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Research Corporation

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

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

FINANCIAL AND FUNDING ANALYSIS

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prepared for the

Miami Valley Regional Planning Commission

**by
WESTAT**

in conjunction with

Nelson\Nygaard Consulting Associates, Inc.

Nelson Development, Ltd.

Center for Urban and Public Affairs, Wright State University

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FINANCIAL AND FUNDING ANALYSIS¹

This memorandum describes the financial considerations of the human services transportation coordination plan for the Miami Valley region. While a significant portion of the funds needed to implement key recommendations of this plan may come from the efficiencies created by coordinating current transportation services, additional funding for transportation services will be needed. A substantial amount of funding is available from a variety of Federal sources, but obtaining some of these funds will be dependent upon making significant progress towards coordination. The State of Ohio also controls significant financial resources that could be applied to coordinated transportation services in the Miami Valley region. Still, even if all these sources can be tapped, it is likely that some additional funding will be required from local governments.

FUNDING STATUS OF CURRENT TRANSPORTATION SERVICES

Surveys and telephone interviews were conducted with more than 100 agencies and organizations in the Miami Valley Region.² The inventory of transportation providers and purchasers showed 58 agencies providing transportation services with 683 vehicles. Twenty-eight agencies were purchasing transportation services from the provider agencies. Transportation providers and purchasers in the region spend more than \$70 million on the services that they reported offering (most reports were for the 2006 calendar year). In the region, nearly 12 million trips are offered annually to travelers with special needs and members of the general public; 97 percent of those trips are provided by the region's three major public transportation operators, the Greater Dayton Regional Transportation Authority (GDRTA), the Greene County Transit Board, (Greene CATS), and the Miami County Transit System (MCTS). It appears that coordinating the key transportation services could offer substantial cost-effectiveness benefits to the region.

Greene County

The estimated total cost of transportation for the major providers in Greene County is approximately \$2,701,000. This estimate is based on reported costs for five providers in 2006,

¹ This memorandum was written by Jon Burkhardt of Westat with the assistance of Charles Nelson of Nelson Development. Mr. Burkhardt edited this memorandum and supervised its production.

² For more details, see *Public Transit – Human Services Transportation Coordination Plan for Greene, Miami, Montgomery, and Portions of Northern Warren County, Ohio: Transportation Providers, Purchasers, Costs, Origins, and Destinations*, prepared for the Miami Valley Regional Planning Commission by Westat, et al. April 3, 2008.

including Greene CATS at approximately \$2,171,000, and estimated costs for three other providers.

The largest of the 16 transportation providers in Greene County is Greene CATS. They provide countywide service to the general public and clients of human service agencies using a combination of demand responsive and flex route services. They provided approximately 120,000 trips in 2006.

The second largest provider is the Xenia Adult Recreation and Service Center which provides transportation services for Xenia residents age 50 and over and Greene County residents age 60 and over. They provided approximately 12,500 trips per year at a cost of about \$251,000.

Of the six agencies that purchase transportation services for their clients in Greene County, two of the largest — the Greene County Board of Mental Retardation and Developmental Disabilities (MR/DD) and Department of Job and Family Services (DJFS) — both purchase most of their transportation services from Greene CATS.

Miami County

The estimated total cost of transportation for the transportation providers in Miami County is approximately \$1,511,000. This estimate is based on reported costs for two providers, including MCTS at approximately \$862,000, and estimated costs for the other two providers.

The largest of the four transportation providers in Miami County is MCTS, which provides advance reservation demand responsive countywide service to the general public and clients of human service agencies. MCTS provides approximately 43,000 trips per year.

The other large provider is Riverside of Miami County – Board of MR/DD, providing transportation for client programs including supported community employment and facility based sheltered employment. For their primary transportation program, which is pre-scheduled subscription service, they provide an estimated 66,000 trips per year.

Montgomery County

The estimated total cost of transportation for the transportation providers in Montgomery County is approximately \$65,891,000. This estimate is based on reported costs for seven providers and estimated costs for all of the other providers. The estimated cost is dominated by the GDRTA costs of \$43,795,900 for the fixed route service and \$14,312,100 for Project Mobility.

The GDRTA operates more than 210 buses on routes that cover much of Montgomery County, providing approximately 12,400,000 trips per year. GDRTA has also set up special fixed

routes designed to serve seniors (Senior EZ Ride) connecting senior citizens centers, neighborhoods, grocery stores, shopping centers, hospitals and pharmacies.

Project Mobility provides ADA complementary paratransit service to individuals with certified disabilities who are unable to use regular fixed routes. Project Mobility provides approximately 300,000 trips per year, operating more than 75 vehicles.

The other large provider is Montgomery County – Board of MR/DD, offering transportation for client programs including supported community employment and facility based sheltered employment. For their primary transportation program, which is pre-scheduled subscription service, they operate 52 accessible school bus type vehicles, providing an estimated 392,000 trips per year at a cost of about \$5,317,000. In all, there are 10 transportation providers in Montgomery County that spend more than \$100,000 to provide trips to their customers.

Regional Services

The largest provider with regional operations is Toward Independence, Inc., providing transportation for individuals with developmental disabilities through referral from the appropriate County Board of MR/DD, after proper sources of funding have been secured. They provide approximately 42,500 trips per year at a cost of more than \$150,000.

Funding Sources

In general, the funding sources³ for various agencies in the Miami Valley region are as follows:

- For the 3 major transit agencies:
 - Federal Transit Administration (FTA) programs
 - State programs
 - Local assistance
 - Fares and contracts.

- For the senior centers:
 - Federal Administration on Aging (AoA) funds
 - Local assistance
 - Medicaid waiver funds.

- For the MR/DD programs:

³ Specific funding programs are described in detail later in this memorandum.

- Local assistance
- Federal Medicaid funds.
- For welfare to work programs:
 - Federal Temporary Assistance to Needy Families (TANF) funds
 - State assistance
 - Federal Workforce Investment Act (WIA) funds.
- For community action programs:
 - Federal Community Services Block Grant (CSBG) funds
 - Local assistance.

More specific funding arrangements include the following:

- In Montgomery County:
 - The transit authority is locally funded by a one-half percent sales tax. GDTRA receives no state operating assistance.
 - Human service agencies are partially funded by a Human Services Levy that is a 7.21 millage tax assessed against real estate.
- In Greene County:
 - Greene CATS receives Federal and state assistance but no local funding.
- In Miami County:
 - MCTS receives Federal, state, and local operating assistance, but the Federal funds may be reduced and whether or not to continue local assistance through general revenue funds is being debated.

FUNDING FOR NEW PROJECTS AND TASKS

The Coordinated Transportation Action Plan⁴ described a variety of potential specific tasks that could be undertaken. This section addresses potential funding sources for several of the key tasks.

⁴ *Public Transit – Human Services Transportation Coordination Plan for Greene, Miami, Montgomery, and Portions of Northern Warren County, Ohio: Coordinated Transportation Action Plan*, prepared for the Miami Valley Regional Planning Commission by Westat, et al. February 29, 2008.

Operating County / Regional Travel Information Centers

The 3 major transit agencies (GDRTA, Greene CATS, and Miami County Transit), MVRPC, County governments, and the United Way are expected to be the key partners in the operation of these centers. The travel information centers could be funded through FTA's mobility management program under the Section 5307 program, AoA's Title III program that supports information and referral centers, the US Department of Labor's One-Stop labor assistance program, and current local government programs.

Enhancing Vanpool Services

This program would be expected to be administered by MVRPC, with the possible assistance of GDRTA. US DOT CMAQ funding and funding by local employers could be key sources for this program.

Augmenting Project Mobility Operations

GDRTA and new partners would be expected to be the key stakeholders here. Since the involvement of new partners would be expected to reduce the overall costs of these services, no new funding should be needed.

Coordinating Agency Transportation Services

MVRPC would be expected to play a lead role in future coordination efforts by leading a Regional Transportation Coordination Leadership Council. This activity should require only a modest amount of funding; funds should be sought from MVRPC's typical FTA and FHWA funding sources plus some contributions from participating agencies and local governments.

Providing Travel Subsidies

Low-income individuals may need assistance in paying for their transportation services. Human service agencies and County governments should assume the responsibility for such programs.

FUNDING OPTIONS AND OPPORTUNITIES

Additional funding for transportation services is needed in the region. A substantial amount of funding is available from Federal sources, and communities that have made significant progress towards coordination will be at a competitive advantage for these funds. State-administered programs also provide significant opportunities for transportation assistance.

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;⁵ their 2003 list included 62 programs.⁶ 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).⁷ 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 1 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 2 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.⁸ Transportation expenses for these programs can be expected to continue to grow in the future.

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

- Medicaid

⁵*Hindrances to Coordinating Transportation of People Participating in Federally Funded Grant Programs*, Report of the Comptroller General of the United States to the Senate Committee on Environment and Public Works, United States General Accounting Office, October 1977.

⁶ 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.

⁷ For example, see *Federal Programs that Fund Ground Passenger Transportation Services*, Taxicab, Paratransit and Limousine Association, February 2006. See also *Federal Investment Guide*, Community Transportation Association of America, <http://www.ctaa.org/ntrc/federalregs/fedinvest.gd.pdf>.

⁸ 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 1:
THE MOST HIGHLY FUNDED FEDERAL TRANSPORTATION PROGRAMS**

<i>Program, Agency, and Department</i>	<i>FY 2001 transportation expenses⁹</i>	<i>Percent of total funding</i>	<i>Cumulative percent</i>
Medicaid (CMS/DHHS)	\$976,200,000	39.9	39.9
Head Start (ACF/DHHS)	\$514,500,000	21.0	61.0
Elderly and Disabled Program, S. 5310 (FTA/DOT)	\$174,982,628	7.2	68.1
Temp Assistance for Needy Families (ACF, DHHS)	\$160,462,214	6.6	74.7
Veterans Medical Care Benefits (Veterans Health, VA)	\$126,594,591	5.2	79.9
Job Access and Reverse Commute, S. 5316 (FTA/DOT)	\$85,009,627	3.5	83.3
21st Century Learning (Elementary & 2ndary Ed/ED)	\$84,600,000	3.5	86.8
Title III B Supportive Services (AoA/DHHS)	\$72,496,003	3.0	89.8
Vocational Rehabilitation (RSA/ED)	\$50,700,000	2.1	91.9
Urbanized Area Grants, S. 5307 (FTA/DOT)	\$36,949,680	1.5	93.4

**Table 2:
UPDATED ESTIMATES FOR KEY FEDERAL TRANSPORTATION PROGRAMS**

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

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

⁹ United States General Accounting Office, Report GAO-03-697, 2003.

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

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

The following sections briefly describe the programs listed above.¹⁰ Programs are listed by name, agency, and Federal department. Information on these programs is available at the web sites of the respective departments and at the web site for the Federal Interagency Coordinating Council on Access and Mobility at <http://www.unitedweride.gov/>.

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

The Medicaid program ensures medical assistance to qualified persons, such as certain low-income individuals and families, who fit into an eligibility group that is recognized by federal and state law. Medicaid is the largest program providing medical and health-related

¹⁰ Burkhardt, *Business Growth Opportunities*, loc cit.

services to America's poorest people; the Medicaid program accounts for one of every six dollars spent on personal health care and nearly half of all spending on nursing home care.

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

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

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

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

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

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

The Temporary Assistance for Needy Families (TANF) program provides block grants to states to help families transition from welfare to self-sufficiency. TANF funds provide cash assistance, work opportunities, and necessary support services for needy families with children. The TANF block grant replaced the Aid to Families with Dependent Children (AFDC) program,

which had provided cash welfare to poor families with children since 1935. States use TANF funds to operate their own programs. States have great latitude in expenditures and have used TANF funds in many ways, including income assistance and wage supplements, child care, education and job training, transportation, and other services designed to help families make the transition from welfare to work. In order to receive TANF funds, states must spend some of their own dollars on programs for needy families.

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

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

Title III of the Older Americans Act is entitled Grants for State and Community Programs on Aging. Section 311 of the Act (Title III B) authorizes funding for Supportive Services and Senior Centers. This section enables funding for a long list of home and community-based supportive services including transportation, health, education and training, welfare, information dissemination or referral services, recreation, homemaker, counseling, transportation, access services, housing, and many other services. Funds are awarded by formula to State Units on Aging (SUAs) to provide (or ensure that other agencies provide) these supportive services to older persons. State Units on Aging and Area Agencies on Aging (AAAs) are charged with the responsibility of concentrating resources to develop and implement comprehensive and coordinated community-based systems of service for older individuals to enable them to remain in their homes and communities. Most States are subdivided into multi-county Planning and Service Areas (PSAs), each of which is served by an Area Agency on Aging (AAA). There are about 656 AAAs in the US; many of them are multi-county not-for-profit organizations that are further subdivided into Councils on Aging (COAs).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

New Freedom projects must be coordinated with activities under Sections 5310 and 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 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 the largest or most frequently used of the potential 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; services integration to support coordination of children's mental health, medical, dental, and education services; assessments 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; and 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 Ohio¹¹

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.**

¹¹ 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.

Ohio DOT's Coordination Program

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

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

Eligible applicants are:

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

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

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

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, that 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 the TANF program's provisions. 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 DOT'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. Since transportation is an eligible service item with ORSC, if an individual qualifies for service through the ORSC, transportation would be an eligible expense for that individual.

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

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

Ohio's Mental Health Program

The Ohio Department of Mental Health (ODMH) is responsible for overseeing Ohio's public mental health system which consists of 50 county and multi-county Alcohol, Drug Addiction, and Mental Health (ADAMH) boards serving all 88 Ohio counties and nearly 500

community mental health agencies. The boards, which in most cases oversee both mental health and addiction services, do not directly provide services but act as local mental health authorities, funding, planning, monitoring and purchasing services provided by private agencies and the Behavioral Healthcare Organizations operated by ODMH. This approach, which emphasizes local management and control, generates strong citizen involvement and local financial support for mental health services.

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

Typical Local Program Contacts

Local agencies often have a strong role in the administration of the above programs, including reporting and costing functions. Table 3 indicates typical local contacts,¹² but responsibilities vary widely from state to state and locality to locality. Key local agency contacts often include state Medicaid offices, Area Agencies on Aging or Councils on Aging, veteran's medical centers or other facilities, transit authorities, local governments, non-profit organizations, and Metropolitan Planning Organizations or Councils of Government.

SOME BEST PRACTICE FUNDING MODELS FROM OTHER REGIONS

There are many examples of communities where coordinated transportation services have managed to apply a variety of funding sources to successfully support transportation for a wide range of travelers. Grand Rapids, Pittsburgh, and Southeastern Michigan demonstrate coordination activities that are supported by multiple counties and multiple agencies. All of these communities use funding sources that are available or could be available in the Miami Valley region; they also apply procedures that could be relevant locally.

Grand Rapids, Michigan

The Rapid (the Grand Rapids area transit agency) is the lead agency for coordination planning in the Grand Rapids region. The regional MPO, the Grand Valley Metropolitan Council, covers a service area of six counties. GVMC is the designated recipient of 5310 funds. The Rapid, also known as the Interurban Transit Partnership, is the designated recipient of 5316 and 5317 funds. Both entities use a process for prioritizing projects to be funded by these programs that is included in the Transit Improvement Program for the region, and the process for

¹² Burkhardt, op cit.

**Table 3:
TYPICAL LOCAL PROGRAM CONTACTS**

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

creating this plan is led by GVMC as part of the Long Range Transportation Plan (LRTP) for the region. Therefore, project prioritization is a response to the goals outlined in the LRTP. Coordination planning efforts are handled by the transit agency. Their coordination efforts began in about 2003, but it took some time to start the program. Before the human service transportation coordination process started, there were many agencies that provided transportation but access to these providers' services was hindered by a lack of a clearinghouse or central source of information. Monthly meetings took place between involved agencies and stakeholders, including transit providers, and eventually a consultant was hired to produce a plan.

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 intent was to increase capacity and reduce costs for the participating agencies with more service made available by reducing overhead costs of scheduling and dispatch. This was to be accomplished by making a central, single call and dispatch center while each of the participating agencies maintains their own fleets and outreach staff, thereby saving resources on the administrative and telecommunications overhead and making the process simpler for users. The six participating agencies are senior social service agencies located in Kent County, with the local Area Agency on Aging (AAoA of Western Michigan) playing a key stakeholder and organizing role. (There is also a county-wide job access transportation program called County Connection that is funded through JARC.)

Pittsburgh, Pennsylvania

Pittsburgh's efforts toward human service transportation coordination began in the late 1970s. A major product of these efforts has been the ACCESS transportation brokerage service, operating since 1979, which is open to members of the general public but primarily serves persons with disabilities, clients of human service agencies, and older persons. Nearly all of the human service agencies and organizations that fund or provide transportation in the Pittsburgh area now voluntarily contract with ACCESS for trips for their clients.

The Pittsburgh area has also engaged in a more recent transportation coordination process spearheaded by a committee called the Access to Work Interagency Cooperative (ATWIC). ATWIC is overseen by representatives of Southwestern Pennsylvania Commission, the Port Authority of Allegheny County, and the Three Rivers Workforce Investment Board. A JARC grant that has been used to support the operations of ATWIC for three years will expire in 2008 and it is likely that the group will be incorporated into one of the three oversight organizations at that time in order to continue its work.

Originally created in 1997, ATWIC originally grew out of an initiative of the Pittsburgh Foundation in response to welfare reform legislation. Stakeholders drawn together by the Pittsburgh Foundation quickly noted that a key challenge to unemployed and underemployed persons was transportation. ATWIC's service area is the same as that of Pittsburgh's MPO, the Southwestern Pennsylvania Commission (SPC), covering a service area of ten counties including Allegheny, the location of the City of Pittsburgh. ATWIC's role has been to bring together the

various services available throughout the 10-county area to one table to discuss ways that movement throughout the region can be made easier. An Executive Committee of private and public stakeholders meets monthly to bridge the gaps of a transportation network that must serve one highly urban central county and nine predominantly rural ring counties efficiently and effectively.

ATWIC is responsible for regional transportation coordination as well as oversight of 5310, 5316, and 5317 funding for the region. (The Port Authority of Allegheny County is the designated recipient of 5316 (JARC) funds and is the fiscal agent but ATWIC handles programming and functional aspects.) ATWIC has produced a document entitled “SWPA JARC Regional Transportation Plan” that details their efforts to coordinate services regionally. Multiple county- and regional-level stakeholders are represented for each of the ten counties and discussions include both paratransit and fixed-route service topics. This document is therefore a reflection of an ongoing coordination process facilitated by ATWIC rather than a one-time effort.

Project selection is an open process; ATWIC has funded twelve projects consistently for several years, nine of which provide direct transportation services and three of which supplement transportation-related needs (such as workforce development and travel training). Projects must be derived from the needs of the locally coordinated plan. In addition to conducting coordination planning and project funding, ATWIC’s work has resulted in a number of tangible benefits. For example, as a result of meetings organized by ATWIC, three county and regional services agreed to accept transfers from each other in order to facilitate cross-county travel. One major recent challenge that will likely continue in ATWIC’s work in the future is a significant funding crisis that has affected Pennsylvania, resulting in unsteady funding streams for local match dollars, particularly affecting JARC programs.

Although the task force was originally geared toward jobs access transportation, the plan covers coordination of many transportation services, including human service paratransit. Coordination activities among and between all participating services in the region, as well as the coordination of projects to be supported through the aforementioned funds, is described in this document. ATWIC will likely expand its scope and attempt to include planning for New Freedom funds in its scope of responsibilities and to increase the broadness of planning. ATWIC is also in the process of completing its Human Service Transportation Coordination Plan in fulfillment of the region’s SAFETEA-LU obligation. The plan was scheduled to be finalized around the end of 2007 and include a reference to the New Freedom funds.

Southeastern Michigan

The **Suburban Mobility Authority for Regional Transportation (SMART)** is the suburban transit operator for three counties in southeast Michigan, covering a service area of 1,200 square miles. (Service within the city of Detroit is provided by a separate system funded and operated by the city’s Department of Transportation.)

SMART operates 419 vehicles in fixed route and paratransit service, taking people to and from Detroit to Wayne, Oakland, and Macomb counties. In addition, SMART’s Community

Partnership Program helps fund coordinated transportation services operated by 50 local communities with an additional 137 vehicles, which primarily serve people who are elderly or disabled. SMART coordinates with the communities by giving them local property taxes earmarked for transit and a percentage of the Federal dollars SMART receives. Its three ombudsmen develop unique plans with each community. SMART's paratransit vehicles and the vehicles operated by the Community Partnership Program make about the same number of trips per day — 2,000 daily trips in each system. Therefore, the Community Partnership Program has allowed SMART to double the mobility of riders in its three-county service area. SMART now uses more than 600 buses and provides 11 million rides per year, an all-time high, and is setting records in every sector of their business. The system has also become a model for other transit systems looking to make similar changes.

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

LOCAL FUNDING FOR PUBLIC TRANSPORTATION SERVICES IN OHIO

Public transportation services in Ohio may be funded in a number of ways. The manner in which local funding is established depends in part on how public transportation services are organized legally.

Any county or municipal corporation may establish and operate public transportation services. County commissioners, municipal corporations and townships may appropriate general fund revenues to support the provision of public transportation services. In Hamilton County, Ohio, the Southwest Ohio Regional Transit Authority (SORTA), is funded by a 0.03% earnings tax that is collected by the City of Cincinnati.

When public transportation services intend to raise funds through taxes dedicated to public transportation purposes, the Ohio Revised Code provides for several organizational options:

1. A county transit system
2. A regional transit authority
3. A regional transit commission.

A **county transit commission** (Ohio Revised Code 306.03) may be established by the board of county commissioners. At the commissioners' choosing, the county transit system may be managed by a county transit board or the commissioners acting as that board. The county transit system, itself, has no independent taxing authority. Any local taxes that would support a

county transit system must be placed on a general, primary, or special election ballot by the county commissioners for approval by the voters. If a county transit system is created by and operated directly by the commissioners, all financial affairs are accounted for through a specific account in the county general fund. If the county commissioners delegate by resolution all duties and responsibilities to a separate county transit board, the county transit board is responsible for management of the board's financial affairs.

A **regional transit authority** (ORC 306.31) may be established, by resolution, by any county, or any two or more counties, municipal corporations or townships. A regional transit authority's jurisdiction may be expanded in a similar manner. A regional transit authority has the authority to levy and collect one or the other of the following taxes:

- A property tax, not to exceed 5 mills, on property within the territorial boundaries of the regional transit authority. Such a tax may be approved for a period not to exceed 10 years.
- A sales and use tax, not to exceed 1½%. The tax may be levied in ¼% increments. Such a tax may be for periods of 5 or 10 years, or for a continuing period of time.

A **regional transit commission** (ORC 306.80) enables one or more contiguous counties or municipal corporations in Ohio to enter into an agreement with an adjacent state to create a regional transit commission. Such a commission would be established to provide services and facilities within the Ohio communities and within the adjacent state(s). Duties and responsibilities are those authorized in the respective states.

Current Transportation Funding

Only two regional transit authorities are now funded by property taxes, which were approved by voters in their jurisdiction:

- Toledo Area Regional Transit Authority (Lucas County): 2 and ½ mills
- Western Reserve Transit Authority (Mahoning County): 5 mills.

Seven regional transit authorities are currently funded by sales and use taxes approved by voters in the jurisdiction:

- Greater Cleveland Regional Transit Authority (Cuyahoga County): 1%
- Central Ohio Transit Authority (Franklin County): 0.5%
- LakeTran (Lake County): 0.25%
- Greater Dayton Regional Transit Authority (Montgomery County): 0.5%
- Portage Area Regional Transportation Authority (Portage County): 0.25%
- Stark Area Regional Transit Authority (Stark County): 0.25%
- Akron Metro Regional Transit Authority (Summit County): 0.5%.

As can be seen from this list, sales and use taxes for transportation purposes range from 0.25% to 1.00%. Total state and local sales and use taxes range from 6.00% (Hancock and Stark counties) to 7.75% (Cuyahoga County). Further sales tax details are shown in Appendix A.

Changes in Transportation Funding

The sources and levels of local revenues may change over time. For example:

- The Akron Metro Regional Transit Authority received voter approval in March 2008 to increase its sales and use tax from 0.25% to 0.5%. The ¼% sales and use tax replaced property taxes.
- The Stark Area Regional Transit Authority is supported by a ¼% sales and use tax that replaced property taxes.
- The Toledo Area Regional Transit Authority is investigating the feasibility of replacing its 2.5 mills in property taxes with a sales and use tax.
- The Western Reserve Transit Authority was unsuccessful on the March 2008 primary election ballot in getting voter approval in Mahoning County of a ¼% sales and use tax to replace a 5 mill tax in Youngstown. WRTA hopes to return the tax issue to the ballot in November 2008.

SUMMARY

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

The State of Ohio strongly promotes transportation coordination through its Ohio Statewide Coordination Task Force. The Ohio DOT also administers most Federal programs that originate within the Federal Transit Administration,¹³ and there are at least 6 other key state-administered human service programs that could be used provide funding for coordinated transportation services.

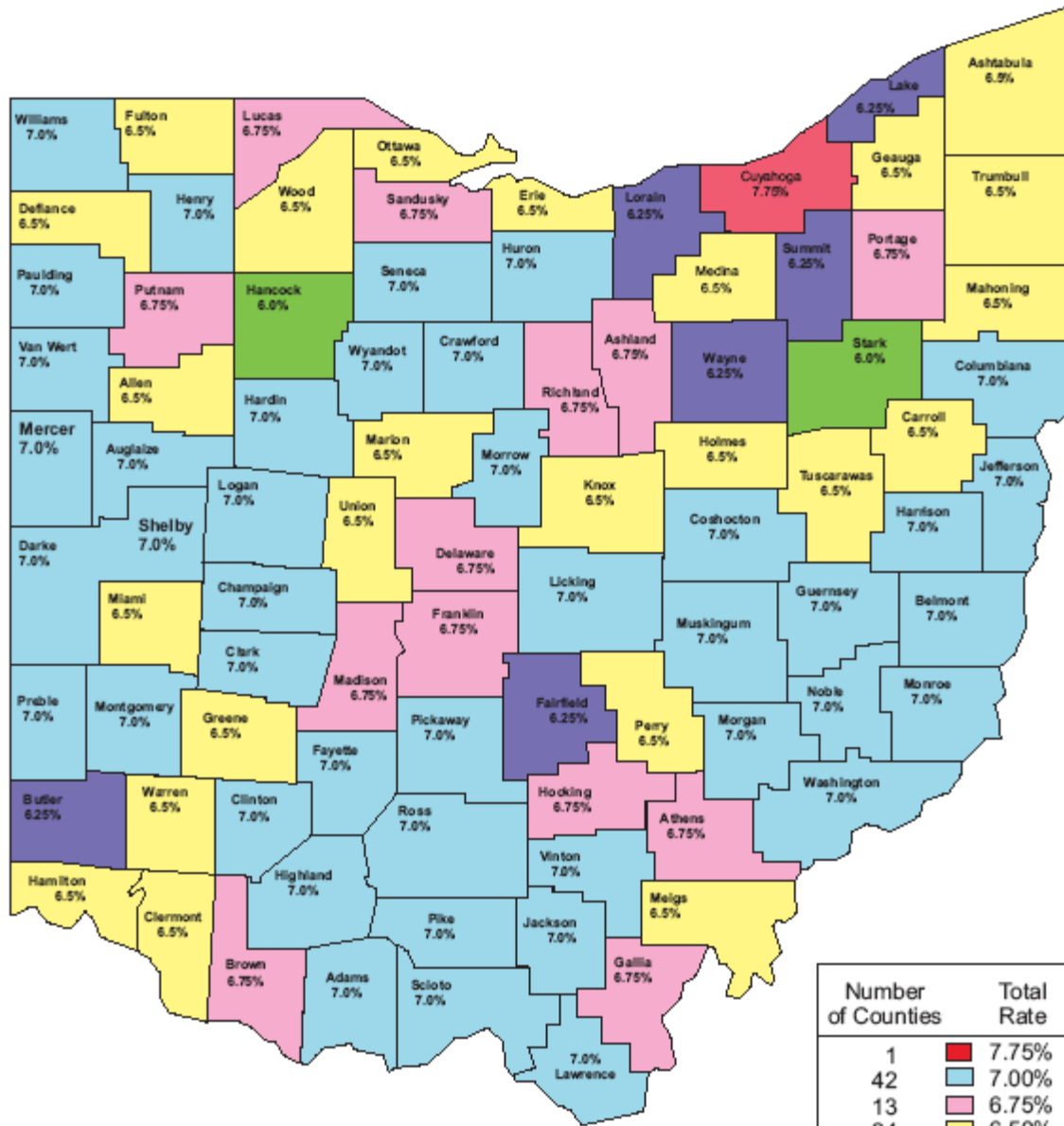
Even if all these sources can be tapped, it is likely that additional funding will be required from local governments to support public and specialized transportation services. In the event

¹³ FTA's Section 5307 Urbanized Area Grant Program makes Federal resources available to urbanized areas and to Governors for transit capital and operating assistance in urbanized areas and for transportation related planning. For urbanized areas with populations of 200,000 persons and over, funds are apportioned and flow directly to a designated recipient selected locally to apply for and receive Federal funds. For urbanized areas under 200,000 in population, the funds are apportioned to the Governor for distribution.

that localities decide to do a more complete job of addressing transportation needs, additional funding sources such as real property tax millages, sales taxes, or other typical local funding sources for transportation will need to be considered. A number of other Ohio communities already use such funding sources for local transportation services.

APPENDIX A:
OHIO SALES TAX RATES BY COUNTY

Total State and Local Sales Tax Rates, By County Effective April 2008



Number of Counties	Total Rate
1	7.75%
42	7.00%
13	6.75%
24	6.50%
6	6.25%
2	6.00%

New Rates:
 Mercer County 7.00% (previously 6.50%)
 Shelby County 7.00% (previously 6.50%)

Note: Small portions of Delaware, Fairfield & Licking Counties assess a transit authority sales tax levy of 0.50% (not a reflected on this map).

Ohio Department of Taxation
April 30, 2008



Business Taxpayer Services Division
 4485 Northland Ridge Blvd
 Columbus, Ohio 43229
 (888) 405-4039 Fax (614) 387-1851
<http://tax.ohio.gov>

**STATE AND PERMISSIVE SALES TAX RATES
 BY COUNTY, APRIL 2008**

County	County Tax Rate	Transit Tax Rate	Total State & Local Rate	County	County Tax Rate	Transit Tax Rate	Total State & Local Rate
Adams	1.50%	--	7.00%	Licking	1.50%	--	7.00%
Allen	1.00	--	6.50	Logan	1.50	--	7.00
Ashland	1.25	--	6.75	Lorain	0.75	--	6.25
Ashtabula	1.00	--	6.50	Lucas	1.25	--	6.75
Athens	1.25	--	6.75	Madison	1.25	--	6.75
Auglaize	1.50	--	7.00	Mahoning	1.00	--	6.50
Belmont	1.50	--	7.00	Marion	1.00	--	6.50
Brown	1.25	--	6.75	Medina	1.00	--	6.50
Butler	0.75	--	6.25	Meigs	1.00	--	6.50
Carroll	1.00	--	6.50	Mercer	1.50	--	7.00
Champaign	1.50	--	7.00	Miami	1.00	--	6.50
Clark	1.50	--	7.00	Monroe	1.50	--	7.00
Clermont	1.00	--	6.50	Montgomery	1.00	0.50%	7.00
Clinton	1.50	--	7.00	Morgan	1.50	--	7.00
Columbiana	1.50	--	7.00	Morrow	1.50	--	7.00
Coshocton	1.50	--	7.00	Muskingum	1.50	--	7.00
Crawford	1.50	--	7.00	Noble	1.50	--	7.00
Cuyahoga	1.25	1.00%	7.75	Ottawa	1.00	--	6.50
Darke	1.50	--	7.00	Paulding	1.50	--	7.00
Defiance	1.00	--	6.50	Perry	1.00	--	6.50
Delaware	1.25	--	6.75	Pickaway	1.50	--	7.00
Erie	1.00	--	6.50	Pike	1.50	--	7.00
Fairfield	0.75	--	6.25	Portage	1.00	0.25	6.75
Fayette	1.50	--	7.00	Preble	1.50	--	7.00
Franklin	0.75	0.50	6.75	Putnam	1.25	--	6.75
Fulton	1.00	--	6.50	Richland	1.25	--	6.75
Gallia	1.25	--	6.75	Ross	1.50	--	7.00
Geauga	1.00	--	6.50	Sandusky	1.25	--	6.75
Greene	1.00	--	6.50	Scioto	1.50	--	7.00
Guernsey	1.50	--	7.00	Seneca	1.50	--	7.00
Hamilton	1.00	--	6.50	Shelby	1.50	--	7.00
Hancock	0.50	--	6.00	Stark	0.25	0.25	6.00
Hardin	1.50	--	7.00	Summit	0.50	0.25	6.25
Harrison	1.50	--	7.00	Trumbull	1.00	--	6.50
Henry	1.50	--	7.00	Tuscarawas	1.00	--	6.50
Highland	1.50	--	7.00	Union	1.00	--	6.50
Hocking	1.25	--	6.75	Van Wert	1.50	--	7.00
Holmes	1.00	--	6.50	Vinton	1.50	--	7.00
Huron	1.50	--	7.00	Warren	1.00	--	6.50
Jackson	1.50	--	7.00	Washington	1.50	--	7.00
Jefferson	1.50	--	7.00	Wayne	0.75	--	6.25
Knox	1.00	--	6.50	Williams	1.50	--	7.00
Lake	0.50	0.25	6.25	Wood	1.00	--	6.50
Lawrence	1.50	--	7.00	Wyandot	1.50	--	7.00

Note: Municipalities whose boundaries extend both within and without Franklin County assess a COTA rate of 0.50% in addition to the posted state and county sales tax rate. Delaware's COTA rate covers the portions of the cities of Columbus and Westerville located in Delaware County. Fairfield's COTA rate covers the portions of Columbus and Reynoldsburg in Fairfield County. Licking County's COTA rate covers the portion of Reynoldsburg located in Licking County.

NOTE: State rate is currently 5.5%

April 30, 2008