FINAL
Eastgate Regional Council of Governments/
Mercer County Council of Governments and
Mercer County Regional Planning Commission

Coordinated Public Transit
- Human Services Transportation Plan
For Mahoning and Trumbull Counties, Ohio and
Mercer County, Pennsylvania

Strategies and Solutions
For Improving the Delivery of Transportation Services
For Older Adults, Persons with Disabilities
And Low Income Families

Prepared for the
Western Reserve Transit Authority
Niles-Trumbull Transit System
Eastgate Regional Council of Governments
Shenango Valley Shuttle Service
Mercer County Regional Planning Commission
Mercer County Council of Governments in Pennsylvania

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Westat, Inc.

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INTRODUCTION

Metropolitan areas across the country are developing plans to coordinate transportation services offered with funding from federal programs across departments and agencies. The focus of the planning is on the transportation mobility of three target groups: 1) older persons, 2) persons with disabilities and 3) persons from low income families. In the Mahoning-Trumbull-Mercer Counties study area, this plan is being developed by the Eastgate Regional Council of Governments, Western Reserve Transit Authority, Niles Trumbull Transit System, Mercer County Council of Governments, Mercer County Regional Planning Commission and Shenango Valley Shuttle Service. The study area for the plan is Mahoning and Trumbull Counties in Ohio and Mercer County in Pennsylvania. The plan will recommend strategies that improve travel mobility by making better use of federal programs to meet the needs of these target populations.

With the passage of federal transportation authorizing legislation (SAFETEA-LU) in August 2005, three funding programs administered by the Federal Transit Administration require this Coordinated Public Transit-Human Services Transportation Plan and the competitive selection of projects for funding.

These three programs are:

- **FTA Section 5310 Elderly Individuals and Individuals with Disabilities Program** – a capital program designed for and implemented to meet the special needs of elderly Individuals and Individuals with disabilities.

- **FTA Section 5316 Job Access and Reverse Commute Program** – a program focused on improving access to transportation services to employment and employment-related activities for welfare recipients and eligible low-income individuals.

- **FTA Section 5317 New Freedom Program** – a program that will provide funding to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society.

This federal coordination planning requirement offers the opportunity to take a fresh, in-depth and creative look at how transportation services are offered to meet travel needs.
To take advantage of funding from these three programs, metropolitan areas need to prepare a **Coordinated Public Transit-Human Services Transportation Plan**. Projects receiving funding through these programs must be consistent with strategies and priorities in the plan. The development of a successful plan will require community outreach to the three target populations, agencies and advocates serving them and providers of transportation and human services funded by other federal programs. The coordination plan addresses the following elements:

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

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

This plan has been developed cooperatively by the public transit systems, human service agencies and stakeholders in the study area. The purpose of this report is to present strategies and solutions, recommended actions and priorities for the coordination of transportation services that are provided by public transportation, human services agencies and private transportation providers.

As lead agencies for transportation planning in the region and as lead agencies in their respective counties for public transportation services, Eastgate Regional council of Governments, Western Reserve Transit Authority, Niles Trumbull Transit System, Mercer County Council of Governments, Mercer County Regional Planning Commission and Shenango Valley Shuttle Service have key responsibility for implementation of proposed strategies and solutions, recommended actions and priorities in this plan.

The report is organized as follows:

- Serving Customers with Mobility Needs
- Summary of Unmet Needs, and Gaps and Overlaps in Transportation Services
- Coordinating Transportation Services
- Strategies for Coordinating Transportation Services
- Evaluation of Strategies
- Recommended Transportation Coordination Strategies and Solutions
SERVING CUSTOMERS WITH MOBILITY NEEDS

Older persons, persons with disabilities and persons with low income are population segments that typically are not able to meet their mobility needs through ownership and/or access to a private motor vehicle. Consequently, communities, in one manner or another, organize and deliver transportation services so that they may travel to meet their needs - work, education, shopping, health care services, human service programs, according to the US Bureau of the Census, American Community Survey, in 2006, the study area had a total population of nearly 587,000. Of this total, 251,026 are in Mahoning County, 217,362 are in Trumbull County and 118,551 are in Mercer County. Persons with mobility needs have been identified through a review of socio-demographic data.

Critical Mobility Issues

Several key groups of persons have been identified as having special transportation needs; they are sometimes collectively referred to as “the transportation disadvantaged.” Most often, those having special transportation needs are thought of as

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

Other possible candidates could include, depending on personal circumstances and geospatial settlement patterns, anyone without access to a car, include youth who may have substantial travel needs but who are unable to drive. For this discussion, we will focus on the three main groups: the elderly, persons with disabilities, and low-income persons.

Older persons may experience a number of key transportation issues:

- They may have driven for many years, but may be forced to limit or give up driving due to changes in physical or mental capabilities, medications, or other issues.
• They may never have driven but have been dependent on others for their trips; these other persons may have moved away, died, or otherwise become unavailable.
• They may be living on fixed incomes that make travel less affordable.
• Their physical or mental issues may create a need for a travel companion for most of their trips.
• If they are unable to satisfy their basic travel needs, they may be forced to move from their current residence into a facility that offers more care.

Persons with disabilities may experience a number of key transportation issues:
• They may find it difficult to drive or to use public transportation.
• The kind of transportation that they need may be extremely limited or nearly non-existent.
• Their transportation issues may make it difficult to maintain viable employment, which can in turn lead to issues of limited incomes and problems of affordability.

Low-income persons may experience a number of key transportation issues:
• They may not be able to afford to travel as often, as far, or at the times desired.
• Their transportation issues may make it difficult to maintain viable employment, which can hinder their opportunities to better their situation and may perpetuate the problems of income limitations or poverty.
• They may be forced to rely on less dependable autos, which may hinder their employment attendance.
• They may be forced to rely on less desirable modes of transportation which could lead to problems of excess travel times and increased risk of personal safety.

Many of these problems overlap the three groups. Issues for one group often affect another. In situations where an individual shares the characteristics of multiple groups -- for example, being an elderly person with disabilities, or being a low-income person with disabilities -- the transportation challenges are multiplied.

For all these groups, if they are unable to provide their own transportation, they may not be able to access the full range of social, educational, and employment opportunities available to others. They can also be at a distinct disadvantage in terms of protecting themselves in emergency situations.

It is of primary importance to note that the proportion of our population classified as elderly is increasing dramatically. In a short time, more than one in five individuals in the United States will be age 65 and older. This will create one of the greatest demographic changes ever seen in this county. By some accounts, the rate of disabilities among our population is declining. However, increased population growth will lead to increases in the numbers of persons with disabilities in the future, even if such persons are a smaller portion of the population. Population projections for low-income persons are even more uncertain, but it is certainly possible that there will be
more low-income persons in the future than now even if poverty rates decline. These
demographic trends strongly support additional investments in transportation services
for persons with special transportation needs.

**Older Persons**

Looking first at older persons in the study area, the US Bureau of the Census, 2006
American Community Survey, shows that there are 43,107 persons aged 65 to 74 years
of age and 49,926 persons aged seventy-five or more years of age. (See Table 1)
Important indicators of mobility need among older persons are the following
characteristics:

- Older persons with a disability
- Older persons with low income (defined as 150% of the poverty level)
- Older persons without access to a motor vehicle

Among older persons aged 65 to 74 years of age, 26% have a disability, 15% are in low
income families and 3% do not have access to a motor vehicle. These regional shares
for income and vehicles are considerably lower than national averages. Among older
persons aged 75 or more years of age, 47 percent have a disability, 27% are in low
income families and 14% do not have access to a motor vehicle. This shows clearly how
disability and lack of access to a car increase with age.
### Table 1
Levels and Characteristics of Target Populations
Mahoning, Trumbull and Mercer Counties
2005

<table>
<thead>
<tr>
<th>Target Population Characteristic</th>
<th>Mahoning and Trumbull Counties</th>
<th>Mercer County</th>
<th>United States</th>
<th>Three County Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Age 65-74</td>
<td>33,971</td>
<td>9,136</td>
<td>18,359,809</td>
<td>43,107</td>
</tr>
<tr>
<td>Percent Age 65-74</td>
<td>7.4%</td>
<td>8.1%</td>
<td>6.4%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Percent with a disability</td>
<td>27.1%</td>
<td>24.1%</td>
<td>30.3%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Percent low-income*</td>
<td>16.3%</td>
<td>11.7%</td>
<td>17.3%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Percent in households with no vehicle*</td>
<td>3.6%</td>
<td>1.3%</td>
<td>6.4%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Population Age 75+</td>
<td>39,274</td>
<td>10,652</td>
<td>16,400,718</td>
<td>49,926</td>
</tr>
<tr>
<td>Percent Age 75+</td>
<td>8.6%</td>
<td>9.4%</td>
<td>5.7%</td>
<td>8.8%</td>
</tr>
<tr>
<td>With a disability</td>
<td>17,838</td>
<td>5,476</td>
<td>8,507,552</td>
<td>23,314</td>
</tr>
<tr>
<td>Percent with a disability</td>
<td>45.4%</td>
<td>51.4%</td>
<td>51.9%</td>
<td>46.7%</td>
</tr>
<tr>
<td>Percent low-income*</td>
<td>27.8%</td>
<td>24.1%</td>
<td>25.3%</td>
<td>27.1%</td>
</tr>
<tr>
<td>Percent in households with no vehicle*</td>
<td>14.6%</td>
<td>11.8%</td>
<td>15.6%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Population with a disability</td>
<td>71,828</td>
<td>19,779</td>
<td>39,740,709</td>
<td>91,607</td>
</tr>
<tr>
<td>Universe: Population 5+ yrs, civilian noninst.</td>
<td>429,885</td>
<td>106,917</td>
<td>267,387,983</td>
<td>536,802</td>
</tr>
<tr>
<td>Total With a Disability</td>
<td>16.7%</td>
<td>18.5%</td>
<td>14.9%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Percent low-income*</td>
<td>35.2%</td>
<td>31.8%</td>
<td>34.0%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Percent in households with no vehicle*</td>
<td>13.3%</td>
<td>8.9%</td>
<td>13.0%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Low-income population (living in households with income below 150% of poverty level)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universe: Pop for which Pov. Status deter.</td>
<td>454,070</td>
<td>112,313</td>
<td>287,270,432</td>
<td>566,383</td>
</tr>
<tr>
<td>Total low income</td>
<td>100,524</td>
<td>22,477</td>
<td>63,721,834</td>
<td>123,001</td>
</tr>
<tr>
<td>Percent low income</td>
<td>22.1%</td>
<td>20.0%</td>
<td>22.2%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Percent in households with no vehicle*</td>
<td>12.4%</td>
<td>13.2%</td>
<td>17.0%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Notes:
Data are limited to the household population and exclude the population living in institutions, college dormitories, and other.
Due to definitions of Micro Sample Data Areas, separate data is not available for Mahoning and Trumbull Counties, nor is N/A: data not available because number of sample cases is too small, or data for one or more counties are not available.
*Based on Public Use Microdata Sample, only percentages are shown due to greater error.
Source: U.S. Census Bureau American Community Survey, 2005
**Persons with a Disability**

In the study area, among the population 5 or more years of age, there are 91,607 with a disability or nearly one person in seven. (See Table 1)

Important indicators of mobility need among people with disabilities are income level and access to a motor vehicle. Looking at poverty and vehicle access status in the region, 35% of people with disabilities are in low income families. Looking at availability of a motor vehicle, 12% do not have access to a motor vehicle.

**Persons With Low Income**

As Table 1 shows, in the study area, there are 123,001 people living in households with income below 150% of the poverty level, representing 22% of the population. Their lack of access to a motor vehicle to meet their mobility needs is high, nearly 13%. (See Table 1)

**Overlaps Among Target Populations**

Looking at the target populations, it is well known that older persons may have disabilities and reside in low income households. Further, people with disabilities may reside in low income households. Table 2 presents these overlaps for the study area. Mobility limitations are commonly associated with the target populations. To the extent that older persons have a disability, low income or both, their mobility limitations tend to be more severe. For people with disabilities, the mobility limitations tend to be more severe if they are in a low-income household. Table 2 contains information for Mahoning and Trumbull Counties in Ohio and Mercer County in Pennsylvania. For the three-county area:

Of the 97,902 persons aged 65 or more years of age:
- 48% are persons with no disability or low income
- 52% have a disability, are low income or both
  - 21% are low income
  - 11% have a disability and are low income

Of the 543,176 persons 5 or more years of age, 96,192 or 18%, have a disability.
- 66% do not have a disability nor are low income
- 7% have a disability and are low income
Table 2
Overlapping Socio-Demographic Characteristics
Mahoning, Trumbull and Mercer Counties
2006

<table>
<thead>
<tr>
<th></th>
<th>Mahoning and Trumbull Counties</th>
<th>Mercer County</th>
<th>Ohio</th>
<th>Three County Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>468,388</td>
<td>118,551</td>
<td>11,478,006</td>
<td>586,939</td>
</tr>
<tr>
<td>Total Population 65 years and over (Elderly)</td>
<td>77,116</td>
<td>20,786</td>
<td>1,528,079</td>
<td>97,902</td>
</tr>
<tr>
<td>Elderly with a disability only</td>
<td>27,635</td>
<td>7,824</td>
<td>577,952</td>
<td>35,459</td>
</tr>
<tr>
<td>Percent with a disability</td>
<td>35.8%</td>
<td>37.6%</td>
<td>37.8%</td>
<td>36.2%</td>
</tr>
<tr>
<td>Elderly that poverty status has been determined</td>
<td>73,274</td>
<td>19,412</td>
<td>1,450,720</td>
<td>92,686</td>
</tr>
<tr>
<td>Percent with low income</td>
<td>21.0%</td>
<td>20.7%</td>
<td>20.2%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Percent with a disability and low income*</td>
<td>10.3%</td>
<td>12.9%</td>
<td>10.9%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Elderly who are not disabled or low income*</td>
<td>48.8%</td>
<td>48.6%</td>
<td>47.8%</td>
<td>48.2%</td>
</tr>
<tr>
<td>Population 5 years and over</td>
<td>433,931</td>
<td>109,245</td>
<td>10,563,498</td>
<td>543,176</td>
</tr>
<tr>
<td>Persons with a disability only</td>
<td>72,893</td>
<td>23,299</td>
<td>1,699,165</td>
<td>96,192</td>
</tr>
<tr>
<td>Percent with a disability</td>
<td>16.8%</td>
<td>21.3%</td>
<td>16.1%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Percent with a disability and low income*</td>
<td>5.9%</td>
<td>12.9%</td>
<td>5.7%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Percent with a disability who are not low income*</td>
<td>10.0%</td>
<td>12.6%</td>
<td>10.0%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Persons with no disability who are not low income*</td>
<td>66.7%</td>
<td>61.9%</td>
<td>67.8%</td>
<td>65.7%</td>
</tr>
<tr>
<td>Persons for which poverty status has been det.</td>
<td>456,546</td>
<td>111,043</td>
<td>11,156,019</td>
<td>567,589</td>
</tr>
<tr>
<td>Persons who are low income only</td>
<td>101,799</td>
<td>28,298</td>
<td>2,412,683</td>
<td>130,097</td>
</tr>
<tr>
<td>Percent who are low income</td>
<td>22.3%</td>
<td>25.5%</td>
<td>21.6%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Percent who are not low income</td>
<td>77.7%</td>
<td>74.5%</td>
<td>78.4%</td>
<td>77.1%</td>
</tr>
</tbody>
</table>

N/A: data not available because number of sample cases is too small, or data for one or more counties are not available.
Source: U.S. Census Bureau American Community Survey, 2006
*Based on Public Use Microdata Sample, only percentages are shown due to greater error
Data are limited to the household population and exclude the population living in institutions, college dormitories, and other

Geographic Distribution of Target Populations

Just as the socio-demographic circumstances of older persons, persons with disabilities and individuals in low-income families have an impact on mobility needs within communities, so also does where these individuals live. Distributions are shown in Figures 1 through 4. In each figure, the coverage of WRTA and SVSS fixed route service is shown. Consequently, each figure shows the extent to which members of the target populations in Mahoning and Mercer counties have reasonable access (within ¾ of a mile) to fixed-route bus service. In Trumbull County, fixed route service is not provided. NiTTS service is door-to-door. Figure 1 shows the residential location of the target populations. The relative concentrations of target populations in urban and suburban areas and the sparseness in less developed areas in each county is clear. Typically, older persons are geographically distributed much like the general population. This is
somewhat less so for people with disabilities and considerably less so for people with low income.

Looking first at persons 65 or more years of age, the concentration appears to be relatively stronger in the cities of Youngstown, Warren and Sharon, and suburban communities south of Youngstown. (See Figure 1)

Looking next at persons 5 or more years of age with a disability, the patterns are similar. (See Figure 2)

As Figure 3 shows, the concentrations of people in households with income below 150% of the poverty level are particularly stronger in Youngstown, Warren and Sharon. Also important is the fact that, even with the higher number of persons in poverty, the concentrations outside these communities among persons in poverty are lower.

Figure 4 shows the distribution of the three target populations together. Again, the Mahoning County concentrations show in Youngstown, suburban communities south of Youngstown and Sebring. Trumbull County concentrations are particularly strong in the corridor from north Youngstown through Girard and Niles into Warren. In Mercer County, the concentration is strong in Sharon. Also, there are pockets of concentrations in small communities elsewhere in the county, especially Greenville and Grove City.

**Concluding Thoughts on Target Populations**

As Table 1 shows, the target population levels in the study area, as measured by the 2005 American Community Survey, are:

- 93,033 persons 65 years and over
- 91,607 persons with disabilities
- 123,001 persons with income below 150% of the poverty level

Further, there is significant overlap among the target populations:

- 26% of persons 65 to 74 years of age and 47% of those 75 or more years of age have disabilities
- 15% of persons 65 to 74 years of age and 27% of persons 75 or more years of age have incomes less than 150% of the poverty level
- Over 34% of persons with disabilities have an income less than 150% of the poverty level

Of significance for mobility and access to employment and health care services, people in these target population groups need to reach locations that are beyond the areas that can be reached by existing public transportation services.
Figure 1: Geographic Distribution of Older Persons in the Study Area
Figure 2
Geographic Distribution of Persons with Disabilities
In the Study Area
Figure 3
Geographic Distribution of Persons in Low Income Households in the Study Area
Figure 4
Geographic Distribution of Target Populations Combined In the Study Area

Legend:
- SVSS Service Area
- WRTA Service Area
- Persons with Income Below 150% of the Poverty Level
- Placement of dots does not represent actual residence of person.
Typical Destinations for Target Populations

Figures 5 through 9 show destinations that older persons, persons with disabilities and persons in low income households need to reach. These destinations are:

- Employers with 100 or more employees
- Retail centers
- Healthcare Facilities
- Nursing homes
- Motels and hotels

People need to reach these locations to take care of their daily needs, including reaching these locations for jobs. Again, the coverage of fixed-route bus service is shown for both Mahoning and Mercer Counties.

Major Employers

Major employers are located within and outside fixed-route service areas and the Youngstown – Girard – Niles – Warren corridor in Trumbull County. Some major employers are located south and west of WRTA’s service area in Boardman, Austintown, Canfield and Jackson Township Mahoning County, Lordstown and Champion Townships in Trumbull County and in the communities of Mercer, Grove City and Greenville. These locations may be difficult for low income persons to reach if they do not have access to reliable transportation, except for fixed-route bus service.

Healthcare Facilities

Healthcare facilities are located similarly. However, there is a developing healthcare facility concentration in Boardman Township in Mahoning County well south of WRTA’s service area. This includes facilities that have moved out of Youngstown. Also, there are healthcare facilities northeast of Warren in Trumbull County and in rural communities and areas outside the Sharon-Hermitage area in Mercer County.

Retail Centers

For the most part, retail centers are located within fixed-route service areas in Mahoning and Mercer Counties and the Youngstown – Warren corridor in Trumbull County. Some retail centers in Mercer County are located in rural communities and areas outside the Sharon-Hermitage area.
Hotels and Motels

Motels and hotels show locations similar to those of major retail establishments, except that motels and hotels are also found at or near freeway interchanges.

Nursing Homes

Nursing homes are located in a somewhat more scattered fashion across the three counties. Most are located within WRTA’s service area in Mahoning County, the Youngstown-Warren corridor in Trumbull County and the Sharon-Hermitage area in Mercer County. In Mahoning County, nursing homes are found also south of Boardman and in Sebring. In Trumbull County, nursing homes are also found in the tier of townships north of Warren and in Brookfield Township. In Mercer County, nursing homes are also found in rural communities and areas of the county.
Figure 5
Geographic Distribution of Major Employers
In the Study Area
Figure 6
Geographic Distribution of Major Healthcare Facilities
In the Study Area
Figure 7
Geographic Distribution of Major Retail Centers In the Study Area
Figure 8
Geographic Distribution of Motels and Hotels
In the Study Area
Figure 9
Geographic Distribution of Nursing Homes In the Study Area
SUMMARY OF UNMET NEEDS, AND GAPS AND OVERLAPS IN TRANSPORTATION SERVICES

Transportation Services

This section provides a review of the transportation services in the region that are available to the target population to help them meet their mobility needs. These transportation services can be categorized as follows:

- Public transportation services offered by Western Reserve Transit Authority in Mahoning and Trumbull counties, Niles - Trumbull Transit System serving Trumbull County, Mercer County Community Transit and the Shenango Valley Shuttle Service operating in Mercer County.
- A range of transportation services offered by human service agencies that focus nearly exclusively on helping their clients use and benefit from the programs that they offer, but are not open to non-agency people or the clients of other agencies
- Private transportation companies that provide transportation services for clients of human service agencies, such as helping low income people receiving Medicaid health benefits get to medical appointments.

Each of these categories of transportation providers is discussed in the following sections.

Public Transportation Services

The Western Reserve Transit Authority (WRTA) is the largest transportation provider in the region, serving Youngstown and close-in suburbs in Mahoning County and the Liberty Township area in Trumbull County. WRTA's member community is the City of Youngstown. Youngstown residents have approved 5 mills in WRTA property taxes to support the public transportation services that WRTA provides. Figure 10 shows the fixed-route and paratransit service areas that WRTA covers.
WRTA offers fixed route services for the general public and advance reservation paratransit service for persons with disabilities and seniors (65+). They have a total fleet of 57 vehicles, of which 48 are the larger fixed route buses and 9 are used for the paratransit service (called Specialized Service Transportation, or SST). People are able to use the fixed route service from about 7:00 am to 6:00 pm on weekdays (some routes have slightly fewer hours of service). Specialized Transportation Service is available from 6:00 am to 7:00 pm on weekdays. There is no service on Saturdays, Sundays or major holidays. The fixed route fare for seniors and persons with disabilities is $0.60; all other adults pay $1.25. The fare for paratransit service is $2.00.

The number of vehicles operated, ridership and total costs for WRTA and all of the other public transportation services in the region are presented in Table 3.

The information in Table 3 does not reflect the level of operations, costs and riders well. Significant for the mobility of target populations, WRTA has reduced its fixed-route
services during 2006 and 2007 by nearly 50% to deal with losses in special federal funding programs, continuing reductions in funding from the state of Ohio, lack of growth in its property tax revenues from the city of Youngstown and cost increases in critical areas such as fuel, healthcare and insurance. As a result of these changes, WRTA’s passenger levels have dropped in recent years.

WRTA has attempted to forge a mobility management relationship with Mahoning County Commissioners and its Department of Job and Family Services. Most recently, WRTA was forced to terminate such a relationship to focus on dealing with its financial problems.

The Niles – Trumbull Transit System (NiTTs) provides countywide advance reservation demand responsive transportation for the general public in Trumbull County. NiTTs’ member communities are Niles, Howland Township, Liberty Township, McDonald, Cortland, Warren, Girard, Lordstown, Hubbard Township, Bazetta Township and Weathersfield Township. NiTTs provides paratransit, or door-to-door, services to all residents in Trumbull County. Figure 11 shows NiTTs member communities and the countywide paratransit service area.

The door-to-door service is available from 7:00 am to 6:00 pm on weekdays, and from 8:00 am to 3:00 pm on weekends and holidays. All trips must be reserved by 10:00 am on the day before the trip. Fares are lower for residents of participating communities, as shown in the following table:

<table>
<thead>
<tr>
<th>Participating Communities</th>
<th>Non-participating Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Public - $4.00 per trip</td>
<td>General Public - $8.00 per trip</td>
</tr>
<tr>
<td>Persons over 60 - $1.50 per trip</td>
<td>Persons over 60 - $2.00 per trip</td>
</tr>
<tr>
<td>Persons with Disabilities - $1.50</td>
<td>Persons with Disabilities - $4.00</td>
</tr>
<tr>
<td>Children (2 to 12 years) - $1.50</td>
<td>Children (2 to 12 years) - $4.00</td>
</tr>
</tbody>
</table>

Organizations were successful in achieving passage of a senior property tax levy in 2005, in part to provide and improve transportation services for seniors. NiTTs is the biggest contractor delivery of these services, beginning in May 2007. NiTTs service is provided by the City of Niles through a contract with Community Bus Services, Inc.

Mercer County Community Transit (MCCT) provides countywide paratransit, or door-to-door, service for the general public throughout Mercer County. In the Shenango Valley area, the service is available from 6:00 am to 5:00 pm on weekdays. Service to other areas in the county is available from 8:00 am to 3:00 pm on weekdays. There is no weekend service. All trips must be reserved by 2:00 pm on the working day before the trip. The fare is based on the length and type of trip. Reduced and free fare fares are available for persons whose age or health entitles them to a subsidy. Seniors (60+) pay a fare of $0.50. Younger persons determined to ADA Paratransit-eligible will receive
a fare subsidy. MCCT is also a Medicaid non-emergency medical transportation (NEMT) provider, so eligible clients can travel for free.

Figure 11
The Shenango Valley Shuttle Service (SVSS) is a fixed route bus service that serves the City of Sharon, Borough of Sharpsville, City of Farrell, City of Hermitage, Borough of Wheatland with three routes, the northern, southern, and central, that travel between downtown Sharon and the Shenango Valley Mall.

Figure 12 shows the SVSS member communities which have fixed route bus service. Also shown is the countywide coverage of MCCT’s paratransit service.

Service is provided from approximately 8:00 am to 6:00 pm on weekdays and Saturdays. There is no fare for seniors (65+), persons with disabilities, Medicare card holders and Medicaid-eligible persons for medical trips. Unemployed persons pay a fare of $0.25 per trip, and all others pay the regular fare of $1.00.

Selected operating and financial characteristics of the three public transportation systems are presented in Table 3 below.

<table>
<thead>
<tr>
<th>System Name</th>
<th>Fleet Size</th>
<th>Annual Trips</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRTA – Fixed Route</td>
<td>48</td>
<td>1,541,600</td>
<td>$7,076,800</td>
</tr>
<tr>
<td>WRTA – Paratransit</td>
<td>9</td>
<td>24,400</td>
<td>$678,800</td>
</tr>
<tr>
<td>Niles-Trumbull Transit System</td>
<td>8</td>
<td>23,800</td>
<td>$583,900</td>
</tr>
<tr>
<td>Mercer Co. Community Transit</td>
<td>17</td>
<td>89,200</td>
<td>$620,800</td>
</tr>
<tr>
<td>Shenango Valley Shuttle Service</td>
<td>3</td>
<td>112,500</td>
<td>$751,300</td>
</tr>
</tbody>
</table>

Figures 13 and 14 show the fixed route services areas of WRTA in Mahoning County and the SVSS in its member communities in Mercer County. Of particular note Figure 13 shows the loss in fixed routes that has occurred since June 2005. Of equal significance but not shown is the fact that in addition to cutting routes since June 2005, WRTA has reduced how often buses operate on routes (meaning longer waits for a bus) and cut completely its weekday night service and all Saturday service. Community outreach has documented the critical negative impacts on WRTA’s customers.

Reviewing these Figures and Figures 10 through 12, one sees that WRTA provides fixed route service well beyond the City of Youngstown, its member community. Its paratransit service area is the same as its fixed route service area. SVSS provides fixed route service in its member communities. NiTTS provides no fixed route service. NiTTS and the MCCT provide paratransit service throughout Trumbull and Mercer Counties.
Figure 12

SVSS Member Communities and Areas of Paratransit Service

Legend
- Member Community
- Political Subdivision
- Area of Paratransit Service
- Road
- Water
- County Boundary
Human Service Agency Transportation Services

Significant transportation services are provided by human services agencies in the three counties, especially in Mahoning and Trumbull Counties. A substantial effort was made to collect information and data from as many human service agencies as possible. All of the relevant information for each transportation provider is presented on summary sheet in Appendix E. An example of a completed sheet is presented in Figure 15.

Transportation Providers in Mahoning County

Table 4 provides information on the number of vehicles operated, the annual ridership and the total cost of providing service for the human service agency transportation providers that operate only in Mahoning County.

**Figure 15**
Example of Human Service Agency Transportation Provider Summary Sheet

<table>
<thead>
<tr>
<th>Antonine Sisters Adult Day Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact</strong></td>
</tr>
<tr>
<td><strong>Phone Number</strong></td>
</tr>
<tr>
<td><strong>Email</strong></td>
</tr>
<tr>
<td><strong>Office Location</strong></td>
</tr>
<tr>
<td><strong>Service Area</strong></td>
</tr>
<tr>
<td><strong>Passengers/Clients</strong></td>
</tr>
<tr>
<td><strong>Annual Expenses</strong></td>
</tr>
<tr>
<td><strong>Hours of Service</strong></td>
</tr>
<tr>
<td><strong>Number of Vehicles in Daily Operation</strong></td>
</tr>
<tr>
<td><strong>Number of Vehicles in Total Fleet</strong></td>
</tr>
<tr>
<td><strong>Type of Drivers</strong></td>
</tr>
<tr>
<td><strong>Number of Drivers</strong></td>
</tr>
<tr>
<td><strong>Annual One-Way Passenger Trips</strong></td>
</tr>
<tr>
<td><strong>Annual Service Hours</strong></td>
</tr>
<tr>
<td><strong>Productivity (trips per service hour)</strong></td>
</tr>
<tr>
<td><strong>Annual Vehicle Miles</strong></td>
</tr>
<tr>
<td><strong>Sources of Funding</strong></td>
</tr>
<tr>
<td><strong>Other Information</strong></td>
</tr>
</tbody>
</table>
Table 4
Human Service Agency Transportation Providers In Mahoning County

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Vehicles</th>
<th>Annual Trips</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahoning Co. MRDD</td>
<td>32</td>
<td>264,000</td>
<td>$4,000,000</td>
</tr>
<tr>
<td>Mahoning Co. Board of Health</td>
<td>1</td>
<td>7,400</td>
<td>$51,500</td>
</tr>
<tr>
<td>MYCAP</td>
<td>8</td>
<td>76,700</td>
<td>$450,000</td>
</tr>
</tbody>
</table>

Transportation Providers in Mercer County

There was only one human service agency transportation provider identified in Mercer County – the Community Counseling Center of Mercer County. They operate one vehicle providing approximately 1,500 trips annually, at an annual cost of $32,000.

Transportation Providers in Trumbull County

Table 5 provides information on the number of vehicles operated, the annual ridership and the total cost of providing service for the human service agency transportation providers that operate only in Trumbull County.

Table 5
Human Service Agency Transportation Providers In Trumbull County

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Vehicles</th>
<th>Annual Trips</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Girard</td>
<td>1</td>
<td>3,200</td>
<td>$46,700</td>
</tr>
<tr>
<td>Coleman Behavioral Health</td>
<td>1</td>
<td>6,200</td>
<td>$27,500</td>
</tr>
<tr>
<td>SCOPE, Inc.</td>
<td>3</td>
<td>7,000</td>
<td>$82,300</td>
</tr>
<tr>
<td>Trumbull Co. Children Services</td>
<td>5</td>
<td>8,600</td>
<td>$204,400</td>
</tr>
</tbody>
</table>

Regional Transportation Providers - Mahoning and Trumbull Counties

Table 6 provides information on the number of vehicles operated, the annual ridership and the total cost of providing service for the human service agency transportation providers that operate in both Mahoning and Trumbull counties.
Table 6
Regional Human Service Agency Transportation Providers
Operating in Mahoning and Trumbull Counties

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Vehicles</th>
<th>Annual Trips</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antonine Sisters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Day Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beatitude House (Fifth Ave.)</td>
<td>3</td>
<td>2,800</td>
<td>$9,800</td>
</tr>
<tr>
<td>Beatitude House (Lora Ave.)</td>
<td>3</td>
<td>1,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>Evergreen Healthcare Services</td>
<td>1</td>
<td>300</td>
<td>$14,000</td>
</tr>
<tr>
<td>GARWIN</td>
<td>16</td>
<td>40,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>Hillside Rehabilitation Hospital</td>
<td>4</td>
<td>4,400</td>
<td>$158,000</td>
</tr>
<tr>
<td>Iron and String Life Enhancement</td>
<td>12</td>
<td>18,000</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

**Other Regional Transportation Providers**

There are two other regional transportation providers. Country Neighbor Program, Inc. operates 13 vehicles in Southern Ashtabula and northern Trumbull counties. They provide approximately 9,600 trips annually at a cost of $150,000.

Easter Seals operates 3 vehicles serving Mahoning + Columbiana counties. They provide approximately 13,000 trips annually at a cost of $115,000.

**Transportation Purchasers and Private Transportation Providers**

There are a number of private transportation companies that are under contract to human service agencies. These agencies have been categorized as transportation purchasers. The following provides information on the major transportation purchasers in the region and their contracts with private transportation providers.

**Mahoning County**

Mahoning County Department of Job and Family Services (MCDJFS) is the major transportation purchaser in the county. In CY 2006 their transportation expenditures were approximately $4.82 million and they purchased an estimated 200,000 one-way passenger trips. The vast majority of the expenditures were on contracts with local providers, but they also purchased bus passes from WRTA (estimated at less than $50,000).
There are two distinct transportation programs at MCDJFS. The largest program is known as Ohio Works First/Temporary Assistance for Needy Families which provides employment and training related transportation for low income persons. In CY 2006, the transportation expenditures for approximately 166,000 trips in this category were $3.95 million (82% of the total expenditures). Bus passes are used for this program. MCDJFS will pay for trips taken by Mahoning County residents to anywhere in a tri-county area consisting of Columbiana, Mahoning and Trumbull counties.

The other category of transportation expenditures at MCDJFS is the Medicaid Non-Emergency Transportation Program. In CY2006, the transportation expenditures for approximately 34,000 trips were $874,500 (18% of the total expenditure). This program provides authorized medical trips for Medicaid certified passengers. When medically necessary, MCDJFS will authorize trips to medical facilities that are outside the tri-county area.

As of November 2007, MCDJFS had contracts with the following private transportation providers:

- GARWIN
- Independent Radio Taxi
- CCS Trans
- Transit Services
- Angel Carriers

MCDJFS sets a standard contract rate for transportation. As of November 1st, they are paying $20.00 per one-way trip anywhere in the tri-county area. Before that they were paying $25.00 per trip. For NET trips outside the tri-county area the contract rate is $75.00 per one-way trip.

Mercer County

The Mercer County Area Agency on Aging (MCAAA) has provided a complete listing of their transportation revenue sources and expenses by transportation provider category, along with a tabulation of rates for each provider, number of trips and the number of unduplicated clients.

In FY 06-07, MCAAA purchased a total of 94,654 trips at a total cost of $794,895. The largest portion of the transportation expense was for Mercer County Community Transit ($516,664), and a small expense on the Shenango Valley Shuttle Service ($1,324). There were contracts with two private transportation providers – Phil's Dependable Taxi and Family Transport Service, with a total expenditure of $130,285. The contract rate for Phil's Dependable Taxi is $2.40 per mile, with $12.00 per hour for waiting time. The rate for Family Transport is $10.50 per person plus $0.55 per mile.
The Mercer County Behavioral Health Commission (MCBHC) has their transportation program integrated into their overall system of service delivery. They were not able to provide data on the number of one-way trips delivered, how they are distributed between contractors and how much the contractors are paid. MCHBC has contracts with three private transportation providers - Watson Transportation, Ranelli Transportation and Erdos Transportation. The estimated transportation expense in 2006 was $419,400.

Trumbull County

The Trumbull County Department of Job and Family Services (TCDJFS) transportation programs include Temporary Assistance for Needy Families (TANF), Non-Emergency Transportation (NET) for medical purposes and Title XX for older persons. For NET and Title XX, the client is free to choose among four different transportation providers. For TANF, the unit aide will select the contractor for the trip. Transportation is provided only to destinations within Trumbull County, except for medically necessary NET trips. Title XX transportation is limited to 4 times a month.

The overall data available includes transportation expenditures of $1.2 million in 2006 to purchase 26,600 trips. We do not have the breakdown by transportation program or contractor.

The four transportation providers used by TCDJFS are presented in order of descending trip volume:

- Millers USA (taxi) carries all type of TCDJFS trips at a rate of $2.25 per mile
- Deluxe Transportation (taxi) carries all types of TCDJFS trips at an in-town (City of Niles) flat rate of $10.50 and an out-of-town rate of $2.25 per mile
- TCAP (vans) carries only NET and Title XX trips at a rate of $2.20 per mile
- Office of Elderly Affairs (vans) carries only NET and Title XX trips at a rate of $2.46 per mile

Supplemental Transportation Survey

The Hine Memorial Foundation, based in Mahoning County, had an interest in helping to seek survey returns from human service agencies that had not participated in the earlier survey. In the interests of time, a shorter survey was developed so that data collection could be completed much more quickly. Seventeen agencies completed surveys; 11 agencies either provide or purchase transportation services for clients.
Table 7 presents information for public transportation systems and human service agencies in the three-county region, collected in both surveys. Although data is limited, private transportation companies are also listed. Not included in this table are newer transportation services that have started since the rollout of Medicaid Managed Care programs in Ohio.

The level of public transportation, human services transportation and private transportation resources and capabilities are considerable. In 2006, public transportation systems had a collective fleet of 85 buses, carried 1.8 million riders with operating expenses of just over $9 million.

Human services agencies provide or purchase significant transportation services, focused closely on helping clients gain access to the services they provide. All agencies have not reported completely, so a care should be taken with the results. However, adding as best we can, human service agencies in the three-county region report a total fleet of buses and vans numbering 162. Their transportation services provided over 929,000 rides. Operating expenses amounted to $13.0 million.

**Private Transportation Services**

As the preceding discussion has shown, private transportation companies play an important role in the delivery of transportation services, especially to our target populations. Taxi services provide fundamental mobility when other options are not available. Private providers have service contracts with counties, communities and human service agencies. A selected list of private transportation providers is shown in Table 7. A more extensive list is presented in appendix E.

**Unmet Transportation Needs**

Unmet needs were organized into the following six categories:
- Service Improvement Needs
- Customer Service Needs
- Customer Information Needs
- Facilities and Vehicles Needs
- Cost of Service and Payment Means
- Safety

**Service Improvement Needs** fall into the following areas:
- A recognition that WRTA has needed to reduce service significantly since 2005 and that people have more trouble now meeting their travel needs.
<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Service</th>
<th>Service Area</th>
<th>Number of Vehicles</th>
<th>Annual Trips</th>
<th>Annual Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Transportation Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Reserve Transit Authority</td>
<td>Operates service</td>
<td>Youngstown and vicinity</td>
<td>57</td>
<td>1,566,000</td>
<td>$7,076,800</td>
</tr>
<tr>
<td>Niles-Trumbull Transit System</td>
<td>Operates service</td>
<td>Trumbull</td>
<td>8</td>
<td>23,800</td>
<td>$583,900</td>
</tr>
<tr>
<td>Mercer County Community Transit</td>
<td>Operates service</td>
<td>Mercer</td>
<td>17</td>
<td>89,200</td>
<td>$620,800</td>
</tr>
<tr>
<td>Shenango Valley Shuttle Service</td>
<td>Operates service</td>
<td>Mercer</td>
<td>3</td>
<td>112,500</td>
<td>$751,300</td>
</tr>
<tr>
<td><strong>Sub-Total Public Transportation</strong></td>
<td></td>
<td></td>
<td>85</td>
<td>1,791,500</td>
<td>$9,032,800</td>
</tr>
<tr>
<td><strong>Human Service Agency Transportation Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antonine Sisters Adult Day Care</td>
<td>Operates service</td>
<td>Mahoning and Trumbull</td>
<td>6</td>
<td>52,000</td>
<td>$154,406</td>
</tr>
<tr>
<td>Beatitude House (Fifth Avenue)</td>
<td>Operates service</td>
<td>Mahoning and Trumbull</td>
<td>3</td>
<td>2,842</td>
<td>$9,809</td>
</tr>
<tr>
<td>Beatitude House (Lora Avenue)</td>
<td>Operates service</td>
<td>Mahoning</td>
<td>3</td>
<td>1,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>City of Girard</td>
<td>Operates service</td>
<td>Girard + 10 mile radius</td>
<td>1</td>
<td>3,219</td>
<td>$46,653</td>
</tr>
<tr>
<td>Coleman Behavioral Health</td>
<td>Operates service</td>
<td>Trumbull</td>
<td>5</td>
<td>6,240</td>
<td>$27,500</td>
</tr>
<tr>
<td>Community Counseling Center of Mercer County</td>
<td>Operates service</td>
<td>Mercer</td>
<td>12</td>
<td>1,500</td>
<td>$32,000</td>
</tr>
<tr>
<td>Country Neighbor Program</td>
<td>Operates service</td>
<td>Northern Trumbull</td>
<td>13</td>
<td>9,600</td>
<td>$150,000</td>
</tr>
<tr>
<td>Easter Seals</td>
<td>Operates service</td>
<td>Mahoning</td>
<td>4</td>
<td>13,000</td>
<td>$115,000</td>
</tr>
<tr>
<td>Evergreen Healthcare Services</td>
<td>Operates service</td>
<td>Mahoning and Trumbull</td>
<td>1</td>
<td>300</td>
<td>$14,000</td>
</tr>
<tr>
<td>Hilleade Rehabilitation Hospital</td>
<td>Operates service</td>
<td>Mahoning and Trumbull</td>
<td>4</td>
<td>4,400</td>
<td>$158,000</td>
</tr>
<tr>
<td>Iron and String Life Enhancement</td>
<td>Operates service</td>
<td>Mahoning and Trumbull</td>
<td>12</td>
<td>18,000</td>
<td>$300,000</td>
</tr>
<tr>
<td>Mahoning County Board of MRDD</td>
<td>Operates service</td>
<td>Mahoning</td>
<td>52</td>
<td>264,000</td>
<td>$4,000,000</td>
</tr>
<tr>
<td>Mahoning County district Board of Health</td>
<td>Operates service</td>
<td>Eastern Mahoning</td>
<td>1</td>
<td>7,400</td>
<td>$51,531</td>
</tr>
<tr>
<td>MYCAP</td>
<td>Operates service</td>
<td>Mahoning</td>
<td>8</td>
<td>76,686</td>
<td>$450,000</td>
</tr>
<tr>
<td>Scope, Inc.</td>
<td>Operates service</td>
<td>Trumbull</td>
<td>3</td>
<td>6,992</td>
<td>$82,300</td>
</tr>
<tr>
<td>Trumbull County Children Services</td>
<td>Operates service</td>
<td>Trumbull</td>
<td>5</td>
<td>8,600</td>
<td>$205,400</td>
</tr>
<tr>
<td>Mahoning County Job and Family Services</td>
<td>Purchases service</td>
<td>Mahoning and vicinity</td>
<td>0</td>
<td>200,000</td>
<td>$4,820,000</td>
</tr>
<tr>
<td>Mercer County Area Agency on Aging</td>
<td>Purchases service</td>
<td>Mercer</td>
<td>0</td>
<td>94,654</td>
<td>$784,895</td>
</tr>
<tr>
<td>Mercer County Behavioral Health</td>
<td>Purchases service</td>
<td>Mercer</td>
<td>0</td>
<td></td>
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<td>na</td>
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</tr>
<tr>
<td>TCAP</td>
<td>Operates service</td>
<td>Warren and vicinity</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Office of Elderly Affairs</td>
<td>Operates service</td>
<td>Trumbull</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Neighborhood Ministries</td>
<td>Operates service</td>
<td>Campbell and SE Youngstown</td>
<td>3</td>
<td>312</td>
<td>$5,000</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Operates service</td>
<td>Youngstown Southside</td>
<td>2</td>
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</tr>
<tr>
<td>OCCHA</td>
<td>Operates service</td>
<td>Mahoning</td>
<td>1</td>
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</tr>
<tr>
<td>Hire Memorial Fund at Visiting Nurse Board</td>
<td>Purchases service</td>
<td>Mahoning, Liberty, Girard, Hubbard</td>
<td>0</td>
<td>an</td>
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<td>Youngstown YMCA Central Branch</td>
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<td>Mahoning</td>
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<td>5</td>
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<tr>
<td>Youngstown Hearing and Speech Center</td>
<td>Purchases service</td>
<td>Mahoning, Trumbull, Columbiana</td>
<td>0</td>
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<tr>
<td>Heart Reach Ministries</td>
<td>Operates service</td>
<td>City of Youngstown</td>
<td>8</td>
<td>600</td>
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<td>Catholic Charities Regional Agency</td>
<td>Operates service</td>
<td>Mahoning and Trumbull</td>
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<td>162</td>
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<tr>
<td><strong>GRAND TOTAL (Approx.)</strong></td>
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<td>247</td>
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**Private Transportation Services**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Service</th>
<th>Service Area</th>
<th>Number of Vehicles</th>
<th>Annual Trips</th>
<th>Annual Expenses</th>
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<tbody>
<tr>
<td>GARWIN</td>
<td>Operates service</td>
<td>Mahoning</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Independent Radio Taxi</td>
<td>Operates service</td>
<td>Mahoning</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>CCS Trans</td>
<td>Operates service</td>
<td>Mahoning</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Transit Services</td>
<td>Operates service</td>
<td>Mahoning</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Angel Carriers</td>
<td>Operates service</td>
<td>Mahoning</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Phil’s Dependable Taxi</td>
<td>Operates service</td>
<td>Mercer</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Family Transport Service</td>
<td>Operates service</td>
<td>Mahoning</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Millers USA Taxi</td>
<td>Operates service</td>
<td>Trumbull</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Deluxe Transportation</td>
<td>Operates service</td>
<td>Trumbull</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
</tbody>
</table>
• The loss of Saturday and weekday evening service has been particularly negative on the mobility of all target populations.
• The difficulty of the mis-match of where people needing entry level jobs live in relation to where their job opportunities are
• Access to jobs generally, including the employees of human service agencies
• Access to jobs in southern Trumbull County from Mahoning County
• The need to maintain family and community connections that are complicated if personal mobility is lacking or difficult
• A general sense that transportation services need to be increased to provide a greater level of mobility for people across the region
• Discretionary travel is very important to older persons, persons with disabilities and persons from low income households
• Travel assistance is especially important to older persons and persons with disabilities, both in and out of vehicles and to and from vehicles

Looking at Service Connections,
• The mismatch of homes and jobs for low income people is a challenging problem and stands in the way of people achieving self-sufficiency.
• Of particular significance are the complex trips that people need to make, in moving from home to a job and the need to deal with young children who have to get to school or daycare.

Looking at Service Timing,
• Generally, increases in the days and hours that service operates are desired so that present services can meet more travel needs.

Looking at Geographic Coverage,
• Geographic coverage of fixed route service is weak in suburban areas of Mahoning County; WRTA’s fixed route service has been curtailed in Trumbull County. No other fixed route service operates in Trumbull County. In Mercer County, fixed route service is limited to the Sharon area.

Turning attention to Customer Service Needs,
• People expect and deserve prompt and courteous customer service. This includes customer service staff on telephones and the drivers of bus services.

Focusing on Customer Information Needs
• Information is key to people using transportation services effectively, both knowing what services are available and having the information they need to make their use of a particular service successful.
Facility and Vehicle Needs are not particularly noteworthy. The only expressed need was that of the equipment and straps for wheelchair tie-downs being in good working order.

Finally, with regard to Cost of Service and Payment Means
- There is some, though limited, concern with the cost of transportation services to customers.
- Except for WRTA, NiTTS and SVSS, human service agencies providing transportation services do not charge their riders.

Key Findings from Community Outreach Activities

Key findings from community outreach activities, namely advisory committee meetings, a public forum in each county and a workshop in each county are presented below.

Advisory Committee Insights
Key insights from meetings include:
- The reduction in fixed route services that WRTA has been forced to make since 2005 have had a significant negative impact on target populations being able to adequately meet mobility needs.
- Generally, transportation needs of older persons, persons with disabilities and persons with low income are not adequately met with current transportation services.
- Improved transportation services are essential for low income persons to reach self-sufficiency.
- Transportation services play an essential role in the quality of life that target populations are able to achieve.
- For human service agencies to succeed in their missions, clients need good transportation services to be able to reach agency services.
- Resources will never be sufficient; therefore, collaboration and coordination among agencies providing, purchasing and using transportation services is very necessary.
- Human services agencies in Mahoning and Trumbull Counties region have not coordinated extensively on the delivery of transportation services, although significant efforts have been made and could be used as a base for future implementation. The state of Pennsylvania has required coordinated service delivery in each county beginning in the late 1970s.
- Transportation plays a critical role in workforce development and job access among low income persons.
- For businesses to have adequate access to an entry-level labor force, reliable transportation is essential, including the related issue of access to child care services.
• Commitment, action and perseverance will be necessary for successful implementation of transportation coordination.
• It is necessary to start, to begin, to achieve some successes and not get bogged down.

**Results of the County-Level Public Forums**
- Travel training is important, especially for people with disabilities to travel effectively on public transportation.
- Technology should be integrated into solutions
- Funding for transportation should be built into agency applications for human service program grant requests.
- Coordination of transportation services should include administrative functions.
- The business community should be involved as a partner.
- Access to jobs is of paramount importance in the region.

**Results of the County-Level and Regional Workshops**
- Lack of and easy access to information and the need to communicate this effectively are cross-cutting issues.
- Information and communications should solve problems and help people get rides, with a minimum of contacts with information and transportation sources.
- Interagency collaboration and decision-making; example - bringing transportation providers, agencies and employers together early to make effective work access decisions; early interaction with clients to make transportation-wise decisions about jobs
- Find solutions that support transportation service across county and state lines

**Concluding Observations**
- Public transportation services (WRTA, NiTTS, and SVSS) provide essential mobility to the public, especially older persons, persons with disabilities and persons with low income.
- The value and importance of these services is recognized.
- WRTA is especially stretched financially, having cut services by nearly 50% in recent years.
- Coordination and collaboration can open doors to new ideas, new ways of doing things and new opportunities for funding
- Some key areas of action are emerging
  - A single point of access for information on transportation services, to make it easier for people to get a ride when they need it
  - Technology can be used to advantage; it is well developed and available to support the multi-agency delivery of transportation services
  - Critical gaps in the availability of transportation services exist; evening and weekend services are especially lacking in all counties in the region.
  - Opportunities for vehicle sharing exist, especially during midday evening hours on weekdays and on Saturdays and Sundays
- Transportation services across county lines, especially Trumbull and Mahoning
- In the future the importance of travel across state lines will grow in importance.
- Coordination that integrates job training and development with decisions on availability of transportation services
- Mobility planning for older persons so they are able to seamlessly transition from driving to driving less and using community transportation services to maintain their mobility and independence, remaining in their homes.
- Decisions about organizational approaches and leadership roles and responsibilities for implementation, including relative roles of WRTA, NiTTS and SVSS and human service agencies

**Gaps in Transportation Services**

The focus of this section of the report is a preliminary assessment of the transportation gaps for the target populations (seniors, persons with disabilities and low income persons) in the region. These transportation gaps can be based on service area limits, time of day considerations and eligibility factors.

**Mahoning and Trumbull Counties**

Within Trumbull County, the Niles – Trumbull Transit System (NiTTS) provides countywide advance reservation demand responsive transportation for the general public. The door-to-door service is available from 7:00 am to 6:00 pm on weekdays, and from 8:00 am to 3:00 pm on weekends and holidays. All trips must be reserved by 10:00 am on the day before the trip.

Members of the target populations that live and travel within Trumbull County can use NiTTS for most of their daytime travel needs on weekdays, and to a more limited extent, on weekends. Since it is an advance reservation service, there is no opportunity for spontaneous same day travel. The only transportation gaps for Trumbull County residents are the service area limitation to trips within the county, and the lack of NiTTS service after 6:00 pm on weekdays and 3:00pm on weekends and holidays.

The Western Reserve Transit Authority (WRTA) operates in both Mahoning and Trumbull counties with fixed route bus service for the general public and ADA paratransit service for persons with disabilities. Therefore, all members of the focus populations who can access the WRTA fixed routes can travel to any destination served by those routes. Those persons who cannot access the fixed routes due to a disability can use the WRTA ADA paratransit service, as long as their trip origin and destination lie within ¾ of a mile of one of the fixed routes.
From a service area perspective, the major transportation gaps for the target population living in Mahoning County (remembering that Trumbull County residents have the option of using NiTTS) are in those areas which are outside the ¾ mile boundary of the WRTA fixed routes.

With regard to times when service is available, WRTA provides fixed route service from 6:00 am to 7:00 pm on weekdays, and its special Service Transportation (SST) paratransit service from 6:00 am to 7:00 pm on weekdays. There is no service on Saturdays, Sundays or major holidays. This means that the target populations in Mahoning County cannot make any trips on weekday evenings (those ending after 6:00 pm) unless they are ADA paratransit eligible or seniors (65+) using SST paratransit service which operates to 7:00 pm. The lack of WRTA service on weekends is also a major transportation gap for Mahoning County residents.

All of the other transportation providers in Mahoning and Trumbull counties (with the exception of the City of Girard which provides transportation for city residents) only provide services to the clients of human service agencies. Those members of the focus populations that do not meet the specific eligibility criteria of the agency will not be served by the transportation provider. For example, low income persons may qualify for medical trips under Medicaid, or for work training trips under DJFS programs, but they cannot travel for any other trip purpose (including regular employment) unless they can use one of the WRTA services or the NiTTS service.

Other than the portions of Mahoning and Trumbull counties served by the WRTA, there is no opportunity for the target population to travel outside their own county, other than medically necessary trips that have been authorized by a human service agency.

**Mercer County**

Mercer County Community Transit (MCCT) provides countywide door-to-door service for the general public in Mercer County. In the Shenango Valley area, the service is available from 6:00 am to 5:00 pm on weekdays. Service to other areas in the county is available from 8:00 am to 3:00 pm on weekdays. There is no weekend service. All trips must be reserved by 2:00 pm on the working day before the trip.

The Shenango Valley Shuttle Service (SVSS) is a fixed route bus service that serves the Shenango Valley area with three routes that travel between downtown Sharon and the Shenango Valley Mall. Service is provided from approximately 8:00 am to 6:00 pm on weekdays and Saturdays.

On an overall basis, the target population in the Shenango Valley region has two options to meet their daytime travel needs on weekdays. On weekends, there is only one choice – the use of SVSS on Saturdays. Therefore the transportation gaps in this
case are the lack of service after 6:00 pm on weekdays and Saturdays, and no service on Sundays.

For the target population outside the Shenango Valley area, the only choice is MCCT, where the service is only available from 8:00 am to 3:00 pm on weekdays. The major transportation gap is the lack of transportation service outside of these hours, and the lack of any service outside the county.

**Overlaps in Transportation Services**

Significant overlaps in transportation services exist in all three counties, especially in door-to-door transportation services. In Mahoning County, WRTA provides its door-to-door service within its fixed route service area. Other agencies providing or purchasing significant levels of transportation services within WRTA’s service area are:

- Mahoning County Board of Mental Retardation and Developmental Disabilities
- Mahoning County Department of Jobs and Family Services

In Trumbull County, agencies providing or purchasing transportation services, in addition to NiTTS are:

- Trumbull County Board of Mental Retardation and Developmental Disabilities
- Trumbull County Department of Jobs and Family Services
- Country Neighbors
- Trumbull County Council for Older Adults
- Trumbull Community Action Transportation

In Mercer County, transportation services are more effectively coordinated, since the state of Pennsylvania has required coordination plans and the coordination of transportation services for over twenty-five years.

**Concluding Thoughts**

Significant needs, gaps in transportation services and overlaps among service providers exist in the region.

The following issues are of high importance:

- Public transportation services are an important element in successful economic development.
- Loss of WRTA service has had negative impacts on older persons, persons with disabilities and persons with low income in Mahoning and Trumbull Counties.
• Coverage of transportation services need to reach all communities in each county in the region.
• Transportation service is severely lacking during weekday evening hours and weekends.
• Target populations need access to employment centers and healthcare facilities.
• Target populations need access to urban centers from rural areas.
• Travel needs extend across county and state lines; transportation services do not.

Preliminary thoughts on moving forward with transportation coordination and mobility management include:

• Need to integrate and coordinate separate transportation services
• Move toward mobility management and a one-number access system
• Funding is not sufficient to address mobility needs fully; with the issue being particularly acute and significant for WRTA which is seeking to replace its Youngstown-based local property tax with a Mahoning County-wide sales tax.
There are a myriad of federal programs that provide funding for the delivery of transportation services to older persons, persons with disabilities and persons in low income families. At the federal level, over sixty (60) separate programs have been identified. Within the U.S. Department of Transportation’s Federal Transit Administration, financial assistance programs for the support of local public transportation services have been in place and evolving for some forty years.

It was in the late 1960’s and early 1970’s that the ownership and delivery of public transportation services shifted from the private to the public sector, as the private market for transportation services was no longer profitable. But, communities recognized that not all people would be able to meet their mobility needs without some level of public transportation services. Consequently, local communities took over ownership and control. Over time, local communities and state governments developed programs by which local communities could set up new agencies to control and operate public transportation.

As a result of actions over that last thirty-five years or so, the following has occurred to provide financial assistance to public transportation systems in metropolitan areas:

- The legislature of the state of Ohio has funded programs to support the delivery of public transportation services across the state, in urban and rural counties.
- The Federal Transit Administration funds capital and capitalized operating expenses of public transportation systems designated as recipients of funding from its 5307 Urban Program.

In addition, new Federal Transit Administration programs were introduced or modified in 2005 with passage of SAFETEA-LU, namely the 5310 elderly and individuals with disabilities program, the 5316 Job Access and Reverse Commute program and the 5317 New Freedom program.

Further, there are a large number of programs across government departments and agencies that provide human services for persons in need. Many of these programs
provide services to older persons, persons with disabilities and persons in low income families. In over sixty of the financial assistance programs, transportation services may be provided by human service agencies to help clients get access to program services. Typically, the provision of transportation services is elective by the agencies providing services, not mandatory.

It is generally agreed that there are insufficient resources available for local, state and federal sources and through private funding and contributed services to meet the mobility needs of older persons, persons with disabilities and persons in low income families. Further, it is generally accepted that transportation services offered independently of one another, servicing older persons, persons with disabilities and persons in low income families operate in the same neighborhoods, especially during weekdays morning and afternoon hours as clients are transported to agency services.

**Developing a Family of Transportation Services**

Transportation services available to people with mobility needs can take various forms. Typically, transportation services include fixed route bus service such as is operated extensively by WRTA in Mahoning County and to a lesser degree by SVSS in Mercer County. Also, these services include paratransit service, sometimes called door to door or demand responsive service. By whatever name, this service distinguishing itself from fixed route in that smaller vehicles respond to the specific trip patterns that people need to make. Such service may include driver assistance for customers to get on and off a vehicle or to and from a vehicle. In rarer circumstances, assistance is provided “through the door”. Through the door service is usually provided by human service agencies rather than public transportation systems.

The concept of a “family of transportation services” is rooted in and recognizes the notion that transportation services should be responsive to the specific needs of customers, the variety of trips that they need to make, and the urban-suburban-rural character of the area within which the services are provided. The concept recognizes that older persons, persons with disabilities and persons in low income circumstances may have very different needs and services may need to be tailored to be responsive to those needs. Without being comprehensive, these may include:

- The lack of access to a motor vehicle
- A disability which prevents them from driving
- Not having family members or friends available to help them travel locally
- Inability to walk a reasonable distance to a bus stop or to be able to wait at a bus stop during hot or cold weather
- Living in an area where urban fixed route bus service is not feasible
Figure 16 presents a chart that characterizes the concept as it relates to the travel mobility and needs of older persons.

Figure 16
A Family of Transportation Services Concept

[Image]

Source: Transit Cooperative Research Program Report #82, Improving Public Transit Options for Older Persons.

Older persons are able to make independent travel decisions as long as they are healthy and able to move about independently outside their homes. However, as their ability to move about their community independently diminishes, they require more specialized means of transportation to maintain their ability to meet travel needs and quality of life. With a family of transportation services available in a community, the services are available to do this.

An important element of the concept is customer service that recognizes the need for information, training and planning so older persons, persons with disabilities and persons with low income are able to make the most effective use of the transportation services that are available in the community.

What is Transportation Coordination?

The coordination of transportation services focuses on bringing together in a community all of the key people and organizations that have responsibility for helping people meet their mobility needs in ways that permit decisions about what services are offered and
who offers them are driven by an understanding of who are the customers, what are their needs and what kinds of services under which circumstances can be most cost-effective and cost-efficient in meeting those needs safely and responsively. The key to transportation coordination success is cooperation, collaboration; consensus building and vision (see Figure 17).

**Figure 17**

The Key to Transportation Coordination

- **Building Together**
- **Reaching Consensus**
- **Strong Leader**
- **Sound Analysis**

Transportation coordination, as expressed to Figure 15, works best in circumstances where the following conditions exist:

- Customers and meeting their needs are the number one focus.
- There is strong leadership among the key stakeholders and a shared commitment to organize and deliver coordinated services together and reach consensus in setting priorities and taking action.
- Transportation providers work cooperatively and collaboratively with human service agencies to understand the needs and requirements of the agencies and their clients.
- Social service agencies work cooperatively and collaboratively with transportation providers to understand the responsibilities of delivering transportation services in a complex environment.
- The agencies and communities, including taxpayers, which provide funding for transportation services are satisfied with the development and delivery of
services, the use of funding for eligible purposes, and the reporting of results and the use of specifically targeted funding programs

**Transportation Coordination Already in Place**

It is important to recognize the types of coordination that are already in place before moving on to consider the strategies for future coordination strategies. The following provides an overview of some of the key findings to date and how they can impact on the various coordination options that can be considered. The focus is on the current state of coordination between public transit and human services because this provides us with the opportunity to explore strategies that build upon the existing base of coordination activities.

In Mahoning and Trumbull Counties, there is significant room for public transportation and human services agencies to get together, collaborate and find ways to work together to meet more mobility needs with the resources that are being invested. In Mahoning and Trumbull Counties both, there have been significant efforts directed toward the coordination of transportation services, but they have not been sustained. There is a good history that can be used as a basis for starting again.

Additionally, collaboration across county lines has been mixed at best. With the creation and growth of NiTTS, and the need to share federal resources among WRTA, NiTTS and SVSS, improvements in relationships have been made, as least on sharing resources.

Pennsylvania has a long history of collaboration and coordination, beginning in the 1970s, as state resources grew, initially through their State Lottery and, subsequently, though the development of other state funding programs. The best example is the relationship between SVSS and the area agency on aging in Mercer County.

**The Benefits Of Transportation Coordination**

Coordination has been promoted since at least the early 1970s as a way to improve transportation services. Coordination is best seen as a technique for better resource management, in which improved organization strategies are applied to achieve greater cost-effectiveness in service delivery. Coordination is about shared power, which means shared responsibility, shared management, and shared funding. Coordination also involves sharing the benefits of its application. Coordination is like many other political processes in that it involves power and control over resources, and coordination can be
subject to the usual kinds of political problems and pressures, such as competing personalities and changing environments.¹

Coordination can improve transportation services by eliminating duplicative efforts and improving the efficiency of transportation operations. Coordinating transportation means doing better (obtaining more results, such as trips) with existing resources. It requires that professionals from various fields work together with persons from different agencies and backgrounds: adopting the broadest possible perspective is a key element of successful coordination efforts human service agencies and transportation providers. Effective coordination will require a focus on not just a few agencies or client types, but on the entire community, or even multiple communities.

Recent Federal actions have substantially increased efforts to promote or even require coordinated transportation services. For example, the President has issued an Executive Order on coordinated transportation, the United We Ride program is under way, and various agencies (such as the Administration on Aging (AoA) and the Federal Transit Administration (FTA)) have executed memoranda of understanding (MOUs).

**The Benefits of Coordination**

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

Many specific benefits of coordinating transportation services are possible. The benefits of coordinating transportation often include several of the following kinds of outcomes:

- Access to a greater level of funding and to more funding sources
- Access to the specialized expertise of a wide variety of transportation providers and human service agencies
- Access to state agency expertise and support
- Lower trip costs for riders
- Lower trip costs for agencies
- Transportation services provided in areas that were formerly without service

• Transportation services provided to riders who were formerly without transportation service. This allows some people to remain independent in their own homes for a longer period of time than would otherwise have been possible, thus reducing both personal and social costs of unnecessary institutionalization
• Transportation services available for a wider variety of trip purposes than in the past
• Transportation services available more frequently than in the past
• Greater customer satisfaction with transportation services
• Agency clients travel with a broader segment of society
• An overall increase in the number of trips provided within the community
• Reduced vehicle travel — less duplication of services
• Greater productivity — more riders per vehicle over the entire service period
• The centralization of administration and control
• One-stop shopping for customer access to transportation services available in the community
• Higher quality transportation services (more timely, more responsive, more reliable)
• Higher quality (safer) transportation services, resulting from enhanced training programs and more rigorous risk management
• Better access to jobs, health care, and shopping
• Increased activity for local businesses
• Enhanced image, name recognition, and visibility for transportation providers
• Enhanced ability of human service agencies to focus on their primary missions instead of on transportation

• Stronger support and funding commitments from local elected officials and key leaders in the social service network
• A better match between services and transportation needs
• Broader community support for maintaining and expanding transportation services

Which of these benefits are achieved in a given community depends strongly on local conditions, including the resources and activities of the transportation providers and other key stakeholders, as well as local political considerations.

The Sequence of Changes that Coordination Creates

Table 8 shows the sequence of outcomes that can be expected from coordinated transportation services. Coordination first changes institutional structures (numbers of providers, funding sources used, etc.) and services (service types, hours per day, areas covered, etc.). These structural outputs are then reflected in the performance measures typically used to assess transportation services (efficiency, effectiveness, and cost-effectiveness). These changes finally lead to beneficial outcomes such as increased consumer satisfaction, and greater community mobility and its associated benefits, such
as increased health and well-being, more economic activity, and decreased institutionalization.

**Table 8**

RESULTS OF COORDINATING TRANSPORTATION SERVICES

<table>
<thead>
<tr>
<th>THE STRUCTURE OF LOCAL TRANSPORTATION SYSTEMS CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transportation Service Levels Increase</strong></td>
</tr>
<tr>
<td>Expanded hours of service per day</td>
</tr>
<tr>
<td>Expanded days of service per week/year</td>
</tr>
<tr>
<td>Expanded geographic service area</td>
</tr>
<tr>
<td>Expanded numbers and types of persons who can access services</td>
</tr>
</tbody>
</table>

| Transportation Service Integration Increases        |
| More funding sources being coordinated              |
| More funding for coordinated services               |
| Less duplication of routes and services             |
| Fewer restrictions on trip purposes and eligible riders |
| Central/single source of customer access            |
| More centralized oversight and management of transportation services |
| More agencies involved in cooperating/coordinating in joint efforts |
| Fewer agencies operating single-client transportation services |

<table>
<thead>
<tr>
<th>LOCAL TRANSPORTATION PERFORMANCE MEASURES IMPROVE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resource Efficiency Increases</strong></td>
</tr>
<tr>
<td>[more service outputs for the same resource inputs]</td>
</tr>
<tr>
<td>Lower cost per vehicle hour or passenger mile</td>
</tr>
</tbody>
</table>

| Service Effectiveness Increases                     |
| [more services consumed for the same service outputs]|
| More passenger trips per vehicle hour or vehicle mile|

| Cost Effectiveness Increases                        |
| [more services consumed for the same resource inputs]|
| Lower cost per trip                                 |

<table>
<thead>
<tr>
<th>COORDINATION CREATES POSITIVE OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Customer Satisfaction Increases</strong></td>
</tr>
<tr>
<td>More acceptable services: greater reliability, comfort, and quality</td>
</tr>
<tr>
<td>More accessible services:</td>
</tr>
<tr>
<td>- greater physical accessibility;</td>
</tr>
<tr>
<td>- greater information accessibility: 800 number, fact sheets on resources available, web site with information on transportation options/providers/resources, other outreach efforts, mobility managers available to assist travelers with information and scheduling</td>
</tr>
<tr>
<td>More affordable services: reduced cost to passengers</td>
</tr>
<tr>
<td>More adaptable services: services can accommodate schedule changes, packages, wheelchairs, etc</td>
</tr>
<tr>
<td>More positive overall service assessments (ratings)</td>
</tr>
</tbody>
</table>

| Community Mobility Increases                        |
| More trips per person                               |
| More passenger trips per service area population     |
| Wider range of travel opportunities available to more persons |
| Wider range of economic and other opportunities available to more persons |

| Quality of Life Increases                           |
| Greater level of independent living [for example, fewer nursing home admissions per person] |
| Decreased numbers of isolated individuals           |
| Increased participation in social, community, and religious programs |
| Increased life satisfaction                          |
| Increased physical and mental health status          |

50
The Costs of Coordination

Coordination is seldom easy. Coordinated transportation services may be more expensive, more difficult, and more time consuming to achieve than most interested stakeholders initially expect. While coordination will most likely increase overall cost-effectiveness or reduce unit costs (for example, costs per trip), coordination may not necessarily free transportation dollars for other activities. Although some agencies have hoped to see money returned to them, this has seldom happened because any cost savings have usually been devoted to the many unmet travel needs found in most urban and rural communities. Also, coordination agreements can unravel over time, so that constant work is necessary to ensure that all parties keep working together. Coordination depends on mutual trust, respect, and good will among all parties involved, so long-standing coordination arrangements can be jeopardized if antagonistic or self-serving individuals become involved in transportation activities. Coordination may be more expensive, more difficult, and more time consuming than expected, but it still offers significant benefits.

When Is Coordination Effective?

All interested parties should recognize coordination as one of several possible management or problem-solving tools; it will not solve all transportation problems in all communities. Coordination has its most substantial impact where transportation efficiency can be improved. In communities where persons who need transportation are not being served but existing services are already highly efficient, coordination by itself is seldom an effective strategy. In these cases, additional resources are needed.

What About Barriers to Coordinating?

For many years, some local transportation operators have claimed that they would like to coordinate their service with those of other providers, but that they are “not allowed,” “prohibited,” or otherwise unable to do what it makes sense to them to do by “barriers” in the legislation or regulations of programs through which they receive funding. However, many other local operators have succeeded in coordinating the transportation resources of various programs by working through the same administrative, personal, and institutional obstacles that other operators have found more difficult to surmount. In the end, some of these obstacles have turned out to be less formidable than initially perceived.

Much of the funding for transportation services for seniors and other specialized client groups originates with Federal programs aimed at the unique needs of individual client groups. This means that recipients of such funds need to pay close attention to the specific objectives and regulations of these programs. While this can be a complex
process, it is certainly not an impossible one. There definitely are “challenges” regarding coordination to be overcome, but there are no barriers that prohibit coordinating transportation services.2

Some of the most immediate and significant benefits that can result from coordination include the following:

- more riders per trip, which creates a more cost-effective use of drivers’ time and lowers the average cost per trip
- more transportation services available to more people
- transportation services available to a larger service area and at more times
- a focal point for information about all transportation services in the region
- a “one-stop shopping approach” -- one number to call when individuals need a ride or their advocates need information
- agencies for whom transportation is not a focal point of their mission (and perhaps a burden to them) turn this responsibility over to transportation professionals
- lower-cost operators (including those who can use volunteers) provide some trips at lower costs than some of the high-wage agencies
- transportation professionals provide some services (such as dispatching, maintenance, training, planning, administration, grant applications, etc) that may be more expensive or difficult for non-transportation agencies to procure
- agencies save costs on administration, office space and equipment, training, and the capital costs of vehicles by working together
- Coordinated transportation services, operating at higher levels of efficiency and cost-effectiveness, more readily obtain the financial and political support of their communities and higher-level funding agencies.

Coordinated transportation services offer many benefits to many communities, but the coordination process takes real work. Many of the challenges to be faced will involve ways to forge cooperation among individuals who are not used to working with each other. Successfully addressing these challenges can create transportation services that serve more persons at lower unit costs.

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Federal and State Funding Programs That Support Transportation Services

Federal Programs With Substantial Transportation Funds

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

Table 9 provides the funding perspective on these programs. As can be seen, just two programs — Medicaid and Head Start — accounted for 60 percent of all Federal funding for specialized transportation services. GAO reported a Fiscal Year 2001 total of $2.445 billion dollars in specialized transportation expenses but, as shown in Table 3, the top 10 programs accounted for more than 93 percent of all funds spent. In fact, just the top five programs — Medicaid, Head Start, FTA's S. 5310 Elderly and Persons with Disabilities program, TANF, and Veterans Medical Care Benefits — accounted for 80 percent of the total. A fruitful transportation development strategy could be to focus on those programs with the greatest amounts of funding.

Table 10 presents estimates for FY 2006 expenses for these programs. Figures for FTA programs are from FY 2006 final appropriations; estimates from other programs are based on the previously reported proportion of agency funds spent on transportation or an assumed 2001-2006 growth rate of between 15 and 20 percent. The FY 2001 total expenditures of these 10 programs were more than $2.28 billion; estimates of the FY 2006 total Federal expenditures of these programs total $2.69 billion. Transportation expenses for these programs can be expected to continue to grow in the future.

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4 United States General Accounting Office [now known as the Government Accountability Office], Transportation Disadvantaged Populations: Some Coordination Efforts Exist Among Programs Providing Transportation Services, but Obstacles Persist, Report GAO-03-697, Washington, DC, June 2003.
6 This chapter contains information from a variety of sources, including Jon Burkhardt, Business Growth Opportunities for TLPA Members in Federally Funded Transportation Programs, prepared by Westat for the Taxicab, Limousine and Paratransit Association, April, 2007.
**Table 9**  
The Most Highly Funded Federal Transportation Programs

<table>
<thead>
<tr>
<th>Program and Agency</th>
<th>FY 2001 transportation expenses(^7)</th>
<th>Percent of total funding</th>
<th>Cumulative percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid (CMS/DHHS)</td>
<td>$976,200,000</td>
<td>39.9</td>
<td>39.9</td>
</tr>
<tr>
<td>Head Start (ACF/DHHS)</td>
<td>$514,500,000</td>
<td>21.0</td>
<td>61.0</td>
</tr>
<tr>
<td>Elderly and Disabled Program, S. 5310 (FTA/DOT)</td>
<td>$174,982,628</td>
<td>7.2</td>
<td>68.1</td>
</tr>
<tr>
<td>Temp Assistance for Needy Families (ACF, DHHS)</td>
<td>$160,462,214</td>
<td>6.6</td>
<td>74.7</td>
</tr>
<tr>
<td>Veterans Medical Care Benefits (Veterans Health, VA)</td>
<td>$126,594,591</td>
<td>5.2</td>
<td>79.9</td>
</tr>
<tr>
<td>Job Access and Reverse Commute, S. 5316 (FTA/DOT)</td>
<td>$85,009,627</td>
<td>3.5</td>
<td>83.3</td>
</tr>
<tr>
<td>21st Century Learning (Elementary &amp; 2ndary Ed/ED)</td>
<td>$84,600,000</td>
<td>3.5</td>
<td>86.8</td>
</tr>
<tr>
<td>Title III B Supportive Services (AoA/DHHS)</td>
<td>$72,496,003</td>
<td>3.0</td>
<td>89.8</td>
</tr>
<tr>
<td>Vocational Rehabilitation (RSA/ED)</td>
<td>$50,700,000</td>
<td>2.1</td>
<td>91.9</td>
</tr>
<tr>
<td>Urbanized Area Grants, S. 5307 (FTA/DOT)</td>
<td>$36,949,680</td>
<td>1.5</td>
<td>93.4</td>
</tr>
</tbody>
</table>

**Table 10**  
Updated Estimates For Key Federal Transportation Programs

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

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

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

- Medicaid
- FTA’s Section 5310 Elderly and Disabled program
- TANF
- FTA’s Section 5316 JARC program
- AoA’s Title III B program,
- FTA’s Section 5307 program (especially funding for ADA services), and

• The Vocational Rehabilitation Grants.

Other programs shown in Table 10, including Head Start, Veterans Medical Care Benefits, the No Child Left Behind programs (the 21st Century Learning Act), and the Ryan White grants, are not typically involved in coordinated transportation services. Additions to this list should be the FTA’s Section 5311 Other than Urbanized Formula Grant program (for rural communities; not included in GAO’s 2003 report) and FTA’s new Section 5317 New Freedom program.

Certainly, if communities in the three-county region could get all of the following programs involved in coordinated transportation, in useful ways with significant cost sharing, it would be a great achievement:
- Medicaid
- TANF
- FTA Section 5310, Elderly and Persons with Disabilities
- FTA Section 5311, Other than Urbanized Formula Grant Program
- FTA Section 5307, Urbanized Area Grants
- FTA Section 5316, Job Access and Reverse Commute
- FTA Section 5317, New Freedom
- Administration on Aging, Title III B
- Vocational Rehabilitation, and
- Veterans Care.

**Key Federal Programs**

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

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

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

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

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

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

Medicaid transportation programs vary widely from state to state. There are two major administrative or operational models in place at this time: a state supervised and administered system and a state supervised, county administered system. In a few states, counties have the majority of responsibility for operational decisions.

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

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

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

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

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

Title III of the Older Americans Act is entitled Grants for State and Community Programs on Aging. Section 311 of the Act (Title III B) authorizes funding for Supportive Services and Senior Centers. This section enables funding for a long list of home and community-based supportive services including transportation, health, education and training, welfare, information dissemination or referral services, recreation, homemaker, counseling, transportation, access services, housing, and many other services.

Funds are awarded by formula to State Units on Aging (SUAs) to provide (or ensure that other agencies provide) these supportive services to older persons. State Units on Aging and Area Agencies on Aging (AAAs) are charged with the responsibility of concentrating resources to develop and implement comprehensive and coordinated community-based systems of service for older individuals to enable them to remain in their homes and communities. Most States are subdivided into multi-county Planning and Service Areas (PSAs), each of which is served by an Area Agency on Aging (AAA). There are about 656 AAAs in the US; many of them are multi-county not-for-profit organizations that are further subdivided into Councils on Aging (COAs).

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

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

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

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

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

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

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

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

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

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

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

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

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

DOT may make grants under this section to a recipient for new public transportation services and public transportation alternatives that assist individuals with disabilities with transportation; these activities must be beyond those required by the Americans with Disabilities Act of 1990. Transportation to and from jobs and employment support services can be included. Federal funds for capital projects under this section may not exceed 80 percent of the net capital costs of the project; Federal funds for operating assistance may not exceed 50 percent of the net operating costs of the project. Expenditures such as funding wheelchair accessible taxis and purchase of transportation services are allowable under this program.

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

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

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

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

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

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

VA will reimburse eligible veterans for some transportation to covered medical care. Eligibility is determined by factors such as extensive service-connected disabilities, travel for treatment of a service connected condition, veterans who receive a VA pension, veterans traveling for scheduled compensation or pension examinations, veterans whose income does not exceed the maximum annual VA pension, and veterans whose medical condition requires special mode of transportation, if they are unable to defray the costs and travel is pre-authorized. Advance authorization is not required in an emergency if a delay would be hazardous to life or health. Individual veterans may be reimbursed for their transportation at very modest per mile rates for travel.
In addition to reimbursing individual veterans, many VA Medical Centers have travel offices that may offer their own transportation services, may contract directly with transportation providers for some trips to VA Medical Centers, or may work with volunteer networks to provide transportation for veterans seeking health care. Some VA Medical Centers have contracts (sometimes for multiple years) to transport VA clients. Larger medical centers may request hundreds of trips every day from private operators. Trip orders come from the VA travel office, not the rider. Typical contracts specify a base fare for each trip and a mileage charge but some contracts pay strictly on a mileage basis.

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

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

**Other Potential Federal Funding Programs**

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

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

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

The Federal Highway Administration (FHWA) funds a number of high-priority efforts to help reduce congestion on the nation’s highways in support of the Congestion Relief Initiative. These include Tolling & Pricing, Public Private Partnerships, and efforts derived from the best of existing technological and operational practices. Together, these efforts provide information that allow for more informed decisions, better coordination and quick action that help avoid and reduce traffic congestion. Some efforts to reduce traffic congestion and air pollution include strategies to provide alternative to the reliance on single-occupancy vehicles, such as employer-sponsored van pools.
**Developmental Disabilities** (Administration for Children and Families, US DHHS)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Transportation is an allowable expense within the CMHSBG but is not generally a significant component of CMHSBG-funded activities.
**Substance Abuse Prevention and Treatment Block Grant** (Substance Abuse and Mental Health Services Administration, US DHHS)

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

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

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

The Developmental Disabilities program provides financial assistance to State governments, local communities, and the private sector to assist people with developmental disabilities (severe, chronic, and possibly permanent disabilities attributable to physical or mental impairment) reach their potentials through increased independence, productivity, inclusion, and community integration. The Administration on Developmental Disabilities (ADD) meets the requirements of the DD Act through four programs: State Councils on Developmental Disabilities (SCDD), Protection and Advocacy Agencies (P&A), University Centers for Excellence in Developmental Disabilities Education, Research and Services (UCEDD), and Projects of National Significance (PNS).

The state Developmental Disabilities Councils (DDCs) operate to increase the independence, productivity, inclusion, and community integration of people with developmental disabilities. DDC activities demonstrate new ideas for enhancing people's lives through training activities, through community education and support, by making information available to policy-makers, and by eliminating barriers. Councils develop a
State Plan which includes activities for demonstrating new approaches to enhancing quality of life, developing training activities, and eliminating barriers.

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

**Transportation Program Administration In Ohio**

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

**Ohio Department of Transportation's Ohio Coordination Program**

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

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

Eligible applicants are:

- a board of county commissioners, municipality or village in one of the counties with no public transportation system which is applying on behalf of a countywide or regional coordination project within its boundaries;
- a board of county commissioners, municipality or village in a county that is served by a public transportation system applying on behalf of a coordination project; or

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9 For additional information on these programs, see *Human Services Transportation Cost Reporting to Facilitate Cost Sharing Agreements: Interim Report # 1*, prepared by Westat et al for the Transportation Research Board, July 2007, and the web sites of the respective programs.
A Regional Transit Authority (RTA) or County Transit Board (CTB) applying on behalf of a coordination project.

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

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

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

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

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

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

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

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

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

Ohio Works First Program

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

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

Prevention, Retention and Contingency. PRC is a state-supervised, county-administered program that serves every political subdivision in the State. The program is designed to provide benefits and services that are not considered assistance in accordance with 45 CFR 260.31. PRC provides ongoing services and nonrecurring short-term benefits designed to accomplish one of the four purposes of TANF by addressing supports needed by working families and by addressing the needs of families with barriers to self-sufficiency (e.g., transportation).
When H.B. 408 was first introduced, transportation was not included in the language, but by the time the legislation was enacted, each county was required to develop a transportation plan. For the program’s first two years, small transportation allocations were given to each county, but these small amounts did not solve the transportation problems for OWF participants. Especially in areas with limited or no public transportation services, counties still struggled to provide the necessary services to get people to work and training. Currently, with efforts such as United We Ride, FTA’s Job Access and Reverse Commute Program, and the Ohio Department of Transportation’s Ohio Coordination Program, more counties are working together to reduce duplication and increase services, and transportation-disadvantaged individuals such as OWF participants have more, and better, transportation options.

**Ohio’s Aging Programs**

Ohio’s aging network includes the Ohio Department of Aging (ODA), area agencies on aging, senior centers, service providers, and others, working together to assist persons 60 years of age and older through the programs supported by the Older Americans Act. Area Agencies on Aging and service providers give priority for services to low-income, minority, and rural elders. For the Federal Fiscal Year 2006, a total of $14 million was estimated to have been spent on ODA transportation services. Allowable trip purposes may include transportation and escort services for medical visits, meals, shopping and other essential errands.

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

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

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

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

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

**Ohio Rehabilitation Services Commission**

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

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

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

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

**Ohio’s Mental Health Program**

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

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

**Transportation Program Administration In Pennsylvania**

**Urban Transit Operating Assistance Program**

State funding is provided to help cover the costs incurred in the daily operation of local public transportation services in the State's 23 urbanized areas (e.g. Philadelphia, Pittsburgh, Harrisburg, etc.). The annual amount of funding is determined by legislative formula based on historical funding, and local matching funds must be provided to qualify for these available state funds.

**Rural Public Transportation Program**

The Department administers a grant program to provide Federal and State financial assistance to rural and small urban areas. Capital, Operating, and Technical Assistance may be funded for the continuation and improvement of public transportation services. Eligible recipients are transit authorities and municipal governments as described in State Act 26 of 1991.

Technical Assistance Grants may be available to study the feasibility of initiating new services.

**Rural Transportation Program for Persons with Disabilities (PwD)**

This program provides reduced rates on shared-ride transportation services for persons with disabilities in selected counties in Pennsylvania. In Adams, Berks, Bedford, Fulton, Huntington, Monroe, Pike, Elk, Jefferson, Clearfield, McKean, Potter, Cameron, Lawrence, Carbon, Crawford, Erie, Mercer, Beaver, Greene, Washington, Clinton, Lycoming, Bradford, Tioga, Sullivan, Union, Snyder, Blair, Centre, Schuylkill, Dauphin, Lancaster, Cumberland and York Counties, shared-ride trips for persons with disabilities are discounted up to 85% if the trip is not eligible under any other funding program. The passenger pays at least 15% of the general public shared-ride fare on local shared-ride door-to-door advance reservation transportation service. To qualify for the reduced

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10 For additional information on these programs, see *Human Services Transportation Cost Reporting to Facilitate Cost Sharing Agreements: Interim Report # 1*, prepared by Westat et al for the Transportation Research Board, July 2007, and the web sites of the respective programs.
fare, persons with disabilities must present proof of disability to the local shared-ride provider in their county. In fiscal year 2005-06, $2,525,000 million is available to fund this program.

**Transit Capital Assistance Program**

The Bureau of Public Transportation administers several transit capital assistance programs which provide grants to local operators of public transportation systems for the purchase/renovation/overhaul of public transportation facilities and vehicles. Examples of transit capital items include buses, rail passenger vehicles, administrative and maintenance facilities, shop tools and equipment, two-way communication systems, transfer centers, bus shelters, etc. Both urban and rural transit systems are eligible grantees under these programs. Local matching funds are required.

**Transit Capital Assistance for Purchase of Accessible Small Transit Vehicles**

Private non profit organizations and designated public bodies may apply for State-administered Federal capital assistance to pay 80% of the purchase costs of new wheel chair accessible vehicles and other related transportation equipment. The remaining 20% must be provided by the local applicant.

The program is intended to support the provision of transportation services for elderly persons and persons with disabilities who cannot be reasonably accommodated by conventional public transportation services. Private non-profit agencies, urban and rural transit systems are eligible for funding under this program, as well as community transit systems.

**Intercity Bus Assistance Program**

Under this program, the Department contracts with municipalities and private intercity bus companies to provide scheduled, fixed route service along routes which are considered essential links in the regional/statewide network of intercity bus services, but which cannot be financially supported solely from user fares. Intermodal terminals that are publicly owned may receive capital funding under this program. Federal funding and State General funds support this program.

**Intercity Rail Passenger Program**

In this program, the Commonwealth contracts with AMTRAK for rail passenger service in the Philadelphia to Harrisburg corridor to complement services provided within the Commonwealth by AMTRAK as part of their national rail passenger service network. Capital improvements and operating costs may be supported under the program. Other rail corridors that connect major city pairs could be eligible.
Free Transit Program for Senior Citizens

This program enables senior citizens 65 years of age and older to ride free on local fixed route bus, trolley, subway elevated and commuter rail services during off-peak hours (before 7:00 a.m., between 8 a.m. and 4:30 p.m. and after 5:30 p.m.) on weekdays and all day on weekends and on designated holidays. Almost 60 local transportation agencies provide free rides for older Pennsylvanians

A person must be at least 65 years of age to qualify for free transportation on a participating transit system. Applications are available from local transportation providers.

Shared-Ride Program for Senior Citizens

This program enables senior citizens 65 years of age and older to use shared-ride, demand-responsive (normally door-to-door) services and pay only a small percentage of the regular shared-ride fare. A senior citizen or a sponsoring agency pays 15% of the shared-ride fare and State Lottery proceeds administered by the Department are used to reimburse the participating service provide up to 85% of the fare. There are no restrictions on the hours of use other than the service hours of the transportation providers.

In 2000-2001 participated shared-ride service providers (59 contractors plus subcontractors) received $62.6 million in Lottery funds and provided approximately 6.2 million trips to senior citizens. Service is available in all 67 counties of the Commonwealth.

A person must be at least 65 years of age to qualify for reduced fare transportation with a participating shared-ride service provider.

To be eligible for state funding, the service must be open to the general public, operate on a non-fixed route basis and charge a fare to all riders. Passengers must reserve their trip at least one day in advance and must be willing to share the vehicle with other riders. Exclusive ride taxi, charter and sightseeing, nonpublic transportation, school bus and limousine services are not eligible.

Community Transportation Capital Equipment

This program makes $4.2 million in state and federal funds available annually for the purpose of replacing and/or upgrading equipment used to provide shared-ride services, as well as for the purpose of purchasing, constructing or renovating shared-ride office and maintenance facilities.

All counties except Allegheny and Philadelphia are eligible to apply for these funds.
Equipment purchased through this program must be used for the provision of the shared-ride services described in the county's designated shared-ride provider's Shared-Ride Transportation Plan.

**Welfare to work (w2w) Transportation Demonstration Program**

This program funds the transportation of low-income individuals to work and child care services. Program participants must be eligible for the Temporary Assistance for Needy Families (TANF) program or have incomes less than the 235th percentile of the Federal Family Poverty Income Guidelines.

A total of $2.45 million is available for w2w projects. During 2006-07 there are 25 agencies receiving funds to transport program participants in 33 counties to employment and support services.

Entities that can apply for program funding are county/municipal governments (except Allegheny and Philadelphia counties), transportation organizations/authorities and private transportation providers. The required application form is available by the previous March 1st and must be submitted for a particular fiscal year by early April.

**Transit Research & Demonstration Program**

The Transit Research & Demonstration Program provides financial assistance for innovative projects that enhance the attractiveness of public transportation. PennDOT annually solicits project proposals from all interested transit organizations and operators, universities and planning agencies.

Approved projects are generally eligible for up to 80% funding with the applicant responsible for the remaining 20%. Proposals are generally solicited each spring with an April 4th application deadline.
One of the key findings in the research that has been completed so far, not surprisingly, is that the public transportation services offered by WRTA on weekdays in Mahoning County, NiTTS in Trumbull county on Weekdays, Saturdays and Sundays and the Shenango Valley Shuttle Service (SVSS)/ Mercer County Community Transit (MCCT) on weekdays in Mercer County should be viewed as the backbone of any system of coordinated transportation services in the region. There is a level and coverage of services available to the general public and therefore the target populations that afford them fundamental mobility that would not otherwise be available for them to meet their travel needs. We have found that human service agencies help their clients, in a number of ways, to use these fixed route services. They buy tickets and passes to help lower the cost of travel for their clients.

Any program to coordinate transportation services should be built on the fixed route services that are in place. These services should be used to the maximum extent possible, since there is little or no cost associated with more people using the services. The capability to meet mobility needs is there and should be used.

We know, though, that these public transportation services cannot be expected to meet all mobility needs. In reality, to better meet mobility needs, WRTA, NiTTS, SVSS, MCCT and human service agencies in the region can work better together to coordinate the development and delivery of transportation services.

This section begins with a discussion of Mobility Management because it is an essential part of the coordination planning process. The general structure within which strategies are organized and presented is shown in Figure 13.

**MOBILITY MANAGEMENT**

Mobility Management should be considered an overarching strategy or overall approach to the coordination of transportation services. Mobility management consists of short-range planning and management activities and projects for improving coordination
among public transportation and other transportation service providers in a county or region. Hence, mobility management is a program which strives to match people with mobility needs with the resources that can meet their needs with the least cost. It includes everything from mileage re-imbursement (for trips it is less expensive for family and friends to provide than sending a bus out) to travel training to enable people to use the least expensive option for their travel and to know when a fixed route bus might be available for their trip.

It represents a shift in focus from the operation and management of separate transportation services to one of customers, their mobility needs and offering and coordinating the family of transportation services that enables communities to meet those mobility needs in safe, effective, efficient and responsive ways. A good structural representation of mobility management is presented in Figure 18.

**Figure 18**
A Mobility Management Concept

![Mobility Management Center Diagram]

Source: Transit Cooperative Research Program Report #82, Improving Public Transit Options for Older Persons.

In the current transportation legislation (SAFETEA-LU), mobility management is recognized as a key element in the delivery of transportation services in a county or region and have been made eligible for capital financial assistance. Thus, federal funds may be used to move the development of mobility management and transportation
coordination forward with funding from present programs. Local matching funds required are low; the federal share is 80% with a 20% local share of total capital costs.

The following provides four representative examples of the many types of activities that can be considered for mobility management funding based on recently published FTA Circulars for federal funding:

- The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;

- The provision of coordination services, including employer-oriented Transportation Management Organizations’ and Human Service Organizations’ customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;

- The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and

- Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

Each of the above “approved mobility management activities” could be successfully applied to the counties individually or to the three-county region as a whole. Additional information on project eligibility is presented in appendix E.

A major recommendation that has emerged from the plan development effort is that the region should shift the focus of transportation services to mobility management, instead of continuing with the “silo model” - where separate agencies develop, fund and operate independent transportation services, focused narrowly on meeting the needs of their own agency’s clients without concern for other transportation services in the community or other agencies that are also providing human services to their clients.
Collaborative Mobility Management and Travel Planning

Mobility management shifts the focus from operating individual transportation services to helping people with unmet mobility needs. This means that transportation services are designed, developed and delivered to meet the mobility needs of people in the region. And those needs can be very different across the target populations. For example, the mobility requirements of young mothers with young children are very different from an elderly couple who no longer are able to drive and do not have family or friends who are able to help them significantly. Both have mobility needs that are important. How specific trips are provided would not necessarily be the same.

In a mobility management setting, proactive trip planning is a key activity. (See Figure 19)

Mobility Management for Workforce Development and Training

Mobility management in the environment of the Ohio Works First (OWF) program would focus on the mobility need of low income people finding a job and providing the most responsive, cost-effective transportation available. A key element is addressing the transportation options early as employment and training options are developed by job developers and Ohio Works First participants. This means that the mobility manager is a partner with the job developer in offering the best recommendations to low income people who need a job that they are able to reach on a daily basis. (See Figure 19 below)

Mobility Management and Maintaining Quality of Life

As people age and lose their ability to drive safely, community transportation alternatives should be available for their use so that they are able to continue to travel where they need to go. For this to happen effectively and seamlessly, travel mobility planning should occur so that older persons are prepared for a transition from driving to using non-driving alternatives. Communities should plan to be ready for these transitions as well. This will require the participation of older persons themselves, family members, medical professionals, social service professionals and mobility managers, acting together, to make sound decisions about maintaining mobility while reducing or curtailing driving. For older persons, the objective needs to be finding a way to maintain mobility and independence while relying on a personal vehicle less and less. (See Figure 19 below)
Figure 19
Mobility Management Triangle for Labor Force and Job Access

Mobility Management Triangle for Sustainable Mobility Planning
The pacing of the shift in focus to mobility management will depend upon the ability of the participating agencies to work effectively together and their commitment to moving forward on the selected coordination activities. Strategies are presented in two sections below, consistent with the summary structure shown in Figure 20.

**Figure 20**

**FOCUS OF TRANSPORTATION COORDINATION STRATEGIES AND SOLUTIONS**

**FIRST ORDER STRATEGIES AND SOLUTIONS**

- Moving the Focus of Transportation Service Delivery to Mobility Management
- Leadership - Implementation - Organizational Structure
- Centralized Communication - Information - Trip Scheduling - One Number Access

**SECOND ORDER STRATEGIES AND SOLUTIONS**

- Technology Development
- Trip sharing - Vehicle Sharing
- Maximizing Value of Non-Dedicated Vehicles
- Service Delivery Functions - Administration - Operations - Maintenance - Trip Scheduling and Vehicle dispatching
- Volunteer Driver and Escort Programs
- Subsidized Taxi Fare Programs
- Private Vehicle Programs
Mobility management shifts the focus from operating individual transportation services to helping people with unmet mobility needs. Mobility management, for example, in the environment of the Ohio Works First program, would focus on the mobility need of low income people finding a job and providing the most responsive, cost-effective transportation available. A key element, however, is addressing the transportation options as employment and training options are studied. This means that the mobility manager is a partner with the job developer in offering the best recommendations to low income people who need a job that they are able to reach on a daily basis.

TRANSPORTATION COORDINATION STRATEGIES AND SOLUTIONS

Transportation coordination strategies and solutions can be organized in a number of ways. The following presents one of the ways. Each of the strategies below has the capability of improving the delivery of existing transportation services, resulting either in cost savings or an increase in transportation services available. In the case of adding new services, unmet travel needs and gaps in transportation services can be reduced. The strategies and solutions below are not mutually exclusive. In fact, different communities may be at different levels of development in the coordination of transportation services. Some solutions are more appropriate than others or the mix and use of several strategies concurrently may differ from community to community.

Central Information Source

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

Central Trip Planner and Trip Broker

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

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

Add New Services

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

Consolidation of All Transportation Services

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

FIRST ORDER STRATEGIES

The strategies in this section are designated as first order because they involve fundamental decisions that must be made at the beginning of the implementation process. There are two first order recommendations:

- **Leadership - Implementation - Organizational Structure** - This refers to the need to have an organizational structure in place as the region begins to move forward on the selected coordination activities. The discussion of this recommendation includes the presentation of three different strategy organizational structures and some examples of best practices that help to illustrate the organizational arrangements that have been used and the types of coordination activities which have been implemented.

- **Centralized Communication - Information - Trip Scheduling - One Number Access** - this topic is designated as first order because there are important decisions to be made regarding the means for providing essential transportation resource information to the target groups, including the possibility of one number access. In this case there are two strategies to be considered as
part of the implementation – that can be characterized as the choice between a gradual low cost approach and a more comprehensive approach involving the extensive use of technology.

Leadership Implementation Organizational Structure

One of the most important “Lessons Learned” from our peer reviews from other regions is that in order for coordination to be successful, there must be a strong and dynamic “local champion” taking the lead in coordinating services. Without a single agency or individual taking charge and following through with a vision to transform services, major paradigm shifts would not have occurred. A strong leader with vision and the ability to persevere during the difficult implementation challenges is a necessary ingredient for transportation services to proceed under a new “mind set.”

It is important to note that a leadership role for WRTA, NiTTS or SVSS/MCCT does not mean that either agency would automatically become responsible for “managing” coordination activities or providing transportation services above and beyond what they are currently providing. In the next subsection we present three options for the selection of a Mobility Manager with public transit agencies being one of the options.

In fact, one could expect that as a transition to mobility management takes place WRTA, NiTTS or SVSS/MCCT may discover that there are benefits in terms of a reduced cost per trip if part of their services are contracted or assigned to a provider with a lower cost structure.

It is anticipated that the leadership role will be one that both provides a driving force in moving toward mobility management and keeps stakeholders at the table building consensus and making decisions. The first step in the process will involve the formation of an organizational structure that will actually serve as the mobility manager.

Strategies for Organizing Mobility Management

There are three basic organizational strategies to be considered for taking the responsibility for mobility management in the region:

- Public Transit Agency (WRTA, for example)
- Existing Human Service or Umbrella Agency
• New Non-Profit Transportation Agency/Broker

Since there is such a diversity of coordination activities that can take place under the title of mobility management, it is important that whichever organizational strategy is ultimately selected has the capability to undertake the required role. The following provides some best practices examples of the different ways that public transit and human service agencies have worked together in a mobility management arrangement.

**Public Transit Agency as the Mobility Manager**

Under this organizational strategy, WRTA would take the initiative and the responsibility for all mobility management activities. The actual operations associated with the selected activities can be carried out completely in-house or by a contractor depending upon the requirements for mobility management and the capabilities of the organization. The following provides an example of a transit agency that took on the responsibility for developing and operating a Call Center for participating human service agencies.

**The Rapid** (the Grand Rapids area transit agency) is the lead agency for coordination planning in the region. In early 2007, The Rapid initiated its centralized program called RideLink. The RideLink collaboration offers a centralized call and scheduling system for participating agencies. Currently, agencies can elect to subscribe all or some of their vehicles to the program. The original intention was to increase capacity and reduce costs for the participating agencies; on the whole, more service could be offered by reducing overhead costs of scheduling and dispatch.

The program began with the Area Agency on Aging and grew so quickly that the program had to be slowed down. The service was overwhelmed with calls from all the agencies clients and had to be scaled back to just one agency, which was then increased by one participating agency per month until all the agencies were back on board. In the one month in January of 2007 that all the services were united by the RideLink program, they handled more calls and rides than all the services had handled individually, even given that they had hit their capacity ceiling.

**Existing Human Service or Umbrella Agency as Mobility Manager**

Another strategy organization for taking on the responsibility for mobility management is an existing human service or umbrella agency. The following provides an example of a situation where an umbrella agency took on the responsibility for the development and implementation of a unique coordinated human service – public transit service.

**Ride DuPage – Chicago, IL**

In the Chicago area, Ride DuPage is the name of DuPage County’s coordinated public transit human services transportation service. There are a variety of participants
in Ride DuPage including Pace (the transit agency serving DuPage County), the County’s Department of Human Services, a joint group known as the Naperville/Lisle Area Transportation Partners (City of Naperville, the townships of Naperville and Lisle, and the Naperville Park District) and the Village of Glen Ellyn.

The DuPage Inter-Agency Paratransit Coordinating Council, established in 1996, has been the key organization which was instrumental in the development and implementation of the current coordinated transportation system in the county. The IAPCC is made up of the following committees:

- The **Advocacy Committee** advocates on behalf of county-wide efforts to secure funds for transportation services, to communicate between DuPage Mayors and Managers and IAPCC for joint goal-setting, and to develop joint public-private partnerships.

- The **Consumer Advisory Committee** serves as the liaison between the consumer and the DuPage Inter-Agency Paratransit Coordinating Council.

- The **Finance Committee** oversees the development of the finance plan for the coordinated transportation system, financial commitments from sponsors, and dues for the council.

- The **Operations Committee** oversees the development of the coordinated transportation system and its management and operation plan.

- The **Marketing Committee** establishes a marketing plan to inform potential users about the coordinated transportation system and inform potential sponsors and the general public about the system.

Membership in the IAPCC is extensive and includes seven townships, six cities, fifteen villages and nineteen other agencies/organizations (including the Illinois Department of Transportation and Department of Human Services).

The service is provided by a private contractor (Veolia Transportation) under contract to Pace, but unlike ADA Paratransit and Dial-a-Ride, users of Ride DuPage will be assigned to either an accessible paratransit vehicle (operated by Veolia) or to a local taxi company (303 Taxi or Alliance Taxi), depending upon which is more cost-effective. Pace is responsible for managing and monitoring all of the paratransit services provided by Veolia. As part of this responsibility, Pace allocates the cost of providing Ride DuPage services to all of the participating agencies according to a cost-sharing formula. Note that the ADA, Dial-A-Ride, and human service agency trips are all merged together under the contracts with Veolia Transportation. As a result, ADA paratransit trips, Dial-A-Ride trips, and human service agency-sponsored trips are co-mingled on the vehicles operated by Veolia, leading to a more effective utilization of the fleet.
New Non-Profit Transportation Agency/Broker as Mobility Manager

The third organizational strategy for a mobility manager is the development of new non-profit transportation agency devoted to serving the needs of the target population. This agency would work in close cooperation with the existing public transit agency, and could provide specialized services to the transit agency whenever it is cost-effective. The following example cites the experience of two non-profit transportation agencies that were formed specifically to meet the needs of human service agencies.

Special Transit and Seniors’ Resource Center - Denver, CO
Several agencies are involved with the human-service transportation network in the Denver-Boulder metropolitan area. This includes organizations that focus on transportation and those with a human-service mission. A framework of a county-based broker system was established several years ago to address specialized transportation needs. Special Transit is the broker for Boulder County and Seniors’ Resource Center is the broker for Jefferson County.

Both organizations have been quite successful. They have worked collaboratively with other organizations and public agencies to increase the cost-effectiveness of their operations and identify new funding sources for transportation services. Both agencies report that they follow all leads for opportunities to work with other agencies and taking an active role in the community. It is common at Special Transit for Board members to sit on other Boards, or for Special Transit to solicit Board members from elected officials or from other non-profit boards. Seniors’ Resource groups work with the local agencies serving people with developmental disabilities.

Both Special Transit and Seniors’ Resource Center actively worked to identify the true cost of transportation and explain to governmental jurisdictions and human service agencies what the cost of service is and how it is valuable to the communities or programs. Both have a solid base of support from the communities they serve (although it varies by community) and have been reasonably successful at increasing the proportion of the trip costs that are paid for by human service programs. Riders and board members have been actively involved in sharing their stories of how the service benefits them. Presentations are made to community groups, and some tools (slide shows, brochures) have been developed to assist in this. Both agencies have focused on how they increase mobility of riders, actively looking for ways to contract for service if others can provide it less expensively. They have started mileage reimbursement programs (to reduce costs for family or friends to transport riders), broker trips to taxis, and done travel training to transfer riders to less expensive modes of transportation.

Both agencies have pursued contracts for service in which they make a profit. The best example of this is competing with the private for-profit transportation providers to operate portions of the RTD paratransit service. Special Transit has had the contract
for RTD paratransit service in Boulder County for several years; both agencies plan to bid in the 2007 procurement for these services.

**ACCESS - Pittsburgh, PA**

Pittsburgh’s ACCESS program is one of the longest-running public paratransit programs in the country. Since it was established as a brokerage in 1979, ACCESS has provided paratransit, shared-ride, and door-to-door transportation to residents of Allegheny County. ACCESS is open to the general public, but most passengers are either seniors or persons with disabilities. Nearly all of the human service agencies in Allegheny County now purchase transportation through ACCESS. Trips are provided through contracts with a variety of for-profit and nonprofit authorized carriers chosen through a competitive bidding process. Three nonprofit and seven for-profit carriers currently contract with ACCESS.

As the best practices examples above show, there are different ways that transit agencies and human service organizations can work together in a mobility management framework. The benefits of coordination and the potential obstacles to implementation for each of the three organizational structures are presented in Chapter VI – Evaluation of Strategies.

### Strategies for Centralized Communication

**One Number Access - Information - Trip Scheduling**

Getting a ride to meet a travel need should be the same for everyone, a phone call or a mouse click away. Information and scheduling should be centralized either with an existing service, such as 211 or with a newly developed service, such as a capability developed by WRTA for Mahoning County, NiTTS for Trumbull County and SVSS for Mercer County, or collaboratively for the region.

Anyone should be able to make one contact (phone or computer) and know how and with whom they can make a trip, at what cost, and have the trip scheduled and confirmed before the contact is completed.

This area has been included as a first order recommendation because it deals with the fundamental issue of providing usable information to the target population (customers). As noted earlier, information is the key to people using transportation services effectively, both knowing what services are available and having the information they need to make their use of a particular service successful.

There are three strategies in this area which we will identify ranging from low tech to high tech. At the lower end of the scale, a county or region may simply develop a Transportation Resource Directory. Or, as is the case in many areas, telephone
reference services may also be provided directly as customers or clients call for information. Typically, this telephone service is for information and referral only. The highest order strategy would be a “One Number Access” service. With “One Number Access” a customer or client calls a central number, is able to receive the information one needs on available services and is then put in touch with a transportation provider that is able to provide the desired transportation to meet the need. In a fully developed and integrated system, the customer or client need make only one phone call.

The Transportation Resource Directory is a document which may be available at a web site or only in hard copy, containing readily accessible and usable information on the transportation services that are available to the target populations. The information usually includes the contact number for the transportation providers, eligibility criteria, service area and hours of service. It is critical that the information in the directory be kept up-to-date with regularly scheduled follow-ups with each provider. Using the directory, any individual or their representative can quickly identify which providers service their area and can contact the provider directly to arrange for a ride. For a best practices example of a Transportation Resource Directory see the one developed for DuPage County at: http://www.dupageco.org/humanservices/generic.cfm?doc_id=481

A high technology approach combines one number access and the extensive use of technology in transportation operations and administration. WRTA has sophisticated software for paratransit trip reservations, trip scheduling and vehicle assignment. A logical extension of this capability would be to integrate other human service agency transportation capabilities into this system and incorporate the trip scheduling needs of human service agencies that purchase transportation services. This could be a state-of-the-art, centralized call center that serves as a convenient access point for all consumers who require transportation, trip planning, real-time traveler information, and automatic trip reservations. The concept calls for use of the most up-to-date ITS technology which includes interactive voice response (IVR), trip requests via the internet, and online trip planning.

The database information requirements for implementation are extensive and beyond what existing 211 systems have. However, the 211 systems may offer a base around which such a capability is developed. In any case, a “One Number Access” system would require that information be available to direct calls from people needing transportation service, for example, directly to a reservations center.
SECOND ORDER STRATEGIES

This section presents strategies that may be developed and implemented within the organizational structure that is developed in each county or the region. Interestingly, some of the strategies may be pursued in parallel with implementation of a mobility management structure and capability. However, it is usually advisable that these strategies be pursued once organization for mobility management is in place.

Technology Development Strategies

Technology development strategies focus on taking maximum advantage of technology to move mobility management forward. The following provides a brief overview of the technology that is available to help transit agencies and human service agencies as they move forward on mobility management.

Tools that Improve Productivity

Tools that improve productivity use new software to improve paratransit service scheduling and service delivery. This includes state-of-the-art trip reservation and scheduling systems and recently developed software that can be used to optimize the mix of dedicated and non-dedicated (typically taxis) vehicles to achieve the lowest cost per trip. The efficiency gains can be used to expand the services provided to meet the highest priority needs of the target population.

Some of the key features of new paratransit scheduling software that help to support coordination include:

- The capability to schedule two distinct services (ADA/human services paratransit and a general public demand-response service) with the same software, and to generate separate reports on each service.

- Budget management features for various human services funding agencies paying for client trips on the paratransit service (i.e. estimated cost of the trip being scheduled is subtracted from the funding agency’s budget so that schedulers can manage expenditure). This includes the ability to optimize use of funding agencies’ allocated service hours per day by selecting the least expensive way of serving trip requests (through shared rides, for example).

Automatic Vehicle Location and Mobile Data Terminals

Automatic vehicle location systems and mobile data terminals have become an accepted part of paratransit operations in the United States. It is estimated that the majority of
large and medium sized agencies either have this equipment or are planning to purchase it. This technology is an essential part of making the best use of the new paratransit scheduling software features described above. This includes real-time database updating as well. Currently, the Portage Area Regional Transportation Authority (PARTA), located in Portage county, Ohio is installing MDTs integrated with its Trapeze paratransit reservation and scheduling software.

MDTs are used to transmit messages and information to drivers, to make schedule changes, and for drivers to transmit information, including time of arrival at pick-up and drop-off locations and requests to approve no-shows.

AVL is used in paratransit service as a dispatching aid on an exception basis, for example to help identify a vehicle that can accommodate a new trip, another vehicle that is running behind schedule, to assist lost drivers, to verify that a driver requesting a no-show is in the correct location, and similar functions. In some systems, AVL is also used to help identify vehicles that are in danger of falling behind schedule and as a tool to verify on-time performance as signaled by drivers using MDTs.

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**The Trip Sharing and Vehicle Sharing Strategies**

Trip sharing and vehicle sharing offers opportunities to make more effective and efficient use of transportation capabilities in the region, increase trip-making, save money, and reduce duplication of services in geographic areas within the region.

**Trip sharing** refers to the commingling of public and human service agency clients on a vehicle. This is a common practice in most coordinated systems which will lead to a higher productivity and a lower cost per trip.

**Vehicle sharing** or the joint use of vehicles can affect total fleet requirements. Joint use of vehicles should be considered separately from the concept of trip sharing where two or more agencies agree that their customers can ride on any of their vehicles based on scheduling and routing efficiency.

**Overview of National Best Practices - Vehicle Sharing.**

**DARTS, Dakota Area Resources and Transportation Services**

DARTS, in West Saint Paul, Minnesota, is a private, non-profit human service agency with 37 vehicles. DARTS shares the operation of a Section 5310 vehicle with the City of Farmington Senior Center and St. Michael's Church. DARTS applied for the 5310 vehicle, paid the local match, and pays insurance and maintenance costs. DARTS operates the vehicle Monday through Thursday. The City of Farmington Senior Center operates the vehicle on Fridays and for special after hours and weekend events.
providing the driver and paying for fuel and a maintenance and insurance fee. St. Michael’s Church operates the vehicle on weekends using volunteer drivers; they pay for the fuel. All drivers operating the vehicle must complete DARTS drivers’ training program and be certified by DARTS.

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**Non-Dedicated Vehicle Strategies**

A recently completed Transit Cooperative Research Program project, *Optimal Split of Dedicated and Non-Dedicated Service for Demand-Responsive Paratransit*, explored the potential use of non-dedicated vehicles, such as taxis, as part of the service mix for a paratransit operation, and the potential for offering the opportunity for substantial savings in the cost of transportation service.

Before proceeding, it is appropriate to first define what is commonly understood as *dedicated service* and *non-dedicated service*. These definitions are provided below.

- **Dedicated Service** -- This is an operation where the vehicles are dedicated to exclusively the transportation of customers of a transportation program (or coordinated set of programs) during a specified period of time. The trips scheduled or dispatched to dedicated paratransit vehicles are typically controlled by one entity – either the responsible organization, its call center or broker contractor, or its operations contractor (for that system or a specific service area).

- **Non-Dedicated Service** -- This is an operation where the vehicles used to provide paratransit service do not exclusively provide transportation for the customers of a particular transportation program (or coordinated set of programs); hence, these vehicles are also used to transport other passengers. The most common example is a taxicab operation that can be called upon to serve a particular trip or a set of trips from a transportation program, but is otherwise free to serve general public trips (dispatched from the base office or flagged from the street) or trips from another contract.

One of the products of the TCRP B-30 project is a spreadsheet-based computer model that is intended to assist in answering a number of questions regarding the use of non-dedicated vehicles in a paratransit service delivery system, such as:

1. Is it cost-effective to use non-dedicated vehicles as part of the service delivery system?

2. What roles are most appropriate for Non-Dedicated Vehicles?
   - Peak service augmentation to level out the dedicated vehicle run structure
• Handling longer trips that would otherwise reduce the productivity of dedicated vehicle operations
• Providing service during evenings and other low demand periods

3. Given the dedicated vehicle cost and operating environment, and estimates of the cost and availability of Non-Dedicated Vehicle service, a key question is the optimal split of trips assigned to Dedicated and Non-Dedicated Vehicles. In other words, what “service mix” results in minimizing the overall cost per trip?

Overview of National Best Practices

The following best practice illustrates the benefits of using on-Dedicated Vehicles in a specialized transportation services operation in Arlington County, VA. The service, STAR, is operated by the Arlington County Department of Transportation.

Arlington County is located across the Potomac River from Washington DC. At the urging of its ADA paratransit-eligible residents, Arlington County in 1999 set up a service, called STAR, to provide these residents with a non-ADA strategy to the Washington Metropolitan Area Transit Authority’s MetroAccess ADA paratransit service. To be eligible for STAR, a person must be a resident of Arlington County, and have already been certified as ADA paratransit eligible by MetroAccess. Reservations are taken by the County’s call center contractor, and are either scheduled onto 10 dedicated vehicles operated by two contractors (Diamond – 6 vehicles, and Answers, Inc – 6 vehicles), or assigned to Red Top Taxi for dispatching onto non-dedicated taxicabs (including regular and accessible taxicabs).

One of the interesting aspects of this program is that most trips are served by Red Top Taxi. For example, of the 108,809 trips in FY 05 (Jul-Jun), 82,750 trips (including 66,659 ambulatory trips and 16,091 wheelchair trips) or 76% of all trips were assigned to the non-dedicated service provider. This is the highest percentage of non-dedicated trips among all of the case studies, and they were all carried by a taxi operator. In Arlington County, Red Top had the resources to accommodate this volume of trips with 20 accessible taxis and 304 regular taxis (sedans). They also continue to invest in additional regular and accessible resources to match the growing demand. Moreover, Red Top’s management believes in providing nothing less than highly-trained drivers.

The County achieves a considerable cost savings due to a service mix with a high percentage of non-dedicated trips carried by Red Top, since their cost per trip in FY 2005 ($20.50) was 37% less than Diamond ($32.46) and 21% lower than Answers ($25.96). It should also be noted that Red Top, with their 20 accessible taxis, transported 74% of all wheelchair trips during FY 2005, virtually the same percentage as the overall rate for all trips.
Service Delivery Function Strategies

Service delivery function strategies represent all functional areas where collaboration among agencies can achieve improvements in efficiency and effectiveness.

This strategy includes all of the functional areas associated with transportation service delivery – administration, operations and maintenance. For the most part, coordination of operations will be an integral part of the earlier strategies including new paratransit scheduling software and trip sharing – vehicle sharing. Collaboration among agencies in the areas of administration and maintenance are encouraged to create cost-efficiencies by sharing services, purchasing power and administrative resources. Two of the areas are:

- Joint Purchasing
- Sharing Resources

**Joint purchasing**

Joint purchasing focuses on coordinating functions commonly undertaken by multiple organizations as a way to achieve greater cost efficiency and eliminate redundant activities. Community transportation operators, for example, could consolidate vehicle maintenance, purchase of insurance, driver training, and substance abuse testing. Through group-purchasing of common products or services, participating entities may increase purchasing power, and receive preferential service and prices.

**Sharing resources**

Sharing resources involves the shared purchase and/or use of resources such as vehicles and facilities; support services such as software, driver training, drug testing, program management; and policies, procedures, and implementation plans.

**Overview of National Best Practices**

**Maintenance - DARTS** in Dakota County, Minnesota maintains vehicles for 80-90 organizations. DARTS recognized the need for reasonably priced, high quality maintenance services and in an effort to offset internal maintenance costs, successfully marketed maintenance services to other providers.

**Fuel - The Kanawha Valley Regional Transit Authority** (KRT) in Charleston, West Virginia implemented a bulk purchase fuel program that allowed tax exempt public and non-profit entities receiving FTA funds to purchase lower cost fuel from KRT. KRT administers the program for qualified eligible recipients.
**Insurance** - In Washington State, the Non-Profit Insurance Program (NPIP) administers a Joint Insurance Purchasing program. NPIP members jointly purchase insurance and claims adjustment, risk management consulting, and loss prevention services. Primary benefits are lower insurance premiums and stable access to the insurance market.

**Computer Hardware and Software** - DARTS, discussed above under Maintenance, orchestrated the joint purchase of Trapeze paratransit software upgrades and new hardware for several of its counterpart county-based providers serving other suburban counties in the Twin Cities area. DARTS allows other community transportation service providers to use its paratransit scheduling software via a multiple-site license of Trapeze PASS. One organization, The Elder Ride, accepted DARTS’ offer and now rents Trapeze PASS from DARTS.

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### Volunteer Driver and Escort Program Strategies

Since operating costs associated with the driver of a vehicle can represent up to 70% or so of the total operating costs of transportation services, it is important to find low-cost services that can make a difference. Volunteer driver programs offer the opportunity to significantly reduce these costs. Volunteer driver programs typically provide mileage reimbursement to individuals who operate their own vehicles when transporting individuals to places they need to reach. Medical appointments are typically one of the priority trip purposes. Further, many times volunteer services focus on the travel needs of older persons more than other target populations. The benefit is that labor and capital costs are reduced.

**Volunteer escort programs** have volunteers accompanying riders to/from their destination on transit or paratransit service. Where escorts are helpful for older persons or persons with disabilities who are traveling, again, volunteer escorts can meet the need and save considerable costs.

Volunteer driver programs can be implemented at a variety of scales. While a countywide or regional program has significant benefits, such programs are also valuable when implemented by a single organization such as a church or agency or by a community.

**Overview of National Best Practices**

Two volunteer driver and one escort programs are presented below:

- Enabling Transportation
- Ride Connection
• Shepherd Center Escort Transportation

**Ride Connection** in Portland, Oregon is probably the most extensive and fully-developed volunteer driver program in the country. Ride Connection is a non-profit, community service organization run for and by older adults that developed a volunteer driver program to meet the special needs of older adults. Ride Connection includes a network of over thirty agencies and over 370 volunteers providing in excess of 358,000 annual rides to 10,500 individuals, and is considered one of the best volunteer transportation services on the west coast.

**Enabling Transportation** in Mesa, Arizona was started to expand transportation strategies for older adults in Mesa, Mesa Senior Services implemented a new program called *E.T. (Enabling Transportation)* in 2000. Modeled after a program developed in Riverside, California, ET is a mileage reimbursement program that enables older persons in Mesa to choose their own volunteer driver to provide them with transportation services and reimburse their volunteer driver with funding provided to them by the City of Mesa. Volunteer drivers are recruited directly by the participating resident and may be a neighbor or friend. Travel is reimbursed on a per mile of travel basis. The City of Mesa pays the participating resident and the resident pays the driver.

ET is available to Mesa residents who are 65 or more years of age. Eligible residents complete a program application and an agreement to participate in the program. By executing the agreement, residents agree to recruit their own volunteer driver, reimburse their volunteer driver for miles operated, keep and submit mileage reimbursement forms monthly, and abide by all ET program policies.

Residents are encouraged to ride with other ET residents. Drivers with multiple passengers may be reimbursed at higher rate per mile traveled.

**Shepherd Center Escort Transportation** in Kalamazoo, Michigan has operated since 1989. The Shepherd's Center in Kalamazoo, Michigan provides escort transportation service to senior citizens in their community. Escort transportation involves a volunteer driving an elderly person to a medical appointment, escorting them inside to their doctor, waiting for them, and then bringing them home. The program began with a $20,000 local grant, and 12 participating churches each providing five volunteers. Since then, the program has grown to 42 churches providing in kind and financial aid, and 120 volunteer drivers. Service is available Monday through Thursday, from 8:00am to 4:00pm. Shepherd's Escort Transportation provided 4,162 one way passenger trips to 258 clients in 2000. The program coordinates with the local paratransit system, senior centers, adult day care facilities, hospitals, and other organizations.
Taxi subsidy programs typically involve an arrangement between a sponsoring organization (or its agent) and a participating taxi company or companies. These programs accept and accommodate requests from sponsored customers, clients, or residents and/or accept vouchers provided by the sponsoring organization to riders as partial payment for the trip.

Most taxi subsidy programs focus on seniors and/or persons with disabilities residing within the sponsoring municipality (or agency service area), but some are available to general public residents as well. Human service agencies that employ this strategy generally limited taxi subsidies to agency clientele or program participants.

Overview of National Best Practices

Two subsidized taxi fare programs are discussed below:

- **DuPage County Pilot II subsidized Taxi Service (Colorado)**
- **Accessible Raleigh Transportation Program (North Carolina)**

**The DuPage County Pilot II Subsidized Taxi Service** is a nearly county-wide, user-side taxi subsidy program. Each sponsor defines its eligibility criteria and decides how much to charge for a voucher/coupon that is worth $5.00 towards a taxi fare. Service is available 24 hours per day, 365 days per year anywhere in DuPage County. The Regional Transportation District (RTD) in Denver established the access-a-Cab service in response to a high denial rate on paratransit services and to reduce the per trip cost of its ADA paratransit service. Customers call RTD’s ADA paratransit call center (managed by First Transit) to request an access-a-Cab trip. Trips cost a flat $7.00 per trip.

**Accessible Raleigh Transportation Program**, Raleigh, North Carolina - The City of Raleigh provides three primary public transportation services: regular fixed-route bus service, parallel federally-mandated ADA service, and a supplemental dial-a-ride program that provides expanded ADA service throughout the city any time of day. The two ADA services have been operating since 1990 and comprise the “Accessible Raleigh Transportation Program,” or “ART.” Both ADA services are provided by local taxis, at subsidized rates described in detail below.

There are over 40 taxi companies in the City of Raleigh. A city ordinance was passed that requires all companies with six or more vehicles to participate in the program, to be eligible for a taxi license. The passenger fare for ADA service is $1.50 and is paid with coupons purchased from the City (cash is not accepted). Taxi companies turn these coupons into the City to be reimbursed for the full cost of the ride (at their
regular rates). Taxi’s record what the fare would be if it were a regular ride, and are paid the full amount by the City. Taxi fares are standardized and regulated by the City.

The Accessible Raleigh Transportation Program is the federally required ADA service that parallels fixed route service and is known as “Tier 2” ADA service. The supplemental ADA service is referred to as “Tier 1.” Tier 1 is, essentially, a subsidy for a ride via taxi. Instead of paying directly for a taxi with their own cash, patrons deemed eligible for ADA service can obtain scrip from the city to pay for their ride, receiving $25 in value for $12. There is no call broker – people call a taxi company directly, and taxis are available throughout the city, 24 hours a day, 7 days a week, 365 days a year. Taxi companies then turn in this scrip to the city for cash reimbursement (for the full unsubsidized cost of the ride). Eligibility requirements are the same for Tier 1 and Tier 2.

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Private Vehicle Strategies

With the reform of public assistance programs for low income families in the late 1990s, attention has been focused on the importance of reliable transportation so that low income individuals may get to job and other training programs and get to and from work reliably. In fact, for low income persons, ownership and operation of a private motor vehicle is, at best, very difficult and, at worst, not an option under normal circumstances. Recognizing the value of personal mobility and the reality that available transportation services are not always responsive to mobility needs, a number and variety of private vehicle programs have developed.

Private vehicle programs may involve elements of the following:

- Purchase of a vehicle
- One-time repairs on major mechanical components of a vehicle
- Maintenance programs to maintain vehicle reliability
- Loans for the purchase of a vehicle and associated training in family finances

Overview of National Best Practices

Wheels to Work is a program of Rockingham Community Action and Good News Garage in New Hampshire. Lack of dependable transportation presents a significant barrier to consistent employment for many low-income workers. Wheels to Work, a joint venture of Rockingham Community Action and Good News Garage, New Hampshire, provides low-income families with dependable transportation at affordable terms. The program offers tax credits to companies that support the program and car loan recipients receive budget and car maintenance training.
The mission of Wheels to Work (W2W) is to promote self-reliance and the development of a productive workforce in New Hampshire by providing low-income workers who lack reliable transportation with dependable cars at affordable terms.

Car ownership programs for low-income workers have been developed in a number of other states. But New Hampshire has the unique advantage of offering tax credits to companies that support Wheels to Work. The tax credits, which are authorized by the New Hampshire Community Development Finance Authority, may be applied against one or more of the following state business taxes: Business Enterprise Tax, Business Profits Tax, and Insurance Premium Tax.

With Wheels to Work, the tax credits apply in two ways:

- Car dealers donating cars to the program receive state business tax credits equal to 75 percent of the trade-in value of the vehicle.
- Companies providing financial support receive state business tax credits equal to 75 percent of the contribution.

Most Welfare to Work participants who qualify for a small loan receive an education on having a car loan and the importance of having good credit and paying bills on time. Rockingham Community Action (the program sponsor) oversees the loans on the vehicles as second lien holder on the title in the state of New Hampshire next to the financial institution. W2W is also listed as additional insured or lost payee on the insurance policy for the participant so they receive regular updates on coverage and payments.

**Good News Garage** - Good News Garage's mission is to provide low-income working individuals with affordable-reliable transportation. The program started in New Hampshire in 1996 and has since expanded to Vermont, Connecticut and Massachusetts. Good News Garage inspects and repairs donated cars, trucks and vans. The vehicles are then provided to low-income individuals or families. Those donated cars that are not a good fit for a low-income family go to auction.

Good News Garage offers the opportunity for a higher tax deduction than most other car charities. This is because Good News Garage provides these donated cars, trucks and vans to low-income families. When this happens the car donor may deduct the 'fair market' value. Most other organizations that take car donation sell all the cars at auction. If your donated car is sold at auction the car donor receives what the car sell for. The 'fair market' value is usually higher.

Good News Garage estimates that it has transformed the lives of more than 2,000 families and individuals for whom the lack of transportation was a barrier to economic independence.
VI
EVALUATION OF STRATEGIES AND SOLUTIONS

EVALUATION - FIRST ORDER STRATEGIES

Strategies for Organizing For Mobility Management

There are three basic organizational strategies to be considered for taking the lead on mobility management in the region:

- Public Transit Agency (WRTA)
- Existing Human Service or Umbrella Agency
- New Non-Profit Transportation Agency/Broker

The expected benefits associated with the selection of WRTA, NiTTS and SVSS to take the responsibility for mobility management stems from the observation that each agency is the single agency whose mission is meeting mobility needs in their respective counties. They have expertise in providing transportation services and they have experience in working with many of the human service agencies that need transportation for their clients.

The potential obstacles to selection of a transit agency to lead the mobility management effort include the generally higher cost structure for any operation that is centered in the agency and the possibility of resistance to broadening the overall mission of the agency to start handling such activities as recruiting volunteers or making arrangements for vehicle sharing between two external agencies.

Implementation Time and Cost Considerations

The shift to mobility management will require a concerted effort on the part of all participating agencies because the management of each agency will have to be involved in the detailed discussions leading to agreement on a lead agency and the structure of
the mobility manager. It is anticipated that the implementation time frame could be relatively short (within 12 months) assuming a serious and committed effort.

If the decision is made to form a new non-profit agency to become the mobility manager, the time and effort can be expected to be more extensive, possibly more than one year.

The process leading to the selection and organization of the mobility manager will not require significant funding, but it will involve an extensive commitment of time from each participating agency. The actual costs of implementation will be based on the specific coordination activities that are selected for the mobility manager. These costs and the time associated with each coordination activity are presented as part of the discussion of strategies in the following sections.

### Strategies for Centralized Communication

**One Number Access - Information - Trip Scheduling**

There are two basic strategies in this area which we have identified as low tech (and low cost) vs. high tech. An example of a low tech strategy is a Transportation Resource Directory. This is a document which is available on the web and in hard copy format containing readily accessible and usable information on the transportation services that are available to the target populations. The high tech approach combines one number access and the extensive use of technology in transportation operations and administration.

### Implementation Time and Cost Considerations

The creation of a Transportation Resource Directory is a low cost strategy that can be completed within a relatively short time frame of 3 to 6 months. The implementation of a comprehensive Call Center which can provide usable transportation information as well as handling all trip reservations and scheduling functions for a coordinated system is a medium to high cost strategy that will take from one to two years to become fully operational.
EVALUATION - SECOND ORDER STRATEGIES

Technology Development Strategies

Paratransit operations are frequently called upon to increase service productivity and improve cost efficiency and reinvest “savings” into expanded service. Two operations concepts that focus on improving productivity and cost efficiency but that have not been widely adopted by paratransit operators include: (1) crafting a dedicated vehicle run structure that better matches the temporal demand profile; and (2) assigning to non-dedicated vehicles (e.g., taxis) trips that otherwise negatively affect the productivity of the dedicated fleet.

These concepts are not standard practice among paratransit operators because no reliable tools are available. A new software application was specifically designed to help with these two needs. The software is available, along with a user manual, on the TRB website.

<table>
<thead>
<tr>
<th>Expected Benefits</th>
<th>Potential Obstacles</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improve service delivery and increase service productivity</td>
<td>• New tool that needs more testing</td>
</tr>
<tr>
<td>• Examine different operating scenarios</td>
<td>• Achieve internal buy-in from planning and operations staff</td>
</tr>
<tr>
<td>• Reduce paratransit service costs</td>
<td>• Requires staff resources to learn model and collect and format data to operate it</td>
</tr>
</tbody>
</table>

Implementation Time and Cost Considerations

The procurement of new paratransit scheduling software that helps to support coordination is a process that typically requires between one and two years for full implementation. This time includes the development of the hardware and software specifications, the time to select a vendor and the time for installation and testing of the new system. This is a medium to high cost strategy.

The use of the new tools to improve productivity and reduce trip costs is a low cost strategy that can usually be implemented within 12 months.
Vehicle sharing or the joint use of vehicles can affect total fleet requirements. Joint use of vehicles should be considered separately from the concept of trip sharing where two or more agencies agree that their customers can ride on any of their vehicles based on scheduling and routing efficiency.

<table>
<thead>
<tr>
<th>Expected Benefits</th>
<th>Potential Obstacles</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A reduction in fleet size that will allow for reduced overhead costs due to reduced insurance and registration costs.</td>
<td>• Agency policies and requirements</td>
</tr>
<tr>
<td>• Provide an increase in the size of the spare fleet which can reduce future vehicle capital funding requirements.</td>
<td>• Administrative costs to lead agency may be prohibitive</td>
</tr>
<tr>
<td>• Provide extra vehicle capacity that can be used to increase the efficiency (productivity) of operations</td>
<td></td>
</tr>
</tbody>
</table>

**Implementation Time and Cost Considerations**

The implementation of trip sharing or vehicle sharing is a low cost – short time frame activity once the basic information is in place to evaluate the feasibility of either strategy. Such strategies can be implemented over a wide scale of operations, from the occasional trip that would be missed or late to trip making during selected periods of time on certain days of the week.
Paratransit operations are frequently called upon to increase service productivity and improve cost efficiency and reinvest “savings” into expanded service. Two operations concepts that focus on improving productivity and cost efficiency but that have not been widely adopted by paratransit operators include: (1) crafting a dedicated vehicle run structure that better matches the temporal demand profile; and (2) assigning to non-dedicated vehicles (e.g., taxis) trips that otherwise negatively affect the productivity of the dedicated fleet.

These concepts are not standard practice among paratransit operators because no reliable tools are available. A new software application was specifically designed to help with these two needs. The software is available, along with a user manual, on the Transportation Research Board website, [www.trb.org](http://www.trb.org).

<table>
<thead>
<tr>
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<th>Potential Obstacles</th>
</tr>
</thead>
<tbody>
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<td>• Improve service delivery and increase service productivity.</td>
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</tr>
<tr>
<td>• Examine different operating scenarios</td>
<td>• Achieve internal buy-in from planning and operations staff</td>
</tr>
<tr>
<td>• Reduce paratransit service costs.</td>
<td>• Requires staff resources to learn model and collect/format data to run the model</td>
</tr>
</tbody>
</table>

Implementation Time and Cost Considerations

The implementation of the Non-Dedicated Vehicle Model is a short time frame and low cost strategy. The actual time to change the operating strategy to capture any potential cost savings will depend upon the availability of taxi companies that can meet the requirements and are willing to participate.
Joint Purchasing

<table>
<thead>
<tr>
<th>Expected Benefits</th>
<th>Potential Obstacles</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Agency level cost savings</td>
<td>• Requires lead agency to champion</td>
</tr>
<tr>
<td>• More consistent operating procedures</td>
<td>• Administrative costs to lead agency may be prohibitive</td>
</tr>
<tr>
<td>• Shares administrative functions rather than resources or services, therefore, may be more easily implemented</td>
<td>• Some agencies may have entrenched procurement/purchasing requirements</td>
</tr>
<tr>
<td>• Opportunity to build and develop trust across agencies</td>
<td>• Joint purchase of some items may require large initial expenditure</td>
</tr>
</tbody>
</table>

Implementation Time and Cost Considerations

Joint purchasing arrangements can take anywhere from six months to two years to implement depending on the specific items being purchased. The joint purchase of fuel or other supplies can be accomplished fairly quickly, while joint purchase of vehicles or insurance can be expected to take much longer. The process for setting up joint purchase arrangements is typically low cost.

Shared Resources

<table>
<thead>
<tr>
<th>Expected Benefits</th>
<th>Potential Obstacles</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lower per trip costs</td>
<td>• Requires lead agency to champion</td>
</tr>
<tr>
<td>• Increased vehicle productivity</td>
<td>• Turf issues associated with sharing vehicles due to high costs of purchasing, operating and maintaining vehicles</td>
</tr>
<tr>
<td>• Improved service quality</td>
<td>• Reluctance to share agency funded vehicles</td>
</tr>
<tr>
<td></td>
<td>• Requires quality control, monitoring and cost allocation systems</td>
</tr>
</tbody>
</table>

Implementation Time and Cost Considerations

The implementation of any shared resource strategies, such as vehicle sharing is a low cost – short time frame activity once the basic information is in place to evaluate the feasibility of sharing a specific resource.
Volunteer Driver and Escort Program
Strategies

<table>
<thead>
<tr>
<th>Expected Benefits</th>
<th>Potential Obstacles</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase schedule flexibility and reduce costs</td>
<td>• Recruiting and retaining volunteers can be challenging and requires on-going effort/attention</td>
</tr>
<tr>
<td>• Develop program advocates in community</td>
<td>• Some shifts are hard to cover with volunteers</td>
</tr>
<tr>
<td>• Volunteers can provide physical and emotional support to riders</td>
<td>• Fuel costs and vehicle insurance can prohibit use of volunteers</td>
</tr>
<tr>
<td></td>
<td>• Insurance coverage may limit participation for some</td>
</tr>
<tr>
<td></td>
<td>• Most volunteer drivers are limited to ambulatory passengers</td>
</tr>
</tbody>
</table>

Implementation Time and Cost Considerations

The implementation of volunteer driver and escort programs is a low cost and the implementation time frame can be short (up to 12 months) strategy. Most of the time and effort focuses on the recruitment, training and retention of the volunteer drivers.
### Taxi Subsidy Program Strategies

<table>
<thead>
<tr>
<th>Expected Benefits</th>
<th>Potential Obstacles</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide same-day service</td>
<td>• Requires good communication among all parties</td>
</tr>
<tr>
<td>• Effective for unanticipated travel and evening and weekend hours</td>
<td>• Need to establish fraud-protection mechanisms</td>
</tr>
<tr>
<td>• Effective for trips outside of service area</td>
<td>• Dearth of taxi companies in less urban areas within the region</td>
</tr>
<tr>
<td>• Offer way to set/control subsidy per trip</td>
<td>• Dearth of accessible taxicabs</td>
</tr>
<tr>
<td>• Effective in low-density areas</td>
<td></td>
</tr>
</tbody>
</table>

### Implementation Time and Cost Considerations

Assuming the availability of competent and interested taxi operators, the establishment of a taxi subsidy program can be accomplished within 12 months. Taxi subsidy programs are typically a low cost strategy.
### Private Vehicle Strategies

<table>
<thead>
<tr>
<th>Expected Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide reliable transportation for low income persons to get to job training and work opportunities</td>
</tr>
<tr>
<td>• Provide for personal mobility</td>
</tr>
<tr>
<td>• Provides low-income families with dependable transportation at affordable terms</td>
</tr>
<tr>
<td>• Car donor receives higher 'fair market' value for tax purposes</td>
</tr>
<tr>
<td>• Effective in low-density areas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential Obstacles</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Requires careful screening of applicants</td>
</tr>
<tr>
<td>• Need to establish mechanisms for car inspections and quality control</td>
</tr>
</tbody>
</table>

**Implementation Time and Cost Considerations**

The establishment of a private vehicle program can be accomplished within 12 months at a relatively low cost.
VI I
COORDINATED TRANSPORTATION PLAN – RECOMMENDED STRATEGIES, ACTIONS AND PRIORITIES

RECOMMENDED STRATEGIES

RECOMMENDED FIRST ORDER STRATEGIES

The following First Order Strategies are critical to the long-term strength and sustainability of high-quality, customer-responsive mobility management and transportation coordination.

- Move the Focus of Transportation Service Delivery to Mobility Management
- Leadership - Implementation - Organizational Structure
- Centralized Communication - Information - Trip Scheduling - One Number Access

RECOMMENDED SECOND ORDER STRATEGIES

These Second Order Strategies are not meant to be all-inclusive. Other new strategies may emerge and should be embraced for their potential to strengthen and expand mobility management, transportation coordination and the improved delivery of quality transportation services to older persons, persons with disabilities and persons in families with low income.

- Technology Development
- Trip sharing - Vehicle Sharing
- Maximizing Value of Non-Dedicated Vehicles
• **Service Delivery Functions - Administration - Operations - Maintenance - Trip Scheduling and Vehicle dispatching**

• **Volunteer Driver and Escort Programs**

• **Taxi Fare Subsidy Programs**

• **Private Vehicle Programs**

• **Capital Development Programs**

**RECOMMENDED ACTIONS FOR IMPLEMENTATION**

In summary form, the transportation coordination recommendations for action are:

• **Recommended Action #1 - CREATE A REGIONAL MOBILITY MANAGEMENT SYSTEM** That Shifts The Central Focus Of Transportation Services From Operations To Meeting Customer Needs

• **Recommended Action #2 – ORGANIZE AND SUSTAIN A PERMANENT MOBILITY MANAGEMENT ORGANIZATION** That Achieves Full Implementation Of Mobility Management And Transportation Coordination Capability And Potential

• **Recommended Action #3 – CENTRALIZE INFORMATION TO PROVIDE A SINGLE POINT OF ACCESS For People With Mobility Needs To Access Transportation Services In The Region**

• **Recommended Action #4 - INVEST IN TECHNOLOGICAL RESOURCES AND CAPABILITIES** To Achieve Maximum Cost-Effectiveness Of Mobility Management Services

• **Recommended Action #5 - IMPROVE SPECIFIC SEGMENTS OF TRANSPORTATION SERVICE ORGANIZATION, OPERATION AND DELIVERY** In A Timely Manner as Funding is Available and Mobility Management Partners are Able to put Agreements in Place

• **Recommended Action #6 – MAINTAIN AND EXPAND THE LEVEL AND COVERAGE OF PUBLIC TRANSPORTATION SERVICES** To Ensure That The Region Has A Strong Network of Public Transportation Services That forms the Base Upon Which Coordinated Transportation Services are Built
• **Recommended Action #7** - *ENSURE THAT THE CONTINUITY OF EXISTING SECTION 5310 ELDERLY AND DISABLED INDIVIDUALS PROGRAM AND 5316 JOB ACCESS AND REVERSE COMMUTE PROGRAM PROJECTS IS MAINTAINED* so that services and capital needs, consistent with the coordination plan, are not interrupted, especially where coordinated service delivery is already in place and the continuation of existing project would prevent gaps in service from developing.

• **Recommended Action #8** - *ENSURE THAT NEW SECTION 5317 NEW FREEDOM PROGRAM PROJECTS EXPAND CURRENT TRANSPORTATION SERVICES*, already in place, subject to consistency with the coordination plan, to exceed compliance with minimum American with Disability requirements.

• **Recommended Action #9** - *MONITOR PROGRESS AND PERSEVERE IN THE FACE OF OBSTACLES AND DISAPPOINTMENTS* To Give Mobility Management And Transportation Coordination Full Opportunity To Develop And Transform Community Transportation Services In Mahoning, Trumbull and Mercer Counties.

**RECOMMENDED FIRST ORDER STRATEGIES**

The following First Order Strategies are critical to the long-term strength and sustainability of high-quality, customer-responsive mobility management and transportation coordination.

> **Move the Focus of Transportation Service Delivery to Mobility Management**

  o The Mahoning - Trumbull - Mercer County region should shift the focus of transportation services from operating services to meeting customer needs.
  o The culture and approach to transportation service delivery needs to change, from single agency to collaborative multi-agency delivery.
  o WRTA, NiTTS and SVSS, together with Eastgate in Ohio and Mercer County COG and RPC in Pennsylvania should be key leaders in this movement; in fact, they should be the driving forces.
  o The community will look, especially, to the public transportation systems for leadership, direction, change and transformation of transportation services delivery.

> **Leadership - Implementation - Organizational Structure**

  o The community needs leadership - from WRTA, NiTTS, SVSS, Eastgate, Mercer COG and RPC and the key human service agencies in the region.
  o Organizing for implementation is crucial. The options are:
- WRTA, NiTTS and SVSS as the centralized mobility managers
- An existing human services agency or umbrella agency
- A new not-for-profit agency organized and managed collaboratively as a result of inter-agency agreements and administered by WRTA or other key agency.
  - The public transportation systems, especially WRTA in Ohio and SVSS in Pennsylvania are the agencies whose missions are meeting the mobility needs of the general public and the target populations of older persons, persons with disabilities and persons in low income families.

- **Centralized Communication - Information - Trip Scheduling - One Number Access**
  - Getting a ride to meet a travel need should be the same for everyone, a phone call or a mouse click away.
  - Information and scheduling should be centralized either with an existing service, such as 211 or with a newly developed service, such as a capability developed by WRTA and NiTTS in Ohio and SVSS in Pennsylvania, looking to work collaboratively across state lines.
  - Anyone should be able to make one contact (phone or computer) and know how and with whom they can make a trip, at what cost, and have the trip scheduled and confirmed before the contact is completed.

**RECOMMENDED SECOND ORDER STRATEGIES**

These Second Order Strategies are not meant to be all-inclusive. Other new strategies may emerge and should be embraced for their potential to strengthen and expand mobility management, transportation coordination and the improved delivery of quality transportation services to older persons, persons with disabilities and persons in families with low income.

- **Technology Development**
  - Take maximum advantage of technology to move mobility management forward

- **Trip sharing - Vehicle Sharing**
  - Make the best use of collaborative multi-agency transportation capabilities in the region, to increase trip-making, save money and reduce duplication

- **Maximizing Value of Non-Dedicated Vehicles**
  - Collaboration means finding ways that vehicles in service to a specific client group only can be used for other clients as well. Private sector resources such as taxi services can fill key gaps in services.
- **Service Delivery Functions - Administration - Operations - Maintenance - Trip Scheduling and Vehicle dispatching**
  - These are all functional areas where collaboration among agencies can achieve improvements in efficiency and effectiveness.

- **Volunteer Driver and Escort Programs**
  - It is important to find low-cost services that can make a difference.

- **Taxi Fare Subsidy Programs**
  - Taxi service typically operates seven days a week, 24 hours a day. A trip can be provided to someone in need simply by subsidizing all or part of the fare.

- **Private Vehicle Programs**
  - Private vehicle programs may fill voids in transportation service coverage where transportation services would not be cost effective. Further, these programs should be of such a nature that all elements of vehicle ownership, operation and maintenance are encompassed.

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**Recommended Action #1 - CREATE A REGIONAL MOBILITY MANAGEMENT SYSTEM**

That Shifts the Central Focus Of Transportation Services From Operations To Meeting Customer Needs

The focus of meeting the mobility needs of people in the Mahoning-Trumbull-Mercer County region should shift from a system of decentralized transportation service providers to a centralized mobility management system of collaborating agencies focused on meeting the mobility needs of people in the region.

The mobility needs of people in the region should be met by a centralized mobility management system that focuses on the needs of customers first rather than the operation of individual transportation service providers.

- The Mahoning-Trumbull-Mercer County region should shift the focus of transportation services from operating services to meeting customer needs.
- The culture and approach to transportation service delivery needs to change, from single agency to collaborative multi-agency delivery.
- WRTA and NiTTS should be key leaders in this movement in Mahoning and Trumbull Counties in Ohio; given its long history of public transportation services and its relative size and scale, WRTA should be the driving force and lead agency.
- SVSS should be the driving force and lead agency in Mercer County.
• The region and its communities will look to the public transportation systems for leadership, direction and change.

**Recommended Action #2 - ORGANIZE AND SUSTAIN A PERMANENT MOBILITY MANAGEMENT ORGANIZATION** That Achieves Full Implementation Of Mobility Management And Transportation Coordination Capability And Potential

The mobility management organization should focus on the following functional activities:

• Developing the mobility management agency around centralized trip planning and brokering of transportation services among transportation providers
• Centralizing Information on transportation services so that access to service is achieved with one contact, whether it be telephone, computer or other means
• Coordinating administrative and operational transportation functions
• Consolidating the delivery of transportation services selectively so that agencies currently operating transportation services have the opportunity to transfer operating responsibility to others, if they wish
• Adding new services to meet the unmet needs of target populations, fill gaps in services and reduce overlaps in service

WRTA should be the lead agency in Ohio and SVSS should be the lead agency in Pennsylvania, responsible for coordinating transportation services and moving service delivery to mobility management. WRTA should work closely with the Niles Trumbull Transit System and elected officials in Mahoning and Trumbull Counties to ensure that mobility management and transportation coordination can be implemented on a regional basis. Full partnership with other strategic planning and service delivery partners in the region is essential.

**Development of the leadership structure and organization will require incremental actions, time and resources to support its development. The incremental development, organizationally, should include**

• Create a Transportation Coordination Leadership Council of agencies with significant investments in transportation.
• Create Transportation Advisory Councils of agencies with a stake and interest in moving from transportation service delivery to mobility management
• Membership on the Transportation Coordination Leadership Council should be invited and require a Memorandum of Understanding among the members
• Membership on the Transportation Coordination Advisory Council should be open and require a Memorandum of Understanding for participation
• Create of a new formal organization charged with responsibility of managing and coordinating the delivery of transportation services.
• The transition to mobility management should occur incrementally
  o To provide the central point of access to services, broker the trips among participating transportation providers and provide a trip reservation to the customer
  o To selectively consolidate the delivery of transportation services among fewer transportation providers, taking advantage of the desire of some agencies to get out of the business of transportation
  o To sustain a mobility management agency that integrates the diverse activities associated with the cost-effective and cost-efficient delivery of coordinated transportation services

**Recommended Action #3 - CENTRALIZE INFORMATION TO PROVIDE A SINGLE POINT OF ACCESS For People With Mobility Needs To Access Transportation Services In The Region**

This system should centralize information on available transportation services and put people with needs in direct contact with the transportation provider(s) best able to meet a specific mobility need.

The system should integrate information and referral, trip reservations and trip scheduling so that when a person is done, they have their ride arranged.

- WRTA, NiTTS and SVSS should work collaboratively with information and referral services that exist in the region, working toward the integration of information and referral functions with trip reservations and scheduling among multiple agencies and transportation providers.

**Recommended Action #4 - INVEST IN TECHNOLOGICAL RESOURCES AND CAPABILITIES To Achieve Maximum Cost-Effectiveness Of Mobility Management Services**

Technology development should focus on improving paratransit service scheduling and service delivery, including state-of-the-art trip reservation and scheduling systems. Further, technology development should include streamlining and using technology for online trip planning for customer access to fixed route bus schedule information. Agencies and communities should be encouraged to include links to centralized information and trip scheduling.

- Automatic vehicle location
- Computer-aided dispatch
- Mobile data terminals and mobile data computers
• Coordination and integration of services
• Web-based fixed route trip planning

Technology development should be closely coordinated with existing information and referral capabilities in all three counties, so that there would be a seamless integration, migration and expansion of information and referral to a robust one-stop center for access to multi-agency delivery of transportation services. Again, existing information and referrals services have the history, experience and knowledge of broad customer-based information systems. They should be strategic partners.

**Recommended Action #5 - IMPROVE SPECIFIC SEGMENTS OF TRANSPORTATION SERVICE ORGANIZATION, OPERATION AND DELIVERY In A Timely Manner as Funding is Available and Mobility Management Partners are Able to put Agreements in Place**

Specific improvements should include:
- Cooperative trip sharing across agencies providing transportation services
- Sharing of vehicle and service resources across agency programs
- Joint purchasing agreements for vehicles, fuel and other materials and supplies
- Training programs for customer service, vehicle operations and safety, administration of drug and alcohol programs
- Introduction of selected new services
- Consolidation of administrative and operational functions as agencies decide to purchase rather than operate transportation services
- Travel and mobility training for customers with disabilities who may safely use fixed route transportation services
- Mobility planning program, especially for older persons

Stakeholders should focus attention on multi-agency projects that strengthen and expand mobility management.

**Recommended Action #6 - MAINTAIN AND EXPAND THE LEVEL AND COVERAGE OF PUBLIC TRANSPORTATION SERVICES To Ensure That The Region Has A Strong Network of Public Transportation Services That forms the Base Upon Which Coordinated Transportation Services are Built**

• Maintain and increase the coverage of fixed route service as in the region
• Maintain and increase demand-response service as the number of older persons and persons with disabilities continues to increase as the population continues to age
• Maintain a focus on the need for sufficient local funding of WRTA, NiTTS and SVSS public transportation services, particularly with the lack of sufficient state funding

**Recommended Action #7 - ENSURE THAT THE CONTINUITY OF EXISTING SECTION 5310 ELDERLY AND DISABLED INDIVIDUALS PROGRAM AND 5316 JOB ACCESS AND REVERSE COMMUTE PROGRAM PROJECTS IS MAINTAINED** so that services and capital needs, consistent with the coordination plan, are not interrupted, especially where coordinated service delivery is already in place

- **Section 5310** - High priority should be given to future projects that replace capital equipment maintain and improve services supported with 5310 vehicles that fulfill unmet needs and fill gaps in transportation services.

- **Section 5316** - High priority should be given to future projects that maintain and improve services and programs that have been supported with 5316 funds awarded prior to the current program focus, namely the local competitive selection process.

**Recommended Action #8 - ENSURE THAT NEW SECTION 5317 NEW FREEDOM PROJECTS EXPAND CURRENT TRANSPORTATION SERVICES, already in place, subject to consistency with the coordination plan, to exceed compliance with minimum American with Disability requirements**

- High priority should be given to existing programs that serve people with disabilities beyond ADA minimum requirements where such services meet additional unmet needs.

- High priority should be given to capital projects that improve the physical environment that people with disabilities must navigate to effectively use fixed route bus services
Recommended Action #9 - MONITOR PROGRESS AND PERSEVERE IN THE FACE OF OBSTACLES AND DISAPPOINTMENTS
To Give Mobility Management And Transportation Coordination Full Opportunity To Develop And Transform Community Transportation Services In the Mahoning, Trumbull and Mercer Counties

- Introducing mobility management and transportation coordination in a broad, regional manner will have its ups and downs, fits and starts and rough spots. Be prepared to respond proactively with an eye toward the long-term benefit of community transportation services.

- For success long-term, the shorter-term obstacles, problems and unexpected setbacks should be accepted as the price of longer-term success.

- Progress and service delivery need to be monitored so that success and failure can be measured and evaluated and corrective actions can be taken. Clear measureable evaluation criteria needs to be developed across public transportation and human services transportation programs.
IMPLEMENTATION PRIORITIES FOR FUNDING

Implementation of recommended actions should be consistent with the priorities established by stakeholders in each county at the regional community outreach workshop. Strategies were considered and priorities expressed in the regional workshop held as part of community outreach activities. These priorities are shown in Figure 21 below.

The expressed priorities point to the state of transportation services in each county and the experience with transportation coordination and mobility management to date.
With the history and experience in Mahoning and Mercer Counties, stakeholders are ready to move forward with consolidation of transportation services, to reduce the number of independently operating services. Significantly, both counties recognize the importance and place a high priority on centralizing information services, to include trip reservations, trip scheduling and vehicle dispatching. Further, Mahoning County sees the priority need for coordinated trip planning and brokering. In reality, such a need would have to be addressed in Mercer County.

In Trumbull County, the priorities are trip planning and brokering and coordination of administrative and operations functions.

In summary, all three counties are ready to move forward with mobility management and coordination of services. The paths may be somewhat different, but the result should be the same. With the commonality of purpose and priorities, coordination and mobility management across the three counties in the region should also be pursued. County-level and regional initiatives can move in parallel, as long as there is collaboration at the regional level from the outset.

**SPECIFIC FOCUS ON FTA COMPETITIVE REQUIREMENTS**

This transportation coordination plan has been prepared to meet coordination and competitive selection requirements of the Federal Transit Administration for the following funding programs:

- Section 5310-Elderly and Disabled Individuals
- Section 5316-Job Access and Reverse Commute
- Section 5317-New Freedom Programs

High priority should be accorded projects that are consistent with unmet needs, gaps in services, overlaps in service, mobility management and transportation coordination.

- Implementation of a mobility management organizational structure and related development of centralized information access and technology developed should be of high priority. The competitive selection of FTA-funded projects though these programs should support this.

- Where possible, other funding programs of public transportation systems and human service agencies should be developed, modified and used in ways that support the implementation of mobility management and transportation coordination.

- New opportunities for funding social service and transportation programs should integrate funding for transportation services and mobility management
• Existing agency funding programs should be modified as appropriate to directly recognize and support transportation services and mobility management.

• Proposed, especially new, transportation services to be funded by FTA programs and those of other agencies should focus on multi-agency initiatives.

• Projects that support multiple rather than single strategies should receive higher priority than those that do not.

• Projects that focus on multiple target populations should receive higher priority than those that do not.

• Projects that advance multi-agency collaboration and coordination should receive higher priority than those that do not.

• Existing projects that serve target populations not being served otherwise should be regarded as high priority for funding to continue the projects. This is especially appropriate for Section 5310 - Elderly and Disabled Section 5316 - Job Access and Reverse Commute projects.

• To the extent practical, the competitive project selection should integrate and maximize the benefits of FTA programs as embodied in performance measures stabled by FTA, namely

  ➢ **Section 5316 - Job Access and Reverse Commute Program**
    o Actual or estimated number of jobs that can be accessed as a result of geographic or temporal coverage of JARC projects implemented in the current reporting year.
    o Actual or estimated number of rides (as measured by one-way trips) provided as a result of the JARC projects implemented in the current reporting year.

  ➢ **Section 5317 - New Freedom Program**
    o Increases or enhancements related to geographic coverage, service quality and/or service times that impact availability of transportation services for individuals with disabilities as a result of the New Freedom projects implemented in the current reporting year.
    o Additions or changes to environmental infrastructure (e.g., transportation facilities, side walks, etc), technology, and vehicles that impact availability of transportation services as a result of the New Freedom projects implemented in the current reporting year.
- Actual or estimated number of rides (as measured by one-way trips) provided for individuals with disabilities as a result of the New Freedom projects implemented in the current reporting year.

Funding available through these programs, and the Section 5310 – Elderly Individuals and Individuals with Disabilities Program, administered at the state level in Ohio and Pennsylvania, should be used to support implementation of the following:

- Mobility management and transportation coordination
- Maintaining service, capital purchases and programs that are presently in place, or have been in place recently
- Maintaining service, capital purchases and programs that have a good history of responding to unmet needs, gaps in services and overlaps in services

Given that door-to-door transportation services are especially important to older persons and persons with disabilities, the Section 5310 Program provides critical capital resources to non-profit agencies to fill gaps in services and meet needs that are not being met, especially by public transportation systems in the region. Purchase of vehicles for these purposes should be a high priority.

Further, it is particularly important, in moving forward, that resources available through programs of the Federal Transit Administration, Ohio Department of Transportation and the myriad programs in the human services sector at federal and state levels join together, with agencies collaborating together on projects to improve mobility management, the coordination of transportation services and, most importantly, meeting unmet needs of the target population. Finally, filling gaps and reducing overlaps in transportation services will enable public transportation and human service agencies to maximize the mobility that can be provided, in a most cost-efficient manner. There will never be an excess of resources to meet mobility needs, it is incumbent on key stakeholders to do the best job possible.
INTEGRATION OF UNMET NEEDS, GAPS AND OVERLAPS WITH STRATEGIES AND SOLUTIONS

Figure 22 presents a chart that provides a picture of which strategies and solutions have general and specific impacts on the target populations of older persons, persons with disabilities and low income persons. The needs of the target populations are presented in the following categories:

- Unmet travel needs
- Gaps in transportation services
  - Days and hours
  - Service coverage
  - Other gaps
- Overlaps in transportation services

Strategies and solutions are organized in the following categories:

- First order mobility management actions
  - Public transportation services
    - Capacity increases
    - Increased days and hours of service
    - Extended service coverage
  - Second order mobility management actions
    - Trip sharing
    - Vehicle sharing
    - Non-dedicated vehicles
    - Service delivery functions
    - Volunteer driver and escort programs
    - Taxi subsidies
    - Private vehicle programs
    - Capital development

This matrix should be used to determine which actions may be responsive to needs, gaps and overlaps, how actions may be integrated together and which agencies and organizations should be collaborating on the implementation of certain actions.
### Transportation Coordination - Mobility Management Implementation Matrix

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IMPLEMENTATION PRIORITIES FOR FUNDING

Implementation priorities were developed during the community outreach process, particularly during the regional workshop where alternative strategies were addressed. The strategies considered were considered in detail. The implementation priorities, consistent with community outreach, strategies and actions are:

**First Order Priorities** - Build the mobility management organization

- Implement a mobility management system, including organization, management and continuing operations
- Implement centralized information and trip planning

**Second Order Priorities** - Develop technology and implement transportation services to improve mobility

- 1st - Development of technologies to support implementation of first order strategies
- 2nd - Trip sharing, vehicle sharing and private vehicle programs
- 3rd - Taxi subsidy programs and consolidation of service delivery functions
- 4th - Non-dedicated vehicle programs

This transportation coordination plan has been prepared to meet coordination and competitive selection requirements of the Federal Transit Administration for the following funding programs:

- Section 5310-Elderly and Disabled Individuals
- Section 5316-Job Access and Reverse Commute
- Section 5317-New Freedom Programs

High priority should be accorded projects supported by these programs in particular and others across participating agencies that are consistent with unmet needs, gaps in services, overlaps in service, mobility management and transportation coordination.

- Implementation of a mobility management organizational structure and related development of centralized information access and technology developed should be of high priority. The competitive selection of FTA-funded projects though these programs should support this.
• Other funding programs, where possible, should be used in ways that support the implementation of mobility management and transportation coordination.

• New opportunities for funding social service and transportation programs should integrate funding for transportation services and mobility management.

• Existing agency funding programs should be modified as appropriate to directly recognize and support transportation services and mobility management.

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• Projects that focus on multiple target populations should receive higher priority than those that do not.

• Projects that advance multi-agency collaboration and coordination should receive higher priority than those that do not.

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  ➢ **Section 5316 - Job Access and Reverse Commute Program**
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  ➢ **Section 5317 - New Freedom Program**
    • Increases or enhancements related to geographic coverage, service quality and/or service times that impact availability of transportation services for individuals with disabilities as a result of the New Freedom projects implemented in the current reporting year.
Additions or changes to environmental infrastructure (e.g., transportation facilities, side walks, etc), technology, and vehicles that impact availability of transportation services as a result of the New Freedom projects implemented in the current reporting year.

Actual or estimated number of rides (as measured by one-way trips) provided for individuals with disabilities as a result of the New Freedom projects implemented in the current reporting year.

Eligible project activities for funding from these programs can be found in Appendix C. The eligible activities are not complete. The eligible project activities cited are meant to provide guidance in developing projects for submission in the competitive selection process.

**Coordinated Implementation Across State Boundaries**

The Coordinated Public Transit-Human Services Transportation identifies transportation needs for older persons, persons with disabilities and persons with low income. Existing transportation services have been analyzed to identify gaps and overlaps in services.

The final Coordinated Public Transit - Human Services Transportation Plan for the two-state region comprises two "independent utility" components, one for Ohio and one for Pennsylvania which demonstrate priorities and actions for the OH-PA Urbanized Area. The plan recommendations must adhere to each state's respective protocol regarding project applications and time lines, programming, project advancement and any public participation activities.

Coordination across state boundaries will be especially necessary, in serving target populations to meet unmet needs, to ensure effective transportation services across state lines. Presently, state insurance liability issues in Pennsylvania make it extremely difficult for Pennsylvania transit systems to cross state lines.

**TIMELINE FOR MOVING MOBILITY MANAGEMENT FORWARD**

The timeline for implementing the Recommended Actions are presented in Figure 23. Key activities that are necessary under each Recommended Action are presented. The timeline in presented on a quarterly basis for 2008 and 2009 and annually for subsequent years. This timeline should be considered to be a flexible guide for moving forward. However, it is important for the timely progress in coordinating transportation services and managing mobility that work begin at the earliest convenience of strategic partners.
**Figure 23**

**IMPLEMENTATION TIMELINE**

**MAJOR ACTIVITIES**

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<td><strong>3.</strong> CONTRACT INFORMATION TO PROVIDE A SINGLE POINT OF ACCESS FOR PEOPLE WITH MOBILITY NEEDS TO ACCESS TRANSPORTATION SERVICES IN THE REGION</td>
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<td><strong>4.</strong> INVEST IN TECHNOLOGICAL RESOURCES AND CAPABILITIES TO SUPPORT PROJECTS THAT STRONGEN AND FURTHER MOBILITY MANAGEMENT</td>
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<td><strong>5.</strong> TRANSFER CREATIVE MENTORS OF TRANSPORTATION SERVICES PARTNERSHIP, OPERATIONS AND DELIVERY TO A NEW OFFICE SEEING IN COMPLIANCE WITH THE MOBILITY MANAGEMENT PLAN</td>
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<td><strong>7.</strong> ENSURE THAT THE CONTINUITY OF EXISTING SECTION 5310 ELDERLY AND DISABLED INDIVIDUALS AND 5316 JOB ACCESS AND REVERSE COMMUTE PROGRAM PROJECTS IS MAINTAINED</td>
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<td><strong>9.</strong> PREPARE A REGIONAL MEMORANDUM OF UNDERSTANDING FOR THE REGION TO Develop and Transform Community Transportation Services in Mahoning, Trumbull, and Mercer Counties</td>
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**NOTE:** The implementation timeline is divided into seven calendar years, with provisions for ongoing activities beyond the initial seven years.
APPENDICES
Appendix A

Community Outreach Plan
COMMUNITY OUTREACH PLAN
For the Development of the
Coordinated Public Transit - Human Services
Transportation Plan
For Mahoning and Trumbull Counties, Ohio
And Mercer County, Pennsylvania

Prepared for the
Western Reserve Transit Authority
Working in partnership with
Niles-Trumbull Transit System, Eastgate Council of Governments in Ohio and
Shenango Valley Shuttle Service, Mercer County Regional Planning Commission
and Mercer County Council of Governments in Pennsylvania

July 2007

Prepared by
Nelson Development Ltd.
In association with
Nelson/Nygaard Consulting Associates, Inc.
Westat, Inc.
Organizational Development Strategies, Inc.
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INTRODUCTION

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

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

In the Youngstown, OH – PA urbanized area and region, this plan is being developed by the Western Reserve Transit Authority, working in partnership with the Niles-Trumbull Transit System, Eastgate Regional Council of Governments in Ohio and Shenango Valley Shuttle Service, Mercer County Regional Planning Commission and Mercer County Council of Governments in Pennsylvania. The plan will recommend strategies that improve travel mobility by making better use of funding from federal programs in a coordinated manner to meet the needs of these target populations.

The coordination plan must address the following elements:

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

The development of a successful plan requires meaningful community outreach to

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

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

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

COMPONENTS OF THE COMMUNITY OUTREACH PLAN

The main goals of the outreach process are to:

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

The Community Outreach Plan has five components:

- Scheduled meetings of the Advisory Committee (selected by Project Sponsors).
- Key Stakeholder Involvement - Input through meetings, workshops and the transportation survey (advocates, agency representatives, transportation providers).
- Target Population Focus Groups (invited through agencies by the consulting team).
- Public Forums early in the project and after completion of the plan.
- Community Outreach Workshops (invited advocates, agency representatives, transportation providers and invited users of transportation services).

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

- Early in the project:
  - key stakeholder views on unmet needs, gaps in transportation services, knowledge of coordination activities already in place, issues, concerns and problems.
  - focus group discussions with target populations to understand travel behavior, problems meeting mobility needs and solutions they feel would help them meet needs.
  - County-by-county Public forums.

- At a key project mid-point, hold the first group of county-by-county Community Outreach Workshops - to report back to key stakeholders on the evaluation of unmet needs, gaps and overlaps in transportation services, potential solutions and an expression of priorities for further exploration.

- Nearing the completion of technical tasks, hold the a second regional Community Outreach Workshop - to present to the stakeholders conclusions on unmet needs and gaps and overlaps in services, potential solutions evaluated and recommendations for implementation and the rationale for implementation strategies, actions and timing.
• Toward the end of the project, hold the final Public Forum

Advisory Committee

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

Of particular interest are the following questions:
• What are the greatest transportation challenges and problems for people with disabilities, seniors and low income job seekers in the Youngstown OH-PA Urbanized Area which includes Mahoning, Trumbull and Mercer Counties.
• What is working particularly well in the transportation system? What strengths are there to build on?
• What is missing or inadequate in the region’s transportation system?
• Who else should be involved in the planning? (specific contacts whenever possible)
• What ideas for improving the system, especially through coordination or cooperation, should be considered and included in the planning?

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

• Transportation partners:
  ➢ Area transportation planning agencies, including MPOs, States, and local governments
  ➢ Public transportation providers (including ADA paratransit providers and agencies administering the projects funded under the FTA urbanized and non-urbanized programs)
  ➢ Private transportation providers, including private transportation brokers, taxi operators, van pool providers, and intercity bus operators
  ➢ Non-profit transportation providers
  ➢ Past or current organizations funded under the JARC, the Elderly Individuals and Individuals with Disabilities (Section 5310) and/or New Freedom programs, and
  ➢ Human service agencies funding, operating, and/or providing access to transportation services.
• **Passengers and advocates:**
  - Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes)
  - Protection and advocacy organizations
  - Representatives from independent living centers, and
  - Advocacy organizations working on behalf of targeted populations.

• **Human service partners:**
  - Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Medicaid, Community Action Programs (CAP)
  - Area Agency on Aging (AAA); Developmental Disability Council, Community Services Board
  - Non-profit human service provider organizations that serve the targeted populations
  - Job training and placement agencies
  - Housing agencies
  - Health care facilities, and
  - Mental health providers.

• **Other:**
  - Appropriate elected or appointed local or State officials
  - Security and emergency management agencies
  - Tribes and tribal representatives
  - Economic development organizations
  - Faith-based and community-based organizations
  - Representatives of the business community (e.g. employers), and
  - School districts.

Invitations for Advisory Committee participation will include representatives from these types of agencies and groups. Others should be added to the list as the project moves forward.

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

Membership on the Advisory Committee has been established by the Project Sponsors and includes key public transit, human service and private transportation stakeholders. Membership should reflect the interests of the three target populations. Additionally, private transportation providers should be represented. Total membership will be driven
by individual and agency interest and commitment to participation throughout the
planning. Members should ensure representation from individuals and agencies serving
and advocating for the target populations - older adults, people with disabilities, and
people with low income – that are the focus of the planning. (See appendix A)

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

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

Also, at the meeting, discussion will focus on the:
• Planning requirements for preparation of the Coordinated Public Transit – Human
  Services Transportation Plan
• The scope of work and schedule the development of the plan.

This meeting should also provide the first opportunity for members to provide input on:
• Issues and needs with transportation services for the target populations. We
  expect to learn of target population needs
• Needs and transportation analyses that have been completed by represented
  organizations or others in the region
• Outcomes of the planning process
• Hopes, concerns and expectations
• Plans for upcoming outreach activities.

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

**Involvement Of Key Stakeholders**

The participation of stakeholders offers the opportunity for involvement of the people
and organizations that will have to come together to implement the plan that is
recommended and adopted. Initially, the list of key stakeholders and stakeholder
organizations should include members of the Advisory Committee and stakeholders that
they recommend. Stakeholders should encompass a broad range of interests and
affiliations related to the target populations, starting with other groups, committees and
associations identified by the Project Team and other stakeholders.
Stakeholders will be important in giving expression to community views of the transportation services environment, key strengths, key weaknesses and visions of the role that coordinated service delivery could or should play in improving the delivery of transportation services regionally and within counties.

**Focus Group Discussions With Target Population Groups**

Six focus group discussions will be held, two discussions with members of each target population:
- Older persons
- Persons with disabilities
- Persons with low income.

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

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

The Project Sponsors and consulting team will, in consultation with the Advisory Committee, should decide which of the six focus groups are held in which of the three counties.

**Public Forums and Community Outreach Workshops**

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

- **First Public Forum** – in each county, to introduce the coordination planning project to stakeholders, target populations and the general public and to solicit input on the current transportation system, gaps in service, unmet travel needs and potential strategies for improvement.

- **First Community Outreach Workshop** – separately in each county, with key stakeholder agencies and advocates, to review early technical work completed to identify unmet travel needs and gaps and overlaps in transportation services; to engage in shared conversation about needs, gaps and overlaps; communicate and understand next steps in the planning.
- **Second Community Outreach Workshop** – separately in each county, with key stakeholder agencies and advocates, to review results of technical analyses on solutions, strategies and priorities and to brainstorm and build consensus on proposed solutions, preliminary recommendations, key strategies for implementation and priorities for action.

- **Second Public Forum** – a regional meeting of the general public, key stakeholders and target populations following completion and distribution of the draft transportation coordination plan recommendations, to present project findings and strategies, seek group consensus on community standards for transportation coordination and seek group consensus on solutions, strategies and priorities.

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

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

**SCHEDULE OF COMMUNITY OUTREACH ACTIVITIES**

The schedule (subject to change) for community outreach activities is presented below:

- First Public Forum (County-Level) ..................Week of August 27, 2007
- Target Population Focus Groups ......................Week of September 3, 2007
- First County-Level Outreach Workshops ..........Week of October 8, 2007
- Second Regional Outreach Workshop ..............Week of November 26, 2007
- Second Public Forum (Regional) .....................Week of January 1, 2008
EXPECTED OUTCOMES

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

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

Advisory Committee Stakeholder Organizations and Project Sponsors

## Advisory Committee Stakeholder Organizations

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<thead>
<tr>
<th>Mahoning County</th>
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<tbody>
<tr>
<td>Mahoning County Department of Job and Family Service</td>
<td>Marian O'Halloran</td>
<td>Acting Director</td>
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<tr>
<td>Organization Civico Y Cultural Hispano Americana - OCCHA</td>
<td>Mary E. Garayos</td>
<td>Executive Director</td>
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<tr>
<td>District XI - Area Agency on Aging</td>
<td>Donald Meoli</td>
<td>Executive Director</td>
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<td>Rehabilitation Services Commission</td>
<td>Paul Pantellici</td>
<td>Supervisor</td>
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<td>WRTA ADA Committee</td>
<td>Martha Martinez</td>
<td>Chair</td>
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<td>Mahoning County Board of MRDD</td>
<td>Larry Duck</td>
<td>Superintendent</td>
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<td>Youngstown Metropolitan Housing Authority</td>
<td>Eugenia Atkinson</td>
<td>Executive Director</td>
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<td>646 Mental Health Board</td>
<td>Ron Marian</td>
<td>Executive Director</td>
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<td>Transit Services</td>
<td>Ken Sobinkski</td>
<td>CEO</td>
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<td>Mahoning Valley Regional Chamber of Commerce</td>
<td>Gwen Levinsky</td>
<td>Government Affairs Coordinator</td>
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<td>Mahoning County United Way</td>
<td>Ginny Paola</td>
<td>Director of Community Investment</td>
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<td>Mahoning Youngstown Community Action Partnership - MYCAP</td>
<td>Richard Roller</td>
<td>Executive Director</td>
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<tr>
<td>George V. Voinovich Government Center For Economic Dev.</td>
<td>Anne Clebone</td>
<td>Gov. Rep. for Economic Development</td>
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<td>Trumbull County Office of Elderly Affairs</td>
<td>Gary Engstrom</td>
<td>Executive Director</td>
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<td>SCOPE Inc. Of Trumbull County</td>
<td>Janet Schwartz</td>
<td>Executive Director</td>
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<tr>
<td>Trumbull County Department of Job and Family Services</td>
<td>Tem Mahoney</td>
<td>Director</td>
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<tr>
<td>Trumbull Community Action Program - TCAP</td>
<td>James Abicht</td>
<td>President/CEO</td>
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<tr>
<td>District XI - Area Agency on Aging</td>
<td>Donald Meoli</td>
<td>Executive Director</td>
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<tr>
<td>Rehabilitation Services Commission</td>
<td>Paul Pantellici</td>
<td>Supervisor</td>
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<td>Urban Minority Alcohol &amp; Drug Outreach Program - UMADOP</td>
<td>Beverly Pollard</td>
<td>Executive Director</td>
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<td>Trumbull County Board of MRDD</td>
<td>Douglas Burkhardt, PhD</td>
<td>Superintendent</td>
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<td>Trumbull Lifelines</td>
<td>Nick Ceglia</td>
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<td>Community Bus Services</td>
<td>Terry Thomas</td>
<td>CEO</td>
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<td>Senior Services Advisory Council</td>
<td>Jack O'Connell</td>
<td>Chair - T.C. Senior Advisory</td>
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<td>Senior Services Advisory Council</td>
<td>Thomas Harwood</td>
<td>T.C. Senior Service Advisory Member</td>
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<td>Trumbull County United Way</td>
<td>Thomas J. Kryszek</td>
<td>President</td>
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<td>City of Warren, Dept. of Community Development</td>
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<tr>
<td>Trumbull County Housing Collaborative</td>
<td>Janet Musolf</td>
<td>Program Coordinator</td>
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<td>Shenango Valley Urban League</td>
<td>Michael Wright</td>
<td>Executive Director</td>
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<td>Mercer County Assistance Office</td>
<td>Mark Wasser</td>
<td>Executive Director</td>
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<tr>
<td>Mercer County Area Agency on Aging</td>
<td>Ann Marie Sapioli</td>
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<tr>
<td>Mercer County Behavioral Health Commission</td>
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<td>Disability Options Network</td>
<td>George Spokes</td>
<td>Advocacy Coordinator</td>
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<td>Transit Advisory Board</td>
<td>Dorothy Sims</td>
<td>Member</td>
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<td>Shenango Valley Regional Chamber of Commerce</td>
<td>George Gerhert</td>
<td>Executive Director</td>
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<tr>
<td>Mercer County United Way</td>
<td>Jim Miski</td>
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<tr>
<td>Community Action Partnership</td>
<td>Ron Errett</td>
<td>CEO</td>
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Note: * Agencies which cover more than one county.
## Project Sponsors

### Ohio

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<th>Organization</th>
<th>Last Name</th>
<th>First Name</th>
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<tr>
<td>Western Reserve Transit Authority</td>
<td>James</td>
<td>Ferraro</td>
<td>Executive Director</td>
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<td>Western Reserve Transit Authority</td>
<td>Marianne</td>
<td>Vaughn</td>
<td>Secretary Treasurer</td>
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<tr>
<td>Western Reserve Transit Authority</td>
<td>Thomas</td>
<td>Nugen</td>
<td>Director of Transportation</td>
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<tr>
<td>Niles Trumbull Transit System (City of Niles)</td>
<td>Mark</td>
<td>Hess</td>
<td>Engineering &amp; Grant Development Coordinator</td>
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<tr>
<td>Eastgate Regional Council of Governments</td>
<td>John</td>
<td>Getchey</td>
<td>Executive Director</td>
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<tr>
<td>Eastgate Regional Council of Governments</td>
<td>Kathleen</td>
<td>Rodi</td>
<td>Director of Transportation</td>
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<td>Eastgate Regional Council of Governments</td>
<td>Minia</td>
<td>Reyes-Chapman</td>
<td>Transit Program Manager</td>
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<tr>
<td>Eastgate Regional Council of Governments</td>
<td>Kathy</td>
<td>Zook</td>
<td>Senior Planner</td>
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### Pennsylvania

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<tr>
<td>Mercer County Regional Planning Commission</td>
<td>Daniel</td>
<td>Dracemin</td>
<td>Executive Director</td>
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<tr>
<td>Mercer County Regional Council of Governments</td>
<td>Kim</td>
<td>DiCinto</td>
<td>Fiscal Director</td>
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<tr>
<td>Mercer County Regional Council of Governments</td>
<td>Thomas</td>
<td>Tulip</td>
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<tr>
<td>Shenango Valley Shuttle Service</td>
<td>Bill</td>
<td>Jones</td>
<td>General Manager</td>
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Appendix B
Method and Approach for
Public Forums and Workshops

First Public Forum – One in each county

Estimated Duration: 1 ½ hours

Objective: Education, input, and commitment.

1. Overview of project and preliminary data (e.g., demographics and target populations)
   National perspective on data: How do we compare?

2. Feedback and Discussion: This section provides the public’s opportunity to provide their perspective and inputs to the process
   • What are your reactions and questions?
   • Institutions and communities that look for opportunities do better. What opportunities do you see given this data?
   • Give examples of strengths and capabilities within agencies and the broader community that we might leverage. What other strengths that we might build on?

3. Next Steps
   • Technical analysis and evaluation
   • Importance of collaboration and workshops. Who we need in the room.

First Community Outreach Workshop - One in each county

Estimated Duration: 3 ½ to 4 hours

1. What have we found? A summary of findings (Stakeholder Involvement, Focus Group Results, Transportation Survey, Demographic Analyses)

2. What is the data telling us? (Breakout discussion)
   • Overview on Using data
   • Small Groups working through sets of data
     ➢ Review data. Look for patterns.
     ➢ How does this information fit with what you know from other data?
     ➢ How does this information fit with your personal experiences?
     ➢ What are possible reasons for why the results are what they are?
   • Create posters with needs, gaps, and overlaps and answer to “What are potential reasons for results?”
   • Walk around. Look at each poster
3. Understanding the legacy of change in our System: Past, Present, and Future (Whole Group)
   - Technology, funding, customer interaction, decision making, collaboration among agencies, interagency contracting, customer focus
   - What has transpired in the past and how has it created our current structure?
   - What is happening in the present? What transitions or changes are occurring related to transportation? What still fits or doesn’t fit?
   - What is the future?
   - What might our priorities be?
   - What strengths do we have to build on? Where can they take us in 5 years?

4. Wrap up and Next Steps
   - What connections have you made? What do you feel compelled to move toward or act on?
   - What we will do next time?

**Second Community Outreach Workshop – One in the region**
Duration: 3 ½ to 4 hours

1. Presentation of Alternatives for Coordinating Transportation Services

2. Technical Analysis of Alternatives—Participant breakouts to alternatives
   - Positive and negative elements related to alternative will be examined using a force field analysis
     - Driving Forces
       - What important problems does this solve?
       - What doesn’t is solve?
       - What other existing processes and structures support this action?
       - Who could lead this?
     - Opposing Forces
       - What would we give up or lose?
       - What forces, processes, structures could make it difficult?
       - What are the barriers that need to be resolved?
       - Who or what groups would we need to get on board to be successful?
3. Group Discussion of Alternatives
   - Each team presents what they have done. Write on overheads or poster paper.
   - FIT analysis—Discuss each question as a group and then rate each solution individually on each of the following factors (Scale of 1 – 10)
     o Feasible- Can it be done?
     o Impact- Will the action make an important difference?
     o Together- Will it bring people together?

4. What are the priorities? Where will we get the most bang for our buck?
   - Participants vote on the solutions that are preferred. The solution with the highest priority is discussed further

5. What do we need to do to further test or develop this solution? How can we support this plan?

**Second Public Forum – Regional Meeting – One meeting for the entire region**
Estimated Duration: 2 hours

1. Summary of the Planning Process and Plan Recommendations (How did we get to our solution...thoroughness of process)
   - Recognize role and contributions of advisory committee
   - Outcomes and insights from workshops
   - Focus groups, interviews, survey, and demographic analysis
   - Priorities emerging from data and community outreach
   - Recommended Plan and Action Agenda

2. Feedback and Discussion
   - Are we addressing Needs, Gaps, and Overlaps?
   - Are we on target with priorities, solutions, and strategies?
   - What can be done to support the implementation of this plan?
Appendix B

Agencies Invited to Participate in Community Outreach
**Mahoning County**
- Area Agency on Aging
- BBD Community First
- Beatitude House
- Burdman Group, Inc.
- CAA
- CCS Trans, Inc.
- Community Legal Aid Service
- Copeland Oaks
- Country Neighbor Program, Inc.
- Flying High Inc.
- Help Hot Line Crisis Center
- Hine Foundation
- Mahoning County District Board of Health
- Mahoning County Job and Family Services
- Mahoning Valley Veterans Service Commission
- Mercer Transportation Co.
- Rescue Mission of Mahoning Valley
- Rolling Wheels
- Sheriff of Mahoning County
- Sojourner House
- St Elizabeth Ambulatory Clinic
- St. Elizabeth Health Center/Humility of Mary Health Partners
- The Hine Memorial Fund
- The Oaks Foundation
- Tribune Chronicle
- Volunteer Services Agency, Inc.
- Youngstown Metropolitan Housing Authority
- YWCA of Youngstown

**Trumbull County**
- AAAII, SSAC
- Beatitude House
- Boulevard
- Building Bridges to Destiny, Inc.
- Burdman Group, Inc.
- Catholic Charities Regional Agency
- City of Warren
- City of Warren
- Coleman Behavioral Health
- Country Neighbor Program, Inc.
- Eastgate Regional COG
- Emmanuel Community Care Center
- Flying High, Inc.
• Hillside Rehab Hospital, Warren
• HR Director, West Corp.
• Life Lines
• Lordstown Planning & Zoning
• Niles/Nitts
• Scope Inc of Trumbull County
• Trumbull County Health Department
• Trumbull County Planning Commission
• Trumbull Metropolitan Housing Authority
• Valley Counseling Services
• West Corporation.
• Western Reserve ILC

**Mercer County**
• Arc of Mercer County/NCAR
• Business, Etc.
• CAPMC
• CCC Transit/Mercer
• Community Action Partnership of Mercer County
• Disability Options Network
• FMC Dialysis
• MC Veterans Advisory Council
• Mercer County (PA) Vietnam Era Veterans Assoc. Inc.
• Mercer County Area Agency on Aging, Inc.
• Mercer County Behavioral Health Commission
• Mercer County Trails Association, Inc.
• Niles/NIHS
• PA CareerLink Mercer County
• PSU Corporate Extension
• Shenango Valley Chamber of Commerce
• Shenango Valley Urban League, Inc.
• State Representative

**Trumbull County Housing Collaborative**
• Beatitude House
• Burdman Group - Riverbend Center
• Bureau of Vocational Rehabilitation
• Catholic Charities Regional Agency
• City of Warren
• Coleman Professional Services
• Community Legal Aid
• Community Solutions Association
• Consumer Credit Counseling
• Department of Veterans Affairs - Youngstown
• Emmanuel Community Care Center
• Family and Children First Council
• Forum Health - Trumbull Memorial Hospital
• Greater Warren Youngstown Urban League, Inc.
• Resource Mothers Program
• SCOPE, Inc. of Trumbull County
• Someplace Safe
• SOPHIA
• St. Elizabeth’s Health Center
• Sunshine of Warren/Trumbull Area, Inc.
• Trumbull County Children Services Board
• Trumbull County Health Department
• Trumbull County Help Me Grow
• Trumbull County MRDD
• Trumbull County Office of Elderly Affairs
• Trumbull County One Stop
• Trumbull County Planning Commission
• Trumbull LifeLines
• Trumbull Metropolitan Housing Authority
• Valley Counseling Services
• Warren City Health Clinic
• Warren Family Mission
• Western Reserve Independent Living Center
• Women, Infants & Children Program

Project Advisory Committee

• Mahoning County
  • 648 Mental Health Board
  • Area Agency on Aging 11, Inc.*
  • Mahoning County Board of MR/DD
  • Mahoning County Department of Job and Family Service
  • Mahoning County United Way
  • Mahoning Youngstown Community Action Partnership - MYCAP
  • Organizacion Civica Y Cultural Hispana Americana - OCCHA
  • Rehabilitation Services Commission*
  • Transit Services, Inc.
  • WRTA ADA Committee
  • Youngstown Metropolitan Housing Authority
  • Youngstown-Warren Regional Chamber of Commerce*

• Trumbull County
  • Area Agency on Aging 11, Inc.*
  • City of Warren, Dept.of Community Development - Trumbull County Housing Collaborative
- Community Bus Services*
- Rehabilitation Services Commission*
- SCOPE Inc. Of Trumbull County
- Senior Services Advisory Council
- Trumbull Community Action Program - TCAP
- Trumbull County Board of MR/DD
- Trumbull County Department of Job and Family Services
- Trumbull County Office of Elderly Affairs
- Trumbull County United Way
- Trumbull Lifelines
- Urban Minority Alcohol & Drug Outreach Program - UMADAOP

- **Mercer County**
  - Career Link
  - Community Action Partnership
  - Disability Options Network
  - M.C. Transportation Advisory Board & Com. Counseling Center
  - Mercer County Area Agency on Aging
  - Mercer County Assistance Office
  - Mercer County Behavioral Health Commission
  - Mercer County United Way
  - Shenango Valley Chamber of Commerce*
  - Shenango Valley Urban League

**Project Team**

- **Ohio**
  - Eastgate Regional Council of Governments
  - Niles Trumbull Transit System (City of Niles)
  - Western Reserve Transit Authority

- **Pennsylvania**
  - Mercer County Community Transit
  - Mercer County Regional Council of Governments
  - Mercer County Regional Planning Commission
  - Shenango Valley Shuttle Service
Appendix C

PROJECT ACTIVITIES ELIGIBLE UNDER SELECTED FEDERAL TRANSIT ADMINISTRATION PROGRAMS

Section 5216 - Job Access and Reverse Commute Program
Section 5317 - New Freedom Program
Section 5310 - Elderly Individuals and Individuals with Disabilities Program
Appendix B presents eligible activities for funding from the following three programs of the Federal Transit Administration:

- **FTA Section 5316 Job Access and Reverse Commute Program** – a program focused on improving access to transportation services to employment and employment-related activities for welfare recipients and eligible low-income individuals.

- **FTA Section 5317 New Freedom Program** – a program that will provide funding to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society.

- **FTA Section 5310 Elderly Individuals and Individuals with Disabilities Program** – a capital program designed for and implemented to meet the special needs of elderly Individuals and Individuals with disabilities.

These are the programs that require a transportation coordination plan. Projects funded from these programs must be consistent with this plan. Of note, mobility management and coordination projects are eligible for funding from each of these programs.

The eligible project activities presented on the following pages, as stated by the FTA, are meant to be examples of both the categories of projects and specific examples of projects that would be eligible for funding. Within each category, there may be eligible projects that are not specifically listed.
MOBILITY MANAGEMENT AND TRANSPORTATION COORDINATION PROJECTS

Management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive JARC funding to support the administrative costs of sharing services it provides to its own clientele with other low-income individuals and coordinate usage of vehicles with other non-profits, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:

1. The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;
2. Support for short term management activities to plan and implement coordinated services;
3. The support of State and local coordination policy bodies and councils;
4. The operation of transportation brokerages to coordinate providers, funding agencies and customers;
5. The provision of coordination services, including employer-oriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individually travel training and trip planning activities for customers;
6. The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
7. Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

SPECIFIC SERVICE INITIATIVES

1. Late-night and weekend service;
2. Guaranteed ride home service;
3. Shuttle service;
4. Expanding fixed-route public transit routes;
5. Demand-responsive van service;
6. Ridesharing and carpooling activities;
7. Transit-related aspects of bicycling (such as adding bicycle racks to vehicles to support individuals that bicycle a portion of their commute or providing bicycle storage at transit stations);
8. Local car loan programs that assist individuals in purchasing and maintaining vehicles for shared rides;

PROMOTION THROUGH MARKETING

1. use of transit by workers with non-traditional work schedules;
2. use of transit voucher programs by appropriate agencies for welfare recipients and other low-income individuals;
3. development of employer-provided transportation such as shuttles, ridesharing, carpooling; or
4. use of transit pass programs and benefits under Section 132 of the Internal Revenue Code of 1986;

VOUCHER PROGRAMS

1. Supporting the administration and expenses related to voucher programs. This activity is intended to supplement existing transportation services by expanding the number of providers available or the number of passengers receiving transportation services. Vouchers can be used as an administrative mechanism to pay providers of strategy transportation services. The JARC program can provide vouchers to low-income individuals to purchase rides, including (1) mileage reimbursement as part of a volunteer driver program, (2) a taxi trip, or (3) trips provided by a human service agency. Providers of transportation can then submit the voucher to the JARC project administering agency for payment based on pre-determined rates or contractual arrangements. Transit passes for use on fixed route or Americans with Disabilities Act of 1990 (ADA) complementary paratransit service are not eligible. Vouchers are an operational expense which requires a 50/50 (Federal/local) match;

TECHNOLOGY DEVELOPMENT

1. Acquiring Geographic Information System (GIS) tools;
2. Implementing Intelligent Transportation Systems (ITS), including customer trip information technology;
3. Integrating automated regional public transit and human service transportation information, scheduling and dispatch functions;
4. Deploying vehicle position-monitoring systems;

SERVICE SUBSIDIES

1. Subsidizing the costs associated with adding reverse commute bus, train, carpool van routes or service from urbanized areas and non-urbanized areas to suburban work places;
2. Subsidizing the purchase or lease by a non-profit organization or public agency of a van or bus dedicated to shuttling employees from their residences to a suburban workplace;
3. Otherwise facilitating the provision of public transportation services to suburban employment opportunities;
MOBILITY MANAGEMENT AND TRANSPORTATION COORDINATION PROJECTS

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive JARIC funding to support the administrative costs of sharing services if it provides to its own clientele with other low-income individuals and coordinate usage of vehicles with other non-profit organizations, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of:

1. Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation.
2. New volunteer driver and aide programs. New volunteer driver programs are eligible and include support for costs associated with the administration, management of driver recruitment, safety, background checks, scheduling, coordination with passengers, and other related support functions, mileage reimbursement, and insurance associated with volunteer driver programs. The costs of these programs are eligible under the New Freedom Program. Support for new accessible taxi, ride sharing, and/or vanpooling programs. New Freedom funds can be used to purchase and operate accessible vehicles for use in taxi, ride sharing, and/or vanpool programs that provide the vehicle capacity to accommodate a passenger who uses a "common wheelchair" as defined under 49 CFR 37.3, at a minimum, while remaining in his/her personal mobility device inside the vehicle. The vehicle must meet the same requirements for lifts, ramps and securement systems specified in 49 CFR part 38, subpart B.

NEW PUBLIC TRANSPORTATION SERVICES

New Public Transportation Services Beyond ADA

1. Enhancing paratransit beyond minimum requirements of the ADA. ADA complementary paratransit services can be eligible under New Freedom in several ways as long as the services provided meet: a. Expansion of paratransit service parameters beyond the three-fourths mile required by the ADA; b. Expansion of current hours of operation for ADA paratransit services that are beyond those provided on the fixed-route service; c. The incremental cost of providing same day service; d. The incremental cost of making door-to-door service available to all eligible ADA paratransit riders, but not as a reasonable modification for individual riders in an otherwise curb-to-curb system; e. Expansion of corridor paratransit services that are beyond those provided on the fixed-route system.

ACCESSIBILITY IMPROVEMENTS

Making accessibility improvements to transit and intermodal stations not designated as key stations. Improvements for accessibility at existing transportation facilities that are not designated as key stations established under 49 CFR 37.47, 37.51, or 37.53, and that are not required under 49 CFR 37.43 as part of an alteration or renovation to an existing station, as long as the projects are clearly intended to remove barriers that would otherwise have remained.

Feeder Services

1. Feeder services. New "feeder" service (transit service that provides access) to commuter rail, commuter bus, intercity rail, and intercity bus stations, for which complementary paratransit service is not required under the ADA.

TRAVEL TRAINING

1. Travel training. New training programs for individuals on awareness, knowledge, and skills of public and strategy transportation options available in their communities. This includes travel instruction and travel training services.

NEW PUBLIC TRANSPORTATION STRATEGIES BEYOND THE ADA

New Public Transportation Strategies Beyond the ADA. The following activities are examples of projects that are eligible as new public transportation strategies beyond the ADA under the New Freedom Program:

1. Purchasing vehicles to support new accessible taxi, ride sharing, and/or vanpooling programs. New Freedom funds can be used to purchase and operate accessible vehicles for use in taxi, ride sharing, and/or vanpool programs that provide the vehicle capacity to accommodate a passenger who uses a "common wheelchair" as defined under 49 CFR 37.3, at a minimum, while remaining in his/her personal mobility device inside the vehicle. The vehicle must meet the same requirements for lifts, ramps and securement systems specified in 49 CFR part 38, subpart B.

2. Existing transportation services by expanding the number of providers available or the number of passengers receiving transportation services. Only new voucher programs or expansion of existing programs are eligible under the New Freedom Program. Vouchers can be used as an administrative mechanism for payment of strategy transportation services to supplement available public transportation. The New Freedom Program can provide vouchers to individuals with disabilities to purchase rides, including: (a) mileage reimbursement as part of a volunteer driver program; (b) a taxi trip; or (c) trips provided by a human service agency. Providers of transportation can then submit the voucher for reimbursement to the recipient for payment based on predetermined rates or contractual arrangements. Transit passes for use on existing fixed route or ADA complementary paratransit service are not eligible. Vouchers are an operational expense which requires a 50/50 (Federal/local) match.

3. Supporting new volunteer driver and aide programs. New volunteer driver programs are eligible and include support for costs associated with the administration, management of driver recruitment, safety, background checks, scheduling, coordination with passengers, and other related support functions, mileage reimbursement, and insurance associated with volunteer driver programs. The costs of new enhancements to increase capacity of existing volunteer driver programs are also eligible. FTA notes that any volunteer program supported by New Freedom must meet the requirements of both "new" and "beyond the ADA." FTA encourages communities to offer consideration for utilizing all available funding resources as an integrated part of the design and delivery of any volunteer program.
MOBILITY MANAGEMENT AND TRANSPORTATION COORDINATION PROJECTS

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive JARC funding to support the administrative costs of sharing services it provides to its own clientele with other low-income individuals and coordinate usage of vehicles with other non-profits, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:
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3. The support of State and local coordination policy bodies and councils;
4. The operation of transportation brokerages to coordinate providers, funding agencies and customers;
5. The provision of coordination services, including employee-oriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
6. The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
7. Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

CAPITAL DEVELOPMENT PROJECTS

Vehicles and Vehicle-related Projects
1. buses;
2. vans;
3. radios and communication equipment;
4. vehicle shelters;
5. wheelchair lifts and restraints;
6. vehicle rehabilitation; manufacture, or overhaul;
7. preventive maintenance, as defined in the National Transit Database (NTD);
8. extended warranties which do not exceed the industry standard;
9. vehicle procurement, testing, inspection, and acceptance costs;
10. lease of equipment when lease is more cost effective than purchase. Note that when lease of equipment or facilities is treated as a capital expense, the State must establish criteria for determining cost effectiveness in accordance with FTA regulations, “Capital Leases,” 49 CFR part 639 and OMB Circular A-94, which provides the necessary discount factors and formulas for applying the same;
11. extended warranties which do not exceed the industry standard; preventive maintenance, as defined in the National Transit Database (NTD).

Transportation Service Contracting
1. acquisition of transportation services under a contract, lease, or other arrangement. Both capital and operating costs associated with contracted service are eligible capital expenses. User-side subsidies are considered one form of eligible arrangement. The State, as recipient, has the option to decide whether to provide funding for such acquired services. Funds may be requested for computer hardware and software;
2. initial component installation costs;
3. the introduction of new technology, through innovative and improved products, into public transportation;
4. transit-related intelligent transportation systems (ITSs).
Appendix D

AGENCIES RESPONDING TO THE SURVEY OF TRANSPORTATION SERVICES IN MAHONING, TRUMBULL AND MERCER COUNTIES
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<tr>
<td><strong>Hours of Service</strong></td>
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<tr>
<td><strong>Number of Vehicles in Daily Operation</strong></td>
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<tr>
<td><strong>Number of Vehicles in Total Fleet</strong></td>
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<tr>
<td><strong>Type of Drivers</strong></td>
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<tr>
<td><strong>Number of Drivers</strong></td>
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<tr>
<td><strong>Annual One-Way Passenger Trips</strong></td>
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<tr>
<td><strong>Annual Service Hours</strong></td>
</tr>
<tr>
<td><strong>Productivity (trips per service hour)</strong></td>
</tr>
<tr>
<td><strong>Annual Vehicle Miles</strong></td>
</tr>
<tr>
<td><strong>Sources of Funding</strong></td>
</tr>
<tr>
<td><strong>Other Information</strong></td>
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<tr>
<td><strong>Community Counseling Center of Mercer Co.</strong></td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td><strong>Contact</strong></td>
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<tr>
<td><strong>Phone Number</strong></td>
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<td><strong>Email</strong></td>
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<tr>
<td><strong>Office Location</strong></td>
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<tr>
<td><strong>Service Area</strong></td>
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<tr>
<td><strong>Passengers/Clients</strong></td>
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<tr>
<td><strong>Annual Expenses</strong></td>
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<td><strong>Hours of Service</strong></td>
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<td><strong>Number of Vehicles in Daily Operation</strong></td>
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<td><strong>Number of Vehicles in Total Fleet</strong></td>
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<td><strong>Type of Drivers</strong></td>
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<td><strong>Number of Drivers</strong></td>
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<td><strong>Annual One-Way Passenger Trips</strong></td>
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<td><strong>Annual Service Hours</strong></td>
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<tr>
<td><strong>Productivity (trips per service hour)</strong></td>
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<tr>
<td><strong>Annual Vehicle Miles</strong></td>
</tr>
<tr>
<td><strong>Sources of Funding</strong></td>
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<tr>
<td><strong>Other Information</strong></td>
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<tr>
<td><strong>Country Neighbor Program, Inc.</strong></td>
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<tr>
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</tr>
<tr>
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<td><strong>Email</strong></td>
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<td><strong>Office Location</strong></td>
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<td><strong>Service Area</strong></td>
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<td><strong>Passengers/Clients</strong></td>
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<td><strong>Annual Expenses</strong></td>
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<td><strong>Hours of Service</strong></td>
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<td><strong>Type of Drivers</strong></td>
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<td><strong>Number of Drivers</strong></td>
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<td><strong>Annual One-Way Passenger Trips</strong></td>
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<td><strong>Annual Service Hours</strong></td>
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<tr>
<td><strong>Productivity (trips per service hour)</strong></td>
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<tr>
<td><strong>Annual Vehicle Miles</strong></td>
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<td><strong>Sources of Funding</strong></td>
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<tr>
<td>Easter Seals</td>
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<td><strong>Service Area</strong></td>
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<td><strong>Passengers/Clients</strong></td>
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<td><strong>Hours of Service</strong></td>
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<td><strong>Number of Vehicles in Daily Operation</strong></td>
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<td><strong>Productivity (trips per service hour)</strong></td>
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<td><strong>Sources of Funding</strong></td>
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<td><strong>Evergreen Healthcare Services</strong></td>
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<td><strong>Office Location</strong></td>
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<tr>
<td><strong>Service Area</strong></td>
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<tr>
<td><strong>Passengers/ Clients</strong></td>
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<tr>
<td><strong>Annual Expenses</strong></td>
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<td><strong>Hours of Service</strong></td>
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<td><strong>Number of Vehicles in Daily Operation</strong></td>
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<td><strong>Number of Vehicles in Total Fleet</strong></td>
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<td><strong>Type of Drivers</strong></td>
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<td><strong>Number of Drivers</strong></td>
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<tr>
<td><strong>Annual One-Way Passenger Trips</strong></td>
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<tr>
<td><strong>Annual Service Hours</strong></td>
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<tr>
<td><strong>Productivity (trips per service hour)</strong></td>
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<tr>
<td><strong>Annual Vehicle Miles</strong></td>
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<td><strong>Sources of Funding</strong></td>
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<tr>
<td>GARWIN</td>
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<tr>
<td><strong>Contact</strong></td>
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<td><strong>Phone Number</strong></td>
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<td><strong>Service Area</strong></td>
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<td><strong>Passengers/ Clients</strong></td>
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<td><strong>Annual One-Way Passenger Trips</strong></td>
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<td><strong>Annual Service Hours</strong></td>
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<tr>
<td><strong>Productivity (trips per service hour)</strong></td>
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<tr>
<td><strong>Annual Vehicle Miles</strong></td>
</tr>
<tr>
<td><strong>Sources of Funding</strong></td>
</tr>
<tr>
<td><strong>Other Information</strong></td>
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<tr>
<td><strong>Hillside Rehabilitation Hospital</strong></td>
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<tr>
<td><strong>Phone Number</strong></td>
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<td><strong>Email</strong></td>
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<td><strong>Service Area</strong></td>
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<td><strong>Passengers/Clients</strong></td>
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<td><strong>Annual Expenses</strong></td>
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<td><strong>Hours of Service</strong></td>
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<tr>
<td><strong>Number of Vehicles in Daily Operation</strong></td>
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<td><strong>Number of Vehicles in Total Fleet</strong></td>
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<tr>
<td><strong>Type of Drivers</strong></td>
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<td><strong>Number of Drivers</strong></td>
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<tr>
<td><strong>Annual One-Way Passenger Trips</strong></td>
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<td><strong>Annual Service Hours</strong></td>
</tr>
<tr>
<td><strong>Productivity (trips per service hour)</strong></td>
</tr>
<tr>
<td><strong>Annual Vehicle Miles</strong></td>
</tr>
<tr>
<td><strong>Sources of Funding</strong></td>
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<tr>
<td><strong>Other Information</strong></td>
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<tr>
<td><strong>Iron and String Life Enhancement</strong></td>
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<tr>
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</tr>
<tr>
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<tr>
<td><strong>Phone Number</strong></td>
</tr>
<tr>
<td><strong>Email</strong></td>
</tr>
<tr>
<td><strong>Office Location</strong></td>
</tr>
<tr>
<td><strong>Service Area</strong></td>
</tr>
<tr>
<td><strong>Passengers/Clients</strong></td>
</tr>
<tr>
<td><strong>Annual Expenses</strong></td>
</tr>
<tr>
<td><strong>Hours of Service</strong></td>
</tr>
<tr>
<td><strong>Number of Vehicles in Daily Operation</strong></td>
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<tr>
<td><strong>Number of Vehicles in Total Fleet</strong></td>
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<tr>
<td><strong>Type of Drivers</strong></td>
</tr>
<tr>
<td><strong>Number of Drivers</strong></td>
</tr>
<tr>
<td><strong>Annual One-Way Passenger Trips</strong></td>
</tr>
<tr>
<td><strong>Annual Service Hours</strong></td>
</tr>
<tr>
<td><strong>Productivity (trips per service hour)</strong></td>
</tr>
<tr>
<td><strong>Annual Vehicle Miles</strong></td>
</tr>
<tr>
<td><strong>Sources of Funding</strong></td>
</tr>
<tr>
<td><strong>Other Information</strong></td>
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### Mahoning County Board of MRDD

<table>
<thead>
<tr>
<th>Contact</th>
<th>Larry Duck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>(330) 797-2828</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:lduck@zoominternet.net">lduck@zoominternet.net</a></td>
</tr>
<tr>
<td>Service Area</td>
<td>Mahoning County</td>
</tr>
<tr>
<td>Passengers/Clients</td>
<td>MRDD (incl. some wheelchair trips)</td>
</tr>
<tr>
<td>Annual Expenses</td>
<td>$4 million</td>
</tr>
<tr>
<td>Hours of Service</td>
<td>6:45AM to 5:30PM weekdays; occasional (as required) trips on weekends</td>
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<tr>
<td>Number of Vehicles in Daily Operation</td>
<td>32</td>
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<tr>
<td>Number of Vehicles in Total Fleet</td>
<td>52</td>
</tr>
<tr>
<td>Type of Drivers</td>
<td>Paid</td>
</tr>
<tr>
<td>Number of Drivers</td>
<td>26 FTE</td>
</tr>
<tr>
<td>Annual One-Way Passenger Trips</td>
<td>264,000</td>
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<tr>
<td>Annual Service Hours</td>
<td>52,000</td>
</tr>
<tr>
<td>Productivity (trips per service hour)</td>
<td>5.1</td>
</tr>
<tr>
<td>Annual Vehicle Miles</td>
<td>800,000</td>
</tr>
<tr>
<td>Sources of Funding</td>
<td>Overall MRDD budget of $24 million with 75% from county tax levy. Other sources include state departments of MRDD and Education, and other grant programs</td>
</tr>
<tr>
<td>Other Information</td>
<td>Annual transportation expense is all inclusive (driver wages, fuel, maintenance, etc.)</td>
</tr>
<tr>
<td><strong>Mahoning County District Board of Health</strong></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Contact</strong></td>
<td>Diana Colaianni</td>
</tr>
<tr>
<td><strong>Phone Number</strong></td>
<td>(330) 270-2855 ext. 128</td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td><a href="mailto:dcolaanni@mahoning-health.org">dcolaanni@mahoning-health.org</a></td>
</tr>
<tr>
<td><strong>Office Location</strong></td>
<td>Youngstown, Mahoning County</td>
</tr>
<tr>
<td><strong>Service Area</strong></td>
<td>Eastern Mahoning County</td>
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<tr>
<td><strong>Passengers/Clients</strong></td>
<td>Frail seniors</td>
</tr>
<tr>
<td><strong>Annual Expenses</strong></td>
<td>$51,531</td>
</tr>
<tr>
<td><strong>Hours of Service</strong></td>
<td>8AM-4:30PM weekdays</td>
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<td><strong>Number of Vehicles in Daily Operation</strong></td>
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<tr>
<td><strong>Number of Vehicles in Total Fleet</strong></td>
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<tr>
<td><strong>Type of Drivers</strong></td>
<td>Paid</td>
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<tr>
<td><strong>Number of Drivers</strong></td>
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<tr>
<td><strong>Annual One-Way Passenger Trips</strong></td>
<td>7,400</td>
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<tr>
<td><strong>Annual Service Hours</strong></td>
<td>1,875</td>
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<tr>
<td><strong>Productivity (trips per service hour)</strong></td>
<td>3.95</td>
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<tr>
<td><strong>Annual Vehicle Miles</strong></td>
<td>20,000</td>
</tr>
<tr>
<td><strong>Sources of Funding</strong></td>
<td>County general fund (83%), grant from Area Agency on Aging (17%)</td>
</tr>
<tr>
<td><strong>Other Information</strong></td>
<td>Annual expense figure includes gas, maintenance, salary and benefits, and insurance</td>
</tr>
<tr>
<td><strong>Contact</strong></td>
<td>Richard A. Roller</td>
</tr>
<tr>
<td><strong>Phone Number</strong></td>
<td>(330) 747-7921</td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td><a href="mailto:rroller@my-cap.org">rroller@my-cap.org</a></td>
</tr>
<tr>
<td><strong>Office Location</strong></td>
<td>Youngstown, Mahoning County</td>
</tr>
<tr>
<td><strong>Service Area</strong></td>
<td>Mahoning County</td>
</tr>
<tr>
<td><strong>Passengers/Clients</strong></td>
<td>Children (ages 3-5) and Seniors</td>
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<td><strong>Annual Expenses</strong></td>
<td>$450,000</td>
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<td><strong>Hours of Service</strong></td>
<td>8AM-4:30PM to Sebring; 6:30AM-5PM in inner city</td>
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<tr>
<td><strong>Number of Vehicles in Daily Operation</strong></td>
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</tr>
<tr>
<td><strong>Number of Vehicles in Total Fleet</strong></td>
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<tr>
<td><strong>Type of Drivers</strong></td>
<td>Paid</td>
</tr>
<tr>
<td><strong>Number of Drivers</strong></td>
<td>11 full-time, 2 part-time</td>
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<tr>
<td><strong>Annual One-Way Passenger Trips</strong></td>
<td>76,686</td>
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<tr>
<td><strong>Annual Service Hours</strong></td>
<td>17,250+</td>
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<tr>
<td><strong>Productivity (trips per service hour)</strong></td>
<td>4.45</td>
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<tr>
<td><strong>Annual Vehicle Miles</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Sources of Funding</strong></td>
<td>Head Start: Federal Head Start funds. For trips to Sebring: Community Service Block Grant, Area Agency on Aging grant</td>
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<tr>
<td><strong>Other Information</strong></td>
<td>Sebring trips deliver clients to a MYCAP rural service center. Annual expense figure includes wages, vehicle purchases, gas and maintenance.</td>
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<tr>
<td><strong>SCOPE, Inc.</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Contact</strong></td>
<td>Kim Haase</td>
</tr>
<tr>
<td><strong>Phone Number</strong></td>
<td>(330) 399-8846</td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td><a href="mailto:scope@neo.rr.com">scope@neo.rr.com</a></td>
</tr>
<tr>
<td><strong>Service Area</strong></td>
<td>Trumbull County</td>
</tr>
<tr>
<td><strong>Passengers/ Clients</strong></td>
<td>Seniors (Adult Day Care), extremely frail elderly requiring close attention during transport</td>
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<tr>
<td><strong>Annual Expenses</strong></td>
<td>$82,300</td>
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<tr>
<td><strong>Hours of Service</strong></td>
<td>7:00AM to 10:00AM – 2:00PM to 5:00PM on weekdays</td>
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<tr>
<td><strong>Number of Vehicles in Daily Operation</strong></td>
<td>3</td>
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<tr>
<td><strong>Number of Vehicles in Total Fleet</strong></td>
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<tr>
<td><strong>Type of Drivers</strong></td>
<td>Paid</td>
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<tr>
<td><strong>Number of Drivers</strong></td>
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<tr>
<td><strong>Annual One-Way Passenger Trips</strong></td>
<td>6,992</td>
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<td><strong>Annual Service Hours</strong></td>
<td>4,500</td>
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<td><strong>Productivity (trips per service hour)</strong></td>
<td>1.6</td>
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<td><strong>Annual Vehicle Miles</strong></td>
<td>60,000</td>
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<tr>
<td><strong>Sources of Funding</strong></td>
<td>PASSPORT - $59,000; CDBG - $5,000; United Way - $5,000; Levy funds - $8,000; plus other miscellaneous</td>
</tr>
<tr>
<td><strong>Other Information</strong></td>
<td>Transportation expense includes drivers, dispatcher (part time), fuel, maintenance and vehicle insurance. Noted that vehicle insurance got very expensive (up to $18,000) but it is now lower.</td>
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<tr>
<td><strong>Trumbull County Children Services</strong></td>
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<tr>
<td><strong>Contact</strong></td>
<td>Ron Genaro</td>
</tr>
<tr>
<td><strong>Phone Number</strong></td>
<td>(330) 372-2010 x1242</td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td></td>
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<tr>
<td><strong>Service Area</strong></td>
<td>Trumbull County</td>
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<tr>
<td><strong>Passengers/Clients</strong></td>
<td>Clients of Children Services</td>
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<tr>
<td><strong>Annual Expenses</strong></td>
<td>$44,000</td>
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<td><strong>Hours of Service</strong></td>
<td>8:00AM to 6:30PM on weekdays</td>
</tr>
<tr>
<td><strong>Number of Vehicles in Daily Operation</strong></td>
<td>6 (drivers operate their own vehicles)</td>
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<tr>
<td><strong>Number of Vehicles in Total Fleet</strong></td>
<td>6 (drivers operate their own vehicles)</td>
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<tr>
<td><strong>Type of Drivers</strong></td>
<td>Paid (wages plus 48.5 cents per mile reimbursement)</td>
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<tr>
<td><strong>Number of Drivers</strong></td>
<td>4 FT (40 hours); 2 PT (20 hours)</td>
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<td><strong>Annual One-Way Passenger Trips</strong></td>
<td>8,800</td>
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<td><strong>Annual Service Hours</strong></td>
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<td><strong>Productivity (trips per service hour)</strong></td>
<td>0.7</td>
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<td><strong>Annual Vehicle Miles</strong></td>
<td>113,000</td>
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<tr>
<td><strong>Sources of Funding</strong></td>
<td>Transportation costs are embedded in overall agency budget; majority of funding from county tax levy plus other state funds</td>
</tr>
<tr>
<td><strong>Other Information</strong></td>
<td>Transportation expense only includes the mileage reimbursement</td>
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</tbody>
</table>
Appendix E

PRIVATE TRANSPORTATION COMPANIES IN MAHONING, TRUMBULL AND MERCER COUNTIES
<table>
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<tr>
<th>Service</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Action Ambulance Service</td>
<td>Warren, OH</td>
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<tr>
<td>American Taxi Cab</td>
<td>Youngstown, Ohio</td>
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<tr>
<td>Arthur's Liery</td>
<td>Niles, OH</td>
</tr>
<tr>
<td>Boardman Medical Supply</td>
<td>Youngstown, OH</td>
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<tr>
<td>Borowski Ambulance</td>
<td>Newton Falls, OH</td>
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<tr>
<td>GARWIN</td>
<td>Hubbard, Ohio</td>
</tr>
<tr>
<td>Building Bridges to Destiny Inc</td>
<td>Warren, OH</td>
</tr>
<tr>
<td>CCS Transportation, Inc</td>
<td>Youngstown, OH</td>
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<tr>
<td>Mike Clark</td>
<td>Boardman, OH</td>
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<tr>
<td>Classic Heritage Tours</td>
<td>Lowellville, OH</td>
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