opinion on Rules or Policies that Impact Coordination

DODD staff was not aware of any formal rules or policies either at the State or Federal level that encourages the coordination of client transportation services nor is DODD involved in any state level coordination committee. Coordination of transportation services is not a priority at DODD primarily due to the potential conflict between coordinating local service providers and DODD's requirement to allocate funding to an individual, not a provider. There have been no statewide assessments of DODD-client needs or unmet needs.

Ohio Department of Job and Family Services (ODJFS) Office of Ohio Health Plans, Bureau of Policy and Health Plan Services

In an effort to understand the complexities of Medicaid program administration, just within the Ohio Department of Job and Family Services, an interview was arranged with the Office of Ohio Health Plans and this unit arranged to have key Medicaid program officials available to respond to questions.

- Fee-for-Service Medicaid and county-administered transportation assistance (FFS):
- Medicaid Managed Care (MC):

- Medicaid Waivers administered by ODJFS (MW)
- Family Assistance (FA)
- Nursing Facility (NF)

Medicaid is managed in accordance with a state plan. As noted in the previous section, CMS does prescribe elements that must be met by all states, but does provide some latitude in how a state addresses each required program component. Additionally, in an effort to encourage innovation and hold down Medicaid costs, CMS permits states to apply for Medicaid Waivers (MW) to test or implement alternative programs and procedures. All states take advantage of this opportunity; ODJFS has made extensive use of waivers in the past and is utilizing the waiver method in initial efforts as part of the Governor's Office of Health Care Transformation to revamp health care in the state.

Transportation Service as a Program Component
Transportation assistance is a generally a benefit, rather than a specific program.

Wheelchair van and non-emergency ambulance services are available through FFS and Medicaid and Medicaid Managed Care. Claims submitted by FFS providers are reimbursed directly to the provider using only billing and payment systems. When these services are provided to a resident of a nursing facility (NF), payment is included in the NF per diem amount.

Other medically-related transportation assistance (contract transportation by taxi or transit vehicle, gasoline vouchers or cards, bus fares, etc.) is provided through a county-based brokerage system administered by the 88 County Departments of Job and Family Services (CDJFS), in which vendors are paid by the local CDJFS in accordance with contract terms (rather than on an FFS basis) between the provider and the CDJFS. Medicaid reimburses all direct costs.

Transportation is also available through the Medicaid waiver programs. These services are provided to eligible clients but are generally provided to/from non-medical services (unlike NEMT that must be to/from a medical service).

Transportation Providers
In FFS programs, individual CDJFSs will enter into contract with a qualified provider of services. This could include a public transit system, human service agency, or private, for-profit transportation companies. Additionally, in this arrangement, the CDJFSs can also use personal transportation modes, electing to reimburse the client directly and/or reimburse friends and family for providing the transport. Volunteer transportation is also an acceptable means of service delivery.

In managed care plans, the entity is the MCP provider and is responsible for arranging for or directly providing the transportation. ODJFS is not involved in the provider selection process.

Under the waiver program, the managing entity will secure the services of transit providers.
In Family Assistance programs, CDJFSs will secure the services of contractors.

In order to become an eligible provider under the FFS programs, providers must go through a certification process that is governed by Ohio Administrative Rules. These rules are designed to ensure that only qualified vendors are able to provide transportation services and to ensure the safety of the vehicles and qualifications of the individuals performing the service.

Officials interviewed indicated that on those services where the CDJFSs are directly responsible for securing the services of a transportation contractor, vendor qualifications and established business principles are used. The same holds true for Family Assistance.

Transportation Expenditures

According to DJFS officials, reported transportation expenditures for FY 2010 were about $67 million.

Table 12. Job and Family Services, Reported Medicaid Transportation Expenditures: FY 2010

Program/Transportation Type	FY 2010 Expenditures
Non-Emergency Ambulance and Wheelchair Service	$27,200,000
County (CDJFSs) Administered (Includes vendors, gas cards, and other personal transportation reimbursements)	$39,800,000
Total	**$67,000,000.00**

Source: Ohio Department of Job and Family Services, January 2012.

Client Eligibility/Eligible Trips

All FFS Medicaid-eligible individuals may request transportation assistance through a CDJFS. Medicaid-eligible individuals qualify for non-emergency ambulance or wheelchair van service if a practitioner certifies the need in accordance with administrative rule.

Participants in a Managed Care Plan (MCP) are required to provide emergency and non-emergency transportation services for their members. Non-emergency transportation services must be provided by MCPs for their members if one of two conditions is met:

- An ambulance or wheelchair van is medically necessary for transportation to an MCP-covered service; or
- Transportation is requested by a member who must travel 30 miles or more from his/her residence to receive services from an MCP-authorized provider.

MCPs may choose to provide members with an additional transportation benefit consisting of a limited number of trips that can be used for travel not only to covered medical care but also to non-medical services such as eligibility redetermination. Members are not required to use this additional transportation benefit before requesting assistance through the CDJFS.

To qualify for transportation under a family assistance program, the client must be TANF eligible. The County departments are responsibility for eligibility determination. For fee-for-services, eligibility is month-to-month; for other programs, the CDJFS will determine the period of eligibility.

Typically, two types of trips are allowable: (1) fee-for-services must be a trip to/from a Medicaid coverable services (*i.e.*, medically-related services that could be reimbursed by Medicaid); or (2) in the Family Assistance category, the trip must be related to a client work activity assignment.

Capital Acquisition
Capital is not a typical item under the fee-for-service programs. In terms of Family Assistance programs, potentially a CDJFS could acquire rolling stock; this would be a county decision.

Perceived Opinion on Rules or Policies that Impact Coordination
Traditionally, this has been left to the local CDJFSs. There are numerous counties that do coordinate services between their local agencies and other community organizations. Some also coordinate between WIA and TANF or the One Stop centers and TANF. ODJFS serves as both the state Medicaid agency and the state welfare agency. Each CDJFS may choose to contract with vendors such as Area Agencies on Aging, community action agencies, or rural transit authorities. Several ODJFS bureaus have been represented on the Transportation Partnership of Ohio, an interagency task force affiliated with United We Ride that is committed to improving and increasing access to programs and services through transportation coordination. Thus, the agency has reacted favorably to previous coordination initiatives at both the state level and through the network of county departments.

Ohio Department of Aging

The Ohio Department of Aging is the designated State agency, as required by the Federal Older Americans Act, which receives and administers funding not only as a result of the Older Americans Act, but also from a variety of state and federal sources; it oversees several programs.

The ODA is a cabinet-level state agency; the ODA Director is appointed by the Governor. ODA's mission is to "provide leadership for the delivery of services and supports that improve and promote quality of life and personal choice for older Ohioans, adults with disabilities, their families and their caregivers." It's vision is that "Ohioans will benefit from a network of effective resources and community services that support consumer rights, independence and dignity."

In addition, there are 12 Area Agencies on Aging located throughout the state. Created by the Older Americans Act of 1965, AAAs respond to the needs of the elderly in the communities they serve. They are advocates, planners, funders and educators, as well as providers of information and referral services. Area agencies work with public and private partners to respond to the unique needs of older citizens and families in their areas. Each AAA serves a multi-county planning and service area. Agencies create local plans based on the population and resources in their communities.

While many state- and federally-funded programs operate the same way across the state, area agencies often have latitude in customizing their service delivery to provide the most appropriate system of care for their communities. ODA and other funding sources routinely monitor the area agencies, and the agencies in turn monitor their local partners who provide direct services.

Area agencies distribute Federal, state and local funds to service providers. With few exceptions, area agencies do not provide direct in-home and community-based services. However, they do provide assessment and case management of consumers as well as provide information and referral to service agencies. Many also make available educational trainings and workshops for the citizens and professionals in their areas. The area agencies also house or coordinate with regional long-term care ombudsman programs, which assist consumers of long-term care services with choices and concerns. Programs for Older Adults Administered by the ODA

ODA oversees three major programs: Title III; the State Block Grant; and PASSPORT.

Title III provides formula grants to State agencies on aging, under approved State plans to provide home and community based care to older persons with special emphasis on older individuals with the greatest economic or social need, with particular attention to low-income minority individuals.

Title III-B supports supportive services which fall under three broad categories:

- Access Services - transportation, outreach, information and assistance and case management.
- In-home Services - homemaker services, chore maintenance and supportive services for families of older individuals who are victims of Alzheimer's disease.
- Community Services - adult day care and legal assistance.

Supportive services are designed to maximize the informal support provided by caregivers and to enhance the capacity of older persons to remain self-sufficient.

Nutrition services are provided under Title III-C, both via home-delivery and congregate site services. Although meals are the primary service provided in the group meals program, ancillary services include nutrition screening, education, counseling and outreach.

A responsive, community-based system of services must include collaboration in planning, resource allocation and delivery of a comprehensive array of services and opportunities for all older Americans in the community. The intent is to use Title III funds as a catalyst in bringing together public and private resources in the community to assure the provision of a full range of efficient, well coordinated and accessible services for older persons. ODA designates planning and service areas in the State and makes a subgrant or contract under an approved area plan to one area agency in each planning and service area for the purpose of building comprehensive systems for older people throughout the State. Area agencies in turn make subgrants or contracts to service providers to perform certain specified functions.

The Senior Community Services Block Grant funding augments Federal Title III funds by providing matching to these funds as well as providing both leverage and match for funds from other sources, e.g., Social Services Block Grant—Title XX. It also supports home-delivered and congregate meals and leverages Federal Nutrition Services Incentive program funds. Across the state, AAAs use Senior Community Services funds, as well as local senior services levy funds, to secure funds from the Ohio Housing Trust Fund for home repair programs.

PASSPORT, the Medicaid Waiver Program, provides assistance so that older Ohioans can live independently in their own homes, in their communities, surrounded by family and friends, for as long as they can. Before Medicaid waiver programs, older adults who needed any degree of long-term care typically entered nursing homes. Ohio's PASSPORT Medicaid waiver program helps Medicaid-eligible older Ohioans get the long-term services and supports they need to stay in their homes.

Senior Transportation in Ohio

Transportation is an important component in all ODA programs, seeing it as the key for older Ohioans to remain mobile and active in their local communities. Senior transportation programs make it possible for individuals who do not drive and cannot use public transportation to obtain rides for essential trips, such as medical appointments, business errands, shopping and other activities. Transportation services vary among communities and may be "fixed route" (i.e., similar to a bus route, with scheduled stops and routes) or "demand response" (i.e., like taxi service, providing on-demand, door-to-door service). Services may be provided by Urban and Rural transit systems, human service organizations, churches, and other providers. ODA stresses that transportation services may include:

- Dial-a-ride;
- Bus tokens and/or transit passes for fixed route scheduled services;
- Taxi vouchers; and
- Mileage reimbursement to volunteers or program participants.

AAAs contract with local transportation providers, including nonprofit organizations (*e.g.*, senior centers), transit systems, or for-profit providers (*e.g.*, ambulette companies). ODA strongly encourages the use of Ohio's public transit and coordinated transportation systems by older adults. Title III providers tend to be different than the Passport providers in urban areas, but this is not the case in rural areas.

Individualized service plans must be developed for each client; it can include transit; many however use one-on-one, e.g., taxi trips. In these cases, rates are an issue because of multi-loading of passengers. Typically the Medicaid-rate is used for everyone, and the use of fully allocated rates are unlikely, if not impossible.

Transportation Expenditures

Funding is allocated by ODA to the 12 Area Agencies on Aging, who in turn distribute it to organizations serving older adults in each county, typically a senior center or council on aging. There must be a

designated Passport Administrative agency in each county. Many counties also have a senior service levy that provides additional funding for these and other services. Typically these local county funds follow the same rules as Title III-B. According to ODA officials, reported transportation expenditures were about $16 million. Approximately 1.1 million one-way trips were provided (including escort assisted trips) to over 30,000 older adults.

Transportation services funded through PASSPORT include Non-Emergency Medical Transportation (NEMT), Non-Medical Transportation, and transportation to Adult Day Service. NEMT is a service designed to enable a consumer to gain access to medical appointments specified by the consumer's plan of care. NEMT is for medical needs/appointments that may include, but is not limited to physician appointments, dental, eye podiatry, and other specialty appointments, dialysis, mental Health appoints, pharmacy, etc. In SFY 2009, ODA spent $8,865,940 for NEMT and 8,478 consumers received this service.

Non-Medical Transportation is a service that transports a consumer from one place to another for a non-medical purpose through the use of a provider's vehicle and driver. Examples of places to which the service may transport a consumer area a grocery store, a senior center, or a government office. Note this service is different than the NEMT service. In SFY 2009, ODA spent $262,354 for Non-Medical Transportation and 9,070 consumers received this service.

Transportation service can also be provided to transport consumers to and from Adult Day Service. This is a non-residential, community-based service designed to meet the needs of functionally and/or cognitively impaired older adults through an individualized care plan that encourages optimal capacity for self-care and/or maximizes functional abilities. Adult Day Service consists of structured, comprehensive and continually supervised components that are provided in a protective setting. In SFY 2009, ODA spent $3,967,745 for Adult Day Service transportation and 2,417 consumers received this service.

Table 13. Reported Senior Transportation Expenditures: FY 2009

Program/Transportation Type	FY 2009 Expenditures
Older Americans Act	
Federal	$3,802,348
State	2,809,652
Local	$9,462,136
PASSPORT	$8,865,940
NMT	262,354
Adult Day Program	$3,967,745
Total	**$29,170,175**

Source: Ohio Department of Aging, December 2011.

AAAs use a variety of funding sources for senior transportation, including Federal and State funds administered by ODA; federal and state funds administered by ODOT; local levy funds, and charitable and foundation grants. Typically this funding is provided contractually to local transportation providers.

Client Eligibility/Eligible Trips

The need for PASSPORT services, including transportation, far surpasses the available funding. Eligible PASSPORT participants are:

- Age 60 or older;
- Financially eligible for Medicaid institutional care (For 2010, this means typically earning no more than $2,022 per month for one person and having no more than $1,500 in countable assets, though individuals above this limit may be eligible based on the extent of their medical and in-home needs);
- Frail enough to require a nursing home level of care; and
- Able to remain safely at home with the consent of their physician.

Issues Facing Ohio's Older Adult Population

The older adult community at large in Ohio is facing many hurdles. Ohio General Revenue funding for aging services, like for all services, has experienced major cuts over the past several years, in particular the Senior Community Services Block Grant. Local match for Title III funds is a major issue and continues to grow. The location of senior housing is a major issue throughout the state. The demand for services exceeds most communities' ability to provide these services, despite a wide variety of Federal, state, local, and private resources being used for transportation. Adequate funding is vital if the state is to help seniors access health care, food, and other services to enable them to remain actively engaged in their communities. This is an increasingly important issue as the baby boomer population approaches a time when they will no longer be able to drive.

Perceived Opinion on Rules or Policies that Impact Coordination

The ODOT Office of Transit and the ODA have been long time partners and collaborators for coordination of services, serving together on the Statewide Transportation Coordination Task Force (now the Transportation Partnership of Ohio). Goals of the task force include reducing duplication of effort and making better use of existing resources in fostering transportation coordination. One area where ODOT and ODA have worked successfully together is in co-sponsoring training. Drivers from both the aging network and the transit/coordination network often serve the same populations, and it is important that they have similar skills. The National Safety Council's four-hour defensive driving course meets the training requirements of the Ohio Department of Aging's PASSPORT Medicaid Waiver rules, Title III, and Senior Community Service Block Grant. It also meets the training requirement of the Ohio Department of Transportation, Office of Transit for transit systems, coordination projects, and Specialized Transportation Program agencies.

In its own regard, ODA has worked to the extent possible to coordinate rules and requirements, for example, coordinating the requirements for Passport and Medicaid, including driver requirements. Other steps ODA has taken to facilitate coordination among its programs was the change of its definition of a trip from "a round trip" to a "one-way trip." This seemingly small change was especially important to public transit systems eliminating the need for duplicate record keeping for those systems with senior funding contracts.

Other state-level coordination efforts were occurring with the Interagency Council on Homelessness and Affordable Housing. Established to unite key state agencies to formulate policies and programs that address affordable housing issues and the needs of Ohioans who are homeless or at risk of becoming homeless, transportation had been identified as a key component. However, the Executive Order establishing the Council was not re-issued as part of the current Governor's administration.

Adequate funding is vital, but not the only solution. According to ODA staff interviewed for this project, state and local level coordination is key. Policy makers, payers, and providers of service must come to the table and coordinate their efforts, producing policy changes that increase efficiencies and increase service delivery. Common rules, reporting, eligibility, quality standards, and training enable providers to serve and bill multiple funders. Group trips (many to one) are less expensive than taxi-type (one to one) trips. One call systems can provide a variety of information to users. Centralized dispatching and scheduling can coordinate a number of providers and services with fewer resources, which can then be re-distributed to provide additional services. But, it was felt that some entity at the state level is needed to coordinate, facilitate, and direct these efforts on behalf of all of the state agencies.

Ohio Department of Veterans Services

The Ohio Department of Veterans Services does not administer any programs which fund transportation for veterans in Ohio. As each county has different needs and are the experts as to what those needs are, each individual county provides transportation to and from VA medical centers in the way that best suits their veterans and their resources. Due to the counties' autonomy, the Department of Veterans Services suggested contacting a few individual county programs. The information below reflects the programs of Stark, Mahoning, and Fairfield Counties.

Each local County Veterans Services Commission is funded by a portion of each County's property taxes and is mandated by Section 5901.03 of the Ohio Revised Code to "establish regularly scheduled transportation for veterans to and from veterans administration medical centers within whose district the county is located, through contractual agreements or through other arrangements determined by the commission to be most cost-effective." For each of the counties interviewed, the Veterans Service Commission is the service provider. They each possess their own agency vans and employ their own drivers. The transportation funding is part of an overall budget submitted by the commission's director and approved by the respective County's Board of Commissioners. The funding is based on past years' spending and takes into consideration the purchases of new vehicles.

Client Transportation Expenditures

Transportation expenditures are tracked on a county basis, by each individual county. The Ohio Department of Veterans Services does not track transportation expenses statewide. The total expenses for each of the counties interviewed in SFY 2011 are (as reported by each county): Stark County, approximately $100,000; Mahoning County, approximately $50,000; Fairfield County, $65,430.

Based on this relatively small sample, the three subject counties spend an average of $4.60 per veteran, based on Department of Veteran Affairs estimates of veterans, by county, for the State of Ohio. If this average is extrapolated to all 88 Ohio counties, it is estimated that local Veteran Commissions spend about $3,885,345 per year on transportation.

Funding is allocated to the Veterans Service Commissions by the county. The current law, Title 59, Ohio Revised Code (ORC), authorizes the Board of County Commissioners to levy funding for the local Veterans Service Commission, not to exceed five-tenths of a mill per dollar on the assessed value of the property of the county. Each commission has autonomy then to approve a budget and spend the funding as they see fit. Each trip to a VA medical center includes up to 5-6 veterans at a time, and the number of veterans using the services is tracked, funding is tracked solely in the form of drivers' salaries and maintenance and fuel costs.

Client Eligibility/Eligible Trips
Veterans' eligibility is verified by the individual Veterans Service Commission, usually by verifying that they each individual is included in the VA medical database. Once a veteran is verified, re-assessment of eligibility is not necessary.

Vehicles are purchased on an as-needed basis by the Veterans Service Commission. If there is a need for a replacement vehicle or to expand the fleet, the purchase is planned ahead of time and included in the budget that is submitted and approved by the County Veterans Service and Board of Commissioners.

Perceived Opinion on Rules or Policies that Impact Coordination
Each Veterans Service Commission staff person interviewed was not aware of any state-level coordination policies nor are they a part of any statewide coordination committees. In Fairfield County, the idea of coordination with the local public transit entity has been approached but there was not enough need to pursue the partnership further. As they do not provide transportation to local veterans' clinics, they provide the local public transit entity a $10,000 donation as they know they are instrumental in transporting veterans locally. In Stark County, there is a small amount of coordination with SARTA, the regional transit authority for the Canton and Stark County area, to transport veterans to the point where the Veterans Service vans pick up their clients. They also have a referral system with other human services agencies in the area, and are part of the local transportation board. Mahoning County loosely coordinates with the VA Outpatient clinic in the area as they both provide transportation to and from VA hospitals. If one agency's vans are at capacity, they can refer a veteran to the other agency. According to the counties interviewed, there have been no statewide assessments of unmet needs.

Ohio Rehabilitation Services Commission

The Ohio Rehabilitation Services Commission (RSC) has been a past coordination partner of the Transportation Partnership of Ohio (formerly the Ohio Statewide Transportation Coordination Task Force). Although the current RSC representation interviewed for this project did not have specific

knowledge or history of that relationship, he has been attending ODOT's Quarterly Coordination Roundtables and was aware of ODOT's efforts with Mobility Management across the state.

The RSC administers multiple programs related to securing and maintaining meaningful employment for individuals with disabilities. Transportation is just one of many services available through RSC, with funding through the Federal Rehabilitation Act of 1973 and State of Ohio General Revenue funds. Programs administered by RSC include:

- **The Bureau of Service for the Visually Impaired (BSVI)** provides services (including educational and other services) to individuals who are blind, deaf-blind, or who have very poor vision and who need help to qualify for, find, or keep a job.

- **The Bureau of Vocational Rehabilitation (BVR)** provides services (including educational and other services) to individuals with physical or mental disabilities who need help to qualify for, find, or keep a job.

- **Centers for Independent Living (CILs)** assist people with all kinds of disabilities to overcome problems they may have with living independently.

- **The Client Assistance Program (CAP)** is part of Ohio Legal Rights Service. It helps people with disabilities find and understand vocational rehabilitation and independent living services available through the Rehabilitation Act, and helps them resolve any problems they may have while seeking or receiving these services.

The first three programs are those that primarily have transportation as a key component of the services provided.

Client Eligibility/Eligible Trips

Individuals having a disability that substantially limits mobility, hearing, sight, or other functioning are eligible for rehabilitation services if they meet the following criteria:

- Must have a physical or mental disability.
- Must have a disability that creates a substantial barrier to the ability to be employed.
- Must require vocational rehabilitation services to prepare for a job, to enter a job, to actually work, or to keep a job that is consistent with an individual's strengths, resources, priorities, concerns, abilities, and informed choice.
- Must be capable of benefiting from vocational rehabilitation services, in regard to getting or keeping a job. Individuals must not be so severely disabled as to be unable to benefit from services.

In order to receive services from the Bureau of Vocational Rehabilitation (BVR) and the Bureau of Service for the Visually Impaired (BSVI), consumers must have an individualized plan for employment (IPE).

RSC's overriding goal is to "get their consumers to work." To that end, BVR and BSVI provide goods or services that consumers need to get a job, return to a job, keep a job, or get a better job. Services may include:

- Evaluation of rehabilitation needs;
- Counseling and advice;
- Vocational and other educational services;
- Treatment to help improve physical or mental condition as it relates to employment;
- Living costs that would not have existed if not participating in a rehabilitation program;
- Interpreter services;
- Reader services;
- Personal assistance services while receiving vocational rehabilitation services;
- Instruction in independent living and independent travel if blind;
- Transportation to access rehabilitation services;
- Telecommunication, sensory, and other technology;
- Rehabilitation technology services;
- Assistance to obtain needed services from other agencies;
- Assistance for students, they move from school to rehabilitation programs;
- Work licenses, tools, equipment, and initial stocks and supplies needed to start a business;
- Assistance to find a job;
- Job coaching to learn job tasks and expectations;
- Follow-up to support employment success and satisfaction;
- Training to employers about laws to prevent disability-related discrimination; and
- Other services needed for individuals to be able to work.

In addition, there are nine Councils for Independent Living (CILs) across the state that provide services in the following four core areas:

1. Information and referral services;
2. Independent living (IL) skills training;
3. Peer counseling, including cross-disability peer counseling; and
4. Individual and systems advocacy.

In addition to these core areas of service, some CILs provide additional services depending on the needs of their particular area(s). For example, a CIL in a rural area, for example Tuscarawas County, may provide transportation as part of its core services because of the lack of transportation services available in their area, where as a CIL in an urbanized area, *e.g*., Franklin County, does not provide any direct transportation services, but may provide bus passes for the local transit system.

Transportation Service as a Program Component

Transportation is an eligible service throughout every phase of the rehabilitation program. Each individual has a vocational rehabilitation counselor to assist in the development of the IPE and help individuals determine the best service options. Individuals qualifying for vocational rehabilitation services have the right to select their service providers. Funds for transportation are provided in accordance with RSC's established fee schedule and are generally provided on a per trip basis. Typically, RSC will fund the purchase of a bus fare, but does not contract for the fully allocated cost of a trip.

Transportation Needs and Obstacles

RSC recently conducted a statewide needs assessment of their consumers. The top two needs, and thereby obstacles to employment, were cited as the lack of available jobs and the lack of [accessible] transportation, accessible transportation was defined by consumers as not available in their area, did not serve the needed destinations, or did not meet their specific needs, i.e. wheelchair accessibility.

Transportation Expenditures

Table 14. Reported RSC Transportation Expenditures: FY 2011

Program/Transportation Type	FY 2011 Expenditures
RSC	$56,658
Travel Training - Public Transportation	$157,059
Transportation - OTHER	$2,693
Transportation for Relocation	$921,165
Transportation, Common Carrier	$901,701
Transportation, Private Vehicle	$198,637
Vehicle Repair	$56,658
Total	**$ 2,237,912**

Source: Ohio Rehabilitation Services Commission, August 2012.

Ohio's Health Care Reform

Healthcare Transformation Initiative

Arguably, the centerpiece of the current administration in Ohio is healthcare reform. In 2011, Governor John R. Kasich issued an Executive Order that created the Office of Health Transformation (OHT). Citing unsustainable growth in the Medicaid program (representing 30 percent of all State of Ohio spending), lack of coordination with Medicare, and divided responsibilities at the state and local levels for service delivery, the Executive Order :

- Creates a new Office of Healthcare Transformation;
- Advances the Administration's Medicaid modernization and cost-containment priorities in the operating budget;

- Initiates and guides insurance market exchange planning;
- Engages private sector partners to set clear expectations for overall health system performance; and
- Recommends a permanent health and human services organizational structure and oversees transition to that permanent structure.[106]

Ohio's efforts to reform healthcare service delivery systems and Medicaid are not new. In 2005, the legislature created the Ohio Commission to Reform Medicaid. The Commission was tasked with:

> *...a complete review of the state Medicaid program and shall make recommendations for comprehensive reform and cost containment. The Commission shall submit a report of its findings and recommendations to the Governor, Speaker, and Senate President not later than January 1, 2005.*[107]

Additionally, the Auditor of State produced a comprehensive review for the Medicaid program in 2006. [108] This report found that the Ohio Medicaid program was extremely complex, involving 256 individual State, County, and regional agencies and departments that administer approximately $13 billion from Federal, state, and local sources.[109]

Two years later, a follow-up report was issued in 2008.[110] In most cases, the ambitious agenda developed by the Commission and recommendations previously presented by the Auditor had not been implemented.

By creating a state level cabinet agency, the Office of Health Transformation, it is clear that the current initiative is moving forward. Citing the need for structural changes in state government, the administration plans to consolidate the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services effective July 1, 2013, and transform Ohio Medicaid into a cabinet-level agency effective July 1, 2014.

Additionally, OHT is focusing on the following program and policies issues:

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[106] *Executive Order 2011-02K*, issued by Governor John R. Kasich, January 13, 2011.

[107] *Transforming Ohio Medicaid: Improving Health Quality and Value*, Ohio Commission to Reform Medicaid January 2005.

[108] *Ohio Medicaid Program Performance Audit*, prepared by the Auditor of State, December 19, 2006.

[109] *Ibid*., p. 1-2.

[110] *Ohio Medicaid Program Follow-Up Performance Audit*, prepared by the Auditor of State, December 18, 2008.

- Modernize Medicaid;
- Streamline Health and Human Services; and
- Improve Overall Health System Performance.[111]

Modernize Medicaid

This element actually consists of a number of separate efforts, including many reforms that will lower the cost of Medicaid services, including:

- Reform nursing facility reimbursement
- Integrate Medicare and Medicaid benefits
- Expand and streamline home and community based services
- Create health homes for people with mental illness
- Restructure behavioral health system financing
- Improve Medicaid managed care plan performance
- Provide accountable care for children

Reforming nursing facility reimbursement rates may be the most controversial of these reforms and has garnered industry opposition as it links Medicaid payment directly to care for residents and quality. It increases Medicaid quality incentive payments for nursing homes but caps overall payments.

The second initiative seeks to design and implement a Medicare/Medicaid Integrated Care Delivery System (ICDS). Ohio's development of the ICDS is a work in progress. The goal of the ICDS program is to comprehensively manage the full continuum of Medicare and Medicaid benefits for Medicare-Medicaid Enrollees, including Long-Term Services and Supports (LTSS).

The component of the initiative attempts to lower Medicaid costs associated with long-term care options, promoting community and home based care over institutional care. Using CMS waivers, the initiative will increase spending in the PASSPORT program.

The health homes component is designed to create a person-centered system of care, called a health home, to improve care coordination for high-risk beneficiaries, a population characterized as having serious and persistent mental illness. ODMH and ODADAS are tasked with implementation.

Restructuring of behavioral health service delivery financing will result in the state picking up the local share costs in substance abuse and mental health from community based behavioral health boards. This will provide some state control over type, duration, and amount of treatment eligible clients may receive under these programs. Community behavioral health boards will still be responsible for community based services.

[111] All information regarding OHT initiatives are derived from the OHT website, retrieved at: http://www.healthtransformation.ohio.gov/.

Improvements to managed care are already underway. The state solicited proposals for new managed care providers across the state and has recently announced the competitive results of this solicitation. These new managed care plans and providers will go into effect in 2013.

Providing accountable care for children is designed to promote a more integrated approach for treatment of children with disabilities.

Streamline Health and Human Services
This series of reforms includes:

- Organize government to be more efficient
- Modernize eligibility determination systems
- Share information across state and local data systems
- Accelerate adoption and use of Health Information Technology
- Integrate claims payment systems

Creation of a separate, cabinet level department for Medicaid is the primary goal of this first task in the OHT's organizational elements.

The current system of Medicaid eligibility determination is fragmented, overly complex, and relies on outdated technology. OHT cites more than 150 categories of eligibility just for Medicaid, and two separate processes to determine Medicaid eligibility based on disabling condition. This initiative is designed to create a new process, relying on new technology, to process eligibility determinations. Further, OHT notes the potential for 940,000 new enrollees in Medicaid if the state opts to participate in the Medicaid expansion called for in the Affordable Care Act.

Data sharing is seen as a method to better integrate the health care data that already exists in the system for Medicaid individuals but is not readily available to all service providers to fragmentation, use of different systems, etc. Ohio issued an RFP in August 2012 to address this issue.

Health Information Technology (HIT) and electronic health information exchange (HIE) are seen as having the potential to virtually connect a currently disconnected health care system. OHT believes that better information will result in better care. This is also another technology issue that has some impact on health care privacy laws.

Proposals for integrated claims payments have not yet been introduced.

Improve Overall Heath Care System Performance
This initiative builds on an existing program operated by the Ohio Department of Health (ODH), the Ohio Patient-Centered Primary Care Collaborative, a coalition of primary care providers, insurers, employers, consumer advocates, and government officials, to encourage medical practices throughout Ohio to become a Patient-Centered Medical Home (PCMH). The PCMH model makes primary care and

prevention the foundation of medical practice, facilitates partnerships between individual patients and their personal physicians, and pays providers for improving the health of their patients and clients through measurable outcomes.

Medicaid Reform and Potential Impact on HHST/Public Transportation

While OHT has not addressed the transportation implications of its proposed reforms, it is clear that access to services, particularly in any expansion of home and community based services (HCBS) will not be successful unless Medicaid clients can access these services. This will require recognition that transportation will be instrumental if desired outcomes are to be achieved.

It is not clear if OHT has assumed that existing delivery networks are adequate and will respond to these needs. However, creation of new health homes for individuals with serious and persistent mental illnesses will generate additional transportation demand for service. This initiative may create greater challenges for coordinated transportation, as the populations served may be inappropriate for transport in an integrated and coordinated community transportation program that serves other HHST populations. However, dedicated services that this initiative may require can potentially be offered by coordinated public transit/HHST programs.

Creation of new management care regions and selection of vendors to provide these services will also have an impact on HHST transportation. Providers will deal directly with the managed care plan provider, and will not deal with the local CDJFS.

Because this could potentially lead to a greater fragmentation of service delivery at the local and regional levels, it must be addressed at the state level. To achieve this, the OHT should be a part of any future state agency level coordination efforts.

Summary and Limitations

Similar to the major findings generated by GAO when attempting to document program expenditures for client transportation in the State of Ohio, this study recognized the fact that most human service agencies do not, nor are they required, to tabulate and document client transportation costs.

In at least two cases, while identified by GAO as a program that serves low income, elderly, or individuals with disabilities, further examination suggests that the programs are more closely related to school transportation and are effectively operated as separate transportation programs in Ohio (and elsewhere in the nation).

By design, and consistent with the budgetary limitations associated with any study, focus was placed on key programs. **This analysis suggests that state agencies are expending $ $227,877,564 on health and human services transportation and/or transportation for veterans.**

This analysis was not designed, nor does it convey, any additional expenditure that may be made under local levies and other mechanisms that would not be captured or tabulated by a state agency. Additionally, it does not address any expenditures made by public transit agencies, which are addressed in the next chapter.

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Public Transit Involvement in HHST

Introduction

Public transit agencies have made significant contributions providing mobility and accessible services to people with low incomes, older adults, and individuals with disabilities. In today's public transit environment, public transit meets the mobility needs of these target populations in a variety of ways:

- Provision of transit services where the fare is intentionally subsidized by the sponsoring agency to promote utilization, reduce congestion, improve air quality and achieve other public policy objectives. This creates affordable mobility options for all.

- The Ohio Department of Transportation (ODOT) sponsors a reduced fare program for elderly persons and individuals with disabilities. This program enables transit systems to offer a reduced fare to either of these populations, further reducing the cost of this travel alternative.

- Under the Americans with Disabilities Act (ADA), all fixed mode (fixed route, light rail, and heavy rail train) systems must provide complementary paratransit services to those persons, who as a result of their disability, cannot use and independently navigate the fixed route system. By definition, eligible riders of complementary paratransit are persons with a disability.

- Some communities that operate complementary paratransit under the provisions of the Americans with Disabilities Act permit other passengers to use the service. For example, some programs will permit older adults to use the system, thereby expanding the level of demand response services available to this population.

- Ohio's transit systems and coordinated transportation projects, particularly those programs operating in nonurbanized areas, have long provided service under contract to health and human service agencies, including non emergency medical transportation. This has enabled human service agencies to avoid the overhead and capital expense associated with the direct operation of services and has provided a cost-effective alternative for these organizations.

- The Federal government has authorized several transit specific programs aimed specifically at the target populations addressed in this study. While the programs are meant to benefit populations typically served by health and human service agencies, these grant programs are funded through the U.S Department of Transportation, Federal Transit Administration – not a human service agency. These programs, addressed in part in Chapter 8, include:

    - Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310);

- Job Access and Reverse Commute Program (Section 5316) – This program had specific focus on low income individuals; and
- New Freedom Program (Section 5317) – This program assists entities provide new services for persons with disabilities that exceed or enhance services already required under the ADA.

In addition to these dedicated programs, public transit is supported, in urbanized and nonurbanized areas, respectively, by two formula programs that provide capital and operating assistance to public transit providers. These programs support general public transportation; while it is clear that members of the three target populations use these services extensively, public transit providers do not routinely collect demographic data on each boarding passenger. Nevertheless, the contribution this general transit mode makes to enhance the mobility of HHST clients cannot be understated.

A Brief History of Public Transit/HHST Coordination in Ohio

ODOT has been a champion of transportation coordination dating back to the mid-1980s, providing technical assistance to communities to assist them in developing coordinated transportation programs. Ohio's coordination efforts have included many objectives and have realized many successes over the years. To better understand the role public transit, and to a greater extent ODOT, has played in forging the accomplishments of coordination public transit and HHST in Ohio, the research team reviewed old reports and conducted interviews with both current and former state agency staff to develop a history of coordination milestones in Ohio.

1980 - 1989

- Re-convened a state agency group consisting of Developmental Disabilities (DD), Mental Health (MH), Education (ODE), and Aging (ODA) for the purpose of addressing coordination.

- Entered into Memoranda of Understanding with ODA and MRDD resulting in the development of jointly sponsored driver training programs.

- Participated in a FTA regional "coordination summit" with state agency representatives from Ohio, Indiana, Illinois, Minnesota, and Wisconsin.

- Formed the Ohio State Agency Task Force representing ODOT, ODA, MRDD (now DODD), ODE, MH, Ohio Department of Jobs and Family Services(ODJFS), and Ohio Rehabilitation Services Commission(ORSC). This task force was formed with the objective to remove barriers that prevent successful coordination. ODOT served as the lead agency for the Task Force which:

    - Developed a series of Ohio Coordination Briefs.

- Sponsored state coordination conferences educating over 500 individuals on the benefits of transportation coordination.
- Completed a study of program requirements or ODOT and ODA funded transportation service.
- Developed a strategic plan.
- Performed "coordination reviews" and made recommendations for the Section 5310 program.
- Reviewed applications and made funding recommendations for the Ohio Coordination Program.

♦ Developed the first "Coordination Handbook", a technical assistance tool for local communities attempting to coordination local transportation services.

♦ Applied for, received, and distributed oil overcharge funding to support coordination projects in Lucas and Erie Counties.

♦ Applied for, received and distributed funding from the Ohio Developmental Disabilities Planning to fund coordination projects across the state.

1990 - 2000

♦ Distributed $300,000 from the Ohio Rehabilitation Services Commission for coordinated demonstration projects across the state.

♦ Distributed an additional 500 Status of Transit reports with funding from the Ohio Rehabilitation Services Commission.

♦ In 1997, ODOT chaired the oversight group which monitored the development of the county transportation plans required as part of House Bill 408, Ohio Works First, Ohio's welfare reform legislation. ODOT provided funding and guidance for the development of 3 of these plans, and reviewed all of the plans that were developed. ODOT also led the oversight group in an evaluation of the first year's efforts as a result of Ohio Works First and produced a Legislative report which was presented to the Ohio General Assembly.

♦ Updated the Ohio Coordination Handbook and developing its companion document, "A Guide to Implementing Coordinated Transportation Services."

♦ Set aside $500,000 from its biennial Ohio General Revenue allocation to implement the Ohio Coordination Program.

- Developed program eligibility, criteria, the application process and established funding priorities.

- Monitored program accomplishments and service delivery.

- Developed the Ohio Coordination Roundtables, meetings for the Ohio Coordination Program's Project Coordinators. These meetings serve as training, information sharing, and peer-to-peer sessions. These roundtables continue to date.

2001 to Present

- Conducted an evaluation of the Ohio Coordination Program from 1996 through 2000 was completed and documented achievement of the program's goal to increase the availability of transportation service in Ohio's rural communities.

- Doubled the funding for Ohio Coordination Project to $1M per year.

- Received a FTA United We Ride state program award.

- Implemented a series of changes to the Ohio Coordination Program because of declining General Revenue funds. Annual funding was reduced as were the maximum amounts of the individual coordination project awards.

- In 2010, all state funding was withdrawn for coordination because of the continued decline of General Revenue funding. However, ODOT continued the program using Federal Sections 5310, 5316, & Section 5317 funding.

- Transitioned the coordination funding priority to the development of mobility management programs with the goal of funding local and regional mobility managers throughout Ohio.

- Partnered with the Office of Statewide Planning and Research to complete the Ohio Mobility Improvement Study with the ultimate goal of developing a comprehensive Coordination Implementation Plan for Ohio.

- As a result of the work completed for the Ohio Mobility Improvement Study, five Ohio Mobility Management projects as identified as best practice models. Continues to fund, as of 2012, 21 rural and small urban Mobility Management Projects and has Mobility Managers in 29 Ohio Counties.

ODOT's mission states, in part, that ODOT will "… advocate personal mobility by supporting, coordinating and funding Public Transportation…. ." ODOT's work to date has established Ohio as a leader in the transportation coordination effort and public transit as an integral component of this coordination. These historical successes are a sound foundation for continued advancement of coordination among Ohio's State agencies to achieve ODOT's mission of personal mobility.

Public Transit Providers in Ohio

Because of the way funds are apportioned to Ohio transit systems through FTA programs, the availability of public transit service providers is split between urbanized and nonurbanized area providers.

Urbanized Area Transit Providers

There are currently 27 urbanized area transit systems in the State of Ohio. These programs operate fixed route bus, rail, and demand response transportation. Together, these providers transported almost 110 million passenger trips in the last fiscal year (FY 2012) (Table 15). The location of these providers is provided in Figure 14.

Table 15. Urbanized Area Transit Providers in Ohio

	Annual Passenger Trips		
Transit System Name	Fixed Route	Demand Response	Total
Allen County Regional Transit Authority (ACRTA)	197,180	20,680	217,860
Butler County RTA	0	53,131	53,131
Central Ohio Transit Authority (COTA)	18,764,047	259,888	19,023,935
Clermont Transportation Connection (CTC)	78,898	83,048	161,946
Eastern Ohio Regional Transit Authority (EORTA)	113,887	1,814	115,701
Greater Cleveland Regional Transit Authority (GCRTA)	45,631,759	578,211	46,209,970
Greater Dayton Regional Transit Authority (GDRTA)	10,168,868	248,390	10,417,258
Greene County Transit Board (Greene CATS)	0	159,149	159,149
Laketran	491,298	191,708	683,006
Lawrence County Transit	22,528	4,736	27,264
Licking County Transit Services (LCTS)	0	126,287	126,287
Lorain County Transit (LCT)	79,225	9,697	88,922
METRO Regional Transit Authority (Akron)	5,044,830	243,159	5,287,989
Miami County Transit System	0	52,438	52,438
Middletown Transit System (MTS)	212,285	7,311	219,596
Newark-Heath Earthworks Transit	0	47,792	47,792
Portage Area Regional Transportation Authority (PARTA)	1,445,646	117,546	1,563,192
Richland County Transit (RCT)	249,912	27,052	276,964
Sandusky Transit System (STS)	0	145,369	145,369
Southwest Ohio Regional Transit Authority (SORTA)	16,690,018	172,963	16,862,981
Springfield City Area Transit (SCAT)	296,341	10,925	307,266
Stark Area Regional Transit Authority (SARTA)	2,309,207	117,193	2,426,400
Steel Valley Regional Transit Authority (SVRTA)	217,307	2,534	219,841
Toledo Area Regional Transit Authority (TARTA)	3,087,907	296,796	3,384,703
Trumbull Transit System	0	59,248	59,248
Washington County/Community Action Bus Lines (CABL)	20,118	3,648	23,766
Western Reserve Transit Authority (WRTA)	1,290,911	38,214	1,329,125
Total	**106,412,172**	**3,078,927**	**109,491,099**

Source: Status of Transit in Ohio, DRAFT 2012 edition.

Figure 14. Ohio's Urbanized Area Transit Systems

Nonurbanized Area Transit Providers

There are currently 35 nonurbanized area transit systems in the State of Ohio. These programs operate fixed route and demand response transportation. Together, these providers almost 2.2 million passenger trips in the last fiscal year (FY 2012) (Table 16). The locations of these providers is provided in Figure 15.

Table 16. Nonurbanized Area Transit Providers in Ohio

Transit System Name	Annual Passenger Trips		
	Fixed Route	Demand Response	Total
Ashland Public Transit	0	34,012	34,012
Ashtabula County Transportation System (ACTS)	0	89,821	89,821
Athens Transit	0	68,700	68,700
Bowling Green Transit	0	36,211	36,211
Carroll County Transit	0	29,357	29,357
Champaign Transit System	0	27,106	27,106
Chillicothe Transit System	124,472	54,400	178,872
Columbiana County/Community Action Rural Transit System (CARTS)	0	73,802	73,802
Crawford County Transportation Program	0	32,749	32,749
Delaware Area Transit Agency (DATA)	17,192	42,697	59,889
Fayette County Transportation Program	0	24,934	24,934
Geauga County Transit	0	46,366	46,366
Greenville Transit System	0	46,069	46,069
Hancock Area Transportation Services (HATS)	0	41,912	41,912
Harrison County Rural Transit (HCRT)	0	17,873	17,873
Huron County Transit	0	19,760	19,760
Knox Area Transit	0	131,539	131,539
Lancaster Public Transit System	0	81,984	81,984
Transportation for Logan County (TLC)	0	20,087	20,087
Logan Transit System	0	13,618	13,618
Marion Area Transit (MAT)	0	192,580	192,580
Medina County Transit	0	102,034	102,034
Monroe County Public Transportation	0	40,100	40,100
Morgan County Transit	0	39,100	39,100
Ottawa County Transportation Agency (OCTA)	0	99,339	99,339
Perry County Transit (PCT)	0	47,624	47,624
Pickaway Area Rural Transit	0	71,731	71,731
Pike County/Community Action Transit System (CATS)	0	39,953	39,953
Transportation Resources for Independent People of Sandusky County (TRIPS)	0	32,966	32,966
Scioto County/Access Scioto County (ASC)	0	41,512	41,512
Seneca County Agency Transportation (SCAT)	0	60,993	60,993
Shelby Public Transit	0	37,912	37,912
South East Area Transit (SEAT)	77,238	54,617	131,855
Warren County Transit Service	0	51,829	51,829
Wilmington Transit System	0	136,490	136,490
Total	**218,902**	**1,981,777**	**2,200,679**

Source: Status of Transit in Ohio, DRAFT 2012 edition.

Figure 15. Ohio's Nonurbanized Area Transit Systems

Documenting Public Transit's Role in Serving HHST Populations

In order to create a consistent basis for establishing public transit's involvement in HHST, a consistent approach was required. While National Transit Database data represents the frequently used data source, there are problems with this dataset for the following reasons:

- While NTD provides a clear breakdown of modal data for urbanized areas, a reporting for nonurbanized systems is more aggregated and does supply the necessary detail on serviced dedicated to the target populations.

- Not all urbanized areas are required to report under NTD.

As a consequence, the latest available data from ODOT's own Status of Public Transit in Ohio was used to ensure uniformity in time period covered, common definition of terms, and uniform data availability across both urban and rural modes.[112] Even with these commonalities, there are still some issues in assessing public transportation's role in meeting the mobility needs of HHST populations. These issues include:

- Not all demand response services in urbanized systems are complementary paratransit type services. Complementary paratransit, by definition, would include HHST populations (individuals with disabilities). However, some systems operate purely in the demand response mode and transport ambulatory, non-HHST populations. Thus, demand ridership cannot be equated as HHST ridership.

- Rural transit systems operate predominantly in the demand response mode and while these systems tend to transport HHST populations, not all ridership would fit this description.

- Systems report usage of the State E&D fare discounts, but this does not represent the total ridership of elderly persons and individuals with disabilities, as funds are limited.

The following principles were adopted in order to assess the costs for HHST transportation provided by public transit systems:

- Costs for urbanized area demand response (complementary paratransit), as reported in the latest available *Status of Public Transit in Ohio* were used to provide an estimate of total demand response ridership that represented HHST populations. This ratio was then applied to demand response operating and capital costs to determine total costs of these demand response services strictly focused on HHST individuals.

[112] Ohio Department of Transportation, *DRAFT Status of Public Transit in Ohio, July 2012,* prepared by the ODOT Office of Transit retrieved from: http://www.dot.state.oh.us/Divisions/Planning/Transit/Documents/Programs/Publication/StatusOfPublicTransitinOhio2012.pdf.

- Costs for nonurbanized demand response systems were also collected from the *Status of Public Transit in Ohio.* While arguably more focused on serving transportation disadvantaged or HHST populations, and the level of contract fares support this claim, it cannot be assumed that all ridership falls into this category. Using the percentage of total E&D ridership to total demand response ridership, a ratio was calculated and applied to total demand response costs.

- Where a system reported using the ODOT E&D Half Fare Program to support a trip on either fixed route or demand response modes, the value of the expenditure was credited to the overall tabulation as benefitting parties include elderly persons and individuals with disabilities. Data for this computation was drawn from the most recent Status of Public Transit in Ohio report.

- All apportionments to the State of Ohio under the Section 5310, Section 5316, and Section 5317 programs were included in the tabulation.

Because of the way funds are apportioned to Ohio transit systems through FTA programs, the research team has segregated or reported separately on urbanized and nonurbanized expenditures.

Ridership and the percent of E&D Half Fare ridership for urbanized area transit systems is found in Table 16. Urbanized area transit systems provide 109,490,829 passenger trips per year; over 97 percent of these trips in the fixed route mode. About 3,078,927 demand response trips are provided, and systems report the vast majority of these passenger are either elderly or disabled persons (88 percent).

The same data for nonurbanized area systems is found in Table 17. These programs transport more than 2.2 million passengers per year; the vast majority of these trips are provided in the demand response mode (90 percent). About 55.3 percent of all demand response ridership on nonurbanized area systems are classified as elderly or disabled persons.

Using the principles outlined above, an estimate of the potential role of public transportation providers in urban and nonurbanized areas was developed (Table 18). It is estimated that urban systems expended about $120 million dollars in 2011 on transportation for HHST populations, while nonurbanized area transit systems spent another $16.3 million towards this purpose. However, he total $136.3 million in demand responsive transportation expenditures may not fully reflect any other contributions that fixed route services may make in addressing this demand.

Table 16. Urbanized Area Public Ridership, 2011

Transit System/Recipient	Fixed Route Ridership		Demand Response Ridership		Percent Demand Response Ridership E&D
	Total	E&D	Total	E&D	
Allen County Regional Transit Authority (ACRTA)	197,180	70,328	20,680	19,017	91.96%
Butler County RTA			53,131	35,531	66.87%
Central Ohio Transit Authority (COTA)	18,764,047	2,685,794	259,888	259,888	100.00%
Clermont Transportation Connection (CTC)	78,898	3,440	83,048	73,763	88.82%
Eastern Ohio Regional Transit Authority (EORTA)	113,887	35,709	1,814	1,814	100.00%
Greater Cleveland Regional Transit Authority (GCRTA)	45,631,759	5,032,526	578,211	578,211	100.00%
Greater Dayton Regional Transit Authority (GDRTA)	10,168,868	1,441,147	248,390	248,390	100.00%
Greene County Transit Board (Greene CATS)			159,149	93,295	58.62%
Laketran	491,298	47,590	191,708	140,046	73.05%
Lawrence County Transit	22,258	3,379	4,736	4,736	100.00%
Licking County Transit Services (LCTS)			126,287	95,459	75.59%
Lorain County Transit (LCT)	79,225	14,706	9,697	8,186	84.42%
METRO Regional Transit Authority (Akron)	5,044,830	589,382	243,159	243,159	100.00%
Miami County Transit System			52,438	22,198	42.33%
Middletown Transit System (MTS)	212,285	69,791	7,311	7,311	100.00%
Newark-Heath Earthworks Transit			47,792	37,752	78.99%
Portage Area Regional Transportation Authority (PARTA)	1,445,646	102,311	117,546	105,021	89.34%
Richland County Transit (RCT)	249,912	106,655	27,052	27,052	100.00%
Sandusky Transit System (STS)			145,369	42,336	29.12%
Southwest Ohio Regional Transit Authority (SORTA)	16,690,018	1,441,648	172,963	172,963	100.00%
Springfield City Area Transit (SCAT)	296,341	54,541	10,925	9,484	86.81%
Stark Area Regional Transit Authority (SARTA)	2,309,207	559,186	117,193	117,193	100.00%
Steel Valley Regional Transit Authority (SVRTA)	217,307	29,234	2,534	2,534	100.00%
Toledo Area Regional Transit Authority (TARTA)	3,087,907	331,202	296,796	296,796	100.00%
Trumbull Transit System			59,248	37,086	62.59%
Washington County/Community Action Bus Lines (CABL)	20,118	15,658	3,648	3,648	100.00%
Western Reserve Transit Authority (WRTA)	1,290,911	403,188	38,214	25,093	65.66%
Urban Systems Total	**106,411,902**	**13,037,415**	**3,078,927**	**2,707,962**	**87.95%**

Source: (Draft) 2012 Status of Public Transit in Ohio.

Table 17. Nonurbanized Area Public Ridership, 2011

Transit System/Recipient	Fixed Route Ridership		Demand Response Ridership		Percent Demand Response Ridership E&D
	Total	E&D	Total	E&D	
Ashland Public Transit			34,012	8,862	26.06%
Ashtabula County Transportation System (ACTS)			89,821	25,800	28.72%
Athens Transit			68,700	15,624	22.74%
Bowling Green Transit			36,211	29,886	82.53%
Carroll County Transit			29,357	25,117	85.56%
Champaign Transit System			27,106	20,594	75.98%
Chillicothe Transit System	124,472	14,014	54,400	54,400	100.00%
Columbiana County/Community Action Rural Transit System (CARTS)			73,802	52,474	71.10%
Crawford County Transportation Program			32,749	25,300	77.25%
Delaware Area Transit Agency (DATA)	17,192	2,834	42,697	26,316	61.63%
Fayette County Transportation Program			24,394	19,705	80.78%
Geauga County Transit			46,366	37,829	81.59%
Greenville Transit System			46,069	33,084	71.81%
Hancock Area Transportation Services (HATS)			41,912	31,544	75.26%
Harrison County Rural Transit (HCRT)			17,873	9,010	50.41%
Huron County Transit			19,760	2,747	13.90%
Knox Area Transit			131,539	58,705	44.63%
Lancaster Public Transit System			81,984	42,607	51.97%
Transportation for Logan County (TLC)			20,087	14,728	73.32%
Logan Transit System			13,618	10,116	74.28%
Marion Area Transit (MAT)			192,580	81,332	42.23%
Medina County Transit			102,034	62,091	60.85%
Monroe County Public Transportation			40,100	18,440	45.99%
Morgan County Transit			39,100	24,044	61.49%
Ottawa County Transportation Agency (OCTA)			99,339	63,361	63.78%
Perry County Transit (PCT)			47,624	22,796	47.87%
Pickaway Area Rural Transit			71,731	56,343	78.55%
Pike County/Community Action Transit System (CATS)			39,953	22,692	56.80%

Transit System/Recipient	Fixed Route Ridership		Demand Response Ridership		Percent Demand Response Ridership E&D
	Total	E&D	Total	E&D	
Transportation Resources for Independent People of Sandusky County (TRIPS)			32,966	6,871	20.84%
Scioto County/Access Scioto County (ASC)			41,512	9,509	22.91%
Seneca County Agency Transportation (SCAT)			60,993	36,681	60.14%
Shelby Public Transit			37,912	24,476	64.56%
South East Area Transit (SEAT)	77,238	24,845	54,617	34,788	63.69%
Warren County Transit Service			51,829	24,471	47.21%
Wilmington Transit System			136,490	63,988	46.88%
Nonurbanized Systems Total	**218,902**	**41,693**	**1,981,237**	**1,096,331**	**55.34%**

Source: (Draft) 2012 Status of Public Transit in Ohio.

Table 18. Estimated Public Transportation Expenditures on HHST Populations, 2011

Transit System/Recipient	Operating Expenses: Fixed Route	Operating Expenses: Demand Response	Demand Response Capital	Percent Demand Response Ridership E&D	Projected Demand Response E&D Expense
Urbanize Area Transit Systems					
Allen County Regional Transit Authority (ACRTA)	$1,251,359	$457,492		91.96%	$420,702
Butler County RTA		$1,907,739	$656,896	66.87%	$1,715,082
Central Ohio Transit Authority (COTA)	$84,288,571	$8,833,814	$4,795,118	100.00%	$13,628,932
Clermont Transportation Connection (CTC)	$627,511	$ 2,014,638	$1,111,528	88.82%	$2,776,652
Eastern Ohio Regional Transit Authority (EORTA)	$1,206,956	$123,265		100.00%	$123,265
Greater Cleveland Regional Transit Authority (GCRTA)	$223,698,264	$21,947,284	$3,109,000	100.00%	$25,056,284
Greater Dayton Regional Transit Authority (GDRTA)	$52,612,567	$15,312,366	$1,515,756	100.00%	$16,828,122
Greene County Transit Board (Greene CATS)		$2,759,564	$648,581	58.62%	$1,997,894
Laketran	$5,351,072	$5,929,931	$572,203	73.05%	$4,749,921
Lawrence County Transit	$737,410	$317,909	$828,459	100.00%	$1,146,368
Licking County Transit Services (LCTS)		$2,428,515		75.59%	$1,835,689
Lorain County Transit (LCT)	$706,817	$779,049		84.42%	$657,657
METRO Regional Transit Authority (Akron)	$31,981,044	$6,813,198	$399,489	100.00%	$7,212,687
Miami County Transit System		$971,997	$95,674	42.33%	$451,965
Middletown Transit System (MTS)	$1,116,558	$164,314		100.00%	$164,314
Newark-Heath Earthworks Transit		$ 1,011,616	$316,898	78.99%	$1,049,424
Portage Area Regional Transportation Authority (PARTA)	$4,257,197	$3,775,249	$590,030	89.34%	$3,900,141
Richland County Transit (RCT)	$1,266,907	$453,795	$148,939	100.00%	$602,734
Sandusky Transit System (STS)		$1,538,241		29.12%	$447,984
Southwest Ohio Regional Transit Authority (SORTA)	$76,428,535	$6,509,866	$240,978	100.00%	$6,750,844
Springfield City Area Transit (SCAT)	$1,390,728	$297,123	$9,180	86.81%	$265,902
Stark Area Regional Transit Authority (SARTA)	$9,545,845	$7,266,897	$1,534,087	100.00%	$8,800,984
Steel Valley Regional Transit Authority (SVRTA)	$1,144,745	$142,215		100.00%	$142,215
Toledo Area Regional Transit Authority (TARTA)	$24,359,970	$7,468,696	$9,963,746	100.00%	$17,432,442
Trumbull Transit System		$1,697,612		62.59%	$1,062,612
Washington County/Community Action Bus Lines (CABL)	$351,488	$69,314		100.00%	$69,314
Western Reserve Transit Authority (WRTA)	$7,323,781	$1,105,919		91.96%	$726,195
Urban Systems Total	**$529,647,325**	**$102,097,618**	**$26,536,562**	**87.95%**	**$120,016,325**

Transit System/Recipient	Operating Expenses		Demand Response Capital	Percent Demand Response Ridership E&D	Projected Demand Response E&D Expense
	Fixed Route	Demand Response			
Nonurbanized Area Transit Systems					
Ashland Public Transit		$525,799	$81,661	26.06%	$295,276
Ashtabula County Transportation System (ACTS)		$988,471	$266,675	28.72%	$283,926
Athens Transit		$466,507	$44,334	22.74%	$106,095
Bowling Green Transit		$567,183	$84,631	82.53%	$468,113
Carroll County Transit		$365,586	$123,421	85.56%	$312,785
Champaign Transit System		$368,444	$52,961	75.98%	$279,928
Chillicothe Transit System	$1,820,224	$607,518	$60,642	100.00%	$607,518
Columbiana County/Community Action Rural Transit System (CARTS)		$1,628,980	$310,164	71.10%	$1,158,222
Crawford County Transportation Program		$456,806	$74,306	77.25%	$352,902
Delaware Area Transit Agency (DATA)	$262,438	$986,395	$330,832	61.63%	$607,958
Fayette County Transportation Program		$591,056	$92,520	80.78%	$477,444
Geauga County Transit		$1,126,583	$458,065	81.59%	$919,154
Greenville Transit System		$580,931	$96,894	71.81%	$417,190
Hancock Area Transportation Services (HATS)		$880,718	$124,514	75.26%	$662,850
Harrison County Rural Transit (HCRT)		$567,008	$117,665	50.41%	$285,836
Huron County Transit		$409,756	$26,801	13.90%	$56,964
Knox Area Transit		$1,216,493	$302,959	44.63%	$542,913
Lancaster Public Transit System		$1,297,761	$319,795	51.97%	$674,445
Transportation for Logan County (TLC)		$461,304	$48,996	73.32%	$338,233
Logan Transit System		$217,119	$10,100	74.28%	$161,285
Marion Area Transit (MAT)		$223,156	$188,056	42.23%	$94,245
Medina County Transit		$1,753,114	$436,895	60.85%	$1,066,827
Monroe County Public Transportation		$245,883	$45,461	45.99%	$113,069
Morgan County Transit		$237,952	$201,493	61.49%	$146,325
Ottawa County Transportation Agency (OCTA)		$1,888,417	$273,094	63.78%	$1,204,482
Perry County Transit (PCT)		$1,003,513	$84,642	47.87%	$480,348
Pickaway Area Rural Transit		$649,170	$33,960	78.55%	$509,908

Transit System/Recipient	Operating Expenses		Demand Response Capital	Percent Demand Response Ridership E&D	Projected Demand Response E&D Expense
	Fixed Route	Demand Response			
Pike County/Community Action Transit System (CATS)		$390,630	$24,616	56.80%	$221,865
Transportation Resources for Independent People of Sandusky County (TRIPS)		$741,124	$159,401	20.84%	$154,470
Scioto County/Access Scioto County (ASC)		$705,410	$74,375	22.91%	$161,586
Seneca County Agency Transportation (SCAT)		$742,506	$235,770	60.14%	$446,541
Shelby Public Transit		$653,755	$168,173	64.56%	$422,064
South East Area Transit (SEAT)	$633,458	$1,986,370	$45,037	63.69%	$1,265,208
Warren County Transit Service		$1,003,036	$469,854	47.21%	$473,582
Wilmington Transit System		$1,140,330	$273,410	46.88%	$534,599
Nonurbanized Systems Total	**$2,716,120**	**$27,674,784**	**$5,742,173**	**55.34%**	**$16,304,154**
Total Public Transit Investment in	**$532,363,445**	**129,772,402**	**$32,278,735**	**75.18%**	**$136,320,480**

Source: (Draft) 2012 Status of Public Transit in Ohio.

Dedicated Federal Transit Programs Serving HHST Populations

There are three distinct and separate FTA programs where funding is apportioned to the states and/or to urbanized areas, and the purpose of each program is primarily to serve individuals who have low incomes (JARC), individuals who are elderly (Section 5310), and individuals with disabilities (New Freedom). The total amounts apportioned to Ohio and its urbanized areas are included in this analysis.

As noted in the introduction to this report, two of the three programs no long exist as discrete programs under MAP-21; however, projects funded under both the Section 5316 and Section 5317 programs are eligible under other programs. Also, beginning with the first apportionment of Section 5310 funds under MAP-21, Section 5310 funds will be apportioned directly to urbanized areas by formula. Ohio will receive 20 percent of the overall apportionment for programming in nonurbanized areas.

In the year examined (FY 2011), Section 5310 funds were apportioned only to the State. Large urbanized areas received direct apportionments of Section 5316 and Section 5317. Small urbanized area apportionments are directed to the Governor, who in turn, provides the funds to ODOT for distribution to small urbanized areas.

While these programs are relatively small in comparison to the Urban Formula and Nonurbanized Area Formula Programs, they are nevertheless significant when examining the target populations of this study. Based on the data contained in Table 19, these programs contribute approximately $14.6 million annually to support transportation services for people with low incomes, elderly persons, and individuals with disabilities.[113]

Mobility Management Programs in Ohio

One trend that was identified in the summary of best state level practices in Chapter 2 is the establishment of mobility management programs. Defined earlier in this report, mobility management represents a series of administrative strategies that link consumers and transportation providers in order to enhance mobility.

The Ohio Department of Transportation has invested in such programs. Using all three of the three specialized programs discussed in the preceding section, mobility management programs have been

[113] There is some minor potential for overlap in the data reported in Table 19 with that in Table 16. Section 5310 funds are typically awarded to specialized transit agencies and nonprofit organizations that do not provide public transportation, thus there is little chance of overlap with this funding source. Federal rules require that Section 5316 and Section 5317 be awarded to providers via a competitive process, although the transit system can retain these funds and operate the service, thus creating the potential for some duplication.

Table 19. Public Transportation Grant Programs Dedicated to HHST Populations

Transit System/Recipient	FTA Programs			Total Estimated to be Expended
	Section 5310	Section 5316	Section 5317	
Large Urbanized Areas				
Central Ohio Transit Authority (COTA)		$624,236	$353,056	$977,292
Greater Cleveland Regional Transit Authority (GCRTA)		$994,787	$634,404	$1,629,191
Greater Dayton Regional Transit Authority (GDRTA)		$388,388	$248,286	$636,674
METRO Regional Transit Authority (Akron)		$318,412	$199,827	$518,239
Southwest Ohio Regional Transit Authority (SORTA)		$741,120	$494,604	$1,235,724
Stark Area Regional Transit Authority (SARTA)		$144,458	$91,376	$235,834
Toledo Area Regional Transit Authority (TARTA)		$233,703	$188,392	$422,095
Western Reserve Transit Authority (WRTA)		$260,165	$164,040	$424,205
Large Urbanized Area Total		**$3,705,269**	**$2,373,985**	**$6,079,254**
ODOT				
Small Urbanized Areas		$819,904	$562,266	$1,382,170
Nonurbanized Areas		$1,199,850	$807,812.00	$2,007,662
Statewide Programs	$5,111,022		0	$5,111,022
ODOT Totals	**$5,111,022**	**$2,019,754**	**$1,370,078**	**$8,500,854**
Public Transportation Totals	**$5,111,022**	**$5,725,023**	**$3,744,063**	**$14,580,108**

Source: 76 Fed. Reg. 98 (20 May 2011).

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established that cover at least 25 counties in the state. Additionally, some urbanized areas have similarly created such programs (Figure 16). Chapter 2 documents the success of such programs in other states and several programs that operate in Ohio were highlighted at the Ohio Mobility Summit (see Chapter 4).

These programs are financially supported by the funding programs discussed earlier (there is no separate mobility management funding source; rather existing programs permit mobility management actions). Importantly, mobility management is not designed to fund the actual operation of services.

Summary

Public transportation is not primarily designed to serve individuals who are in the target populations defined by the study scope. However, in Ohio's urban areas, public transit provides a meaningful transportation alternative for individuals who do not own an automobile or who consciously choose public transit for other reasons. In nonurbanized areas, where population densities do not support the type of service levels that can make public transit competitive with the private automobile, public transit is arguably a mode of service aimed at HHST populations.

Between the two primarily formula programs and three dedicated programs aimed at serving comparable populations, it is estimated that public transportation providers in Ohio expend as much as $150.9 million to address the transportation needs of people with low incomes, elderly persons, and individuals with disabilities (Table 20).

Figure 16. Mobility Management Programs In Ohio

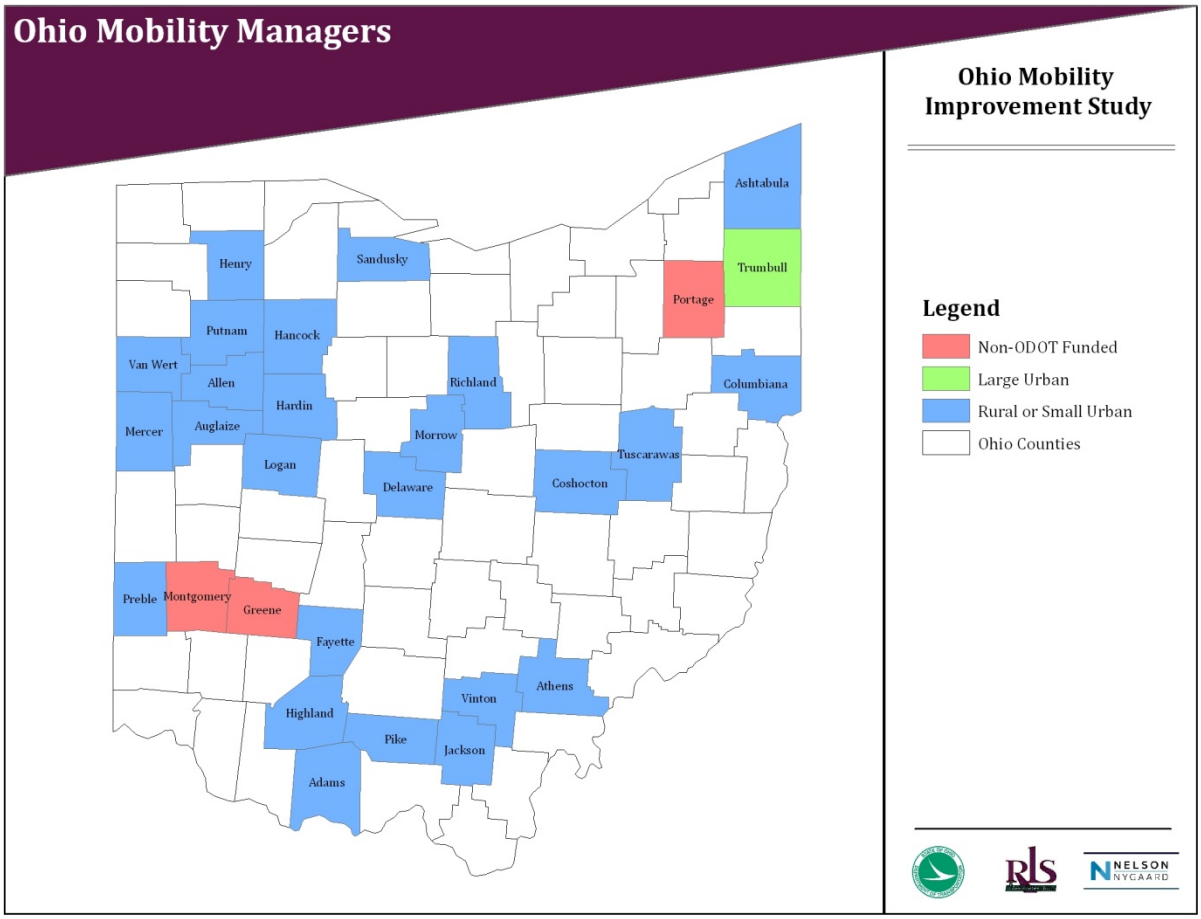

Table 20. Public Transportation Funding Summary: Programs that Assist HHST Populations

Transit System/Recipient	Formula Programs	FTA Programs Section 5310	Section 5316	Section 5317	Total Estimated Expense
Large Urbanized Areas					
Central Ohio Transit Authority (COTA)	$13,628,932		$624,236	$353,056	$14,606,224
Greater Cleveland Regional Transit Authority (GCRTA)	$25,056,284		$994,787	$634,404	$26,685,475
Greater Dayton Regional Transit Authority (GDRTA)	$16,828,122		$388,388	$248,286	$17,464,796
METRO Regional Transit Authority (Akron)	$7,212,687		$318,412	$199,827	$7,730,926
Southwest Ohio Regional Transit Authority (SORTA)	$6,750,844		$741,120	$494,604	$7,986,568
Stark Area Regional Transit Authority (SARTA)	$8,800,984		$144,458	$91,376	$9,036,818
Toledo Area Regional Transit Authority (TARTA)	$17,432,442		$233,703	$188,392	$17,854,537
Western Reserve Transit Authority (WRTA)	$726,195		$260,165	$164,040	$1,150,400
Large Urbanized Area Total	**$96,436,490**		**$3,705,269**	**$2,373,985**	**$102,515,744**
Small Urbanized Areas	**$23,579,835**				
ODOT					
Small Urbanized Areas			$819,904	$562,266	$1,382,170
Nonurbanized Areas	$16,304,154		$1,199,850	$807,812.00	$18,311,816
Statewide Programs		$5,111,022		0	$5,111,022
ODOT Totals	**$16,304,154**	**$5,111,022**	**$2,019,754**	**$1,370,078**	**$24,805,008**
Public Transportation Totals	**$136,320,479**	**$5,111,022**	**$5,725,023**	**$3,744,063**	**$150,900,587**

Source: 76 Fed. Reg. 98 (20 May 2011), (Draft) 2012 Status of Public Transit in Ohio, and RLS & Associates, Inc. Tabulations. Total expenses are estimated 1) in some cases where funds have been obligated but not yet expended, and 2) where total actual expenditures were available, however, it was not possible in all cases to determine the amount of the actual expenditures for only the HHST portion.

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Baseline Conditions Summary

Demographic and Economic Conditions

Despite one of the nation's largest economies, Ohio's economy and job market declined more sharply than the national economy during the recession and is now taking longer than the national economy to recover. Between 2008 and 2009, Ohio's GDP declined from $465.5 billion to $451 billion. The state also lost almost 618,000 jobs between 2000 and 2010.

Although the last few years have been difficult for Ohio, the state's economic climate is showing positive improvement. These improvements, however, have not returned the State to the pre-2007 period and funding, and in particular, programs funded from the General Fund, have not recovered.

Demographic data is revealing in that many Ohio counties are going through radical demographic change. As emphasized at the Ohio Mobility Summit by the Ohio Department of Aging, in all but eight counties in the state, growth in older adult population outstripped total population by more than 10 percentage points; in more than 30 counties, the difference was more than 20 percent.

Low income populations are increasing as well. The growth in the concentration of low income population between 2000 and 2010 is found in the southeastern section of the State.

Key Programs and Service Delivery Networks

The mobility problems facing people with low incomes, individuals with disabilities, and elderly persons are compounded by a complex web of an estimated 62 different Federal programs that have been established over the last 40 years to resolve such problems, yet – despite investment in a multitude of targeted programs – mobility problems remain.

This study documented eight different branches of the Federal government manage 62 different programs aimed at providing mobility. Of these 62 programs, most cannot determine what level of expenditures is made for client transportation; however, the General Accountability Office estimated in 2003 that these programs expend more than $2.2 billion annually on transportation. Subsequent research shows that the top 10 programs in terms of expenditures account for 93 percent of all estimated expenditures. Further, of these top programs, two are school based programs and beyond the scope of this study. Thus while the network of funding is complex, actions that focus on eight key programs will be sufficient to address key mobility issues in Ohio.

State Level Involvement with HHST

The service delivery network for programs that support HHST follow different models. While most programs follow a "Federal-State-Local" funding flow, other programs flow directly from the Federal level to the local level, bypassing State involvement. And in at least one case, the Federal government funds client services directly, making payments to the individual.

Many states that have been successful in transportation coordination have focused on key programs where there is state involvement in program administration. In Ohio, these key state agencies include four departments:

- Ohio Department of Developmental Disabilities (DODD)
- Ohio Department of Job and Family Services (ODJFS)
- Ohio Department of Aging
- Ohio Rehabilitation Services Commission

The research reveals that these state agencies are expending $227,877,564 on health and human services transportation and/or transportation for veterans.

Public Transit Involvement in HHST

An examination of some of the past history of the Ohio Department of Transportation indicates a series of significant past accomplishments in reaching out to other state agencies to develop a coordinated approach to service delivery and to foster interagency policies in the provision of specialized transportation services at the local level.

Through a series of broad programs that support public transportation in urbanized and nonurbanized areas, and through a series of three specialized programs that aim to address mobility issues among people with low incomes, elderly persons, and individuals with disabilities, public transit agencies expend an estimated $150.9 million annually.

These estimates do not include any HHST individuals who may use fixed route services to access services.

Summary

Ohio has a long history of interagency coordination, led by the Ohio Department of Transportation, with substantial support from the Ohio Department of Aging (ODA) . ODOT also chaired for many years the Transportation Partnership of Ohio (formerly the Ohio Statewide Transportation Coordination Task Force). This Task Force, comprised of representatives of various State agencies, including ODA, the Department of Developmental Disabilities (DODD), the Ohio Department of Education (ODE), the Ohio Rehabilitation Services Commission (RSC) and others, addressed various coordination issues at the State and local effort with varying success. However, these coordination efforts for the most part are currently inactive, a finding that was found in several states throughout the nation as the economic recession has resulted in state level departments focusing on activities other than transportation coordination.

Demographic analysis suggests, however, that there has been no decline in the number of individuals in Ohio who typically need HHST services. In particular, Ohio's elderly population will see increases in both absolute and relative amounts over the coming decade.

While the economic recovery in the State of Ohio continues to lag the rest of the nation and State funding of HHST programs has suffered reductions, there is still significant Federal, State, and local involvement in HHST. When HHST and targeted public transportation programs are examined, an estimated $378,778,151 is expended annually to support the mobility of people with low incomes, elderly persons, and individuals with disabilities. Additionally, for those HHST clients that can utilize accessible public transportation services, public transit agencies report transport of more than 13.1 million additional trips annually to elderly persons and individuals with disabilities on fixed route services.

The research evidence to date supports the premise that Ohio not only can, but should embrace a statewide approach that integrates health and human services transportation (HHST) so that individuals served by these agencies, including the elderly, people with low incomes and individuals with disabilities, can meet basic mobility needs in an efficient and effective manner. Part III of this report will present the options that can ultimately achieve this, along with a recommended approach.

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Ohio Mobility Improvement Study

Part III: Coordination Options and Recommendations

Coordination Options

Coordination Concepts

Key elements that were documented in Part I and Part II of this report have given rise to any number of potential options that would work to improve HHST delivery and coordination at the both the State and local level in Ohio. A consistent theme expressed by stakeholders in the various outreach and public participation sessions conducted as part of this study is the need for the establishment of policies, procedures, and programs by the State that encourage and facilitate local planning, management, and operations of services.

In some respects, several of the concepts identified have, at some points in the past, reflected the policy or practice of the State of Ohio; stakeholders in this study believe that there is a need to reestablish these practices.

These concepts include:

- Re-establish a state level coordinating council that will:
  - Establish consistent state agency goals for the mobility of HHST populations;
  - Establish uniform policies on public transit and human services transportation coordination;
  - Address specific transportation issues (licensing, reporting, invoicing, etc.) regarding the provision of nonemergency medical transportation;
  - Develop, to the extent permitted by law:
    - Uniform reporting requirements for transportation services;
    - Uniform safety and operating standards; and
    - Consistent guidance on passenger assistance policies.

- Establish a technical assistance and outreach program that will:
  - Provide local, one-on-one technical assistance
  - Promote and market best practices in coordination;
  - Conduct training and education opportunities for a broader audience than just existing transportation providers.
  - Continue peer-to-peer networking and information sharing among Mobility Managers and expand to include other providers, as practical.

- Consider regional approaches as a more economical basis for providing local transit services.

- Consolidate, to the extent permitted by law, grants management procedures.

- Adopt a statewide consistent approach to funding vehicles to reduce the proliferation of vehicles used to deliver local transit services.

- Create a technology fund and promote the deployment of proven technologies that will result in the more efficient provision of HHST that uses a consistent Intelligent Transportation System (ITS) architecture to ensure interoperability and connectivity between counties, districts, etc.

- Promote establishment of mobility management on a statewide level and encourage these programs to adopt the so-called "one-stop" call center for transportation information on public and human services transportation.

- Create a dedicated transportation funding source to support specialized transportation in Ohio.

- Develop uniform approaches to cost and cost allocation so that the fully allocated costs of service can be commonly recognized by agencies opting to establish capitated rates for services.

- Continue to support the SAFETEA-LU mandated coordinated public transit and human service agency transportation planning requirement.

Based on the findings of this study, including this stakeholder input, a range of options are offered for consideration. Note that each option offers the flexibility for the State to begin development of an implementation plan at the level and pace that best fits the needs and resources available. Each option can be a stand alone task or be paired with other options.

OPTION 1: Re-Establish a State Level Coordinating Council

Description

Although possible without specific gubernatorial or legislative mandate, a state level coordinating council is more successful with high level support. Additionally, state coordinating councils are more successful when tasked with a specific mission, milestones, and benchmarks.

Both local transit and human service agency officials see the need for a state level coordinating council if for no other reason than to address regulatory obstacles and interpretations in a consistent manner and on a consistent basis. However, a number of stakeholders commented on the need for state level leadership as a necessary prerequisite for local success in the coordination of services.

Research documented in Part II reflected the heavy involvement of state agencies in the provision of funding for HHST and public transportation across the country. Currently, there is little documented coordination in administration and operation of these programs in Ohio; each agency is responsible for

the promulgation of its own regulations and policies aimed at a specific target population. Unless undertaken on their own initiative (such as a recent rulemaking by the Ohio Department of Aging that took into account ODOT policies), actions at the State level (e.g., program and policy changes, new initiatives, etc.) are not the result of communication or coordination among the State agencies.

Any discussion of a structure that fosters the coordination of community transportation services and mobility management should begin at the state level. As most programs identified in this study follow the "Federal-State-Local" service delivery model, the majority of key programs that utilize Federal and state funding are controlled by state agencies. If these agencies were to establish state level policies that mandated or fostered coordination between their programs, such policies would result in better levels of coordination at the regional and local levels.

This suggests a state establishing a state level inter-agency council or advisory committee that focuses on the coordination of community transportation services and develops such policies. These councils are most commonly referred to as State Coordinating Councils (SCCs).

As of October 2011, at least 26 states have created state coordinating councils – 12 have been created by legislative statute and 14 have been created by either a Governor's executive order or initiative. Coordinating councils have been established in recognition of the complex governing structures that have arisen over time to meet the needs of various populations for transportation services. By facilitating cooperation among different state agencies and stakeholder groups, coordination can enhance transportation services to those in need and use public resources more efficiently.

An Ohio SCC could:

- Establish consistent state agency goals for the mobility of HHST populations;
- Establish uniform policies on public transit and human services transportation coordination among agencies to eliminate any misperceptions between the local funding agencies and the transportation providers;
- Develop, to the extent permitted by law:
    - Uniform reporting requirements for transportation services;
    - Uniform safety and operating standards; and
    - Consistent guidance on passenger assistance policies.
- Provide input and feedback on any new programs or expanded or revised programs and services to ensure that transportation is considered in the overall scope of the expanded/revised programs.

As Ohio continues on its proposed reform for how Medicaid programs are administered, the opportunity is present to ensure that the reform is accomplished in coordination with existing programs and transportation services. Ohio's public transit systems and coordinated transportation programs already provide a substantial amount of Medicaid funded nonemergency medical transportation. It will be vital that this existing framework of transportation be considered a viable service delivery mechanism in any reform mandates. Eliminating or limiting the participation of public transit as a means to deliver

nonemergency medical transportation will result in an increase in duplication of travel by multiple transit vehicles thus ultimately unnecessarily increasing the cost for the delivery of transportation service. Therefore close coordination among the various State agencies is vital and can best be facilitated through SCC activities.

Method of Establishment

Research in Part I established that three primary mechanisms are used to establish a state coordinating council:

- Executive order;
- Legislation; and
- Gubernatorial or state agency initiative.

All three methods have advantages and disadvantages. While legislative action appears to be strongest type of action used to establish a coordinating council, even this method does not ensure results. Executive orders have been sufficient in some states to accomplish meaningful results, but do expire at the end of the term of the issuing governor.

Ohio successfully used agency initiative to establish and operate a state coordinating council for many years. Reductions in budget and personnel ultimately resulted in the cessation of operation of this council.

Lessons learned include:

- The need to ensure active support of local officials for a statewide coordinating council;
- The need for the council to have a specific agenda, program, and milestones; and
- The need to ensure some oversight of the work of the council to ensure achievement of established objectives.

How This Option Addresses Shortcomings in Current Practice

As noted above, Ohio's coordinating council is no longer active. Failure to continue to define specific objectives, lack of funding to support and sustain the work of the council, and human resource issues in staffing the council all led to the discontinuance of work by this body.

Passing legislation to create a new council would address a number of objectives needed for successful coordination based on the key success factors noted in other states. The establishment of consistent state agency goals for mobility of HHST populations would send a powerful message that the State of Ohio supports local coordination as a more efficient method of service delivery to the agency-centric approach currently practiced where each agency acquires vehicles and operates its own programs without any regard to other existing services in the community. Further, past practice has found that new programs and services have continually been developed, expanded, or re-organized with little thought given to the impact on existing transportation services. Having transportation "at the table" as

programs are developed or changed, will help ensure that the mobility needs of Ohioans are taken into consideration in the early planning stages rather than after a program has been implemented, as has happened all too often in the past.

One opportunity to put this into practice is related to the development of a new Medicaid agency in the state to coordinate all Medicaid programs. Having the new agency represented on the council will expedite communication among the member agencies and provide a mechanism for input.

Another opportunity is related to how Medicaid transportation services are provided. In Ohio most individuals who receive Medicaid through the Covered Families and Children program must be enrolled in a Managed Care Plan (MCP). Ohio Department of Job and Family Services (ODJFS) has seven MCP providers throughout eight established regions. The MCP providers are required to provide non – emergency medical transportation to members if 1) It is medically necessary for a member to use an ambulance or ambulette for medical transportation to a MCP covered service; and/or 2) the transportation is requested by a member who must travel thirty miles or more from his home to reach a MCP authorized provider. MCPs may also authorize additional transportation service as a benefit to members.

The MCPs have contracted with transportation management organizations such as Medical Transportation Management (MTM) and TMS Management Group (TMS) for coordination and management of NEMT and urgent ground transportation for MCP members. MTM and TMS are major Medicaid transportation brokers in Ohio and each contract with a multitude of transportation providers to provide this service.

In addition to transportation benefits provided by the ODJFS contracted MCPs, the County Department of Job and Family Services (CDJFS) may also provide transportation through the Non-emergency Transportation (NET) program. The CDJFS services are typically provided when the MCP does not offer extra transportation service. The CDJFS does not contract with MCP for services and, in many counties, directly contracts with local transportation providers, including many public transit systems and coordinated human service transportation systems, to provide service.

The complexity of the network and additional requirements of the transportation management organizations were identified as coordination barriers in five of the twelve Ohio Mobility Study Coordination Forums held throughout Ohio. Issues such as this would be prime issues for the SCC to undertake.

Potential Benefits

Having a state level forum will support local efforts by creating a venue where regulatory interpretations could be clarified and new rulemaking developed in a manner that supports, rather than obstructs, local coordination practices. Moreover, the council could serve as a forum in the generation of consistent rules that transcend funding sources, such as vehicle safety issues, driver qualifications, and passenger

assistance policies. The lack of uniform and consistent policies has been repeatedly stated by local stakeholders as an obstacle to local entities. It is unlikely that steps to remove this barrier could be accomplished without a combined effort of the various state agencies.

Institutional Changes

This concept would require the establishment of an interagency council. The enabling authority would have to name specific participants-- high level policy positions if any significant program or policy coordination is to be achieved--to be named to the council.

The council would require some level of dedicated staff and administrative support on an on-going basis to eliminate the results experience in other states, including Ohio, where limited staff resources of the participating agencies was a barrier to the council's continuation. Enabling statutes or executive orders typically designate this support authority. Typically, a department of transportation is named as this support authority, but state departments of aging or developmental disabilities agencies have served in this role. Additionally, state transit associations have also served in this capacity.

As envisioned herein, nothing associated with the work of this council would infringe or usurp the regulatory or administrative responsibility of any one state agency. This action would facilitate consideration of transportation coordination in new rulemaking and program administration, potentially enhancing the effectiveness and efficiency of local coordination efforts.

Periodically, the council may wish to undertake or conduct targeted studies of a particular option that would exceed the staff support levels provided by a state agency. In these instances, it may be necessary to secure the services of outside consultants to conduct these activities.

Potential Obstacles to Implementation

This concept would require creation of a new council that could be perceived at some levels as increasing the bureaucracy of state government without any direct program or funding benefits.

Failure to appoint representatives to the council without sufficient authority will work to undermine the actions of the council. Failure to have sufficient budget and human resources to support the work of the council will similarly result in an ineffective council, regardless of the method used to create the council.

Any work product, recommendations, or policy initiatives undertaken by the council would require the support of various state level agencies. If a state level agency is not supportive of the goals of the council, the agency may not act on a council recommendation affecting the agency. One or more state agencies would need to take the lead to pursue the re-establishment and the necessary statutes or orders, depending on the method used to create the council, potentially overburdening existing state agency staff. Legislative or Governor's office support would be required.

Potential Funding

Funding for a statewide coordinating council could be obligated from the State's general fund or ODOT could utilize grant funding to support these activities.[114] The amount of funding necessary to support the work of the council, for routine operation, is estimated at approximately $25,000 per year. Having dedicated staff to support the council could be key, however, to its potential success, otherwise the work would fall to existing state agency staff, which contributed to the demise of the previous coordinating council. The need to conduct supplemental studies, research, or other activities would require a separate appropriation.

Implementation Timeline

Depending on the method of establishment, creation of a statewide coordinating council could take as little as one month or upwards of one year to create.

Sustainability

Based on the experience of other states, the creation of a statewide coordinating council is a sustainable action with many such councils in existence for longer than the 10-year planning horizon specified in the study scope for this project.

However, council operation and success is often higher when a pre-determined sunset provision is built into the creation of the council. This helps ensure timely accomplishment of objectives. Additionally, if necessary, the enabling mechanism can be renewed, if needed.

OPTION 2: Provide Technical Assistance and Outreach Program

Description

Key stakeholders across all levels of government cited the need for on-going technical assistance. This described technical assistance effort was multi-faceted and included:

- One-on-one, on-site technical assistance;
- Promotion and dissemination of information on best practices; and
- Conduct of training and education opportunities for a broader audience than just existing transportation providers.

[114] Existing Federal Transit Administration (FTA) guidance states that "the support of State and local coordination policy bodies and councils" is an eligible grant/mobility management expense under all FTA programs.

- Continue the ODOT Mobility Manager quarterly roundtables, expanding them to include other providers, as practical.
- Continue and expand the LinkedIn, on-line information sharing and peer-to-peer networking currently used by ODOT for its Mobility Managers.

Similar to the first concept, this concept embraces a program that ODOT has historically provided. Unlike the first concept, ODOT continues to provide an on-going technical assistance and outreach program. However, the program is limited in scope and does focus on existing ODOT grantee and grants-related issues. The program at present is not aimed at new project start-ups or coordination assistance.

Implementation of this concept would expand the technical assistance program and training activities to ensure that participants from human service agencies seeking to coordinate service or adopt local practices that enhance the cost effectiveness of human services transportation can take advantage of the resources available from ODOT.

How This Option Addresses Shortcomings in Current Practice

State agencies that fund transportation offer few, if any, technical resources to their networks of subrecipients on the subject of transportation services and methods, best practices, and mobility management. ODOT has historically and continues to provide a program of technical assistance and outreach, but current programming has focused on existing ODOT grantees.

Under this concept, the program would be expanded in both scope and coverage. Subject matter would be expanded to include coordination topics, best practices and techniques, and operational practices in coordination and would be open to agencies and providers beyond ODOT grantees.

Potential Benefits

Enhancing local knowledge, particularly in facilitating peer-to-peer technical assistance and training opportunities for human service agency programs that operate client transportation services has been cited by stakeholders as a key practice that would result in enhanced levels of coordination and increased knowledge among local HHST officials on the potential benefits of coordination.

Institutional Changes

The recommendation would require an increase in both financial and human resources dedicated to the technical assistance and training functions. Given the current limitation and lack of funding to support staffing at ODOT, implementing this option as an in-house function may be difficult.

There are potential options if ODOT opted to pursue this strategy. Other states have contracted some of these functions to a state transit association as a logical extension of their training function.

Potential Obstacles to Implementation

Human resources represent the most significant obstacle to implementation. ODOT, the logical agency to provide this type of technical assistance and training, has limited staff availability to take on this function and ODOT as a whole is not hiring new personnel due to the on-going recession.

Potential Funding

Technical assistance and training are part of an apportionment received by ODOT as part of the Rural Transportation Assistance Program (RTAP). ODOT currently uses these funds to provide training and technical assistance. Funds are apportioned to the state on a formula basis and are limited.

ODOT could potentially augment its training budget using funds from other Federal program sources; however, any such re-programming of funds from other program sources would directly reduce the amounts that could be made available for capital and operating grants made to subrecipients.

Implementation Timeline

An expanded technical assistance and training program could be started within a relatively short period, with no less than a two to three month time period.

Sustainability

ODOT has demonstrated that the agency can sustain a training program for a 10-year period or longer, having successfully offered a training program since the early 1990's.

OPTION 3: Foster Regional Approaches to Service Delivery

Description

This option is designed to create opportunities for new entities to initiate or begin coordination HHST systems and/or general public transit systems. This option recognizes that client travel patterns do not necessarily reflect political boundaries (*e.g.*, city or county boundaries) and suggests that coordinated transportation systems should reflect a service area commensurate with customer travel patterns.

This option directly reflects stakeholder input that recommended that state agencies should promote regional systems as more cost effective or efficient than single county systems.

How This Option Addresses Shortcomings in Current Practice

This option, per se, does not address any shortcoming in existing state agency practice. Stakeholders thought that such an option could potentially result in more cost effective service delivery, particularly in rural areas.

This option embraces concepts being pursued in Kansas and Georgia, which are moving away from a county service delivery model to a regional approach to coordinated service delivery. In Kansas, regional approaches to service delivery have been mandated by the legislature. In North Carolina, the legislature mandated that NCDOT study the feasibility of converting existing county based community transportation systems to regional systems through consolidation. Finally, Illinois DOT, in expanding geographic coverage of new public transit services, has recently initiated a policy of having another entity provide service to a new area, creating a regional system, rather than funding a new single-county system.

Potential Benefits

This option does not reduce demand for HHST services. It does, however, attempt to reduce overhead and administrative costs by combining systems. It also can reduce State administration by potentially reducing the number of individual applicants for funding and thus reducing the number of reports and invoices to be reviewed.

Institutional Changes

The HHST service delivery network was overwhelming focused on county governmental units or nonprofit organizations that serve a single county (e.g., County Departments of Jobs and Family Services and aging departments). This option would not change this existing framework; rather, individual county departments from two or more counties would purchase service from a single, regional provider.

Potential Obstacles to Implementation

There are many obstacles to regional HHST systems, including:

- A regional system is typically deemed further removed from individual clients and the level of service is perceived not to be as high in a regional system as in a county-based system.
- There may few advantages to a larger, single county system taking on the operations responsibility for a smaller, neighboring system.
- A local health and human service agency may be reluctant to contract with an out-of-county service provider.

Potential Funding

This concept does not involve any new or additional funding, but merely suggests an alternative method of distributing existing funding to organizations that provide coordinated HHST.

Implementation Timeline

The timeline on this concept is significantly longer than for some of the other concepts presented in this chapter. Generally, any such action to regionalize existing programs or form a new regional entity would be preceded by a feasibility study that would detail the potential advantages and disadvantages of regionalization, as well as provide a detailed cost estimate, including potential savings over separate, single county systems.

Sustainability

ODOT could institutionalize this process, much like Illinois and Kansas have done, and ensure that this concept remain a viable option over the 10 year planning horizon.

OPTION 4: Consolidate Grants Management Procedures

Description

This stakeholder recommendation arose directly from the discussion of the various funding program "silos" created by the Congress and Federal government, creating no less than 62 different programs to support HHST, each with their own administrative and grants requirements. The stakeholders noted that the Federal Transit Administration, often a vocal advocate for eliminating silos, were equally as guilty as other Federal agencies, creating complex and differing program requirements under the Section 5310, Section 5316, and Section 5317 programs. Moreover, these programs were not major, resulting in a grants management burden to local authorities disproportionate to the amount of grant funds received.

In large measure, Congress, in adopting MAP-21, has addressed this problem, at least with respect to Section 5316 and Section 5317. By consolidating these programs with formula programs and the Section 5310 program, transit systems may still fund such programs but do so from funding sources they already receive. This should simplify the grants management process.[115] Thus, implementation of this concept may require no state action, at least with respect to FTA grants.

[115] FTA has not issued program guidance on how JARC or New Freedom projects will be funded from existing programs; it is assumed since the Congress was attempting to streamline grants and programs management by the Federal Highway Administration (FHWA) and FTA, implementing guidance will embrace this philosophy.

In terms of other major programs that fund HHST, it may be more complex to create common procedures as they typically will entail administrative practices at two or more state agencies. However, the Department of Aging has demonstrated that this practice can be adopted and result in reduction of duplicative or redundant reporting requirements.

How This Option Addresses Shortcomings in Current Practice

This concept does not necessarily address any shortcomings in current practice. This concept is designed to minimize and consolidate grant administrative activities, particularly reporting, to local transportation service providers, eliminating duplicative reporting and recordkeeping, and providing consistency among programs.

Potential Benefits

Any reduction in administrative burden placed on local authorities in the management of multiple grants to operate HHST programs would be a financial benefit to both the State of Ohio and consumers of these services.

Institutional Changes

Stakeholder specifically mentioned FTA programs in particular and health and human service programs in general. As noted above, Congress has already moved to address FTA program issues.

As no specific program element of any U.S. Department of Health and Human Services, U.S. Department of Labor, or any other department was cited by stakeholders, assessment of necessary institutional changes is not possible.

Potential Obstacles to Implementation

Burdensome grants management, recordkeeping, and reporting requirements among multiple programs is often cited as an obstacle to coordination of transportation services. Yet, over many years of studying the issue, there have been few meaningful initiatives in this regard.

State agencies often cite Federal requirements for most reporting and management procedures, despite the fact that most requirements are state generated or developed. It is difficult for program and policy specialists to understand the requirements of other agencies, particularly transportation. Thus, the biggest obstacle is communication: the inability of service providers to get the attention of policy makers and the inability of the policy makers to institute change when there is no groundswell of support for such changes.

This concept may overcome these obstacles best through the creation of a statewide coordinating council that would serve as a venue for hearing proposals to ease grant administration and reporting requirements.

Potential Funding

Generally, actions under this concept are administrative in nature and have few cost implications.

Implementation Timeline

Implementation and scheduling are issue driven; however, most actions are scheduled to coincide with the beginning of each fiscal year.

Sustainability

As action in this concept does not typically involve costs and are merely a matter of policy and/or administrative procedures, sustainability is not an issue with this topic.

OPTION 5: Develop Statewide Approach to Funding Vehicle Acquisitions

Description

This strategy attempts to control state funding of vehicles to only those programs that are consistent with a coordination public transit/human service agency plan.

A foundation of North Carolina's coordination efforts was an interagency working group that attempted to stop or slow the use of HHST funds to purchase vehicles. Like the stakeholders in this project, the state realized the proliferation of vehicles among human service agencies made local coordination efforts more difficult. The interagency committee was designed to identify capital requests and encourage potential applicants to coordinate service rather than initiate agency-only services.

To some extent, the planning requirement contained in SAFETEA-LU required that any application for capital be consistent with a locally prepared public transit/human service agencies coordination plan. Project stakeholders cited this planning requirement as very helpful, as it enabled transportation agencies to gather with human service agencies to develop common strategies for meeting needs.

In a funding constrained scenario found in the present and foreseeable future for human service agency transportation, continuation of the strategy to have public transit agencies and human service agency programs plan how to meet current and future needs remains a firm strategy. While it is unclear how

this planning requirement will be extended – if at all – to Section 5310 and Section 5311, this is a potential strategy that could be used to make capital decisions in a programmed fashion.

Thus, this concept is advanced in the Ohio Mobility Study under the auspices of the concept that coordinated planning at the local level represents a better approach than issuing a state mandate on vehicle purchases. This concept is addressed later in this chapter.

OPTION 6: Create and Promote Transit Technology Deployment

Description

Stakeholders at both the regional forums and the Mobility Summit recognized the value that technology can bring to coordinated service delivery, including:

- Automation of the scheduling process;
- Creation and maintenance of client databases that stipulate accessibility needs, periods of eligibility, eligible trip purposes, etc.
- More efficient routing and scheduling of demand responsive services;
- Subscription service management;
- Automated vehicle location to assist in same day scheduling;
- Recordkeeping and reporting; and
- Automated generation of billing reports.

However, acquisition of this technology can be expensive and well beyond the reach of smaller human service agency programs.

Under this concept, ODOT would reserve some portion of its Federal funds specifically to promote acquisition and deployment of so-called Intelligent Transportation System (ITS) technology.

This process is similar to a procedure used by the Illinois Department of Transportation to support its coordination initiative: award of competitive $100,000 block grants to be used for technology acquisition.

How This Option Addresses Shortcomings in Current Practice

ODOT has encouraged the use and deployment of technology in its past grants management practices. Application of such technologies, however, is not prevalent within the HHST community. Under this program, applicants for technology grants would be awarded to entities, consistent with a locally developed public transit human service agency coordination plan, to facilitate coordination at the local level.

Potential Benefits

Any enhancement to the efficient in service delivery will bring benefits to both agencies that provide coordinated services and those human service agencies that purchase service on a fee basis.

Institutional Changes

This concept requires that ODOT set-aside a portion of its state-administered FTA grant funds for the technology initiative. This could be done with any increase in state apportionments under MAP-21, thereby not resulting in any loss of programming ability to meet current funding levels.

Potential Obstacles to Implementation

Due to restrictions in the funding source, any Section 5311 funding used for the initiative would be limited to projects in nonurbanized areas.[116] Potentially funding for urbanized areas could come from the Section 5310 level, however, demand for rolling stock remains high (and exceeds available funding) and may be problematic. Moreover, in large urbanized areas, the designated recipient and/or MPO is charged with funding decisions. ODOT could issue suggest award guidance, but ultimately the award will be made by other than a state agency.

Overall available funding is also an obstacle to this concept.

Potential Funding

Unless ODOT secures a statewide discretionary capital grant, funding for this initiative would have to come from either the Section 5310 or Section 5311 programs.

It is envisioned that the state could award three to five competitive grants per year. Total funding requirements would be $500,000 per year under this concept. Technology grants would be awarded on a competitive basis, predicated, in part, on the level of local coordination proposed by the applicant.

Implementation Timeline

The program could begin in FY 2014.

[116] Virtually all urbanized areas have already implemented various ITS strategies. While urban transit systems have deployed this technology, it may be restricted to use in complementary paratransit operations. Not all systems have coordinated service under a mobility management programs such as Mobility Summit best practice PARTA.

Sustainability

Both the Section 5310 and Section 5311 programs have been in existence for 30 years or more and are viewed as a sustainable funding source for this concept.

OPTION 7: Expand the Mobility Management Program

Description

This concept embraces the current successful Mobility Management program. Under this concept, additional funding would be made available to expand the program across more areas of the state.

Most states that have successfully implemented coordinated systems and are considered as "best practices" in the field of mobility management have: (1) instituted local coordination on a county-based or regional level; and (2) have instituted this kind of framework for coordination with a legislative act or Executive Order. The commonality of these designs is that the community transportation regions cover the state (which does not occur in Ohio).

One of the more notable (and successful) examples of this concept is the state of Kentucky. In 1999, the Kentucky State legislature mandated that community transportation services be coordinated through a brokerage structure that covered the entire state. Vested with the responsibility to set up this structure, the Kentucky Transportation Cabinet (the equivalent of the State DOT) established 16 regions, and selected brokers through a competitive RFP procurement process. Of the 16 current brokers, 11 are transit agencies/providers, three are taxi companies, and two are private brokers (one for-profit and one nonprofit organization). The Departments of Medicaid and the Department of Families & Children purchase service through these brokers, with rates established for each region. The brokers, many of them providers, all have a network of subcontracting operators, who they also use for service delivery.

Training of Mobility Managers is a critical function essential to the success of the program. Ohio has tackled this program, in part, by sponsoring a series of quarterly roundtable meetings for existing mobility managers.

Other states have reached the same conclusion and have been even more aggressive in the training function. Several states have sponsored individual mobility managers to travel to the Mobility Management courses offered by National Transit Institute (NTI) at Rutgers University. Other states (Georgia, Illinois, Utah and Wisconsin) have hired consultants with expertise in coordination and mobility management to train Regional Mobility Managers. Wisconsin DOT has done a particularly good job supporting its network of county-based and regional mobility managers with a centralized repository of information available on its website, by conducting annual conferences where training is provided, and by facilitating the communication of mobility managers with each other through social media.

How This Option Addresses Shortcomings in Current Practice

As was evident in Part II of this study, current mobility management projects are located in less than one-third of the state. Since human service agency transportation is found in every county due to the predominant use of the "Federal-State-Local" service delivery model, one problem with enhancing coordination at the local level is the lack of mobility management services in most of Ohio.

Potential Benefits

One potential benefit of expanding the network of mobility managers is the fact that most existing Ohio programs have an on-going and active local or regional coordination council that works to facilitate public transit/human services coordination at both the policy and operations level.

Institutional Changes

Expansion of the current program to include more areas in Ohio that are not served by mobility management programs will require additional funding and some coordinating support function at the state level. Currently, the Special Project Manager manages the mobility management program; expansion of this program would require a greater level of effort by the ODOT, possibly devoting 1.0 FTE specifically to this function.

At the local level, existing mobility management programs have been housed at existing agencies; no new organizational structure is necessary to implement a mobility management program. Indeed, it is preferable that such programs be housed at an existing organization.

Potential Obstacles to Implementation

Expanded funding and human resources represent potential obstacles to implementation. Additionally, the role of the mobility manager vis-à-vis must be clearly defined to existing public transit and human service transportation operators.

Overall available funding is also an obstacle to this concept.

Potential Funding

Both the Section 5310 and Section 5311 programs will be permitted to fund mobility management services after the New Freedom and JARC programs are combined with these two programs, respectively.

Implementation Timeline

Any potential expansion of the program would be best accomplished after actual FY 2013 apportionment notices and interim program guidance is issued by FTA. Thus, it is anticipated that program expansion could occur in FY 2014.

Sustainability

Initially, mobility management programs will be dependent upon ODOT's ability to provide grants funds to support program start-up. Sustainability, therefore, would be dependent upon the continued availability of funds.

In other states, as mobility managers have moved and expanded to take on the functions of a transportation broker, the necessity of FTA mobility management funds is lessened. In these other states, the mobility manager/broker operates on a fee basis, typically assessed on a per trip or lump sum basis. In this manner, all participating agencies help support the mobility management function. In some respects, this type of arrangement is comparable to the fee for service a state Medicaid agency creates to create NEMT brokerages.

OPTION 8: Develop Uniform Cost Sharing/Cost Allocation Strategies

Description

The Federal Coordinating Council on Access and Mobility (CCAM), established by Presidential Executive Order in 2003, represents all key departments at the Federal level that fund HHST and public transportation. In a report to the President, the Council noted that cost allocation remains a critical issue and a potential obstacle to state and local coordination efforts. The CCAM concluded:

> *In order to ensure that adequate resources are available for transportation services for persons with disabilities, older adults and individuals with lower incomes, and to encourage the shared use of vehicles and existing public transportation services, the CCAM recommends where statutorily permitted that standard cost allocation principles for transportation be developed and endorsed by Federal human service and transportation agencies.*[117]

The importance of cost allocation and cost-sharing policies to coordinated transportation programs cannot be underestimated. All participants (especially HHST funding organizations) must have a common understanding and agree upon a fair way to share the costs of a coordinated system.

[117] Coordinating Council on Access and Mobility, *Report to the President, Human Service Transportation Coordination Executive Order 13330: 2005*, Washington, D.C. (2005)

Whenever there is a situation in which two or more customers are being transported in a vehicle at the same time and those customers are sponsored by different organizations/programs, each sponsoring organization is interested in making sure that it only pays for only its share of the service and that it is not subsidizing the transportation of the other riders.

This is why most coordinated systems – and a few states – have developed some policy or practice to split or apportion the cost of providing shared service to customers sponsored by different organizations.

Note that cost-sharing applies more to dedicated service, where a vehicle is exclusively used in the coordinated system for a certain period of time during the day, and less to non-dedicated service providers (such as taxis and most volunteer drivers) which are used to augment the dedicated service, and typically provide exclusive rides. Also, it is important that a state-wide cost allocation and cost sharing policy/model be flexible enough to accommodate regional differences and an array of common rate structures – both for invoicing agencies and paying service providers.

Both Florida and North Carolina have a statewide cost allocation model that is used by regional/local coordinated systems to develop a unit cost and rate pertinent to each sponsoring agency.

- ***Florida.*** The Florida Commission for Transportation Disadvantaged has promulgated a costing mechanism that is used throughout the State of Florida and has been accepted by major funding agencies of HHST. The cost allocation model is based on grant accounting principles used in the Transit Disadvantaged Program. The method is built upon three years of both historical and projected budget data, and provides fully allocated rates with local ability to adjust rates in mid-period.

- ***North Carolina***. In North Carolina, the statewide cost allocation method/model is based on grant accounting principles used for the Coordinated Transportation Program, and is built upon historical data (from an analysis of service) and projected budget data. This end product is a fully allocated rate for demand responsive service.

Both of these similar models would enable a community transportation provider in Ohio to: (1) itemize all of its costs; (2) apportion those costs to each funding sponsor based on historic ridership of that sponsor and the extent to which those trips are co-mingled with trips sponsored by other organizations; and (3) develop a unit cost per each sponsor (e.g., a rate per trip, per hour, vehicle mile, or passenger mile) for invoicing purposes.

How This Option Addresses Shortcomings in Current Practice

ODOT has long distributed a simple spreadsheet application that permits rural transit agencies to calculate fully allocated costs. This concept expands on that concept by embracing a model that fully addresses cost principles practiced by major HHST funding agencies.

Potential Benefits

Endorsement of a cost sharing strategy by a state coordinating council would potentially eliminate many issues encountered by entities at the local level that attempt to coordinate services and find accounting/cost allocation issues to be an obstacle to coordination.

Institutional Changes

As there is not current statewide practice with respect to cost allocation, no existing practice would have to be modified.

Adoption of such policies has generally been done at the state level based on the work of a statewide coordinating council.

Potential Obstacles to Implementation

HHST funding buy-in to the accounting procedures adopted in the funding model is critical.

Potential Funding

Most states have retained outside consulting and/or university based consulting assistance to accomplish this task. Virtually any source of Federal or state funds would be able to support such a contract.

OPTION 9: Establish a Dedicated Funding Source for Specialized Transportation

Description

Clearly, states that have a dedicated funding source for coordinated community transportation or specialized transportation are more likely to sustain services long term, and are in a better position to expand and enhance services.

In addition to being a hallmark of a state generally being recognized as a "best practice," establishment of such a funding source has been used to augment, not supplant, existing sources of transportation directed at HHST populations.

Five states have such programs: Pennsylvania, New Jersey, Oregon, and Florida. North Carolina also has a similar state funding source but it is not dedicated (the program is funded from General Fund revenues).

Pennsylvania

The Pennsylvania Lottery is required to contribute 30% of proceeds (before prizes) to programs to benefit seniors. The funds support property tax and rent rebates, shared-ride and free-ride public transportation, pharmaceutical assistance, and Area Agencies on Aging and Senior Centers. In 2003-04, of $825 million devoted to programs, $116 million was dedicated to the shared-ride and free transit programs, both administered by PennDOT.

- The Shared-Ride program offers door-to-door specialized transportation services (vans and mini buses) at a reduced fare. Shared-Ride is demand response, typically door-to-door, service. People who participate in this service must pay 15 percent of the Shared-Ride fare. The 15 percent can either be paid by the customer or reimbursed by a third party or sponsoring agency. The 85 percent discount is available to seniors at any time that the demand response service is available to the general public. The first fare-paying passenger in a sequence of trips cannot refuse to share the ride with the next passenger.

- The Free Transit program provides rides on scheduled fixed-route public transit services for free during off-peak hours on weekdays and all day weekends and holidays. As of 2006 there were 59 carriers that provided Free Transit services in all 67 counties in the state. Each county is free to provide transit services or designate a carrier or carriers for the program. Every major urban area participates in the program and many small urban and rural communities also provide transit services for their seniors under this program.

The Shared-Ride Program funding is provided by means of grant applications that are submitted by the participating counties. The grant proceeds are provided directly to the participating systems, which in turn either contract out transit services or provide transit service directly. In some instances, communities have joined together to form a regional transit system which operates and manages all modes of transportation and transit services including fixed route, ADA paratransit, and demand response.

Operators in both programs include transit authorities, private taxis, paratransit operators, human service agencies, county governments, and nonprofit transportation providers. In 1986 regulations designed to improve coordination was adopted. This has led to a reduction in the number of carriers

from 97 to 60. Local governments were encouraged to identify single coordinators to become program grantees.

The services subsidized by the Shared-Ride Program are often used by other programs, including the Persons with Disabilities Program (PwD), Welfare to Work Program (W2W), Medical Assistance Transportation Program (MATP), Mental Health and Mental Retardation (MH/MR) programs, the Department of Labor and Industry's Office of Vocational Rehabilitation, and many other human service agencies and at times the general public. There is an 85 percent discount for the PwD Program, which is covered by grants from the state's General Fund. Fare structures for other users of the services are based on program authorizations, program features and budget structure.

New Jersey

New Jersey's use of Casino Revenue Funds dates back to 1978 when voters approved legislation that levied taxes on certain types of casino revenue. An 8 percent tax is levied on the gross revenue of all casinos and is deposited into the Casino Revenue Fund. The Casino Revenue Fund is used to benefit senior citizens and the disabled. In 2004, the fund took in $595 million in revenue, $25 million of which went to transportation for older adults and persons with disabilities, as administered by NJ Transit.

Specifically, the legislation states that the transportation element of the program shall be known as "The Senior Citizen and Disabled Resident Transportation Assistance Program (SCDRTAP)." The program has been designed to assist all counties within the state with the following:

- Developing and providing accessible feeder transportation service to accessible fixed-route transportation services where such services are available.
- Providing accessible local transit service for senior citizens and the disabled, which may include but not be limited to door-to-door service and fixed route service.
- Assisting with local fare subsidies, and user-side subsidies which may include but not be limited to private rides or taxi fare subsidies.

NJ Transit coordinates the activities of the various participants in the program by providing administrative support and management services for the counties.

In addition to directly funding transportation services for seniors and the disabled, SCDRTAP can also be used to provide and maintain capital improvements that afford accessibility to fixed route and other transit services in order to make the various services and modes of transportation accessible to seniors and the disabled. The SCDRTAP can also be used for capital improvements that enhance accessibility under the NJ Transit's ADA Paratransit program such as the purchase of mobile data terminals, AVL and IVR systems, and other software/hardware items that improve accessibility.

To be eligible to participate in programs funded by SCDRTAP, one must be at least 60 years old or at least 18 year old with a documented disability. Documentation of legal age is strictly adhered to. State ID's, Medicaid ID's or State driver's licenses are acceptable for establishing age. Each county, however,

has been given the flexibility to establish and document disability status. Some counties have established a more formal eligibility determination process whereby the person must submit physician and medical documentation in addition to submitting to an on-site examination. Other counties take a more liberal approach by allowing some self-certifying of disabled status.

SCDRTAP Funds are awarded to the counties based on a formula that uses the US Census, specifically the total county population and the number of eligible seniors and disabled who reside within the county. All eligible counties receive at least $150,000 during a fiscal year, except that during the first fiscal year that a county participates in the program that county shall receive a minimum of $50,000 but not more than $150,000.

Each eligible county that receives Casino Revenue Funds must establish a committee or board consisting of 51 percent seniors and disabled citizens. This group must be allowed to make recommendations as to the merits of the proposed transportation services. Quarterly hearings are held to allow the public the opportunity to comment on the appropriateness of the county's transportation services prior to application submittal. All applications must be in the form of a proposal for transportation assistance and specify the degree to which the proposal meets the purposes of the program.

Additional key points concerning the Casino Revenue Fund's SCDRTAP Program are as follows:

- This program is separate and apart from the NJ Transit's ADA Paratransit service in terms of funding, operations and administration.
- Counties are free to determine who and how SCDRTAP services are provided.
- Counties are free to determine fare policies and procedures.

Oregon

The Special Transportation Fund for the Elderly or Disabled (STF) was created in 1985 by the Oregon Legislature to help finance transportation services for elderly and people with disabilities. The Public Transit Division of the Oregon Department of Transportation administers this program for the State of Oregon. The funds are principally derived from cigarette taxes and are used for the purpose of financing and improving transportation programs and services for the elderly and disabled residents of each recipient jurisdiction. Eligible recipients include mass transit districts, transportation districts, Indian tribes and counties.

The governing body of each STF recipient is required to appoint an advisory committee to advise the recipient on the use of funds. Permitted uses of STF include:

- Maintenance of existing transportation programs and services for the elderly or disabled.
- Expansion of such programs and services.
- Creation of new programs and services.
- Planning for, and development of, access to transportation for elderly and disabled individuals who are not currently served by transportation programs and services.

The funds are not limited to supporting ADA paratransit. For example, in the Portland area, the funds support a wide variety of programs operated by small towns and nonprofit organizations.

The STF program is now 20 years old and has grown from its modest beginnings. The original and still primary source of funding was a $.01 tax on each pack of cigarettes. In 1989 the Oregon Legislature increased the cigarette tax to $.02 per pack to further improve and expand services.

Originally, the STF was allocated entirely by formula based on population. When the cigarette tax funding was increased in 1989, a discretionary program started. In 1999, in response to the growing need for transportation services, the Legislature contributed an additional $9 million in state general funds for the 1999-2001 biennium. In 2003, the general funds were replaced with two other funds: Transportation Operating Funds (TOF) contributed by the Department of Transportation and the excess revenues from the sale of DMV identification cards. At this time, Indian tribes with members residing on tribal lands were added to the list of STF recipients. In 2005, the program revenues from the cigarette tax, TOF and ID card revenues brought about $18 million per biennium to the program. Of this about $14 million was allocated by population and about $4 million through discretionary grants.

One reason for adding other funds to the STF is the nature of cigarette sales as a source of revenue. Cigarette sales per capita have fallen somewhat since 1999, although total revenue has been roughly constant due to population growth.

How This Option Addresses Shortcomings in Current Practice

Funding for HHST transportation is universally acknowledged as insufficient to meet demand. Creation of a dedicated, stable source of funding would enable local or regional systems to provide service to HHST populations without having to compete with funds allocated for general public transit purposes.

Potential Benefits

Benefits of such a concept would significantly enhance mobility among HHST populations. Moreover, various studies have demonstrated that providing this type of service, a state generates considerable return on investment (Florida).

Institutional Changes

Without identification of funding mechanism, institutional changes required to implement such a program cannot be determined. In all of the examples cited above, the state DOT is tasked with program fund distribution.

Potential Obstacles to Implementation

Since Ohio has no history of dedicated funding of this nature, one major obstacle is overcoming both public and legislative perception that creating a new fund is not a new tax. In today's political climate, this represents a formidable obstacle.

Implementation Timeline

This action would have to be undertaken by the legislature. Given the varied competing needs in the State, potential action on such a proposal cannot be determined.

Sustainability

This concept would create a sustainable, dependable source of funding.

OPTION 10: Continue State Support for Locally Developed Coordination Plans

Description

Many stakeholders supported the concept to continue the requirement for locally developed public transit/human service agency coordination plans. SAFETEA-LU required such a plan as a prerequisite to funding under Section 5310, Section 5316, and Section 5317. Now that two of these three programs have been eliminated/consolidated, it is unclear whether Congress intended this planning to be a continuing process.

In this concept, local areas that seek to continue to plan for coordination activities would be supported with planning funding. Any number of potential sources could be used to support such activities. The concept recognizes that public transit/human services transportation, like urban transportation planning, benefits from the 3-C process.

This concept emulates the practices adopted in North Carolina that required a five-year coordination plan be developed in order to be eligible to receive *any* Federal or state transit assistance.

How This Option Addresses Shortcomings in Current Practice

SAFETEA-LU required planning was viewed by stakeholders as a beneficial, rather than a burdensome, process. Given the uncertainty in new authorization legislation, this state action would perpetuate required coordination planning as a local option.

Potential Benefits

On-going planning could work to identify new coordination opportunities, enhance existing services, and expand/create new coordination opportunities.

Institutional Changes

The protocols to conduct such plans were established in SAFETEA-LU. No institutional changes are required to implement this concept.

Potential Obstacles to Implementation

While most stakeholders agreed the planning process was worthwhile, some argued this was additional red tape required to access Federal funding. The same argument would apply to any Ohio adoption of an on-going coordination planning process.

Potential Funding

Several existing programs support planning as an eligible activity. However, any use of these funds for planning purposes may reduce the amounts dedicated to service delivery.

Implementation Timeline

The program could begin in FY 2014.

Sustainability

Finding on-going funding to support a continuous planning process (using a five-year panning process may be problematic.

Summary

This chapter has proposed various coordination concepts, developed from research of state best practices and affirmed by key stakeholder input.

While all concepts were specifically designed to fit current conditions in Ohio, not all will be practical for implementation. In accordance with the study work plan, ODOT will review this report and determine if any implementation planning should occur.

In summary, proposed options are:

- Re-establish a State Level Coordinating Council
- Provide Technical Assistance and Outreach Program
- Foster Regional Approaches to Service Delivery
- Consolidate Grants Management Procedures
- Develop Statewide Approach to Funding Vehicle Acquisitions
- Create and Promote Transit Technology Deployment
- Expand the Mobility Management Program
- Develop Uniform Cost Sharing/Cost Allocation Strategies
- Establish a Dedicated Funding Source for Specialized Transportation

The final chapter will set forth recommendations for proceeding with these options.

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Recommendations

Recommendations

Based on the foregoing analysis, there is a package of recommendations that should be considered by the State of Ohio in enhancing the mobility of HHST population and providing for more efficient service delivery by public and human service agency transportation providers. These recommendations have been placed into the four following categories: Immediate, Short Term, Mid Term, and "To Be Considered" and are further discussed below.

Immediate recommendations are those that, although some work may be required, a semblance of structure already exists. These are recommendations which can be achieved relatively soon (within 6 months to a year, or sooner) but which will have significant impact in addressing the concerns and issues identified in this study. They also present a framework on which the remaining recommendations can be built. These recommendations include:

- Re-establish the State Level Coordinating Council
- Expand the Mobility Management Program
- Require Locally Developed Coordination Plans

Once the State Level Coordinating Council has been re-established and the Mobility Management Program expanded, the framework will be set on which to address the next set of recommendations. These recommendations, termed 'Short Term' may take 1-2 years to implement in that they will require additional research and groundwork. However, like the immediate recommendations, each of these concepts has a basic structure already in place which will facilitate its implementation. Short Term recommendations include:

- Foster Regional Approaches to Service Delivery
- Provide Technical Assistance and Outreach Program
- Create and Promote Transit Technology Deployment
- Develop Uniform Cost Sharing/Cost Allocation Strategies

It is anticipated that at this point, following implementation of the Immediate and Short Term recommendations, a much stronger coordinated system of HHST service delivery has been in place for a period of time and that the structure is in place to address the concepts that will take coordinated HHST to the next level. Mid Term recommendations may take a number of years to fully address because of the complexity involved and because state legislation may be needed.

- State Legislative Issues
    - Consolidate Grants Management Procedures
    - Develop a Statewide Approach to Vehicle Acquisition
    - Standardized Recordkeeping and Reporting
    - Other Legislative Issues

Finally, some concepts were identified that, although worthy of consideration, have far reaching implications and require further discussion and research. One recommendation is in this category:

- Establish a Dedicated Funding Source for Specialized Transportation

The recommended options will be detailed in the implementation phase of this project, if ODOT chooses to move to this next phase. To allow further consideration of each recommendation, however, each is presented below with a brief rationale and justification. Complete details, as well as an analysis of the potential benefits and obstacles for each recommendation, were provided in Chapter 12.

Recommendations: Immediate

1. State Coordinating Council

A common research finding, based on research of existing best state practices as well as an extensive public outreach and consultation process strongly indicates that:

- Successful coordination models at the state level start with a strong state coordinating council; and
- Local officials are actively seeking the State's policy guidance on the topic of HHST coordination and related issues, such as Medicaid transportation rules and requirements.

As noted in this report, there are three basic methods to establish a state coordinating council. Ohio has had such a council in the past (the group is currently inactive) formed through the third method: agency initiative.

The National Council of State Legislatures has conducted extensive research into state level coordination activities and has concluded:

> *State legislatures are uniquely positioned to create long-term, sustainable human service transportation coordination. Legislatures oversee the state agencies that provide or support specialized transportation services. Directly or indirectly, legislatures can affect or decide program eligibility requirements and rules. Legislatures make decisions that can determine*

funding for state and local projects, but, local ordinances, state legislation extends to a much larger territory.[118]

It is recommended that the State of Ohio re-assert its leadership role in statewide coordination by establishing, by statute, a State Coordination Council.

The legislation should address:

- [119]Membership:
  - Designate membership to the council from among State agency and commission directors;
  - Include organizations and advocates that represent HHST populations;
  - Include local officials at the municipal and county level;
  - Include regional transportation officials and metropolitan planning organizations; and
  - Include public transit and private transportation providers.
- Duties and Responsibilities:
  - Promulgation of uniform statewide policy on coordination and funding of coordination activities;
  - Encourage establishment and maintenance of new and existing HHST/public transit coordination projects;
  - Conduct research and monitor performance metrics the demonstrate the cost effectiveness of various coordination approaches, practices, and techniques;
  - Promote and disseminate information regarding best practices and case studies;
  - Act as a liaison between service providers and funding agencies to resolve obstacles to coordination; and
  - Report annually to the appropriate oversight committees regarding progress, achievements, and necessary legislative actions that will enhance the ability of state and local officials to delivery services in a cost effective manner.
- Designate administrative support to facilitate the work of the council; and
- Establish a Sunset Date for the Council.

In addition, if legislation is to be enacted for establishment of the Council, it would be the researchers' recommendation that also included in the legislation would be the requirements for implementation.

Support for the council could be assigned to an existing state department, a state association, or to a third party contractor. Generally, the first two options represent best practices.

[118] Reed, James B. and Nicholas Farber, *Human Service Transportation Coordination and Legislative Oversight*, National Council of State Legislatures, Denver, CO (2010).

[119] The previous Task Force at one time had 13 different state agencies as members: ODOT (as lead), the departments of Aging, Human Services (now ODJFS), , Development, Mental Retardation/Developmental Disabilities (now Development Disabilities), Mental Health, Education, and the Family and Children First Council, Bureau of Employment Services (now combined with ODJFS), Ohio Alcohol and Drug Addiction Services, Ohio Rehabilitation Services Commission, Head Start Collaborative, and Governor's Council on People with Disabilities.

As noted previously, membership of the previous statewide council numbered as many as 13 separate state agencies or councils. As part of the implementation plan, one of the researchers' first actions will be to review this list and to note any additional agencies that should be added. For example, the Office of Health Transformation, established in 2011, would be an important addition to this group. A new state Medicaid agency will be established effective July 2014 to combine the current Medicaid program administrations that are spread across several agencies. It will be critical that this new agency be a part of this Council.

Also noted previously, it is the researchers' recommendation that State Council membership be expanded to include, at least at an advisory level, other entities with a vested interest in the Council's work, including advocacy groups for public transit and population segments served by HHST, local counties and municipalities, etc. All of these areas will be addressed in the implementation plan, if the project advances to that level.

2. Expand Statewide Mobility Management Program

The previous option reflects a focus on coordination policy; this recommendation is designed to translate policy and be the primary operational strategy to strengthen coordination in Ohio at the local level.

Under this option, Ohio would expand the mobility management program from a demonstration type project to a project that would have statewide implementation impacts. Implicit in this option is that the mobility management program, building on its success, would be expanded to cover the State, using a regional approach.

Regional mobility managers would be the key responsible officials at the local level for implementing coordination policies and practices at the local level. Working within a network of statewide mobility managers, in similar fashion to the current quarterly round tables sponsored by ODOT, information sharing, training, and best practices would be shared among regions.

Establishing the regional jurisdiction for the mobility management program expansion should ultimately be determined the State Coordinating Council. The regional boundaries should be based on the existing regional structures in the State (*e.g.*, ODOT districts, AAA service areas, etc.) and reflect any regional travel patterns exhibited by HHST populations.

Additionally, a State plan with program criteria for funding and oversight should be developed, based on ODOT's past experience in developing the initial program of mobility management discussed in Chapter 10. The program criteria should contain the tasks and responsibilities for the respective regional mobility managers. Finally, a State Mobility Management Coordinator position should be established and tasked with direct oversight of the regional mobility managers and overall responsibility for the implementation of the local programs. Currently, the ODOT Office of Transit employs a coordinator that

works with the current mobility managers. This position's responsibility could be expanded to include the revised program responsibilities.

Funding to support the network of mobility managers would come from existing sources and would institute a programming priority for ODOT. To the extent feasible funding from other sources should be pursued as well under this initiative.

If expanded, this Mobility Management Program could become the catalyst to implementing other Short and Mid Term recommendations.

The requirements to establish a regional mobility program could be addressed in the legislation enacted to form the State Council as part of the council's responsibilities. The full details of how this is to be accomplished will be addressed in the implementation plan, if the project advances to this level.

3. Require Locally Developed Coordination Plans

While Federal guidance is unclear on the necessity of maintaining and updating locally developed public transportation and human service agency coordination plans, maintaining the requirement for such plans as a pre-requisite for funding would represent the third cornerstone in coordination policy that embraces State agency leadership through the State Coordinating Council, planning support through the locally developed coordination planning process, and operations, under the direction of the regional mobility managers.

Since the original documents have been prepared, this implementation strategy would:

- Require periodic updates to the plans, as necessary;
- Formalize State policy on the role of the plan in approving future funding application under DOT programs; and
- Provide an opportunity for local stakeholders to have on-going input into the coordination process.

Once the plan for regional mobility managers has been established, it would be the researchers' recommendation to coordinate these plans with the mobility management regions. The State Coordinating Council should be involved with the review of the plans to ensure interagency collaboration, perhaps through the formation of a subcommittee review team, in cooperation with the State Mobility Management Coordinator. The oversight responsibility for these plans would fall under the State Mobility Management Coordinator. By requiring regional plans, instead of county plans, the review and oversight effort would be greatly reduced. It also has the added advantage of encouraging counties to work together to develop a comprehensive plan that expands beyond their territorial boundaries, increasing the mobility of each county's citizens.

This initiative could also be addressed in the State legislation developed to establish the State Council. The full details of how this is to be accomplished will be addressed in the implementation plan, if the project advances to this level.

Recommendations: Short Term

With the State Council in place and the mobility management program expanded, the stage is set for more aggressive initiatives to facilitate the coordination of services. The State Council would play a pivotal role in expediting the development and implementation of these recommendations.

1. Foster Regional Approaches to Service Delivery

This recommended option will create opportunities for new entities to initiate or begin coordination HHST systems and/or general public transit systems, recognizing that client travel patterns do not necessarily reflect political boundaries (*e.g.*, city or county boundaries). It also suggests that coordinated transportation systems should reflect a service area commensurate with customer travel patterns. Under this concept regional systems will be considered, where possible, possibly in coordination with the mobility management areas.

While this option does not necessarily address any shortcoming in existing state agency practice, it does present an opportunity for the State Council to review the existing transportation network from a state perspective and to re-design programs in such a way that more cost effective service delivery, particularly in rural areas, could be realized.

2. Provide Technical Assistance and Outreach Program

This recommendation addresses several key obstacles cited to effective coordination at the local level, that of insufficient technical assistance, little dissemination of information on best practices, and the need for additional education and training.

This program will build on ODOT's historical program of training and technical assistance, but will expand to include any participant in a local coordinated effort, regardless of its State agency connection. Activities will include:

- One-on-one, on-site technical assistance;
- Promotion and dissemination of information on best practices; and
- Conduct of training and education opportunities for issues specific to local coordinated efforts.
- Continue the ODOT Mobility Manager quarterly roundtables, expanding them to include other providers, as practical.

- Continue and expand the LinkedIn, on-line information sharing and peer-to-peer networking currently used by ODOT for its Mobility Managers.

Implementation of this concept would expand the technical assistance program and training activities to ensure that participants from human service agencies seeking to coordinate service or adopt local practices that enhance the cost effectiveness of human services transportation can take advantage of the resources available from ODOT.

3. Create and Promote Transit Technology Deployment

There are many opportunities to improve service delivery and efficiency, including

- Automation of the scheduling process;
- Creation and maintenance of client databases that stipulate accessibility needs, periods of eligibility, eligible trip purposes, etc.
- More efficient routing and scheduling of demand responsive services;
- Subscription service management;
- Automated vehicle location to assist in same day scheduling;
- Recordkeeping and reporting; and
- Automated generation of billing reports.

Although technology can be expensive, especially for smaller agencies, a state collaboration could make this more affordable by achieving economies of scale in a statewide purchase. Again, this could be an initiative of the State Council and could also fall under the oversight of the State Mobility Management Coordinator.

4. Develop Uniform Cost Sharing/Cost Allocation Strategies

The importance of cost allocation and cost-sharing policies to coordinated transportation programs cannot be underestimated. All participants (especially HHST funding organizations) must have a common understanding and agree upon a fair way to share the costs of a coordinated system. Whenever there is a situation in which two or more customers are being transported in a vehicle at the same time and those customers are sponsored by different organizations/programs, each sponsoring organization is interested in making sure that it only pays for only its share of the service and that it is not subsidizing the transportation of the other riders. This is why most coordinated systems – and a few states – have developed some policy or practice to split or apportion the cost of providing shared service to customers sponsored by different organizations.

Note that cost-sharing applies more to dedicated service, where a vehicle is exclusively used in the coordinated system for a certain period of time during the day, and less to non-dedicated service providers (such as taxis and most volunteer drivers) which are used to augment the dedicated service, and typically provide exclusive rides. Also, it is important that a statewide cost allocation and cost

sharing policy/model be flexible enough to accommodate regional differences and an array of common rate structures – both for invoicing agencies and paying service providers.

Two states, Florida and North Carolina, have a statewide cost allocation model that is used by regional/local coordinated systems to develop a unit cost and rate pertinent to each sponsoring agency.

Both of these similar models would enable a community transportation provider in Ohio to: (1) itemize all of its costs; (2) apportion those costs to each funding sponsor based on historic ridership of that sponsor and the extent to which those trips are co-mingled with trips sponsored by other organizations; and (3) develop a unit cost per each sponsor (e.g., a rate per trip, per hour, vehicle mile, or passenger mile) for invoicing purposes.

With this resource already available, the State Council could pursue this initiative for implementation across all agencies. The full details of how this is to be accomplished will be addressed in the implementation plan, if the project advances to this level.

Recommendations: Mid Term

1. State Legislative Issues

- Consolidate Grants Management Procedures – this action was addressed, in part, through the consolidation of some programs in MAP-21. Further action in this area could be addressed by the State Coordinating Council as part of its scope of responsibilities and does not rise to the level of a separate concept.

- Statewide Approach to Vehicle Acquisition – This is a proven strategy that has effectively been utilized by some states to both support and achieve local coordination. However, this is an example of a "top-down" type of coordination concept, and this study has shown that a policy that encourages local initiatives and empowers local officials to implement locally developed programs may be more effective in Ohio. However, still a case can be made for providing some type of coordinated approach to the acquisition of vehicles. Further research should be performed before any final recommendation is made.

- Other - There are other issues which could require legislative action as the State Coordinating Council becomes active.

Again, the full details of how this is to be accomplished will be addressed in the implementation plan, if the project advances to this level.

Recommendations: To Be Considered

1. Establish a Dedicated Funding Source for Specialized Transportation

This recommendation addresses an issue that was raised consistently throughout the ODOT District focus groups. A dedicated funding source targeted for specialized transportation would no doubt require further research and serious discussion at the State level by all affected State agencies and require strong legislative support. Similar research to establish a dedicated source of funding for public transit was conducted in the 1990's as part of ODOT's original Access Ohio long range plan, and could be used as the basis to explore this concept further. However, because of the vast scope this concept entails, it was felt that it would be best considered after the other options cited in this study have proven successful in enhancing mobility for the State's HHST populations.

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Project Summary

Summary

The Ohio Mobility Study was commissioned to answer the question:

> *Can Ohio embrace a statewide approach that integrates health and human services transportation (HHST) so that individuals served by these agencies, including the elderly, people with low incomes and individuals with disabilities, can meet basic mobility needs in an efficient and effective manner?*

And, if the answer to the question is "yes," the next question is then, "how should the State proceed?"

To review, Part I of this Study consisted of a nationwide assessment of states which have addressed in some manner coordinated health and human services transportation. The research found, that although using many different approaches and methods, States across the country are successfully coordinating transportation services and maximizing scarce resources, resulting in increased mobility and access for their citizens, in particular the transportation disadvantaged. And by studying these methods and approaches, we can begin to draw conclusions about which of these methods and approaches, if any, have applicability to Ohio.

The second major step in the research was to obtain input from those individuals and agencies that have a stake in the outcome of this study. It was clear from the comments expressed by stakeholders across the state that not only were they open to the idea of a State-led coordinated effort, they were seeking it. In meeting after meeting, stakeholders openly asked for the State's leadership to eliminate redundant and conflicting rules, regulations, and requirements that will allow them to more efficiently use limited funding and resources. It can be assumed, then, that State level coordination is not only possible, but desperately needed.

Part II of the study documented the demographic and economic conditions that will impact the ultimate coordination options and recommendations presented for Ohio. It also reviewed the Federal and State programs that fund HHST which are at the heart of this issue. State programs were researched and State agency representatives were interviewed to accurately capture the status of existing state programs and any existing coordination occurring between or among the State agencies. While some coordination did exist (for example, joint training efforts between ODOT and the Ohio Department on Aging), for the most part, no coordination of funding or programs existed. In fact, Medicaid programs, including transportation, are administered in some form in at least three different State agencies, for their respective consumers. The research did reveal, however, that the Governor's Office of Health Transformation, formed early in 2011, is working to place the responsibility for Medicaid into one

separate agency in the next year. This fact, along with the this study's research evidence, supports the premise that Ohio not only can, but should embrace a statewide approach that integrates health and human services transportation (HHST) so that individuals served by these agencies, including the elderly, people with low incomes and individuals with disabilities, can meet basic mobility needs in an efficient and effective manner.

Finally, Part III of this report, based on the data and information of Parts I and II, presented the options that can ultimately achieve this State level coordination, along with a recommended approach.

The foregoing concepts and recommendations form the basis of what can be a turning point for the State of Ohio. Long an advocate of coordinated transportation and the efficient and effective use of resources, many of the coordinative efforts have been, albeit with the support of the Ohio Department of Transportation and other state agencies, such as the Ohio Department of Aging, grassroots efforts at the local level. Coordinated services in a variety of forms have been accomplished. And still mobility issues exist for some of the most fragile Ohioans, those who require access to needed services and employment to maintain their quality of life.

It is evident from this research that Ohio is now at a crossroads where the opportunity exists to take bold efforts to work together to offer a unified program of services to support health and human services transportation. The Governor, through the Office of Health Transformation, has already taken actions to better coordinate the provision of Medicaid services which will not only positively affect the quality of life for over one million Ohioans, but also assure the more efficient use of tax payer dollars. While to date these efforts have not addressed transportation, it is only a matter of time before transportation will become a key factor in Health Transformation's efforts. Public transit systems and coordinated human service transportation providers are already a key component in Medicaid transportation, in particular nonemergency medical transportation. However, it cannot be assumed that these existing providers can unilaterally provide all the transportation service that may be needed as a result of expanded Medicaid programs. But, neither should they be overlooked as a major resource. It will be vital that this existing framework of transportation be considered a viable service delivery mechanism in any reform mandates. Eliminating or limiting the participation of public transit as a means to deliver nonemergency medical transportation could result in an increase in duplication of travel by multiple vehicles thus ultimately and unnecessarily increasing the cost for the delivery of transportation service. Therefore, close coordination among the various State agencies is vital as this process continues.

This study, a collaborative effort of the Ohio Department of Transportation's Research and Planning Office, the Office of Transit, the Ohio Department of Aging, the Ohio Public Transit Association, and the Ohio General Assembly through the support of Senator Peggy Lehner, is the first step toward a statewide, collaborative delivery system of health and human service transportation. With this momentum started, the next steps to achieving this collaboration will take the unified support and effort of everyone at both the State and local levels.

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Appendix A: Ohio Mobility Summit

Ohio Transportation Mobility Summit

Agenda

March 27, 2012
ODOT Auditorium
1980 W. Broad Street, Columbus, OH

1. Welcome Marianne Freed, Director, ODOT Office of Transit	10:00 AM – 10:05 AM
2. Summit Overview – Summit Sponsors • James Barna, ODOT Assistant Director of Transportation Policy, Ohio Department of Transportation • Janet Hofmann, Ohio Department of Aging and video remarks from Bonnie Kantor-Burman, Sc.D., Director of the Ohio Department of Aging • Mark Donaghy, Executive Director, Greater Dayton Regional Transit Authority	10:05 AM – 10:45 AM
3. Overview of the Ohio Mobility Improvement Study – Robbie L. Sarles, President, RLS & Associates, Inc.	10:45 AM – 11:00 AM
4. National Overview of State Level Leadership in HHST Coordination • Charles Dickson, Assistant Director, Community Transportation Association of America (CTAA) • Richard Garrity, Senior Associate, RLS & Associates	11:00 AM – 11:40 AM
5. Ohio Legislative Perspective – Senator Peggy Lehner, Member – Health, Human Services and Aging Committee	11:40 AM – 12:00 PM
6. Lunch	12:00 PM – 1:00 PM

7. "Best Practices" in HHST Coordination in Ohio – Bob Steinbach, Director of Regional Initiatives, Miami Valley Regional Planning Commission — 1:00 PM – 2:00 PM

    - Doug Wagener, Director of Mobility Management, PARTA, Kent, OH
    - Erica Petrie, Mobility Manager, Area Agency on Aging 3, Lima, OH
    - Rich Schultz, Executive Director, GreeneCATS, Xenia, OH
    - Cathleen Sheets, General Manager, Licking County Transit Board, Newark, OH
    - Lantz Repp, Mobility Manager, Athens Mobility Management Program, Athens, OH

8. Action Agenda for Ohio, Ohio Mobility Improvement Study Staff – Robbie Sarles and Will Rodman, Nelson\Nygaard Consulting Associates — 2:00 PM – 3:00 PM

    Resource: Roland Mross, Region IV United We Ride Coordination Ambassador

    This "Town Hall" session will permit attendees to comment and submit recommendations on how the State of Ohio should improve mobility services and coordination.

9. Adjourn — 3:00 PM

OHIO DEPARTMENT OF TRANSPORTATION
CENTRAL OFFICE • 1980 WEST BROAD STREET • COLUMBUS, OH 43223
JOHN R. KASICH, GOVERNOR • JERRY WRAY, DIRECTOR

February 6, 2012

Dear Director:

OHIO MOBILITY SUMMIT

You are invited to the Ohio Department of Transportation's Ohio Mobility Summit to be held in March 2012. This Summit is a key component of ODOT's Ohio Mobility Improvement Project to develop a statewide approach that integrates health and human services transportation (HHST) so that individuals served by these agencies, including the elderly, people with low incomes, and individuals with disabilities, can meet basic mobility needs in an efficient and effective manner.

While Ohio Mobility is an ODOT initiative, this project could potentially impact other Ohio agencies that expend millions of dollars on HHST including Medicaid.

The upcoming Summit will be a unique opportunity to educate and inform key state officials, department heads, and legislators on the topic of benefits to coordinating HHST transportation. It will also be an opportunity to share insights gained at 12 regional forums which were recently held around the state to assess how existing state policies either support or impede local efforts to coordinate HHST.

A more detailed explanation of the Ohio Mobility Project and upcoming Summit is enclosed. Questions or requests for additional information regarding the upcoming Summit or the overall project should be directed to Marianne Freed, Administrator, Office of Transit, at (614) 466-8955, or marianne.freed@dot.state.oh.us.

Respectfully,

Jerry Wray
Director
Ohio Department of Transportation

JW:MEF
Enclosure

Appendix B: Coordination Forum Summaries

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 1 Coordination Forum
September 13, 2011

Attendance

Name	Organization	Email
Tony Lococo	ODOT, Office of Transit	Tony.lococo@dot.state.oh.us
Lucy Valerius	HHWP CAC	lvaleriuscac@bright.net
Kathryn Cox	HHWP CAC	kcoxcac@sbcglobal.net
Shirl Taylor	HCCOA	shirlt@hardincoa.net
Kay Eibling	HCCOA	hccoak@hardincoa.net
Tom Mazur	Lima-Allen County Regional Planning Commission (LACRPC)	tmazur@lacrpc.com
Jodi Warnecke	PCCOA	Jwarnecke-pccoa@bright.net
Charles Schreck	ODOT, District 1	Charles.schreck@dot.state.oh.us

Moderator

Laura Brown, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- Local agencies have worked for years to establish themselves in the community.
- Local transportation providers are able to provide a specialized level of customer care and service under existing programs and policies.
- The PSA3 has centralized all Older Americans Act Title III-B funding for transportation in the seven county region for a regional mobility management effort. The regional mobility manager has made progress toward implementing a hybrid-brokerage. The regional mobility management effort has a structure that could lead to greater cost efficiency but still limited funding and resources. One of the most significant benefits so far has been the education and outreach effort across multiple types of human service agencies.

What are the Major Impediments to Enhancing Coordination in Your Community?

- Operating dollars for transportation are extremely limited and a solution is needed.
- Local transportation providers do not want to lose the specialized level of customer care and service if transportation is organized as a regional effort.
- There is a fear of putting Health and Human Services (HHS) consumers on public transit because HHS agencies do not want to lose their current level of specialized service.

- Policy requirements for PASSPORT create delays and confusion for passengers and drivers and could become a barrier to coordination or consolidation.

- Policies for ODOT vehicle usage and the type of vehicle that can be purchased sometimes lead to cost inefficiencies for those agencies that use ODOT vehicles (i.e., smaller vehicles would be more appropriate and fuel efficient sometimes).

- Funding for transportation for people under age 60 is extremely limited. Local providers are struggling to obtain enough operating dollars to serve the younger population.

- Maintenance costs may increase with more trips that would be provided through a regional service.

- Funding "silos" are a challenge because they make it easy for State Departments/Agencies to reject contracting opportunities with other providers.

- There seems to be a disparity between how county-level offices of the Department of Developmental Disabilities can use funding for transportation. Some offices say that they have money to coordinate or contract with another provider while other offices say that they have no funding for transportation.

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- While it is agreed that regional mobility management has merit, it is critical that the local rural transportation providers are consulted in the planning effort. Their transportation expertise is vital to success.

- Local agencies have worked for years to establish themselves in the community. If a regional provider comes into the picture, it should build upon the successes of local agencies.

- The goal of regional or statewide mobility management should be to meet the transportation needs of the local communities.

- A Statewide Coordination Committee should be lead by ODOT, Office of Transit.

- Communication between local transportation providers and the State-level decision makers is critical.

- Coordination must have a level playing field for all participating agencies with open communication.

- There must be standard regulations and requirements for all providers to help standardize service quality and overcome the disparity in costs between agencies.

- Public perception of public transit must be improved so that the fear of 'mixing' passengers becomes less of an issue.

- The most important agencies to include in a coordination effort are as follows: Department of Job and Family Services, Department of Developmental Disabilities, Educational Service Center, Area Agency on Aging, Hospitals, Nursing Homes, PASSPORT program, and taxis.

- ODOT Office of Transit/OPTA meetings should be open to participation from other non-transit programs. Training like what is provided at OPTA should be provided to HHS Agencies so that they can understand how transit is funded and all of its challenges.

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 2 Coordination Forum
September 14, 2011

Attendance

Name	Organization	Email
Mike Gramza	ODOT, District 2	michaelgramza@dot.state.oh.us
Bob Norman	Hardin Co. DJFS	normanR@djfs.state.oh.us
Mike Saneholt	Henry Co. Transportation Network	Not Provided
Robin Richter	WSOS	rjrichter@wsos.org
Karen Yount	Harbor	kyont@harbor.org
Darlene White	Harbor	dwhite@harbor.org
Not Provided	Black & White Taxi	Not Provided
Tony Lococo	ODOT, Office of Transit	tonylococo@dot.state.oh.us

Moderator

Laura Brown, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- The money is here in Ohio, we just need to educate department directors and utilize existing dollars.

- Henry County Transportation Network (HCTN) has a Mobility Manager/Coordinator for human service agency transportation. The organization provides transportation for the Senior Center, Department of Developmental Disabilities, Job and Family Services (Non-Emergency Medical Transportation only), Veterans Administration, and a local Hospital. HCTN does not receive FTA Section 5311 operating dollars. It receives mobility management and FTA Section 5310 funding through ODOT, Office of Transit. Section 5310 funding was used to purchase vehicles.

- HCTN has an advisory board of executive directors from each human service agency within Henry County. The Emergency Management Association (EMA) is also on the advisory board.

- WSOS is a non-profit community action agency that contracts with federal, state, and local entities for the purpose of developing, administering, and delivering human and social services.

- WSOS receives FTA Section 5311 for public transportation and contracts with other local agencies for matching funds. WSOS does not receive local match from counties or cities within its service area.

- Black and White Taxi is a for-profit taxi operator in the Toledo area. The company provides local trips independently and is part of a brokerage for out-of-county trips. It also provides trips under contract for Lucas County Senior Center and Job and Family Services.

- Harbor is a non-profit agency providing mental health services in the Toledo area. Harbor operates one vehicle to provide transportation for consumers going to and from Day-Hab programs, work locations, and community inclusion activities. Harbor wants to be part of a coordinated transportation effort but they don't know how to get involved. Harbor would like to add another vehicle to its fleet because it recognizes a need but it does not want to create a level of unnecessary duplication.

- Economic climate makes now a good time to find a cost effective solution.

What are the Major Impediments to Enhancing Coordination in Your Community?

- Policies governing public transportation services sometimes create obstacles for health and human service agencies to become public. For example, the agency in Henry County does not want to become public because the 24-hour service that is currently provided for the hospital would need to be expanded to include general public eligibility.

- "Funding silos" in each department create competition and hinder coordination efforts.

- Crossing county lines is an obstacle to regional service for some areas because of local funding regulations (i.e., County Commissioners require funding to be spent in the County, or tax dollars must stay within the county). In some cases the service area limitation is real and in other cases it is misinterpretation of the language used in the funding agreement.

- Fear is a barrier to coordination or collaboration. Fear is often associated with mixing consumers from multiple agencies on the same vehicle, losing Federal and/or local levy dollars if an agency stops directly operating transportation, and poor public and passenger perception from passengers if another provider takes over a service.

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- Education of Directors at the state-level must occur. All agencies need to understand fully allocated costs associated with public transportation and how transportation operating budgets are constructed. It seems to local public transportation providers that health and human service agencies do not understand how the inter-agency contracts need to serve as local match.

- Ohio Department of Job and Family Services (DJFS) and Department of Developmental Disabilities need to understand that without their match there

would be no/drastically reduced general public transportation in rural areas. Eroding the match by having their clients pay the farebox price through the purchase of vouchers or passes in effect reduces the very general public service that they are trying to purchase.

- A policy statement by DJFS at the state-level to partner at the fully allocated cost would maximize the taxpayers' dollars.

- Local advisory groups need to be educated about fully allocated costs and the 'make-up' of transportation operating budgets.

- ODOT, Office of Transit should take the lead in educating other state departments about transit funding structures, gaps in service, goals, and unmet transportation needs.

- A start-up fund would encourage local and regional entities to initiate new coordination efforts.

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 3 Coordination Forum
September 15, 2011

Attendance

Name	Organization	Email
Tony Lococo	ODOT, Office of Transit	Tony.lococo@dot.state.oh.us
Paul Bender	RCRPC	pbender@rcrpc.org
Ruth Culver	Crawford Co. COA & Public Transit	Ruth.culver@rrohio.com
Sara Maier	NOACA	smaier@mpo.noaca.org
Meredith Davis	NOACA	mdavis@mpo.noaca.org
Walter Butts	MBIE	MBIE@aol.com
Kerensa Ottinger	Linking Employment, Abilities, and Potential (LEAP)	kottinger@leapinfo.org
Melissa Hernandez	LEAP	mhernandez@leapinfo.org

Moderator

Laura Brown, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- Richland County operates transportation with a brokerage.
- Goodwill Industries is providing transportation in Lorain County with two vehicles. Demand is high and trips must be requested at least two weeks in advance.
- Lorain County has fixed route service.

What are the Major Impediments to Enhancing Coordination in Your Community?

- Limited resources available/limited transportation providers in Lorain County.
- Limited local match for public transportation in Crawford County. Agencies want to use vouchers but vouchers cannot be counted as local match.
- Cutbacks in local funding from counties limit funding available for operating public transportation more than ever.
- Service area boundaries.
- JFS consumers in Lorain County who do not have personal transportation, have no transportation options for employment in the county or across county lines.
- Lorain County Transit (LCT) has only two routes now (down from 10 routes).

- People with disabilities, older adults, and the general public are becoming more isolated as a result of no transportation in Lorain County.

- There are a variety of transportation prices because some counties have funding from the local government or a levy and others have very little or no local match. The cost to passengers varies. (Dial-A-Ride is $3.75 in Lorain County and $4.00 in Ashland area. It is less expensive in Crawford County.)

- Lorain County's fixed route service has been reduced from approximately ten routes to only two routes. The reduced service has left a significant gap.

- Agencies are hesitant to coordinate/consolidate because they do not want to risk losing Federal money. Even though there are multiple funding sources available for transportation, agencies are already using those funds for other purposes. Some agencies are hesitant to rededicate funding through coordinated transportation for fear of losing necessary revenue for other programs.

- Public Transit is the backbone of human service agency missions and the limited service provided is impacting human service agency consumers.

- FTA's 50% match requirements. Can those be changed?

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- Having a mechanism under which to coordinate (i.e., brokerage) would encourage progress.

- Ohio needs more operating dollars for public and human service agency transportation.

- Dedicated funding in OH

- Dedicated funding in Counties or Regions

- State Departments/Agencies must be educated about the public transit funding structure.

- ODOT, Office of Transit should look into the language of the ORC that prevents Regional Transit Authorities from serving in multiple counties.

- ODOT, Office of Transit should determine how often locally dedicated funding creates service boundaries.

- The most important State Departments/Agencies to include are JFS, Public Transit, private transportation providers, Area Agency on Aging, Metropolitan Planning Organizations, Department of Developmental Disabilities, Housing, Hospitals, and Transportation Demand Management (TDM) agencies.

- Determine whether a statewide transit agency for Ohio would be appropriate.
- Bring the decision makers to the table to discuss and develop a statewide action plan. ODOT Office of Transit should lead the discussions.

- The state can encourage partnerships by thoughtfully prioritizing all transportation spending (highways, transit, etc.). Appropriate prioritization can help address mobility challenges in our existing communities (i.e., challenges created by transit in communities with cul-de-sacs).

- To encourage participation from the State level, ODOT Office of Transit should develop a message to compel agencies to come together. A potential message could be: "Access to Opportunities."

- There is a need for equitable service across the state, or at least equity within regions of the state.

- As a statewide effort, Ohio should look at the big picture of land use and growth management and consider public transportation/mobility with emphasis equal to other aspects of planning communities. Mobility cannot be an afterthought.

- More intercity service is needed.

- A dedicated person to focus on mobility management at local level as well as the state level is important to facilitating action.

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 4 Coordination Forum
September 20, 2011

Attendance

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Moderator

Richard Garrity, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- FTA/ODOT capital grant programs are a great resource for public and specialized transportation systems. The lack of operating assistance, however, is more problematic.

- The coordination requirements contained in SAFETEA-LU that were imposed on all Section 5310, 5316, and 5317 grant recipients is exceedingly helpful to our coordination efforts.

- Past efforts by ODOT to promote coordination were positive and helpful to our local efforts. We understand that funding issues have limited the Department's effort in the last several years.

- Generally, it appears that communication and interaction at the state level is satisfactory. We understand that most of the major funding agencies are represented on an interagency committee. The level of communication and interaction at the local levels is less satisfactory.

- If HHST funding is reduced, this may actually provide some incentive for human service agency to look towards service coordination as a response.

- Coordination has been shown to definitely result in cost savings.

- ODOT's efforts to re-energize its coordination efforts – specifically through the sponsorship of periodic roundtables – have been very beneficial.

- The requirement to prepare Local Public Transportation/Human Service Agency Coordination Plans has been helpful. This process brought both transit and agency representatives together and these meetings have been productive.

- ODOT technical assistance has been very useful in the past and we believe that the agency has employed a balanced approach in dealing with urbanized vs. nonurbanized areas.

What are the Major Impediments to Enhancing Coordination in Your Community?

- Funding is the major issue.

- The state level interagency committee may not have the right representation to truly cover the range of coordination issues seen at the local level.

- We see "red tape" as an impediment. For example, those who operate mixed fleets under the Special Transportation Program are subject to differing and sometimes conflicting information regarding inspections, etc.

- Transportation coordination may not be a priority issue for urbanized area public transportation operators.

- There are too many "silos" with different eligibility criteria, rules and regulations, operating requirements, etc. which makes coordination difficult.

- We need consistent state level oversight. We operate under guidance from the Department of Aging and, in some cases, their rules differ from those we have to follow under the ODOT Office of Transit.

- Under managed care situations, we are asked operate and provide services under a capitated rate contract that often does not cover our costs of transportation.

- Different funding sources impose differing levels of passenger assistance that must be provided to their clients. This can be very difficult to keep up with; why can't there be some uniformity in these requirements?

- One issue we have seen is the limited hours of operation of the local transit agencies and/or other non-profit organizations that provide specialized transportation.

- We have found that some of the vehicle inspection issues being discussed here are driven by Medicaid requirements or by the other funding sources. The state should develop consistent rules.

- We need more coordination at the state level.

- It is my opinion that coordination tends to work better in nonurbanized areas as the predominant service delivery mode is demand response for both public and human service agency transportation. In urban areas, where there are more modes of services, coordination with human service agencies may be more difficult.

- Differing eligibility criteria hinder coordination efforts. It is difficult for transportation providers to keep up with client eligibility.

- We support the coordination mandate in SAFETEA-LU that was imposed on the FTA Section 5310, 5316, and 5317 programs. However, there do not seem to be similar mandates in the human service agency programs.

- The splintered or silo approach to funding human service agency transportation is counterproductive to coordination.

- We have seen various agencies, established primarily to address a single problem, expand their mission over the years in order to attract more funding and maintain financial viability. When this happens, it is more difficult to involve those organizations in coordination, as it is perceived as a threat to the organization.

- Sometimes we encounter a lack of clarity in getting interpretations of various rules and regulations. In the absence of a clear cut "yes," the answer is "no."

- We find that in some programs, such as FTA's Section 5316 and 5317 programs, that the administrative requirements can be rather burdensome in comparison to the amount of funding we receive under these programs.

- There should be consistent enforcement of rules. Supposedly, Medicaid pays for the actual cost of a service (and no more); however, in managed care scenarios, the payment amount does not represent the cost of service.

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- The state should discourage the proliferation of vehicles funded by the various grant programs; once an agency obtains its own fleet, it is much more difficult to get them to coordination. Fleet ownership creates an inertia and resistance to coordination.

- We need to develop alternative, stable sources of funding for public transportation. In other states, lottery funds are used to support specialized transportation.

- We need more funding.

- ODOT should focus or limit capital awards to only designated agencies.

- Executive order(s) may be needed to facilitate coordination at other state level human service agency programs. Ohio should consider legislation when necessary.

- We need to deliver a consistent message to politicians and legislators about the value of transportation; we need specific "hooks" to describe the potential benefits of coordination. However, we must be cautious to ensure that all parties are conveying similar points of view in presenting the case for transit and human service agency coordination.

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 5 Coordination Forum
Newark Library
September 15, 2011

Attendance

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Moderator

Richard Garrity, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- Through ODOT funding, our program began under the coordination program and expanded to encompass rural public transportation. We have proven ourselves in our community and have shown that coordination saves money.

- The availability of funding through FTA and ODOT to specifically support public transportation is a major element that facilitates the provision of public transportation by cities and counties.

- Training for transit managers, planners, and operators is very helpful and has improved management at local transit systems.

- ODOT's re-institution of periodic roundtable discussion sessions among transit systems is very helpful.

- NTI training courses are an excellent resource. Webinars are also good as this training technique recognizes that many have limitations in travel; however, sometimes classroom training is necessary.

What are the Major Impediments to Enhancing Coordination in Your Community?

- Funding is the major issue.

- Generating the required local matching funds for various FTA or other grants is very difficult. This has become a major problem.

- Finding capital funding for acquiring new vehicles or replacing existing vehicles is very difficult.

- We have many organizations in our community that represent potential coordination partners. However, implementing coordination has been difficult. This is particularly true with nonprofit and for-profit organizations. In the case of nonprofits, we have encountered "turfism;" in the case, of private, for-profit operators, we in the public sector are viewed as competition and these businesses are reluctant to work with us.

- Whenever any community is considering some type of new start, major service change, or system expansion, it will require significant political "muscle" in order to convince local elected officials that the proposed transit system is beneficial to the community.

- There are few opportunities for new hires to learn coordination planning, techniques, and best practices.

- Our local JFS department includes specific contractual language that prohibits use of contract revenue derived from a purchase of service agreement to be used as local match to other Federal grants. We learned today that legislation exists where we could use these funds as local match; communicating and/or educating these other program officials is difficult.

- It is often difficult to get sufficient public participation in various planning and training meetings. While attendance today at this coordination forum is good, we should have more people here. Use of traditional media outlets (e.g., the local newspaper) is not sufficient to get the type of turn-out we need.

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- Funding! We need additional funding.

- The multitude of funding programs creates "silos" that tend to promote turfism. This hinders our efforts to coordinate services with these agencies.

- The various funding sources (or "silos") can be difficult to deal with given the differing rules, eligible activities that can be undertaken in each program, etc.

- It would be useful if there were more training opportunities on the grants management topic. For example, it would be useful if we could get training on how urbanized area transit funding from FTA could use revenues derived from a purchase of service from a human service agency as local match.

- Capital funding for specialized vehicles is limited and the STP program is limited to nonprofit organizations. The STP should be open to small urbanized area transit systems to support mobility for the elderly and persons with disabilities.

- ODOT does a good job keeping nonurbanized area systems apprised of funding opportunities, regulatory updates, etc. However, the communication with small urbanized systems is not as good.

- ODOT should potentially look at the consolidation of existing transit programs as a cost savings measure (e.g., creating multi-county or regional systems).

- We have to wear many hats in managing and operating a coordinated transit system. We have difficulty keeping up with the latest regulatory guidance and other applicable laws. Additional training opportunities would be excellent.

- Transit systems need to recognize that other community organizations can play a pivotal role in promoting public transit/human service agency coordination. Reliance on these partners will help the transit system avoid public perceptions of self-promotion when recommending new or expanded services.

- We need assistance in marketing and promotion techniques to convince the general public our transit system provides service to other than just the elderly and persons with disabilities. We could also benefit to enhance public participation techniques that will work to instill "local ownership" in existing public transit services.

- It would be helpful if local governments in Ohio had the ability to generate dedicated transit funds through levies, etc.

- If MPOs had access to TEAM and the financial service data of all transit providers, it would improve the quality of transportation planning and project programming.

- We serve a number of low-income individuals who rely on public transit as their only means of transportation. However, given their income status and entry level job status, fares may be prohibitive to regular transit usage. In these cases, a free fare program would be helpful.

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 6 Coordination Forum
ODOT Headquarters Auditorium
September 20, 2011

Attendance

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Moderators

Rosamary Amiet & Julie Schafer, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- The governor's budget encourages coordination between agencies and public transit systems. Since there are some budget cuts, agencies are trying to find ways to save money. They look at public transit for the more affordable way to serve their clients instead of using a more expensive private sector provider. This has been beneficial to the local communities and the public transit systems, especially in Union county.
- Coordination is occurring between DD agencies and transit; cost savings can be as much as $300-$500k annually.
- Sharing of maintenance activities is saving money.

- Gradual coordination efforts have been necessary and helpful for agencies. This keeps layoffs at a minimum.
- ODA and an AAA are working with a local DD provider to allow the DD provider to provide senior trips.
- Agencies are coordinating training which is providing more and better training opportunities.
- One agency developed a separate pool of funds to pay for trips that would otherwise 'fall through the cracks' that is, those that are transportation disadvantaged but might not be associated with a specific program/funding source.
- Interagency meetings (Transportation Partnership of Ohio) were beneficial for coordination. These have not taken place for the past few years but people would like to see them reinstated.

What are the Major Impediments to Enhancing Coordination in Your Community?

- The lack of standard policies, reports, invoices, etc. among the State agencies.
- Agencies having to provide different information to the State Agencies for the same service/clients.
- The lack of standard reimbursement rates.
- Conflicting local policies, e.g., liability, insurance, training, etc.
- 5310 funds awarded to areas where public transit already exists.
- 5310 funds awarded to agencies whose mission is not primarily transportation, and therefore, may not have trained drivers, appropriate policies, etc.
- The use of case managers providing transportation without sufficient training.
- The lack of understanding of ADA among non-transportation agencies, specifically in the use of PCAs.
- Medicaid-provided mobility devices which are not compatible with vehicle securement tie-downs.
- Medicaid's requirement that a wheelchair accessible vehicle be used whether or not the specific client needs that type of vehicle.
- Transit not being at the table.
- Charter regulation restrictions on public transit.

- Senior levy restrictions on the use of vehicles (for non-seniors) purchased all or in part with levy funds.
- CAR seat/booster requirements; potential liability on the providers when a parent insists their child does not need a booster—whose responsibility is it?
- Jurisdictional boundaries limit the services that can be provided—these can be real or perceived.
- There is no Executive Order or state mandate for coordination. This has to come from the top.
- The use of industry terms with differing definitions depending on the organization, such as what constitutes a "trip." Some agencies define a trip as one-way, while others count a round trip as one. This makes reporting to different funders difficult.
- Each agency has different vehicle and driver requirements, and these differ from the requirements for public transit. Coordination can sometimes prove difficult when certain drivers are only allowed to drive certain vehicles and certain vehicles are only equipped or allotted for certain types of passengers.
- The STP vehicle system creates a disincentive by giving vehicles to agencies which could be coordinating with public transit instead.
- Medicaid will pay for vehicles that are wheelchair accessible, creating an incentive for agencies to buy their own expensively equipped vehicles even if there is not a specific need for them. They could be coordinating instead.
- There is not a clear deciphering line between what is charter and what is public transit.
- Vehicles designated solely for one population, such as veteran or senior citizens only buses, are not efficient.
- On the opposite side, putting different types of passengers together (DD, elderly, JFS riders) requires more training for the drivers.
- There is no funding for some rural counties to develop a local coordinated plan, thus preventing agencies from applying for 5310/5316/5317 funding.

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- Do away with jurisdictional bias preventing vehicles funded by one county or city going into another county or city unless there is already coordination in place. For passengers, this means that they have to transfer buses at the boundary.

- Medicaid needs to play a bigger role in transportation coordination.
- Reinstitute the Statewide Transportation Partnership (state level coordination working group).
- There must be better communication among funders (state agencies).
- More State/local funding is needed.
- Address transportation issues for those ≥ 59 with significant on-going medical issues. This population is most likely to 'fall through the cracks.'
- Institute one stop shops/calls for transportation.
- Fund the PARTA/Geauga project for coordination.
- Make State funds more flexible.
- Expand local funding. This would mean less administration and regulations and give the local communities the ability to better meet their own citizens' needs.
- No Managed Care plans. These promise to save money, but ruin transportation for seniors. Brokerages are not good at being accountable to a schedule and the level of service will decrease.
- Funding should be easier to acquire. There are many funding opportunities available, but the amount of work that it takes to apply discourages people to do so.
- Streamline the JARC process would ease the burden that it is presently bringing to the transit systems.
- 511 needs to include statewide transit information.
- Transit needs to be at the table for decisions that impact them, e.g., Medicaid, Aging, DD, etc.
- Encourage providers of transportation to use Google Transit for more tech-savvy users.
- Assist small rural areas (in the development of local coordination plans) so that they can have all of the possible resources available to them.
- Reduce grant program bureaucracy (i.e., long applications, multiple, redundant certifications, etc.). Return the focus to providing service from paperwork.
- Adopt AAA funding model for distributing funds.
- A statewide coordination plan.
- Include nontraditional partners in coordination efforts, e.g., court systems, food banks, etc.

- Tap into Economic Development.
- Require Dialysis centers to be “at the table.”
- Adopt smart growth planning with transit at the table.
- Additional ADA and Fully Allocated Cost training; include providers and purchasers of service across all agencies (JFS, Aging, etc.).
- Look at the recommendations from the 21st Century Task force, Poverty Task Force, and Long Term Care Task Force; these could still be applicable today.
- Use common sense when making new rules/requirements.
- There needs to be more focus on local funding for transit – community buy in and less strings attached.

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 7 Coordination Forum
September 19, 2011

Attendance

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Moderator

Robbie Sarles & Julie Schafer, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- The 5310, JARC, and New Freedom grant programs are very helpful in improving access to transportation to the elderly, individuals with disabilities, and those needing employment transportation. The requirement for coordination by these funding streams is also beneficial.

- New Freedom funding and an Easter Seals Project Action grant provided funding to support a Mobility Manager position in Allen County. The Mobility Manager has been effective in developing an active and progressive transportation task force with representatives for transit, local government, social service organizations, faith based organizations, regional planning commission, medical community and other.

- Local collaborative efforts have enabled shared staff training opportunities.

- Several volunteer transportation programs have been developed.

- There is interest and willingness from transit providers and health and human service organizations to partner for the common good of clients served.

What are the Major Impediments to Enhancing Coordination in Your Community?

- Funding for operations is a major issue.
- Re-imbursement rates for contracted services such as, Adult Day Care transportation rates, are decreasing.
- The cost of required training is a burden. Training is often completed on Saturdays so service is not disrupted, however, this results in increased staff hours.
- Changes in policy for Title III and Passport no longer allow re-imbursement for no shows, but prohibits the transit provider from stopping service without a 30 day notice.
- There is a disconnect among the medical community and transportation providers. Medical providers do not consider transit accessibility or availability when scheduling medical treatments for transportation disadvantaged individuals.
- State Managed Care contract with CareSource limits access to public transit. CareSource is using private transit providers from all across the state to provide NEMT often traveling great distances for short distance trips.
- The different eligibility requirements and restrictions of some funding streams inhibits coordination and shared ride service.
- Legal concerns about liability are an issue for volunteer and small transit programs.
- Consumer choice rights often cause inefficiency by requiring longer travel distances for a service that could be provided closer to the client's home.
- Communication and training opportunities need to be improved at the state level

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- The multitude of funding programs and program eligibility restrictions create "silos" that make coordination unnecessary and unattractive. The rules restricting integration of clients needs to be eliminated.
- There should be one regional entity that receives the transit funding for all transit programs and that organization would then distribute funds. This process would help eliminate service duplication. In addition, this regional provider would be responsible for oversight of transit provider to maintain quality of service.
- A statewide or regional transportation software would allow sharing of data and help ensure consistency of data collected.
- Required data and reporting criteria need to be consistent among crossover agencies. Agencies include Area Agency on Aging, Developmental Delay, Mental Health, Job and Family Services and Medicaid.

- State and federal requirements for training, vehicles, and safety need to be adjusted to establish a base level of requirements with additional requirements mandated based on type of service provided. Organizations that only operate cars and small vans that do not transport individuals confined to wheelchairs should not be held to the same requirements as a large transit system.

- The state needs to implement a senior driver training program that helps older drivers maintain their ability to drive longer. This program should also include retraining for individuals that have had a medical condition or another event that impacted there driving ability.

- The state needs to mandate coordination for all transit funding sources.

- There needs to be focus on limiting greenfield development and encouraging development in population dense areas.

- Develop a family of services with established base standards for each level of service. Provide funding for the entire family of services but require the least expensive be used. For example, an ambulance or ambulette is not needed to take Mr. Jones to the doctor simply because Medicaid will pay for it.

- Implement a training coordination program so there is access to joint training throughout the state.

- Provide an incentive for coordination.

- Develop a one stop shop information center for all transit information. A person who needs transportation should be able to call one number to find out what is available in his/her community.

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 8 Coordination Forum
September 22, 2011

Attendance

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Moderator

Julie Schafer, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- The 5310 program. The 5310 program provides funding for rolling stock and stimulated coordination partnerships.
- The Interdepartmental Group – this was a group of state department leaders that met on a regular basis to discuss issues and potential solutions. This needs to start again – communication seemed better then.
- JARC and New Freedom grants that promote collaboration and coordination. Results in referrals to other providers.
- The Mobility Manager position.
- Coordinating councils formed and developed coordination plans.
- Regional Planning Commission partnering with Mobility Managers. Mobility Manager now invited to planning meetings.
- Piggybacking on contracts to save money – purchase of materials.
- The ability to match FTA funds with other non FTA federal funds.

- Cooperative purchase agreements for fuel.

- Shared maintenance facilities – providing maintenance for organizations that do not have their own maintenance garage.

- Joint staff trainings taking place with Area Agency on Aging, Senior Center, and transit system.

- Local Medicaid trip brokerage – DJFS allows provider to give trip to another system if first system can not provide trip.

What are the Major Impediments to Enhancing Coordination in Your Community?

- It is difficult to coordinate when requirements are not consistent between urban and rural systems. Each has different funding streams.

- Territory restrictions due to funding.

- It is difficult to provide service in area of low population density. Need to clarify urban and rural definitions so urban transit models are not implemented in rural areas.

- There is no incentive to coordinate especially when it relates to rural and urban systems working together.

- The lack of available information on sources of match.

- New regulations that have been placed on ambulette services.

- The delayed delivery of 5310 vehicles is affecting operations. ODOT does not appear to have any interest in addressing the delay or ability to assist with expediting delivery.

- The dumping of clients from other provider due to funding cuts without adequate compensation has become an issue.

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- ODOT should have more authority over all transit systems urban and rural. ODOT should provide technical assistance, have regular communication, and be more involved with coordination for all systems.

- Increase funding per capita.

- Eliminate restrictions associated with the gas tax.

- Establish a dedicated funding source other than the gas tax specific to transit.
- Invite non-transit agency staff who are involved with coordination to ODOT Mobility Manager meetings and trainings.

- Have a coordination workshop and present best practices that are working in Ohio.
- Provide training on match to identify what sources do qualify as match.
- Re-establish interdepartmental meetings (state level task force/working group).
- Reduce or eliminate jurisdictional boundaries. Some communities impose rules and regulations limiting the availability of transit service in their community, for example, requiring bus shelters to be enclosed and temperature controlled. Restrictions that control service areas or impede developing service or limit service should require approval of a body higher than local community officials.
- ODOT should provide on- site or regionalized training that can be attended by both urban and rural systems. Charter service should be part of training.
- Establish consistency in state agency policies and data collection. Some agencies count a trip as a round trip transportation and others count a trip as a one way trip.
- Develop and staff an ODOT Resource Center that can provide information on other programs and regulations as well as general assistance for fluke items.
- ODOT should provide more technology grants.
- Need to eliminate "silos" and connection barriers caused by fear of losing funding or turf issues.
- Establish expectation criteria for Mobility Managers so the position is more clearly defined.
- There is a need for re-education and more communication. There is need for transit and other providers to be educated on transit topics and a system for effective communication. If the interdepartmental group meetings are re-established, the education and communication could start there.
- Transit needs to work with planning to communicate the impact decisions have on transit. This needs to happen at the federal, state and local level.
- Transit needs to communicate and work with economic development to maximize community growth potential.
- The state should consider combining common program offices and agencies. If common agencies were combined, it would force service coordination and eliminate duplication.
- The state needs to have all the facts before establishing a NEMT brokerage. There needs to be good brokerage oversight to enforce safety and customer service requirements.
- ODOT should have a transit staff person at each district office. There needs to a more equitable distribution of ODOT staff; transit has fewer staff than other programs.
- ODOT needs to develop a universal fare/payment/ride card that can be utilized by all transit providers. This system would be similar to the current food stamp system, however,

the transit card would incorporate all transit funding sources. Trip re-imbursement would be electronically credited to the transit system providing the trip. There would be initial start -up costs for development and to install proper technology for all transit providers.

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 9 Coordination Forum
September 13, 2011

Attendance

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Moderator

Richard Garrity, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- Partnerships with local JFS offices can work when there is local leadership that exhibits an understanding of the benefits of transportation.
- The coordination planning process that was mandated under SAFETEA-LU has been effective. We now have an on-going policy advisory group that meets on a regular basis. This group has been helpful in solving local transportation issues.
- The ODOT/OPTA roundtable meetings and workshops have been excellent; this has promoted networking and we have benefitted from this experience.
- The ability for local entities to "piggyback" on state term contracts (where permitted) has been useful.

What are the Major Impediments to Enhancing Coordination in Your Community?

- New changes with Medicaid have hurt coordination efforts. The managed care structure has resulted in the use of new vendors with little or no experience in our county duplicating the efforts that our coordinated system has done in the past. We also note that there seems to be an unlevel playing field – Medicaid is using private, for-profit providers that do not seem to be held to the same safety and performance standards as public agencies. There seems to be little incentive for Medicaid to coordinate transportation.

- Current Medicaid regulations hinder public sector entities from serving as a transportation broker – despite the fact that in many rural communities, this is the most logical and cost effective arrangement.

- Local JFS offices have little incentive to coordinate transportation services. Moreover, it appears that staffs are untrained on transportation issues and contracting for such services. As a result, staffs do not understand the benefits of coordination. We do not have that issue in our county, however, as local leadership has seen fit to pursue coordination and we have been successful.

- The role of the Mobility Manager is not clear nor is the future of the position. We need long-term guidance and training on Mobility Management policies.

- We have had difficulty coordinating services with the local veterans organization; they essentially operating exclusive services (and, in some cases, represent another county organization).

- The addition of managed care organizations creating transportation brokerages appears to add an unnecessary level of administration to service delivery.

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- There are clearly benefits to coordination; however, these benefits need to be stressed to local elected officials and human service transportation agencies on an on-going basis. We need refresher training courses on this topic designed for specific "markets."

- We need a dedicated revenue source for public transportation. Dedicating a portion of the state gasoline tax would be ideal.

- ODOT should work to simplify the grants administration process. Given the limited funding, we no longer have the administrative resources to deal with excessive requirements.

- ODOT should be more responsive to changing events at the local level.

- There is an on-going need for transit advocacy.

- Transportation systems should be managed locally, creating less waste of resources and one less level of administration. Statewide brokerage models do not meets this model. Moreover, locally managed systems would have a positive impact on job creation.

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 10 Coordination Forum
September 14, 2011

Attendance

Name	Organization	E-mail
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Moderator

Richard Garrity, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- The ability to uses contract revenues from service agreements with human service agencies is extremely beneficial.

What are the Major Impediments to Enhancing Coordination in Your Community?

- The lack of funding is a major problem. This problem has two dimensions. First, there are insufficient Federal funds to support transit at adequate levels. Second, when Federal funds are available, generation of the local match to these funds is becoming increasingly difficult.

- Capitated payments that are now standard practice under Medicaid are problematic. This is particularly troublesome in very rural areas where there is lack of private sector resources. Medicaid should be required to coordinate with public transportation services.

- There are variations in the different funding programs regarding levels of passenger assistance. This can be very confusing to public transit entities that attempt to coordinate transportation services among these programs.

- We supported the coordination planning requirements in SAFETEA-LU. However, the funding sources that we are suppose to coordinate with have no similar mandate; we had difficulty getting other parties to the table in our planning efforts.

- There is an issue in our local area regarding local elected officials and the sustainability of funding programs that support coordination activities. The current programs used to support coordination are not meant to be long-term, sustainable funding sources.

- We have encountered some jurisdictional issues, as we deal with transit in both West Virginia and Ohio.

- The local match can be an issue; we recently had a casualty loss and while we received an insurance settlement for purposes of replacing the vehicle, the replacement value was not sufficient to replace the vehicle. Moreover, we had to come up with the local match to an ODOT grant that assisted us.

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- We know there are many different funding sources that can be used to support passenger transportation. There should be some concerted effort to train transportation providers on these funding sources, transportation requirements, and how we can coordinate with such agencies.

- There should be coordination mandates in other Federal funding programs, not just those administered by the Federal Transit Administration. This is something we should address with the Ohio Congressional delegations. Congress should establish an across-the-board mandate to participate in the SAFETEA-LU coordination planning process, targeting recipients of specific funding programs.

- The concept of "one-stop" call centers is a good concept; the state should be promoting the establishment of such centers throughout Ohio.

- There should be some mechanism at the state level to assist in the resolution or removal of barriers to coordination. Lack of dedicated staffing at the state level to perform this role should be remedied.

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 11 Coordination Forum
September 22, 2011

Attendance

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Moderator

Richard Garrity, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- The requirement to prepare locally developed coordination plans under SAFETEA-LU was very beneficial. This process brought all the parties to the table to discuss mutual needs.
- The ODOT Coordination Program was very beneficial to us. This assistance enabled us to coordinate at the local level; we eventually moved into the rural public transportation program.
- The flexibility afforded in Federal highway/transit programs is beneficial. We have been able to use Federal STP and CMAQ funds to support transit projects in our community.
- The ability to use revenues derived from a service contract with a human service agency as match to FTA grants is very useful.

What are the Major Impediments to Enhancing Coordination in Your Community?

- Agency turfism and the fact that other programs do not have any incentive to coordinate. We are having particular problems trying to coordinate with our local Veterans program. They are simply comfortable with the status quo doing their own service, even though this service is limited and not meeting all needs for these clients.

- Coordination efforts can be very personality driven. If a particular agency director does not wish to participate in coordination, regardless of documented or projected benefits, there is little we can do.

- Coordination requires that local governing boards are supportive. There can be opportunities at the Federal and state levels, but these efforts will be ineffective unless local boards are sold on the concept and benefits of coordination. This is very difficult.

- The many different funding sources have different operating requirements. The state should develop common standards among agencies. There is a need to communicate with state level policy makers that public transportation can meet the needs of their clients while providing a high quality, safe, and efficient service.

- There can be jurisdictional issues, even among public transportation providers. For example, some of our board members were unhappy that a rural transit system was operating within our urbanized areas.

- We have encountered numerous issues with private, for-profit transportation providers, particularly when they perform services under contract to a Medicaid broker or managed care organization. There is little incentive for coordination (although another participant noted they had success with their local JFS office).

- There are too many funding "silos." Even within FTA programs, this can be an issue. Additionally, we do not believe that ODOT gives adequate consideration to small urbanized areas in the distribution of JARC or New Freedom programs.

- The proliferation of rolling stock, where every human service agency acquires vehicles from their funding sources makes coordination more difficult. Once an agency obtains vehicles, they are reluctant to give them up in any coordination effort.

- Insurance issues can be an obstacle to vehicle sharing arrangements.

- Lack of funding is an issue; this has precluded us from expanding in our days and hours of service and our geographical service area. These limitations have made us less acceptable to our JFS Office as a Medicaid transportation provider.

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- Various FTA programs could be consolidated into block grants for urbanized areas. This would reduce administrative burdens and provide more flexibility in programming at the local level.

- ODOT may be more successful if Mobility Managers operated on a regional, rather than county, basis.

- Eliminate duplication of services at the local level.

- Local communities need to focus on at-risk populations that may not be eligible for traditional human service agency populations so that adequate transportation alternatives are available to get those individuals to work.

- Transit options need to recognize that individuals require work transportation for all three shifts and on a seven day a week basis.

- There are opportunities to improve coordination at the state level. There should be agreements between the major funding agencies on transportation coordination.

- Remove state borders! Many of our clients need to access facilities in Pennsylvania and West Virginia; this creates many issues. We cannot get our self-insurance pool administrator to submit the necessary documentation to FMCSA to enable us to operate interstate.

- We need more technical assistance and education on the various Federal funding sources that can be used to support transportation.

- The state should recognize that formula funding distribution methods are not necessarily equitable to smaller counties.

- We need more cost-effective methods to provide out-of-county trips.

Ohio Mobility Improvement Program
Local Assessment of Statewide HHST Policies
ODOT District 12 Coordination Forum
September 21, 2011

Attendance

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Moderator

Richard Garrity, RLS & Associates, Inc.

Discussion Issues

What are the Most Beneficial Elements of Existing Programs/Policies?

- ODOT has been responsive to local questions and issues.
- Private sector involvement is important to public transportation and coordinated service delivery. The ability to subcontract services has worked for us.

What are the Major Impediments to Enhancing Coordination in Your Community?

- Lack of funding; the cutbacks in state transit funding and Title III-B have been dramatic.
- Currently, there is considerable negative public sentiment about “entitlements;” it is difficult to get any type of project funded.

- The status quo is not an acceptable alternative; coordination is an on-going process that we need to continually work at.

- We need funding to support project administration in the urbanized areas. Unlike rural programs, we cannot fund administrative expenses to most FTA grants. Similarly, FTA provides capital assistance, but there are no funds for operating expenses.

- We need additional guidance/training when capital cost of contracting would be cost-effective.

- The reimbursement rate for some Medicaid trips is insufficient for our company to make a profit.

- There are too many "silos" with different rules/regulations. Sometimes these rules are in conflict with one another, making the effort to coordinate more difficult.

- Some entities that do not currently coordinate services mistakenly believe that coordinating service through purchase of service arrangements will result in a decline in service quality.

- Turfism remains a concern and impediment to coordination.

- As a private for-profit company, different program regulations sometimes forces us to fragment our service delivery.

- The length of time it takes to get vehicles under ODOT programs is a problem.

- Buy America provisions in FTA grants can be difficult to address.

- While the vehicle procurement program managed by ODOT is beneficial, we find that sometimes we need more flexibility in vehicle choices that are not available under contract.

What Recommendations or Changes Would You Make to Existing State Policies and Practices?

- ODOT should consider expanding the STP program to permit public agencies to apply and become grantees.

- We could benefit from additional technical assistance in cost allocation methodologies and developing interagency agreements (e.g., MOUs, contracts) with human service agencies.

- State funding agencies need to better coordinate their programs.

- There is a general need to educate transit, human service agency, and local elected officials on the benefits of coordination.

- We need to recognize changing demographics; we work with the developmentally disabled population and the life spans we are seeing are significantly longer than what we saw just 20 years ago.

- We need to look at eligibility for human service transportation from a functional approach, not a categorical approach (e.g., those 60 years of age or greater).

- There needs to be some standardization and rationalization of rules applied to transportation providers by state funding agencies.

- We need to continue to push and advocate for smart growth strategies, transit-oriented development, etc.

- State agencies should develop funding criteria on all discretionary grants that favor coordination.

- We need flexibility in program regulations to permit better utilization of rolling stock, particularly during non-peak periods.

- Transit should continue to embrace green energy strategies in operations.

- ODOT should re-think transit funding in Ohio, adopting regional or metro-wide approaches.

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Appendix C. GAO Summary of Sixty-Two Programs

No.	Agency	Department/ Branch	Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials	Fiscal year 2001 federal spending on transportation
1	DOA	Department of Agriculture, Food and Nutrition Service	Food Stamp Employment and Training Program	Food Stamp Act of 1977, as amended	7 U.S.C. § 2015(d)(4)(I)(i)(I)	Reimbursement or advanced payment for Gasoline expenses or bus fare	To access education, training, employment services, and employment placements	Low-income persons between the ages of 16 and 59	$12,952,956
2	DOE	Department of Education, Office of Elementary and Secondary Education	21st-Century Community Learning Centers	No Child Left Behind Act of 2001	20 U.S.C. § 7173(a)(10)	Contract for service	To access educational services	Students from low-income families	$84,600,000
3	DOE	Department of Education, Office of Elementary and Secondary Education	Voluntary Public School Choice	No Child Left Behind Act of 2001	20 U.S.C. § 7225a(a)	Contract for services, purchase and operate vehicles, hire bus drivers and transportation directors, purchase bus passes, redesign transportation plans including new routing systems, offer professional development for bus drivers	To access educational services and programs	Students from underperforming schools who choose to transfer to higher performing schools	New program, no actual data or estimate available from the federal agency
4	DOE	Department of Education, Office of Special Education and Rehabilitative Services	Assistance for Education of All Children with Disabilities	Individuals with Disabilities Education Act Disabilities	20 U.S.C. § 1401(a)(22), 1411(a)(1)	Purchase and operate vehicles, contract for service	To access educational services	Children with disabilities	No actual data or estimate available from the federal agency
5	DOE	Department of Education, Office of Special Education and Rehabilitative Services	Centers for Independent Living	Workforce Investment Act of 1998	29 U.S.C. § 796f-4(b)(3) and 705(18)(xi)	Referral, assistance, and training in the use of public transportation	To access program services	Persons with a significant disability	No actual data or estimate available from the federal agency

No.	Agency	Department/ Branch	Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials	Fiscal year 2001 federal spending on transportation
6	DOE	Department of Education, Office of Special Education and Rehabilitative Services	Independent Living Services for Older Individuals Who Are Blind	Workforce Investment Act of 1998	29 U.S.C. § 796k(e)(5)	Referral, assistance, and training in the use of public transportation	To access program services, for general trips	Persons aged 55 or older who have Significant visual impairment	No actual data or estimate available from the federal agency
7	DOE	Department of Education, Office of Special Education and Rehabilitative Services	Independent Living State Grants	Workforce Investment Act of 1998	29 U.S.C.§§ 796e-2(1) and 705(18)(xi)	Referral, assistance, and training in the use of public transportation	To access program services, employment opportunities	Persons with a significant disability	No actual data or estimate available from the federal agency
8	DOE	Department of Education, Office of Special Education and Rehabilitative Services	Supported Employment Services for Individuals with Most Significant Disabilities	Workforce Investment Act of 1998	29 U.S.C. §§ 795g and 705(36)	Transit subsidies for public and private transportation (e.g. bus, taxi, and paratransit), training in the use of public transportation	To access employment placements, employment services, and vocational rehabilitation services	Persons with most significant disabilities	No actual data or estimate available from the federal agency
9	DOE	Department of Education, Office of Special Education and Rehabilitative Services	Vocational Rehabilitation Grants	Rehabilitation Act of 1973, as amended	29 U.S.C. § 723(a)(8)	Transit subsidies for public and private transportation (e.g. bus, taxi, and paratransit), training in the use of public transportation	To access employment placements, employment services, and vocational rehabilitation services	Persons with physical or mental impairments	$50,700,000 (estimate)
10	HHS	Department of Health and Human Services, Administration for Children and Families	Child Care and Development Fund	Child Care and Development Block Grant Act of 1990, as amended	42 U.S.C. § 9858c	States rarely use CCDF funds for transportation and only under very Restricted circumstances	To access child care services	Children from low-income families	$0 (estimate)

No.	Agency	Department/ Branch	Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials	Fiscal year 2001 federal spending on transportation
11	HHS	Department of Health and Human Services, Administration for Children and Families	Community Services Block Grant Programs	Community Opportunities, Accountability, Training, and Educational Services Act of 1998	42 U.S.C. § 9904	Taxi vouchers, bus tokens	General trips	Low-income persons	No actual data or estimate available from the federal agency
12	HHS	Department of Health and Human Services, Administration for Children and Families	Developmental Disabilities Projects of National Significance	Developmental Disabilities Assistance and Bill of Rights Act of 2000	42 U.S.C. § 15002, 15081(2)(D)	Transportation information, feasibility studies, planning	General trips	Persons with developmental disabilities	No actual data or estimate available from the federal agency
13	HHS	Department of Health and Human Services, Administration for Children and Families	Head Start	Augustus F. Hawkins Human Services Reauthorization Act of 1990	42 USCA § 9835(a)(3)(C) (ii)	Purchase and operate vehicles, contract with transportation providers, coordinate with local education agencies	To access educational services	Children from low-income families	$514,500,000 (estimate)
14	HHS	Department of Health and Human Services, Administration for Children and Families	Refugee and Entrant Assistance Discretionary Grants	Refugee Act of 1980, as amended	8 U.S.C. § 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees	No actual data or estimate available from the federal agency
15	HHS	Department of Health and Human Services, Administration for Children and Families	Refugee and Entrant Assistance State Administered Programs	Refugee Act of 1980, as amended	8 U.S.C. § 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees	No actual data or estimate available from the federal agency
16	HHS	Department of Health and Human Services, Administration for Children and Families	Refugee and Entrant Assistance Targeted Assistance	Refugee Act of 1980, as amended	8 U.S.C. § 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees	No actual data or estimate available from the federal agency

No.	Agency	Department/ Branch	Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials	Fiscal year 2001 federal spending on transportation
17	HHS	Department of Health and Human Services, Administration for Children and Families	Refugee and Entrant Assistance Voluntary Agency Programs	Refugee Act of 1980, as amended	8 U.S.C. § 1522(b)(7)(D), 1522(c)	Bus passes	To access employment and educational services	Refugees	No actual data or estimate available from the federal agency
18	HHS	Department of Health and Human Services, Administration for Children and Families	Social Services Block Grants	Social Security Act, as amended	42 U.S.C. § 1397a(a)(2)(A)	Any transportation related use	To access medical or social services	States determine what categories of families and children	$18,459,393
19	HHS	Department of Health and Human Services, Administration for Children and Families	State Councils on Developmental Disabilities and Protection and Advocacy Systems	Developmental Disabilities Assistance and Bill of Rights Act of 2000	42 U.S.C. §15002, 15025	State Councils provide small grants and contracts to local organizations to establish transportation projects or collaborate in improving transportation for people with disabilities; Protection and Advocacy Systems ensure that people with disabilities have access to public transportation as required by law	All or general trips	Persons with developmental disabilities and family members	$786,605 (partial outlay)
20	HHS	Department of Health and Human Services, Administration for Children and Families	Temporary Assistance for Needy Families	Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended	42 U.S.C. § 604(a), (k)	Any use that is reasonably calculated to accomplish a purpose of the TANF program and the allowable matching portion of JARC grants	General trips	No assistance is provided to families without a minor child, but states determine Specific eligibility	$160,462,214 (partial outlay)j
21	HHS	Department of Health and Human Services, Administration on Aging	Grants for Supportive Services and Senior Centers	Older Americans Act of 1965, as amended	42 U.S.C. § 3030d (a)(2)	Contract for services	To access program services, medical, and for general trips	Program is targeted to persons aged 60 or over	$72,496,003

No.	Agency	Department/ Branch	Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials	Fiscal year 2001 federal spending on transportation
22	HHS	Department of Health and Human Services, Administration on Aging	Program for American Indian, Alaskan Native, and Native Hawaiian Elders	Older Americans Act of 1965, as amended	42 U.S.C. § 3057, 3030d(a)(2)	Purchase and operate vehicles	To access program services, medical, and for general trips	Program is for American Indian, Alaskan Native, and Native Hawaiian elders	No actual data or estimate available from the federal agency
23	HHS	Department of Health and Human Services, Centers for Medicare & Medicaid Services	Medicaid	Social Security Act, as amended	42 U.S.C. § 1396a, 1396n(e)(1)(A)	Bus tokens, subway passes, brokerage services	To access health care	Recipients are generally low income persons, but states determine specific eligibility	$976,200,000
24	HHS	Department of Health and Human Services, Centers for Medicare & Medicaid Services	State Children's Health Insurance Program	Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000	42 U.S.C. § 1397jj(a)(26), -27	Any transportation related use	To access health care	Beneficiaries are primarily children from low-income families, but states determine eligibility	$4,398,089
25	HHS	Department of Health and Human Services, Health Resources and Services Administration	Community Health Centers	Public Health Service Act, as amended	42 U.S.C. § 254b(b)(1)(A) (iv)	Bus tokens, vouchers, transportation coordinators, and drivers	To access health care	Medically underserved populations	$4,200,000 (estimate)
26	HHS	Department of Health and Human Services, Health Resources and Services Administration	Healthy Communities Access Program	Public Health Service Act, as amended	42 U.S.C. § 256(e)(1)(B)(iii)	Improve coordination of transportation	To access health care	Uninsured or underinsured populations	No actual data or estimate available from the federal agency
27	HHS	Department of Health and Human Services, Health Resources and Services Administration	Healthy Start Initiative	Public Health Service Act, as amended	42 U.S.C. § 254c-8(e)(1)	Bus tokens, taxi vouchers, reimbursement for use of own vehicle	To access health care	Residents of areas with significant perinatal health disparities	No actual data or estimate available from the federal agency

No.	Agency	Department/ Branch	Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials	Fiscal year 2001 federal spending on transportation
28	HHS	Department of Health and Human Services, Health Resources and Services Administration	HIV Care Formula Grants	Ryan White Comprehensive AIDS Resources Emergency Act of 1990	42 U.S.C. § 300ff-21(a), 23(a)(2)(B)	Bus passes, tokens, taxis, vanpools, vehicle purchase by providers, mileage reimbursement	To access health care	Persons with HIV or AIDS	$19,500,000
29	HHS	Department of Health and Human Services, Health Resources and Services Administration	Maternal and Child Services Grants	Social Security Act, as amended	42 U.S.C. § 701(a)(1)(A)	Any transportation related use	To access health care	Mothers, infants and children, particularly from low income families	No actual data or estimate available from the federal agency
30	HHS	Department of Health and Human Services, Health Resources and Services Administration	Rural Health Care, Rural Health Network, and Small Health Care Provider Programs	Health Centers Consolidation Act of 1996	42 U.S.C. § 254c	Purchase vehicles, bus passes	To access health care	Medically underserved populations in rural areas	No actual data or estimate available from the federal agency
31	HHS	Department of Health and Human Services, Substance Abuse and Mental Health Services Administration	Community Mental Health Services Block Grant	ADAMHA Reorganization Act, as amended	42 U.S.C. § 300x-1(b)(1)	Any transportation related use	To access program services	Adults with mental illness and children with emotional disturbance	No actual data or estimate available from the federal agency
32	HHS	Department of Health and Human Services, Substance Abuse and Mental Health Services Administration	Substance Abuse Prevention and Treatment Block Grant	ADAMHA Reorganization Act, as amended	42 U.S.C. § 300x-32(b)	Any transportation related use	To access program services	Persons with a substance related disorder and/or recovering from substance related disorder	No actual data or estimate available from the federal agency
33	HUD	Department of Housing and Urban Development, Office of Community Planning and Development	Community Development Block Grant	Housing and Community Development Act of 1974	42 U.S.C. § 5305(a)(8)	Purchase and operate vehicles	General trips	Program must serve a majority of low income persons	$6,761,486 (partial outlay)

No.	Agency	Department/ Branch	Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials	Fiscal year 2001 federal spending on transportation
34	HUD	Department of Housing and Urban Development, Office of Community Planning and Development	Housing Opportunities for Persons with AIDS	AIDS Housing Opportunity Act	42 U.S.C. § 12907(a)(3)	Contract for services	To access health care and other services	Low-income persons with HIV or AIDS and their families	$190,252 (partial outlay)
35	HUD	Department of Housing and Urban Development, Office of Community Planning and Development	Supportive Housing Program	McKinney-Vento Homeless Assistance Act of 1987, as amended	42 U.S.C. § 11385	Bus tokens, taxi vouchers, purchase and operate vehicles	To access supportive services	Homeless persons and families with children	$14,000,000 (estimate)
36	HUD	Department of Housing and Urban Development, Office of Public and Indian Housing	Revitalization of Severely Distressed Public Housing	Housing and Community Development Act of 1992, as amended	42 U.S.C. § 1437v(l)(3)	Bus tokens, taxi vouchers, contract for services	Trips related to employment or obtaining necessary supportive services	Residents of the severely distressed housing and residents of the revitalized units	$700,000 (estimate)
37	DOI	Department of Interior, Bureau of Indian Affairs	Indian Employment Assistance	Adult Indian Vocational Training Act, as amended	25 U.S.C. § 309	Gas vouchers	To access training	Native American persons between the ages of 18 and 35	No actual data or estimate available from the federal agency
38	DOI	Department of Interior, Bureau of Indian Affairs	Indian Employment, Training and Related Services	Indian Employment, Training and Related Services Demonstration Act of 1992	25 U.S.C. § 3401	Gas vouchers	Employment related	Low-income Native American persons	No actual data or estimate available from the federal agency
39	DOL	Department of Labor, Employment and Training Administration	Job Corps	Workforce Investment Act of 1998	29 U.S.C. § 2888(a)(1), 2890	Bus tickets	To access Job Corps sites and employment services	Low-income youth	$21,612,000

No.	Agency	Department/ Branch	Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials	Fiscal year 2001 federal spending on transportation
40	DOL	Department of Labor, Employment and Training Administration	Migrant and Seasonal Farm Workers	Workforce Investment Act of 1998	29 U.S.C. § 2801(46), 2912(d)	Mileage reimbursement	To access employment placements or intensive and training services	Low-income persons and their dependents who are primarily employed in agricultural labor that is seasonal or migratory	No actual data or estimate available from the federal agency
41	DOL	Department of Labor, Employment and Training Administration	Native American Employment and Training	Workforce Investment Act of 1998	29 U.S.C. § 2911(d)(2)	Bus tokens, transit passes, use of tribal vehicles and grantee staff vehicles, mileage reimbursement for participants operating "car pool" services	To access employment placements, employment services	Unemployed American Indians and other persons of Native American descent	No actual data or estimate available from the federal agency
42	DOL	Department of Labor, Employment and Training Administration	Senior Community Service Employment Program	Older Americans Act of 1965	42 U.S.C. § 3056(c)(6)(A) (iv)	Mileage reimbursement, reimbursement for travel costs, and payment for cost of transportation	To access employment placements	Low-income persons aged 55 or over	$4,400,000 (estimate)
43	DOL	Department of Labor, Employment and Training Administration	Trade Adjustment Assistance - Workers	Trade Act of 1974, as amended	19 U.S.C. § 2296(b)	Mileage reimbursement, transit fares	To access training	Persons found to be impacted by foreign trade, increased imports, or shift in production	No actual data or estimate available from the federal agency
44	DOL	Department of Labor, Employment and Training Administration	Welfare-to-Work Grants to Federally Recognized Tribes and Alaska Natives	Personal Responsibility and Work Opportunity Reconciliation Act of 1996	42 U.S.C. § 612(a)(3)(C)	Any transportation related use, though purchasing vehicles for individuals is not allowable	To access employment placements, employment services	American Indians and other persons of Native American descent who are long-term welfare recipients or are low-income	No actual data or estimate available from the federal agency
45	DOL	Department of Labor, Employment and Training Administration	Welfare-to-Work Grants to States and Localities	Personal Responsibility and Work Opportunity Reconciliation Act of 1996	42 U.S.C. § 603(a)(5)(C)	Any transportation related use, though purchasing vehicles for individuals is not allowable	To access employment placements, employment services	Long-term welfare recipients or low-income individuals	No actual data or estimate available from the federal agency

No.	Agency	Department/ Branch	Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials	Fiscal year 2001 federal spending on transportation
46	DOL	Department of Labor, Employment and Training Administration	Work Incentive Grants	Workforce Investment Act of 1998, as amended	29 U.S.C. § 2801(46), 2864(d)(2)	Encourage collaboration with transportation providers	To access one-stop services	Persons with disabilities who are eligible for employment and training services	No actual data or estimate available from the federal agency
47	DOL	Department of Labor, Employment and Training Administration	Workforce Investment Act Adult Services Program	Workforce Investment Act of 1998, as amended	29 U.S.C. § 2801(46), 2864(e)(2)	Mileage reimbursement, bus tokens, vouchers	To access training	Priority must be given to people on assistance and low-income individuals	No actual data or estimate available from the federal agency
48	DOL	Department of Labor, Employment and Training Administration	Workforce Investment Act Dislocated Worker Program	Workforce Investment Act of 1998, as amended	29 U.S.C. § 2801(46), 2864(e)(2)	Transportation allowance or reimbursement, bus/subway tokens	To access transition assistance in order to find or qualify for new employment	Includes workers who have been laid off, or have received an individual notice of termination, or notice that a facility will close	No actual data or estimate available from the federal agency
49	DOL	Department of Labor, Employment and Training Administration	Workforce Investment Act Youth Activities	Workforce Investment Act of 1998, as amended	29 U.S.C. § 2801(46), 2854(a)(4)	Public transportation	To access training and other support services	Youth with low individual or family income	No actual data or estimate available from the federal agency
50	DOL	Department of Labor, Employment and Training Administration	Youth Opportunity Grants	Workforce Investment Act of 1998, as amended	29 U.S.C. § 2801(46), 2914(b)	Bus tokens	To access program services	Youth from high poverty areas, empowerment zones, or enterprise communities	$415,000 (estimate)
51	DOL	Department of Labor, Employment Standards Administration	Black Lung Benefits Program	Black Lung Benefits Reform Act of 1977	30 U.S.C. § 923	Mileage reimbursement, transit fares, taxi vouchers	To access health services	Disabled coal miners	No actual data or estimate available from the federal agency
52	DOL	Department of Labor, Veterans Employment and Training Services	Homeless Veterans' Reintegration Project	Homeless Veterans Comprehensive Assistance Act of 2001	38 USCA § 2011, 2021	Bus tokens	To access employment services	Homeless veterans	No actual data or estimate available from the federal agency

No.	Agency	Department/ Branch	Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials	Fiscal year 2001 federal spending on transportation
53	DOL	Department of Labor, Veterans Employment and Training Services	Veterans' Employment Program	Workforce Investment Act of 1998, as amended	29 U.S.C. §§ 2801(46), 2913	Bus tokens, minor repairs to vehicles	To access employment services	Veterans	No actual data or estimate available from the federal agency
54	DOT	Department of Transportation, Federal Transit Administration	Capital and Training Assistance Program for Over-the-Road Bus Accessibility	Title 49 Recodification, P.L. 103-272	49 U.S.C. § 5310	To make vehicles wheelchair accessible and training required by ADA	General trips	Persons with disabilities	$2,877,818
55	DOT	Department of Transportation, Federal Transit Administration	Capital Assistance Program for Elderly Persons and Persons with Disabilities	Title 49 Recodification, P.L. 103-272	49 U.S.C. § 5310	Assistance in purchasing vehicles, contract for services	To serve the needs of the elderly and persons with disabilities	Elderly persons and persons with disabilities	$174,982,628
56	DOT	Department of Transportation, Federal Transit Administration	Capital Investment Grants	Transportation Equity Act for the 21st Century	49 U.S.C. § 5309	Assistance for bus and bus related capital projects	General trips	General public, although some projects are for the special needs of elderly persons and persons with disabilities	$17,500,000 (estimate)
57	DOT	Department of Transportation, Federal Transit Administration	Job Access and Reverse Commute	Transportation Equity Act for the 21st Century	49 U.S.C. § 5309	Expand existing public transportation or initiate new service	To access employment and related services	Low income persons, including persons with disabilities	$85,009,627
58	DOT	Department of Transportation, Federal Transit Administration	Nonurbanized Area Formula Program	Title 49 Recodification, P.L. 103-272	49 U.S.C. § 5311	Capital and operating assistance for public transportation service, including paratransit services, in nonurbanized areas	General trips	General public, although paratransit services are for the special needs of persons with disabilities	
59	DOT	Department of Transportation, Federal Transit Administration	Urbanized Area Formula Program	Title 49 Recodification, P.L. 103-272	49 U.S.C. § 5307	Capital assistance, and some operating assistance for public transit, including paratransit services, in urbanized areas	General trips	General public, although paratransit services are for the special needs of persons with disabilities	

No.	Agency	Department/ Branch	Program	Popular title of authorizing legislation	U.S. Code provisions authorizing funds for transportation	Typical uses as reported by program officials	Types of trips as reported by program officials	Target population as defined by program officials	Fiscal year 2001 federal spending on transportation
60	DVA	Department of Veterans Affairs, Veterans Health Administration	Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces	Disabled Veterans and Servicemen's Automobile Assistance Act of 1970	38 U.S.C. § 3902	Purchase of personal vehicles, modifications of vehicles	General trips	Veterans and service members with disabilities	$33,639,000
61	DVA	Department of Veterans Affairs, Veterans Health Administration	VA Homeless Providers Grant and Per Diem Program	Homeless Veterans Comprehensive Service Programs Act of 1992	38 U.S.C. § 7721	20 vans were purchased under this program	General trips	Homeless veterans	$565,797
62	DVA	Department of Veterans Affairs, Veterans Health Administration	Veterans Medical Care Benefits	Veterans' Benefits Improvements Act of 1994	38 U.S.C. § 111	Mileage reimbursement, contract for service	To access health care services	Veterans with disabilities or low incomes	$126,594,591

Source: U.S. General Accounting Office, *Transportation Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist*, GAO-03-697, Washington, D.C. (June 2003).

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Appendix D: Stage Agency Questionnaire

OHIO MOBILITY IMPROVEMENT STUDY
SURVEY QUESTIONNAIRE – INTERVIEWS WITH STATE AGENCY OFFICIALS

This survey instrument is designed to be administered by a member of the consulting team during the conduct of face-to-face interviews with state agency officials.

I. STATE AGENCY CHARACTERISTICS AND MAJOR PROGRAMS IDENTIFICATION

The first set of questions has to do with the general characteristics of your organization and the general nature of the services provided.

1. Identification of Organization:

a. Department: _____

b. Division/Unit: _____

c. Address: _____

d. Telephone: _____ Fax: _____

e. E-mail: _____

f. Name of Individual Interviewed and/or Others Who Can Answer or Respond to Follow-Up Questions : _____

g. Title: _____

h. Agency Website: _____

2. Programs Administered that Fund Transportation:

a. What programs are administered by the organization that expressly permit the funding of client transportation?

_____

_____

_____

b. What is the network of service providers authorized to provide client transportation services under this program?

_____

_____

c. How are these service providers identified? Are their qualifications standards that must be met prior to being authorized to provide client transportation under this program?

_____

_____

_____

II. CLIENT TRANSPORTATION EXPENDITURES

3. Expenditures

a. Does the agency maintain records/data on the amount of program funds expended for transportation? If no, why not? If yes, what are those levels?

_____

_____

b. How are client transportation funds allocated or apportioned to these providers?

_____

_____

_____

4. Client Eligibility and Allowable Trip Purposes

a. What clients are eligible to benefit from transportation assistance provided under this program?

_____

_____

b. How is the eligibility process administered? What organization is responsible for eligibility determination?

_____

_____

_____

c. How long is eligibility conferred?

d. What trips are eligible for reimbursement under the program?

e. Does the agency collect reports on the level and number of transportation service units provided? What is the frequency of submission and are these reports available to the consultant? What is the basic unit of service?

f. Are capital purchases (*e.g.*, purchase of vehicles dedicated to client transportation) an allowable use of program funds?

III. COORDINATION POLICIES

5. Federal/State Coordination Policies Associated with this Program

a. Are they any formal policies associated with Federal and/or state program rules that encourage recipients to coordinate the delivery of client transportation services with other human service agencies?

b. Are they any formal policies associated with Federal and/or state program rules that encourage recipients to coordinate the delivery of client transportation services with public transportation/community transportation providers?

_____

_____

_____

6. Coordination Efforts/Mechanisms

a. If “yes” to Question 5a or 5b, what mechanisms are used to promote and facilitate coordination?

_____

_____

_____

b. If “yes” to Question 5a or 5b, does the agency participate in statewide level coordination committees?

_____

_____

_____

c. Has the coordination committee established some liaison with the appropriate Federal agency?

_____

d. What level of priority does the coordination of transportation services hold with your organization? Is this level, when evaluated today, higher or lower than in previous years?

_____

_____

_____

7. Needs

a. Has the agency conducted any comprehensive or statewide assessment of client transportation needs/unmet needs?

_____

_____

_____

b. Have any strategies been developed to meet these needs?

_____

_____

_____

c. If yes, to Question 7b, is the coordination of transportation service an integral component of these strategies?

_____

_____

_____

8. Benefits/Barriers of/to Coordination

a. Has the agency formally evaluated the potential benefits of coordination?

_____

_____

_____

b. Has the agency documented potential barriers to coordination?

_____

_____

_____

c. If yes, what are the identified barriers?

_____

_____

_____

d. Has the agency formulated an approach to resolution of these barriers?

_____

_____

_____

e. Has the agency communicated information to its network of service providers regarding the benefits of coordination?

_____

_____

_____

9. Final Thoughts

a. In your opinion, what strategies should be implemented at the state level to facilitate coordination initiatives at the local level?

_____

_____

_____

b. What infrastructure/policy changes are required to enable state agencies to be more supportive of these local efforts?

_____

_____

c. Other comments, thoughts or opinions?

_____

_____

_____