MIAMI VALLEY
COORDINATED
Public Transit-Human Services
TRANSPORTATION PLAN
2019 Update

MIAMI VALLEY
Regional Planning Commission

Miami Valley Coordinated Public Transit-Human Services Transportation Plan
2019 Update

Final Report
July 1, 2019

Miami Valley Regional Planning Commission
10 North Ludlow Street
Suite 700
Dayton, Ohio 45402

Established in 1964, the Miami Valley Regional Planning Commission promotes collaboration among communities, stakeholders, and residents to advance regional priorities. MVRPC is a forum and resource where the Board of Directors identifies priorities and develops public policy and collaborative strategies to improve quality of life throughout the Miami Valley Region. MVRPC performs various regional planning activities, including air quality, water quality, transportation, land use, research and GIS. As the designated Metropolitan Planning Organization (MPO), MVRPC is responsible for transportation planning in Greene, Miami and Montgomery Counties and parts of northern Warren County. MVRPC's areawide water quality planning designation encompasses five (5) counties: Darke, Preble plus the three MPO counties.

This document is the product of a study financed by the U.S. Department of Transportation (U.S. DOT), the Ohio Department of Transportation (ODOT), and the Miami Valley Regional Planning Commission. The contents of this document reflect the views of the Miami Valley Regional Planning Commission, which is responsible for the facts and accuracy of the data presented herein. The contents do not necessarily reflect the views of the U.S. DOT and ODOT. This document does not constitute a standard, specification, or regulation.

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EXECUTIVE SUMMARY

In 2008, the Miami Valley Regional Planning Commission (MVRPC) created a vision for transportation coordination for the Region which states; "The purpose of coordination efforts should be to create a transparent and customer-friendly regional transportation system made up of a variety of transportation operators, funders, and providers that matches a particular trip need with the lowest-cost, most appropriate transportation option." The original MVRPC Public Transit-Human Services Transportation Coordination Plan (HSTC) was developed to serve and support this vision.

The plan is routinely updated to ensure that current transportation needs are being sufficiently addressed. It is shaped by input from an inclusive and representative public process. The HSTC Plan Update has been developed using grassroots community input, focus groups and stakeholder interviews, surveys of transit users, and thorough data analysis. It will guide the allocation of FTA Section 5310 grant funds, and guide existing transportation providers to enhance available services through new partnerships and emerging technologies in Greene, Miami, Montgomery and northern Warren Counties.

The plan for the future involves building on and increasing coordination work among providers, expanding services, expanding resources for drivers, and improving public awareness of transportation options and impact. As the age and makeup of our Regions' population changes, MVRPC and the Human Services Transportation Coordination (HSTC) Council will work to meet ongoing and new needs.

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10 North Ludlow Street, Suite 700 I Dayton, Ohio 45402-1855
mvrpc.org

FTA Section 5310 Funding at Work

The Federal Section 5310 Program provides formula funding for the purpose of assisting public and private nonprofit groups in meeting the transportation needs of seniors and individuals with disabilities. From 2013 to 2018, Miami Valley transportation providers have leveraged $4,097,168 in Section 5310 funds to expand mobility in the Region.

Infrastructure Improvements

Mobility Management

Preventive Maintenance

Vehicles

	FY 2013-2014	FY 2015-2016	FY 2017-2018
Vehicles	$926,400 / 14 vehicles	$1,240,800 / 24 vehicles	$1,036,428 / 25 vehicles
Preventive Maintenance	$200,000		
Mobility Management	$60,000	$80,000	$165,139
Infrastructure Improvements	$135,582	$116,414	$136,405

How often do you have the transportation you need when traveling to...

Have transportation all or most of the time

NEEDS MET

Lack transportation sometimes or always

CONTINUING NEEDS

34.6%	Outside County	48.6%
55.9%	Recreation	37.6%
35.3%	Human services	36.8%
61.8%	Shopping	36.3%
48.5%	Govt. Services	33.5%
50.4%	Faith-based activities	30.4%
67.3%	Medical/Dental	30.3%
22.7%	College/Univ	24.3%
56.8%	Employment	22.4%
19.6%	Child care	22.2%

Key Facts about the Target Populations

Growing Senior Population

The Miami Valley population of persons 65+ is projected to be 156,920 by 2025.

	Montgomery County	Greene County	Miami County
2017	90,175 (17.0%)	26,204 (15.9%)	18,294 (17.6%)
2025	103,110 (20.4%)	32,370 (19.5%)	21,440 (20.8%)

Individuals with Disabilities

Physical and mental disabilities often impact an individual's access to transportation.

	Montgomery County	Greene County	Miami County
Persons	79,578	20,038	14,260
% of Households	15.2%	12.5%	13.8%

Miami Valley Residents Living in Poverty

More than 121,000 Miami Valley residents live in households with incomes below the federal poverty level.

	Montgomery County	Greene County	Miami County
Persons	92,085	19,093	10,150
% of Households	17.7%	12.5%	10.0%

Zero Vehicle Households

Approximately 27,291 homes in the Miami Valley region have no available vehicle.

	Montgomery County	Greene County	Miami County
Households	21,674	3,407	2,210
% of Households	9.7%	5.3%	5.5%

All 2017 percentages are based on the Census Bureau's ACS 5-year estimates for 2017. 2025 projections are based on Ohio Development Services documents.

Where are the Transportation Needs within the Miami Valley?

Geographic areas with the highest likelihood for transportation needs are scattered throughout the Region, with the highest concentrations in Dayton, Trotwood, Xenia, Troy, Piqua, Kettering, and Springboro. Public, private, and agency transportation service is available in these areas but some needs remain unmet and providers will continue to focus on coordinating to meet those needs.

> Trip Propensity is a measure of how many people in an area are likely to need or use transit.
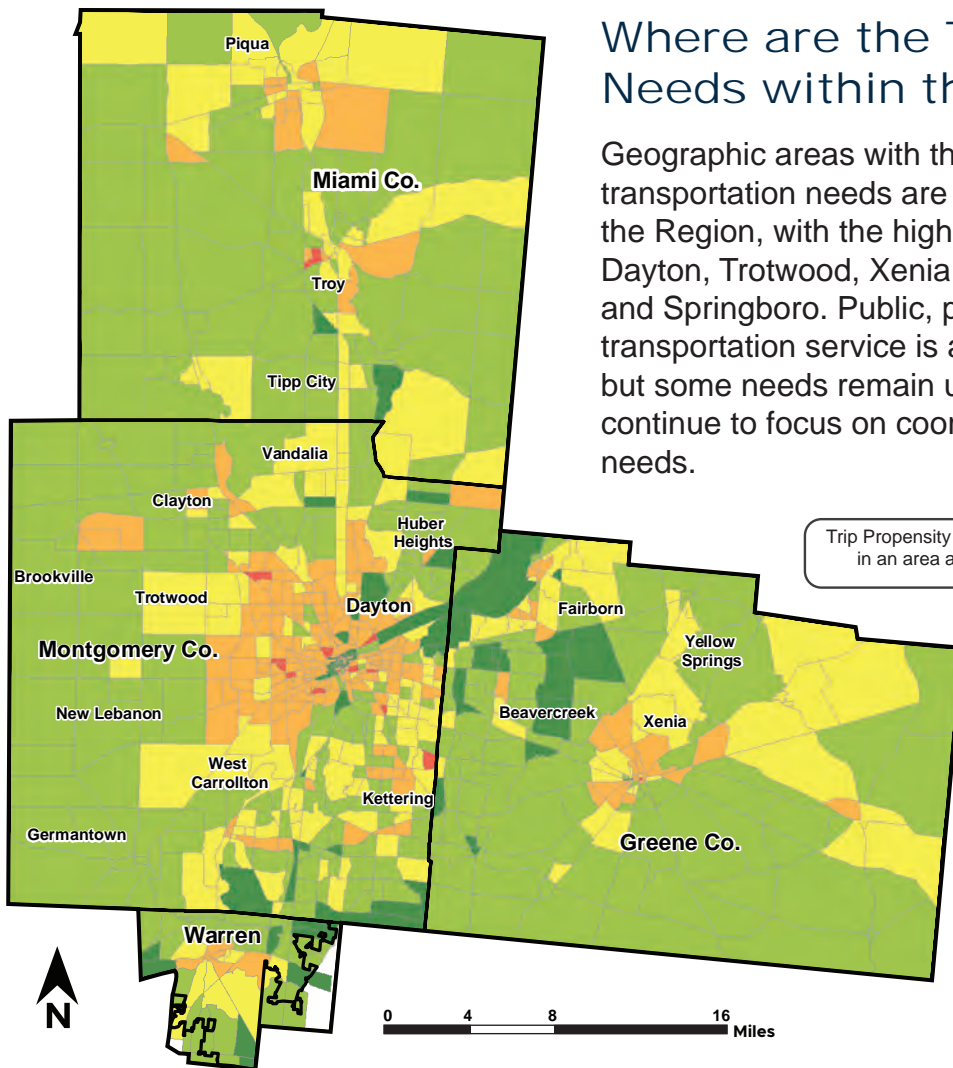
HSTC Plan Trip Propensity Index

☐ County Boundaries

Traffic Analysis Zones 2010 Propensity Level

- 🟥 Very High
- 🟧 High
- 🟨 Moderate
- 🟩 Low
- 🟩 Very Low

0   4   8   16 Miles

Inter-County Commute Patterns

Employment opportunities are spread across the multi-county region, requiring residents to travel distances of 20 miles or longer to work.

More affordable and practical commuter options would promote ride sharing which would result in fewer cars on the road and reduced annual household expenses for transportation so that people have an opportunity to achieve a more sustainable personal budget.

- 🔴 Montgomery to Greene Commuters
- 🔵 Montgomery to Miami Commuters
- 🟢 Miami to Greene Commuters
- 🟢 Greene to Miami Commuters
- 🔵 Miami to Montgomery Commuters
- 🔴 Greene to Montgomery Commuters

Line thickness corresponds to the number of commuters.

Commuters based on County of Trip Origin, 2nd Quarter of 2015 Totals:
Montgomery to Greene - 19,192
Montgomery to Miami - 5,834
Greene to Montgomery - 23,138
Greene to Miami - 808
Miami to Montgomery - 11,240
Miami to Greene - 1,496

How Can We Enhance Transportation Options for Seniors, People with Disabilities and Those with Low Incomes?

Public survey results and commuter patterns reinforce the demand for services that cross county boundaries, as identified through demographic analysis. Local stakeholders developed five priority areas for unmet transportation needs and potential strategies to address them. The goals of the plan were derived from these priorities.

Improve Access to Services

- Coordinate grant writing
- Organize or expand volunteer driver network
- Explore partnerships to improve the affordability of transit for low-income individuals
- Develop free public community shuttles to critical services

Improve Access to Employment

- Improve public awareness of the available transportation services in each county

Enhance Transportation for Seniors and Individuals with Disabilities

- Implement standardized driver training and performance measures for organizations that provide transportation for target populations
- Consider subsidy program to support income based fares for target populations

Improve Access to Healthcare, Treatment and Recovery

- Plan for a brokerage to provide non-Medicaid eligible NEMT trips
- Fund a one-call safety net for transportation for high-risk patients

Promote Capacity and Information Sharing

- Create a coordinated approach to recruit drivers for programs in all counties

Summary of Goals and Strategies

LEVEL 1: Strategies that could be implemented in incremental steps or with as few as two organizations. Some of the Level 1 strategies are a continuation of existing activities.

LEVEL 2: Strategies that have moderately significant challenges, require more partnerships than Level 1, and are not as comprehensive as Level 3.

LEVEL 3: Strategies that require comprehensive coordination or even consolidation of resources or responsibilities from multiple organizations into a single entity.

GOAL 1: COORDINATION

Increase the level of coordination among transportation providers to improve access to medical care, employment and food for residents of the Miami Valley Region.

1.1 Coordinate the efforts of public and human service transportation providers to submit grant applications to fund collaborative transportation projects, including those listed as strategies in this plan.

1.2A Continue the regional mobility management efforts of the Human Service Transportation Coordination Council (HSTC) and mobility managers and expand the scope of each to include enhanced activity on transit affordability and medical, employment and food access transportation involving community stakeholders.

1.2B Create and implement a Mobility Advisory Committee to focus on service provision and access to jobs.

1.3 Develop affordable first/last mile services, including those that cross county lines, for anyone.

1.4A Use technology for real-time sharing of ride schedules among transportation providers in order to expand inter-provider referrals.

1.4B Expand real-time sharing of trip schedules (Strategy 1.4A) to hospitals and clinics so that trips can be scheduled as part of the medical appointment scheduling process.

1.5 Agencies work together specifically to overcome real and perceived barriers to sharing rides that are paid through different and multiple funding sources.

1.6 Establish a regional "one-call/one-click" transportation resource center that schedules rides to medical care, focusing initially on high-risk patients and non-Medicaid eligible clients, later expanding to general medical transportation including Medicaid NEMT, employment, human services and food access transportation for seniors, individuals with disabilities and people with low-incomes.

GOAL 2: SERVICE

Provide more transportation service to the Miami Valley region through new services or expansions to existing services.

2.1 Study the feasibility of relocating fixed route bus stops closer to the main entrances of grocery stores.

2.2 Participate in Greater Dayton Regional Transportation Authority system redesign.

2.3 Support local and regional improvements to pedestrian and bicycle networks where they most directly impact target populations, with a focus on first/last mile connections, and keeping with future Active Transportation Plans.

2.4 Improve shared-ride or public transit options to travel across county lines using phased approach, beginning with improving options between Miami and Montgomery Counties.

2.5 Increase the number of wheelchair accessible taxis or on-demand transportation services.

2.6 Develop inter-county community shuttles or other shared-ride services that provide access to critical services, including health care, addiction treatment, employment-related services, and grocery stores/food pantries.

2.7 Encourage/Recruit/Spin-off an Independent Transportation Network (ITN) or other gap service organizations as stand-alone non-profits.

2.8 Develop group-centered funding for new vehicles, equipment, and infrastructure using FTA Section 5310 funding.

Summary of Goals and Strategies

GOAL 3: DRIVERS

Recruit and train more paid and volunteer drivers.

3.1 Continue shared trainings through the HSTC Council, and create a subsidy fund for mileage or training reimbursement.

3.2 Create a coordinated approach to recruit drivers for programs in all counties.

3.3 Implement standardized driver training for organizations that provide transportation for seniors and individuals with disabilities.

3.4 Organize or expand volunteer driver network.

3.5 Establish a Timebank for volunteer services including drivers.

3.6 Build a local network for Retired and Senior Volunteer Program or another national volunteer management program.

GOAL 4: AWARENESS

Improve public awareness of transportation services in the Miami Valley Region, including expansion of materials and programs to orient individuals to using transportation services.

4.1 Continue to update the MiamiValleyRideFinder.org and require HSTC Council and health partners including local doctors' offices, public health, and physicians' networks to provide updates to program administrators.

4.2A Create and implement a region-wide public awareness campaign of the available transportation services in each county.

4.2B Create an infographic or public awareness report on the costs of transportation for various providers.

4.3 Establish coordinated training materials and travel training programs for new riders.

4.4 Bring in additional partners to the HSTC Council (county, state-level services) to expand the distribution of information, become more visible to the community, establish relationships, etc.

4.5 Bring attention to the importance of transportation in changing the land use pattern for the Region.

Available Transportation Options in the Miami Valley Region

MiamiValleyRideFinder.org

The HSTC Plan process updated an extensive list of public and specialized transportation services and providers in the Miami Valley. A searchable database of this information can be accessed at www.MiamiValleyRideFinder.org.

Where do we go from here?

The network of transportation resources in the Region provides a strong foundation for meeting the vision of coordinated transportation. MVRPC looks forward to continuing work with our partner agencies and making new alliances that will bridge into new areas. As we gain expertise together, we will be better prepared to meet the current needs and those of the future.

Chapter 1
Needs Assessment

MIAMI VALLEY
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Exploring Barriers: Public Input, Surveys, and Focus Groups

The HSTC Plan Update benefitted from significant public and stakeholder involvement. Conversations took place in communities throughout Greene, Miami, Montgomery, and northern Warren counties. Individuals who use public transportation on a regular basis, human service agency professionals, individuals with disabilities, seniors, and the transportation providers themselves came together to provide insight into the mobility needs and gaps in services in their local communities or region-wide. This chapter summarizes the results of public input received through public input meetings and focus groups as well as a survey of the general public. All outreach activities were conducted to identify unmet transportation needs throughout the community. The results of public and stakeholder outreach activities were considered in combination with the transportation provider and non-transportation provider interviews and demographic and socio-economic information when developing goals and priorities for coordinated transportation.

Six community input meetings and four focus groups were facilitated during October 2018, with a total of 27 attendees. Community input meetings were open to the general public and small stakeholder focus groups were organized by invitation around the following topics:

- Access to Medical and Health Care
- Health, Food and Wellness Transportation
- Employment Transportation
- Seniors and Individuals with Mobility Limitations

These discussions focused on identifying unmet transportation needs and proposing strategies to resolve gaps in transportation services.

All community input meetings were promoted to the public in local newspapers, websites, and through a media release. Focus group and public meeting discussions were initiated with the question, "What is your favorite mode of transportation?" From there, the discussion progressed to the questions "What you do (or would do) when your favorite ways to get around are not available, and what are the challenges you would face?" The situation was hypothetical for some participants, and a very real, day-to-day way of life for others. Focus group discussions centered around these topics and included input from professionals who work with the public in each topic area (also referred to as stakeholders). Participation also included senior citizens and individuals with disabilities.

Sign-in sheets and notes for all meetings are included in the Public Involvement Summary. Additional resources were consulted, including a Health Needs Assessment from Five Rivers Health Center. Management personnel at each of the Transit agencies were also interviewed, in addition to their participation in several of the input meetings.

A public survey was distributed online and on paper throughout the Region. The long form of the survey was advertised along with the community input meetings online, via emails to human service agencies, websites, and social media postings by MVRPC. An abbreviated, version of the survey was handed out in person at an RTA Safety Event. In total, 300 people responded to the survey. The survey results are included in Appendix C.
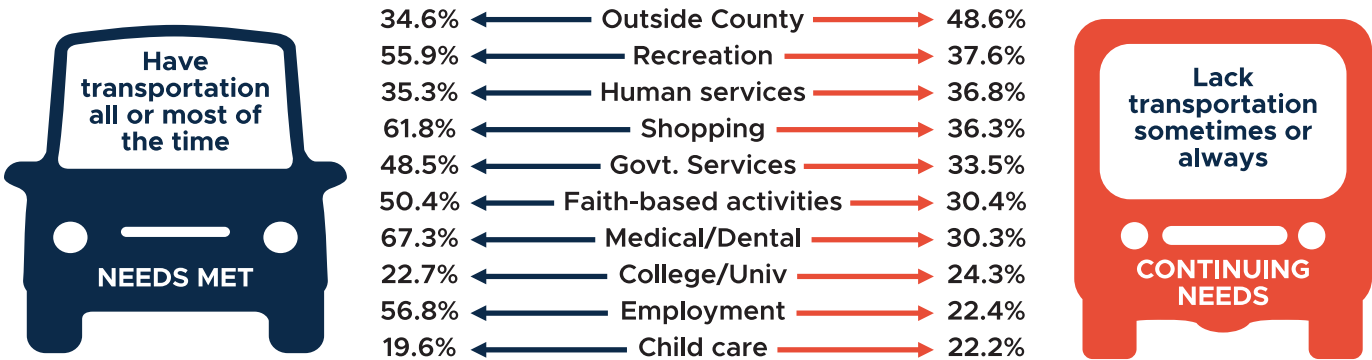
The Transportation Situation For Riders
In the public survey individuals were asked how often they have transportation when traveling for different reasons. More than half of the 300 people who participated in the survey indicated that they have transportation for medical/dental, shopping, employment, recreation, and faith-based activities most of the time. However, approximately half of

respondents also indicated that they sometimes or always lack access to destinations outside of their county of residence. Further, 30% or more of survey respondents sometimes or always lack transportation to medical/ dental, faith-based activities, government services, shopping, human services or recreation.

How often do you have the transportation you need when traveling to...

Have transportation all or most of the time

NEEDS MET

34.6%	←	Outside County	→	48.6%
55.9%	←	Recreation	→	37.6%
35.3%	←	Human services	→	36.8%
61.8%	←	Shopping	→	36.3%
48.5%	←	Govt. Services	→	33.5%
50.4%	←	Faith-based activities	→	30.4%
67.3%	←	Medical/Dental	→	30.3%
22.7%	←	College/Univ	→	24.3%
56.8%	←	Employment	→	22.4%
19.6%	←	Child care	→	22.2%

Lack transportation sometimes or always

CONTINUING NEEDS

Transportation programs administered by MVRPC are currently set up to address the needs for access to senior centers, human service agency appointments, but not the need for child care access, college/university, or trips going outside the county (other than vanpools).

Less than half of the surveyed public indicate they "Always" have the transportation they need, and that percentage dips significantly for College/University trips, child care access, senior center and human service agency appointments, and trips going outside the county.

There are various challenges to getting a ride for anyone who does not "always" have access to transportation options. Challenges sited by survey and public input meeting participants range from lack of knowledge about the transportation resources that are available, to affordability or accessibility. In some cases, the reasons for not having transportation when it was needed related to the hours of the day the ride was needed and the lack of available transportation options during those hours (i.e., needing a ride late at night or early in the morning for shift work). In other situations, individuals were not using the available transportation services

because they were fearful. The following paragraphs explore the mobility challenges described during the input process.

Figure 1.1: How Often Do You Have Transportation You Need When Traveling To...
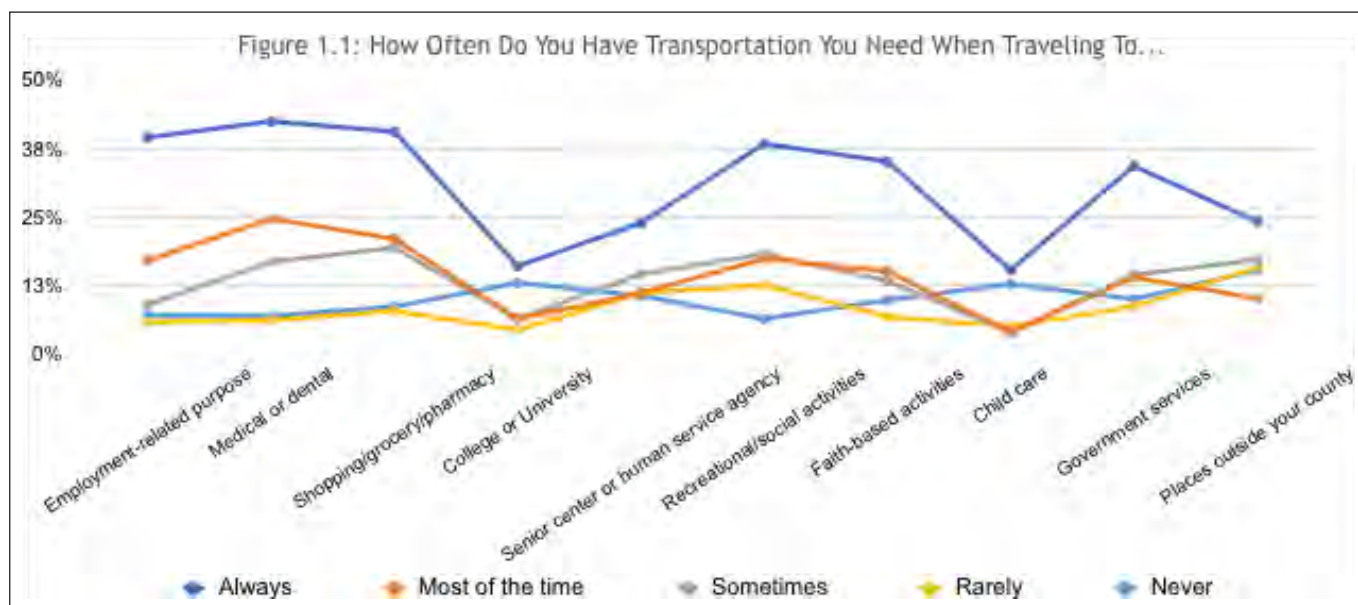
Community Input and Focus Group Feedback

Employment-Related Transportation Needs

Overall, the employment-related mobility challenges faced by Greene, Warren, Montgomery, and Miami Counties involve trips that cross county lines. In Greene County, passengers on GreeneCATS Public Transit are successfully using the flex routes to access employment locations on the routes or to transfer to the Greater Dayton RTA for access to employment. Timing transfers between GreeneCATS Public Transit, the Greene County public transit system, and the RTA, serving the greater Dayton urbanized area,are key to successfully using GreeneCATS Public Transit for employment in Montgomery County. In Warren County, transfers are available with the RTA, but are rarely used. Attempts for streamlining trips between Miami and Montgomery Counties are always evolving and are challenged by the long distance between origin and destination (making public transit an inconvenient choice). Miami County Transit comes into Montgomery County charging a fully allocated rate for this option, much higher than the regular fare.

The GreeneCATS Public Transit Scheduled Rides are also used for employment-related trips, particularly for seniors and individuals with disabilities, but also for the general public. Choices in Community Living group homes in Montgomery County are not located on any public transit routes and they are considering creating their own shuttle to transport 50 to 75 individuals to jobs in Greene County or elsewhere. Choices expressed interest in establishing vanpools or another ride-share program to serve the need. Improvements can be made on the flex routes by combining employee shuttles or first/last mile transportation for those who work more than a short walk from the route. The flex routes deviate only ½ mile if scheduled in advance.

In Montgomery County, the Department of Job and Family Services indicated that affordable transportation on the RTA is a significant benefit for many people who live near a route and are transit dependent or new to the workforce and saving for their first car. Affordable fares on the RTA are vital when it comes to access to employment. Not everyone lives near an RTA route and individuals and families with low incomes often find affordable rent in communities such as Germantown not served by the RTA fixed routes. The lack of affordable, frequent transportation between communities with affordable housing and the location of entry-level jobs creates a barrier to upward economic mobility. In Montgomery County, higher densities of workers live in the southern suburbs as well as in Humber Heights, Vandalia, Clayton, and Trotwood. Higher concentrations of jobs are

north of Dayton and in the Fairborn and Beavercreek areas. Wright Patterson Air Force Base (WPAFB) is the Region's largest employer. The pattern in Montgomery and Miami Counties includes potential demand for north-southbound commutes for employment.

In Miami County, workers travel throughout the county but the U.S. Census Data indicates that most jobs are concentrated along the I-75 corridor or in Montgomery and Greene Counties. Employment transportation was launched by Continuum of Care/Rides to Work to address some of the gaps in access to transportation for work. Miami County employers and agencies are challenged to find economical and efficient ways to serve rural communities needing better coverage when the riders' homes and/or employers are located out of easy access from I-75. Employment transportation options provided by Continuum of Care/Rides to Work help to address demand from individuals who have lost their driver's license and are returning to work as they recover from addiction. But, lack of child care options that are accessible by public or shared-ride transportation services further complicates the transportation challenges for Miami County residents who are re-entering the workforce and/or participating in recovery programs. Public transportation services face geographic challenges with traffic on I-75 arterial due to economic development outside of city limits. To address those challenges, transit providers require advance scheduling for demand response trips. The available local transportation resources in Miami County are tightly stretched and cannot fulfill the routine daily/frequent requests for rides.

Public Survey Results Pertaining to Employment Transportation
The public survey conducted for this study included basic questions about the respondent's employment status. 68 out of 144 survey respondents who answered the question were unemployed (41% of respondents). Another 39% of respondents indicated their status as employed at the time of the survey. The remaining respondents were retired (13%) or students (7%).

Figure 1.2: Employment Status

Category	Percentage
Employed	39%
Retired	13%
Student	7%
Unemployed	41%
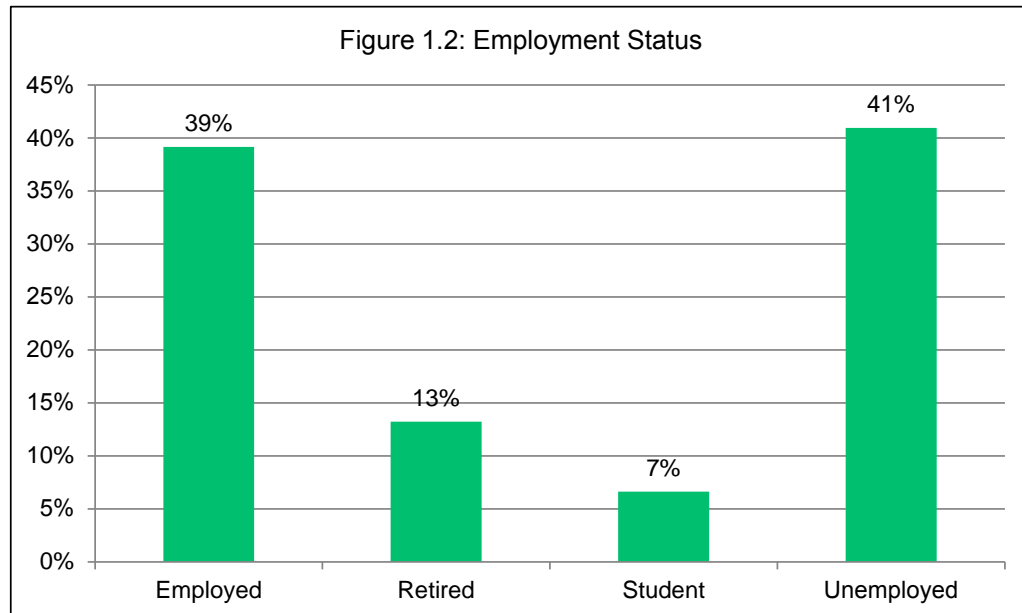
Sixty percent of survey respondents from Greene County were employed and 10% were unemployed. The remaining were retired (20%) or students (10%).

In Miami County, the need for employment-related transportation was a primary concern of focus group participants and survey respondents. Survey results from Miami County indicated that 22 out of 25 people (85%) sometimes or never have transportation options for employment-related purposes. Also, Miami County had the highest single-county percentage of survey respondents that were unemployed (48%).

Overall, survey respondents reported that they most often need transportation for employment-related purposes between the hours of 12:00 AM and 8:00 AM. The second highest peak for employment-related transportation appears between 6:00 PM and 12:00 AM. Mid-day needs are only slightly lower than the evening and night hours.

Approximately 43% of Montgomery County survey respondents were unemployed and 35% were employed. The remaining respondents were retired (16%) or students (6%). Both respondents from Warren County were unemployed.

When compared to the hours of operation for the transportation providers, (with the exception of RTA, GreeneCATS Public

Figure 1.3: When do you need transportation most often for employment?

	12 A.M - 6 A.M.	6 A.M - 8 A.M.	8 A.M. - 12 P.M.	12 P.M. - 3 P.M.	3 P.M - 6 P.M.	6 P.M. - 9 P.M.	9 P.M. - 12 A.M.
Employment-related purpose	48%	47%	32%	30%	36%	33%	37%
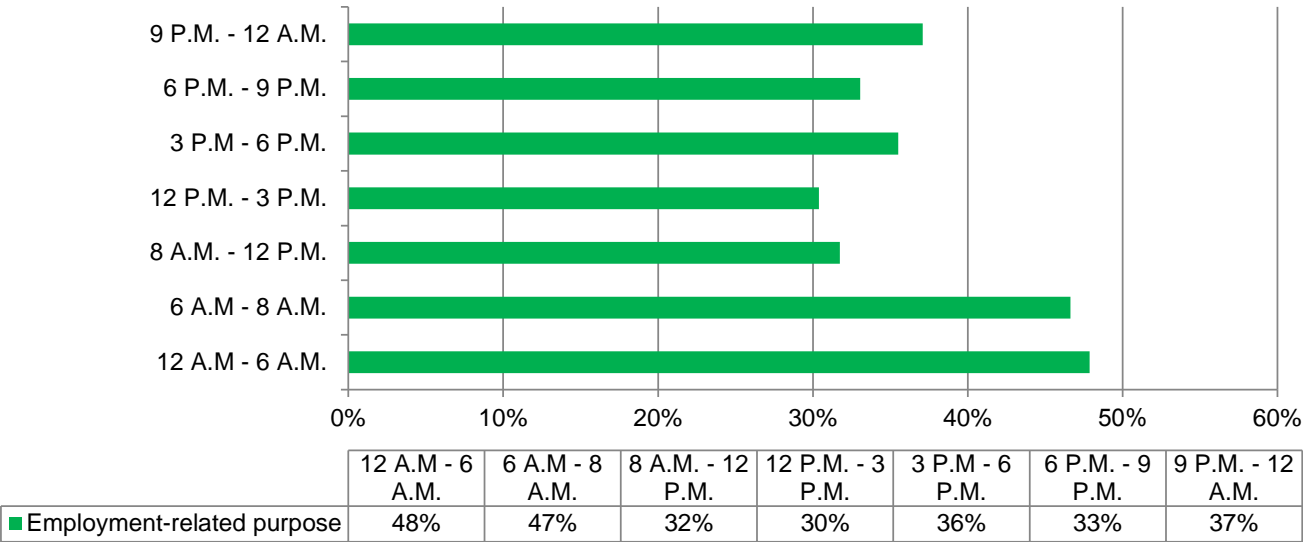
Transit and private on-demand services) seniors are largely limited to day-time hours. Limited transportation options are available during the peak hours of demand for employment-related transportation.

As discussed in the demographic analysis section of this report, and illustrated in Figure 1.4, commuting patterns in the Miami Valley Region include inter-county trips. This pattern presents a challenge for publicly-funded transportation operators that are limited to jurisdictional boundaries due to funding requirements.

- Approximately 26% of survey respondents from Greene County travel to Dayton for work; 53% work in Xenia; 10% work in Fairborn; 5% travel to Beavercreek; and the remaining travel to various small communities.
- Approximately 68% of Montgomery County residents that responded to the survey indicated that they work in Dayton and the remaining 30% work in suburban communities in Montgomery County; 2% work in Beavercreek (Greene County).
- Most (50%) of the employed survey respondents from Miami County work within the county; 12% work in Montgomery County and the remaining respondents did not list the community where they work.

Health, Food, and Wellbeing

Access to grocery stores and farmer's markets, therapy, addiction counseling, recreation and fitness, and after school activities all fit into the category of health, food and wellbeing. In the Miami Valley, the level of access for transit dependent individuals varies by neighborhood, but does not discriminate by age or mobility. In 2017/2018, Five Rivers Health Center conducted focus groups as part of a Needs Assessment.

Focus group participants in Montgomery County indicated that transportation (cost of buses, reliability, limited coverage for rides) was the biggest challenge to getting health care and services. Greene County focus group participants listed transportation as the third biggest challenge to getting health care. Homeless Clinic participants listed transportation (other than to/from the clinic/shelter) as the third largest challenge to getting health care, after "knowing what's available" and "doing paperwork."[1]

The 2018 Five Rivers Health Centers Needs Assessment concluded that the current health environment, and the factors that influence health status in Montgomery and Greene Counties continue to have notably poor health indicators when compared to Ohio and the nation. The study points to a need for expanded health care access, and "addressing the social determinants of health such as issues associated with poverty/low-incomes, the built environment, housing, transportation, health behaviors, and access to healthy foods."

In five to ten years, more grocery retailers will be delivering groceries. But, will delivery be affordable and will online services accept SNAP benefits? Will delivered groceries be beneficial for people who cannot access a computer to schedule the delivery? These are some of the questions to consider as we develop long-term solutions to address the challenges with access to food. Other solutions for the short-term must be developed. Solutions will be strengthened if not entirely solved by improved transportation.

In many communities in the Dayton urbanized area, access to fresh food and grocery stores has been a long-time challenge for anyone without a vehicle because the grocery stores are not located in town, many communities are not walkable, and there are limitations to the number

[1] *2018 Five Rivers Health Centers Needs Assessment*

of bags that can be brought on board vehicles. Access to grocery stores specifically in the smaller communities of Miami and Greene Counties is a more recent but currently relevant challenge. In food desert communities throughout the Region, access to grocery stores with fresh produce is more difficult and more expensive. In Dayton and its suburban communities, access to grocery stores using the RTA often involves a transfer and a long walk from the bus stop to/from the entrance of the store, which makes for a lengthy and inconvenient trip when carrying groceries. In suburban and outlying communities, there is sometimes even more limited access to fresh food for transit-dependent individuals.

Similarly, regular attendance at therapy, counseling and wellness appointments are a fundamental part of maintaining a healthy, independent, and productive life. Addiction counseling appointments are a daily need for many people and access to wellness appointments of all types help people in various stages of recovery or treatment to maintain employment and a healthy lifestyle. Planning for transportation in advance of appointments is a weakness for countless patients in recovery programs and advance reservations are a key aspect of using public or agency-sponsored transportation services. A support network that includes reliable, short- or no-advance notice transportation service is a necessary part of the recovery process. And, it is a very limited resource in the Miami Valley Region.

Travel training coordinated through trusted programs can help new riders overcome their fear and start to ride.

Participating stakeholders in this study provided feedback about the challenges to accessibility when demand response paratransit services are not appropriate or accessible. In some cases, transportation services are available, but the potential rider is afraid to use it or fails to understand the advance reservation process.

In addition to gaps in access to food and health and well-being appointments, stakeholders also suggested stronger inter-county transit connections (such as the flex route between Greene and Montgomery Counties) to allow people from throughout the Region to attend festivals and events downtown Dayton or to enjoy more socialization and recreational activities.

> ***Strategies to collect more accurate information will help transportation providers plan for appropriate services.***

An on-going challenge expressed by stakeholders is measuring the degree of need in the Region. Health care and human services agencies can speak to the general needs but they do not consistently track the number of consumers who report transportation as a reason for missing appointments.Staff interacting with the patient (or potential patient) are not knowledgeable about available transportation options.
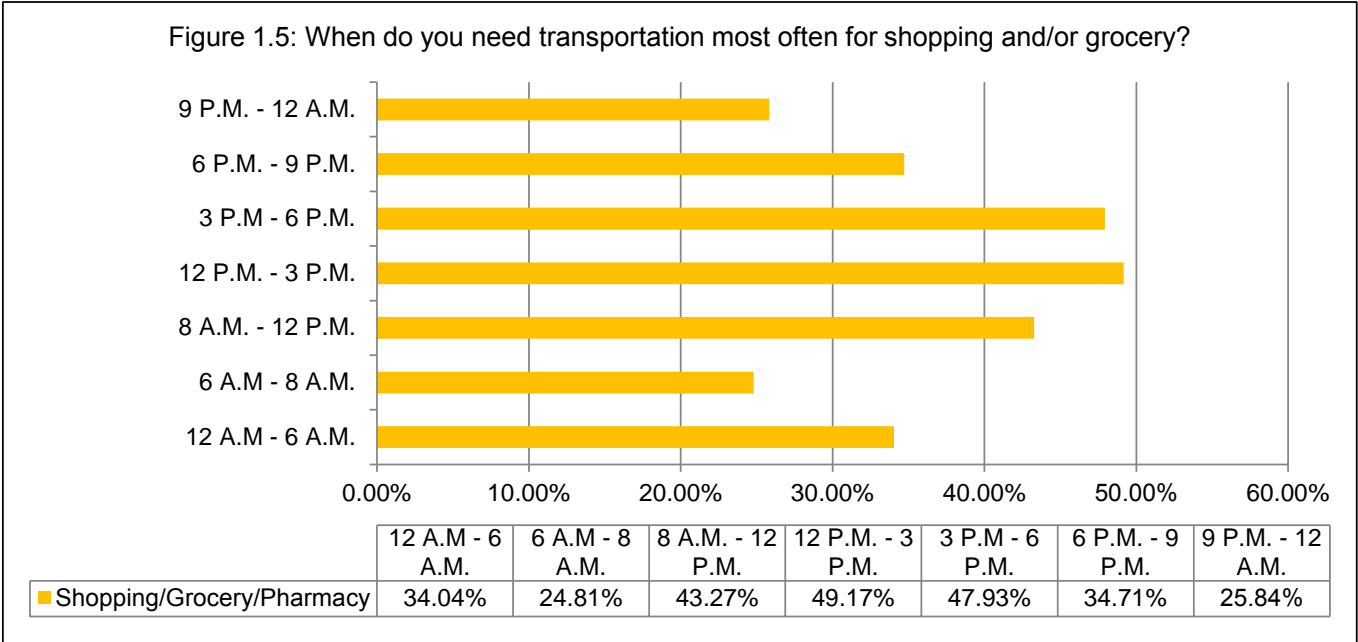

Public Survey Results Pertaining to Access to Health, Food and Wellbeing Resources

Public survey results indicate that the peak hours when transportation is needed for access to shopping or grocery stores are between 8:00 AM and 6:00 PM. Public and senior center transportation programs generally operate during these hours within their jurisdictions.

However, at least 25% of respondents also need transportation during early morning or late-night hours for shopping, as indicated in Figure 1.5.

Figure 1.5: When do you need transportation most often for shopping and/or grocery?

	12 A.M - 6 A.M.	6 A.M - 8 A.M.	8 A.M. - 12 P.M.	12 P.M. - 3 P.M.	3 P.M - 6 P.M.	6 P.M. - 9 P.M.	9 P.M. - 12 A.M.
Shopping/Grocery/Pharmacy	34.04%	24.81%	43.27%	49.17%	47.93%	34.71%	25.84%

Stakeholders reported that a significant challenge for accessing grocery and shopping resources with public or senior center transportation programs occurs when the rider does not live near a shopping area. In this case, public transportation may involve an extensive travel time or, the resources may not be available within the jurisdiction served by the transportation provider. Public survey results offer a sampling of the inter-county travel patterns for access to shopping or wellbeing appointments, as follows:

• Greene County residents satisfy shopping, grocery and pharmacy needs in Xenia (45%); Beavercreek (35%); Fairborn (15%); or Wilmington (5%). Survey respondents that use senior centers or human service agencies travel to Xenia (80%); Huber Heights (10%); or, Beavercreek (10%). For recreation or social purposes, Greene County residents travel to Xenia (35%); Dayton (25%); Beavercreek (25%); Huber Heights (5%).

- Miami County residents shop for groceries and pharmacy needs in Troy (54%); Piqua (31%); West Milton (6%); Tipp City (4%); or Vandalia (4%). Survey respondents who travel to human service agencies or senior centers stay within the County. For social and recreational purposes, 11% of respondents from Miami County travel to Dayton and the rest attend events and services in Miami County.
- Approximately 40% of respondents living in Montgomery County travel to suburban communities or neighboring counties for grocery shopping or pharmacy needs; and, approximately 17% travel to suburban Montgomery County communities for human service agency or senior center appointments.

Non-Emergency Medical Transportation

Non-emergency medical transportation services in the Miami Valley Region are provided through a network of public, non-profit and private transportation operators for individuals who are eligible for Medicaid and need transportation to/from a Medicaid-eligible appointment. Individuals who qualify for Medicaid or have private insurance that includes transportation benefits have the choice of using any qualified provider. Individuals who do not qualify for Medicaid nor private insurance rely on the local transportation services that are affordable and available to go to medical appointments.
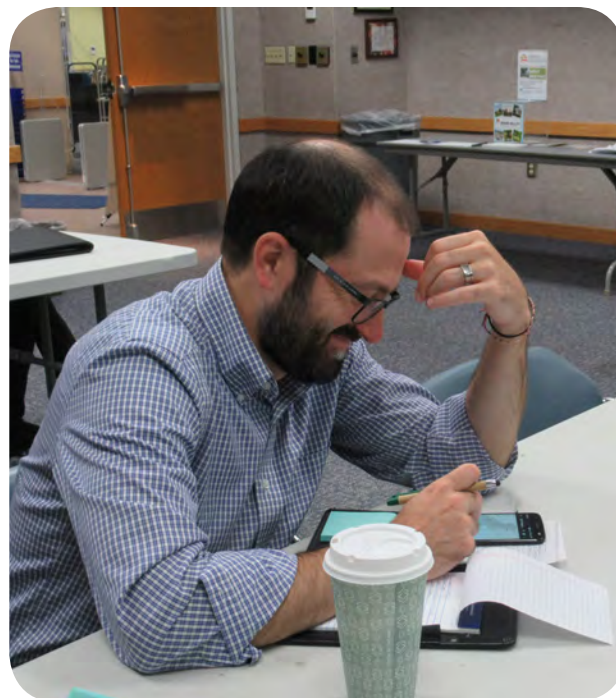
Medical transportation challenges exist throughout the Region for all demographics. Where public transit is available, bus schedules may be limited or the trip requires one to three transfers and potentially extensive layovers. In Montgomery County, transit is limited but available through RTA Connect services. Even in Dayton's urban communities, such as Riverside, using the most affordable fixed route transit option to a medical appointment would most likely require a transfer downtown. In rural parts of Warren and Greene counties, transit may not be available unless scheduled in advance.

Timing of appointments is another challenge for patients; appointments or other medical-related needs are not always planned well in advance.

Coordinating transportation on short notice can be difficult and patients are left with the expensive option of taking an ambulance. For an individual who is ill or traveling with children in need of medical care, navigating public transit on short notice is even more complicated. Emergency services are also called for prescription refills and other minor needs, as people are unaware they have other options.

The challenge of finding appropriate non-emergency medical transportation services is compounded by the fact that caregivers are being squeezed from many directions. Health care providers often keep "banker's hours" and have been consolidated in large hospital campuses, where they used to be spread out in neighborhoods. As the trend of consolidating or regionalizing medical facilities continues, hospitals are moving to locations that are not accessible in walking distance and/or are not served by public fixed route route transit. Health care providers are typically not located in low-income communities. As cited in the 2018 Five Rivers Health Centers Needs Assessment, an analysis by two newspapers, The Pittsburgh Post-Gazette and Milwaukee Journal Sentinel, revealed that people living in lower-income neighborhoods were also likely to be residing in areas with doctor shortages and where hospitals have closed. The study continues to note that two-thirds of hospitals opened since 2000 were added in wealthier, mostly suburban areas.[2]

The Post-Gazette/Journal Sentinel indicated the number of hospitals in 52 major cities declined by 46 percent between 1970 and 2010, and showed that most were community hospitals located in lower-income urban neighborhoods.

[2] *2018 Five Rivers Health Centers Needs Assessment*

For example, in Miami County Public Health and Tri-County Health Department are combining services and locations between Piqua and Troy (on 25A near Health Partners Clinic). There are no sidewalks there and the biggest concern is getting people to this new location. The current location (now in Troy) is accessible to people from Troy, but not Piqua. The new location will not serve either community well. In Montgomery County, Good Samaritan Hospital in northwest Dayton has closed, making the nearest hospitals the Miami Valley North Hospital in Englewood and Kettering Health Network's Grandview Hospital near downtown Dayton. The new location presents new transportation challenges for former Good Samaritan Hospital patients and others in northwest Dayton.

Throughout the Region, and particularly in Riverside and Jefferson Townships (Montgomery County), pilot programs have been tracking Emergency Medical Services and finding that people are calling emergency vehicles for prescription refills or other non-emergency issues because riding public transit to the pharmacy or medical provider is not efficient or affordable. Some are not reportedly attending not appointments because they are not aware of the benefits available to them through Medicaid or the Department of Job and Family Services, including discounted RTA fare cards for consumers with medical appointments. In Greene County, stakeholder perception was that a more direct route from Fairborn to Xenia that would also stop at nutrition sites and potentially some major employers would help to address the need for affordable and user-friendly transportation to access fresh foods and wellbeing appointments.

The Miami Valley communities are working together to find solutions to non-emergency medical transportation. For example, Dayton Children's Hospital is working to eliminate cost as a reason for missing appointments, but the process requires advance planning and funds are limited.

Taxis and Transportation Network Companies (TNCs) like Uber and Lyft are good flexible options that are increasingly popular in the Region for individuals who have the means to afford it. However, even with these transportation options, service availability is limited during late night or early morning hours.
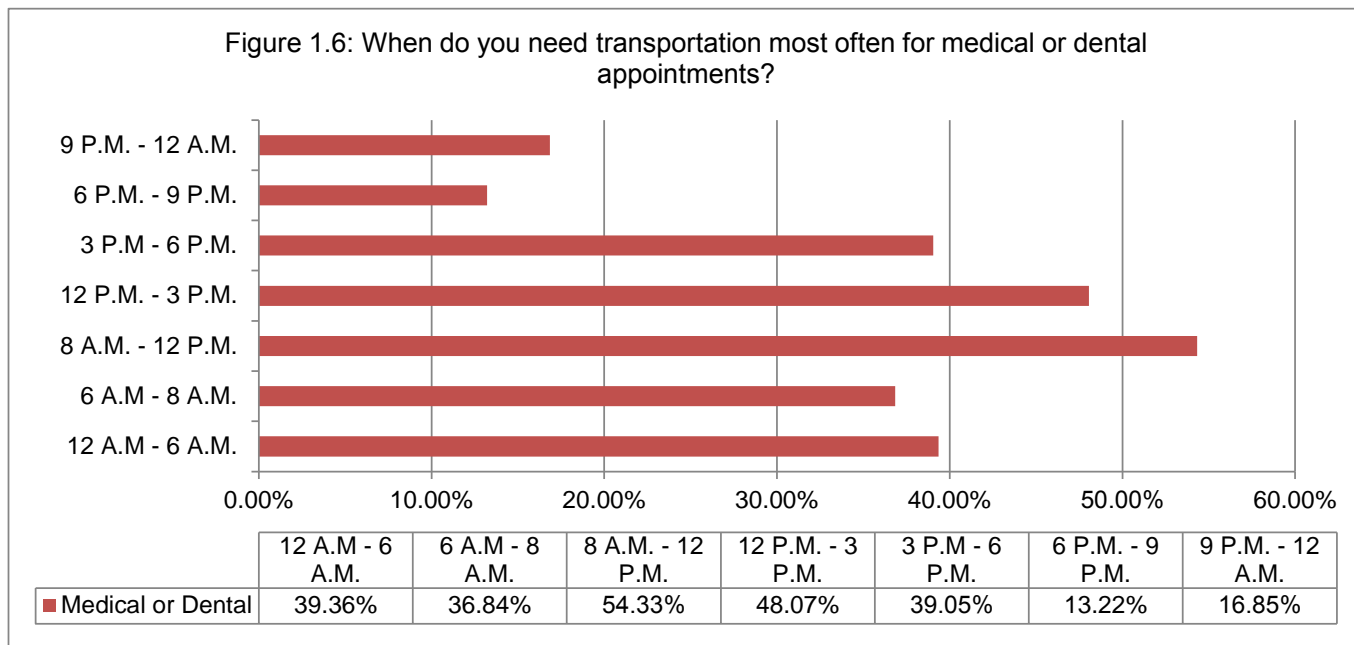
Some medical providers reimburse patients that use private vehicles or taxis, but – for children – car seat requirements can complicate the process and some insurance providers require a car seat to use specific types of transportation. Programs exist through Goodwill Easter Seals and Five Rivers MetroParks to provide car seats.

Unfortunately, these complications can still lead parents to deciding not to access care at all. Other parents spend so much time transporting children to medical treatments and caring for the child, that they are not able to maintain employment and/or the child misses significant amounts of school.

Public Survey Results Pertaining to Access to Non-Emergency Medical Services

Public survey results indicate that 8:00 AM to 3:00 PM are the peak hours of the day when respondents need transportation for medical or dental appointments. The hours of 12:00 AM to 6:00 AM and 3:00 PM to 6:00 PM are also significant (39% each). The very early hours could reflect the need to be at a medical appointment by 6:00 AM. Public and human service agency services are likely to be operating during the highest peak hours.

However, primarily private transportation services operate during the second highest peak which are often more expensive for the passenger and may be cost prohibitive.

Figure 1.6: When do you need transportation most often for medical or dental appointments?

	12 A.M - 6 A.M.	6 A.M - 8 A.M.	8 A.M. - 12 P.M.	12 P.M. - 3 P.M.	3 P.M - 6 P.M.	6 P.M. - 9 P.M.	9 P.M. - 12 A.M.
Medical or Dental	39.36%	36.84%	54.33%	48.07%	39.05%	13.22%	16.85%

Travel across jurisdictional boundaries is common among the public survey participants. Multi-jurisdictional travel could present a challenge if transportation providers are limited to a specific service area. Results are indicated below:

- Approximately 28% of respondents living in Montgomery County travel to suburban communities or neighboring counties for medical care.
- Survey respondents from Greene County travel to Xenia (40%); Beavercreek (20%); Centerville (15%); or, Fairborn (15%) for medical care.
- Miami County residents travel to Troy (49%); Dayton (12%); Tipp City, Brookville, Vandalia, or West Milton (39%) for medical care.

Transportation for Individuals with Mobility Limitations

The term 'mobility limited' can include anyone with a disability that restricts their driving or seniors who no longer have a driver's license.

In Montgomery County, passengers with disabilities have limited options outside of the Americans with Disabilities Act (ADA) paratransit service provided by the RTA. In Greene, Miami and Warren Counties, transportation for individuals with disabilities is also primarily provided by

public transit, human service agencies, or senior centers. Medicaid-eligible trips are often provided by private operators or public transit.

While the public and human service agency paratransit services are highly valuable to the community, they are not without issue. Challenges are related to the transportation provider not having the capacity to provide the trip when it was needed, or the cost of the trip being prohibitive. Some other challenges expressed by stakeholders included:

- Taxis are not ADA accessible.
- Due to capacity constraints, paratransit requires an advance reservation of one week or more.
- Senior centers that are providing transportation for individuals age 60 and older are faced with the challenges of transporting people to doctors' offices that have relocated out of the county or local community.
- Senior centers struggle to find and keep drivers.
- More consistent driver training is needed, including Disability Awareness Training.
- Travel training is needed for new paratransit riders.
- Mental health patients can be difficult and hard to manage. Many agencies do not have drivers or staff with the ability to manage difficult passengers.
- The cost of paratransit is prohibitive for people with limited incomes.
- Paratransit riders do not know the exact pick-up window after the trip is scheduled and must wait until the ride arrives, wait-time can be extensive.

Public Survey Results Pertaining to Transportation for Individuals with Mobility Limitations

The survey results indicate a continuing need for wheelchair accessible transportation services. Transportation needs of individuals with mobility limitations are reflected in all survey results described within this report.

Approximately 26% of the public survey respondents were age 60 or older, and 25% of respondents had a disability that required a wheelchair and/or another mobility device.

The following chart represents the responses from public survey respondents with a disability regarding access to transportation by trip purpose. As indicated, more than 40% of respondents with a disability 'always' need transportation for medical or dental services or shopping/ grocery/pharmacy. Also, more than 20% of respondents 'always' need transportation for employment-related purposes.

Figure 1.7: Percent of Time Individuals with Disabilities Need Transportation, by Purpose
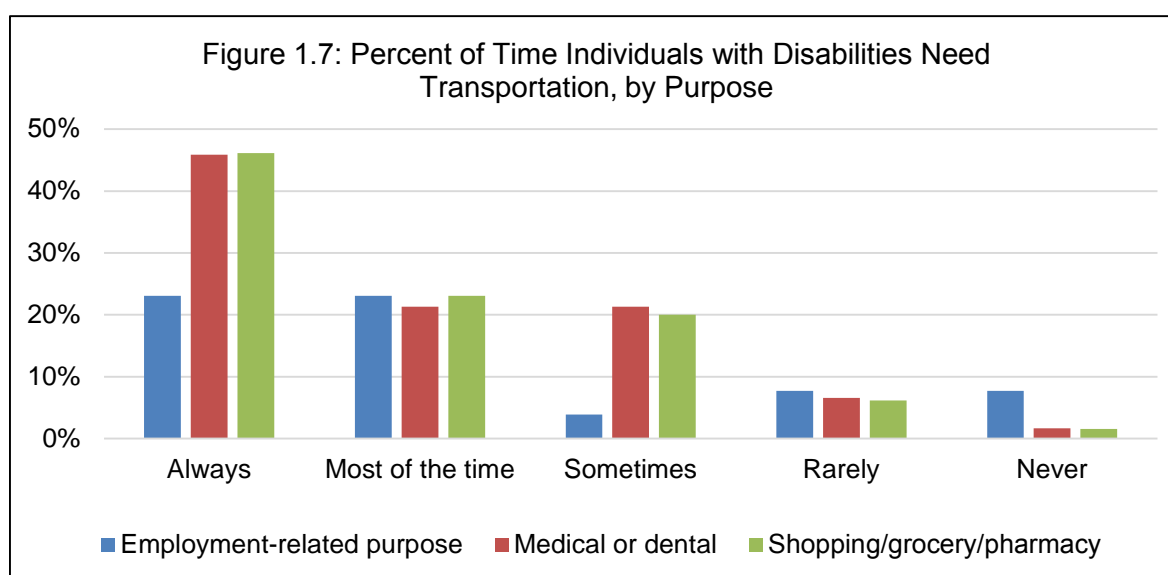
Miami Valley Demographic and Socio-Economic Conditions for HSTC Target Populations

Overview

The following paragraphs identify the demographic and socio-economic conditions of the Region and focus on the spatial gaps between the major destinations such as grocery stores, hospitals, agencies, and places of employment and the communities where people live. Population densities of senior citizens, individuals with disabilities, and people with low incomes are measured to indicate the potential volume, or level of demand, for transportation across the Region. Trip origins and destinations are examined to illustrate the pattern of travel across multiple communities

and counties. Not only the transportation options, but also the effects of the Region's employment, housing, and transportation costs influence travel choices and decisions.

When combined, data about socio-economic and demographic factors and locations of trip generators helps to reveal evidence of gaps in mobility and the modes of transportation that would be most appropriate to improve individual access to community services. Additional details about the demographic and socio-economic analysis are provided in Appendix A.

Miami Valley Population Densities

The HSTC planning area is widely diverse in terms of population density and available modes of transportation. Transportation providers use a variety of modes to address the unique needs characteristics of urban, suburban, and rural areas. In the most densely populated urban areas, bus service that operates on a fixed schedule and paratransit service is the most efficient way to address common transportation needs. In the least densely populated areas, door-to-door or curb-to-curb paratransit service using small vehicles is most appropriate and cost-effective. Coordinating group trips or shared rides to make the best use of vehicles and resources is a challenge at all levels of population density.

The following geographic analysis uses U.S. Census Bureau's 2010 data to depict the existing conditions of the target groups at the Traffic Analysis Zone (TAZ) level of geography. TAZs are small divisions of Census Block Groups that are commonly used for tabulating or modeling transportation data. The 2010 data is used for this level of geographic analysis because more recent American Community Survey (ACS) estimates have a higher margin of error. An exception is made for Zero-Vehicle Households data, which is only available from the ACS As such, the report uses the 5-year estimates (2016) as the most recenlty available data.

Figure 1.8 shows the population density patterns in the Miami Valley in terms of the target populations. Each demographic map presents the TAZ areas of each county that are above or below the county average for each population characteristic.

Zero-Vehicle Households

As illustrated in Figure 1.8, densities per TAZ of households with no available vehicle were higher than average in the following areas:

- Dayton and its suburban communities;
- Miami County near Troy, Piqua, and Tipp City as well as in more rural areas along the Miami/Darke County lines and Miami/Montgomery County lines;
- In and around the Greene County communities of Xenia, Beavercreek, Fairborn, Jamestown, and Yellow Springs; and,
- In northern Warren County near Ohio State Routes 123 and 73.

Households Below Poverty

Miami Valley Residents Living in Poverty
More than 121,000 Miami Valley residents live in households with incomes below the federal poverty level.

	Montgomery County	Greene County	Miami County
Persons	92,085	19,093	10,150
% of Households	17.7%	12.5%	10.0%

Households living below poverty are also less likely to have a vehicle and more likely to utilize public or human service agency transportation if it is available and practical. Areas with above average densities of low-income households are in Dayton and the first ring suburban communities of Montgomery County. In Greene County, above average densities are found in the larger communities of Xenia, Yellow Springs, Fairborn and Jamestown. In Miami County, the above average areas are in Piqua, and Troy, and in rural western areas. In northern Warren County, the above average densities are between Springboro and Lebanon.

Individuals with Disabilities

The above average population densities for individuals with disabilities are very similar to the zero-vehicle household distribution; this is a natural trend due to the high likelihood that disabilities limit a person's ability to drive. Compared to zero-vehicle household statistics, the densities of

the population with disabilities in Montgomery County are higher south of Dayton - in and around Kettering and West Carrollton. Densities are also higher than average in Greene County - southwest of Xenia and in Beavercreek and Jamestown.

Individuals with Disabilities
Physical and mental disabilities often impact an individual's access to transportation.

	Montgomery County	Greene County	Miami County
Persons	79,578	20,038	14,260
% of Households	15.2%	12.5%	13.8%

Seniors

Growing Senior Population
The Miami Valley population of persons 65+ is projected to be 156,920 by 2025.

	Montgomery County	Greene County	Miami County
2017	90,175 (17.0%)	26,204 (15.9%)	18,294 (17.6%)
2025	103,110 (20.4%)	32,370 (19.5%)	21,440 (20.8%)

The senior population in the planning area is widely dispersed. TAZs with senior population densities that are above the county averages are found throughout urban, suburban, and rural portions of the area. The distribution pattern creates a transportation challenge for human service and public transportation providers because of the distances necessary to travel between the higher density senior population areas in outlying areas and major destinations that are often in neighboring communities or counties.

Trip Origins and Destinations

The gaps between where people live and where they need or want to go can be identified through several tools. A spatial analysis of demographic data provides Trip Propensity, or a prediction of where trips are likely to originate. A sampling of transit trips and traffic flow data reveals where trips originate compared with the locations of frequent destinations (i.e., hospitals, agencies, grocery stores).

Figure 1.9 illustrates the results of the trip propensity analysis. Areas of highest projected trip demand have a combination of the greatest population densities, largest senior populations, the highest numbers of housing units without an available vehicle, and the most population below the poverty level. One TAZ of highest propensity is in the area just east of Interstate 75 and north of Ohio Route 55 in Troy (Miami County). The remaining TAZs with the highest transit propensity are in Montgomery County. Most of Montgomery County's high propensity TAZs are in the downtown Dayton area. One TAZ is located in Trotwood near the intersections of Shiloh Springs and Salem Avenue. Another area of very high transit propensity outside of Dayton is in Kettering, including the area around the Kettering Recreation Center between Dorothy Lane and Stroop Road. Areas of high transit propensity are scattered throughout the Region, with the highest concentrations in Dayton, Trotwood, Xenia, Troy, Piqua, Kettering, and Springboro.

The higher levels of propensity indicate that the number of riders may be higher and an appropriate mode of service should include accessible vehicles with moderate to maximum seating capacity. The lower levels of propensity indicate that the number of riders per trip will be less.

Therefore, demand response or on-demand modes of transportation are likely to be used where propensity scores are low because they are more appropriate than scheduled (fixed route) bus service with larger vehicles.

The map in Figure 1.9 also illustrates:
- Existing public transit flex routes operated by GreeneCATS Public Transit;
- Fixed routes operated by Greater Dayton RTA; and,
- Greater Dayton RTA Connect stop locations that were served 500 or more times in 2017.
- GreeneCATS Public Transit and Miami County Transit paratransit pick-up/drop-off locations that were frequented 100 times or more in 2017 area also depicted.

In most cases, the routes and frequent paratransit stops and timepoints correlate with the areas of highest trip propensity. Some grocery stores, employers, and dialysis centers that are frequented by public transportation providers are located in areas that score low or very low trip propensity.

Intercounty Trips

When designing effective public and shared-ride transportation options, it is important to remember that the distance between origin and destination in the Miami Valley overlaps community boundaries and county lines. Traffic flow data from the Ohio Department of Transportation Office of Statewide Planning and Research for the Miami Valley Region indicates approximately 65% of the trips that end within Greene, Miami and Montgomery Counties begin in Montgomery County; 17% begin in Greene County; and, more than 10% originate in Miami County. Approximately 14% of trips that originate in Warren County end in Greene, Miami or Montgomery County.

Nearly 8% of trips originating in Greene, Miami and Montgomery Counties end outside of the three-county area.

Figure 1.10: Intercounty Traffic Flow

Trip Destinations

Some of the frequency of intercounty travel is due to the Regional locations of major trip generators such as hospitals or colleges and universities which draw patients, employees and students from throughout the area. Maps provided in Appendix A illustrate the major destinations that are distributed throughout the Region. When compared to the trip propensity analysis, it is important to note that people are traveling – or need to travel – throughout the Region to access these destinations on a regular basis. Transportation needs do not end at the community or county boundary and they intersect rural, suburban and urban areas.

Traffic flow data from the Ohio Department of Transportation Office of Statewide Planning and Research for the Miami Valley Region indicates approximately 65% of the trips that end within Greene, Miami and Montgomery Counties begin in Montgomery County; 17% begin in Greene County; and, more than 10% originate in Miami County. Approximately 14% of trips that originate in Warren County end in Greene, Miami or Montgomery County.

The areas with the highest trip origin demand for transportation are in Dayton, Troy, Xenia, Kettering, Piqua, Fairborn, Beavercreek, Jamestown, and portions of northern Warren County near the Montgomery County line. Generally, the level of demand decreases in the areas that have lower densities of the targeted population groups. Demand response and on-demand modes of service are better suited for areas of lowest trip propensity because they can be served with smaller vehicles carrying fewer passengers. Conversely, areas of higher trip propensity are likely to support fixed route bus service with larger vehicles.

> *Demand response and on-demand modes of service are better suited for areas of lowest trip propensity because they can be served with smaller vehicles carrying fewer passengers. Conversely, areas of higher trip propensity are likely to support fixed route bus service with larger vehicles.*

In addition to considering the level of demand throughout the Region, it is important to understand where people start and end their trips. Common in all communities, the distance between origin and destination in the Miami Valley overlap community boundaries and county lines. Major trip generators include schools, hospitals, employers, grocery stores, and community centers. The majority of trip destination generators are in Montgomery County while Greene, Miami, and northern Warren County also have major destinations that are frequented by public transit riders and non-riders.

If more affordable and practical transportation options were available for any trip purpose, low-to moderate-income households would gain the opportunity to reduce spending on transportation and achieve a more sustainable budget. Most areas score low in walkability for access to grocery, employment, and medical care. While bike trails are very accessible throughout the Region and offer an affordable mode of transportation, biking is not a year-round daily commute option for some people. Therefore, emphasis is placed on the need to improve access to various modes of transportation and reduce the cost of those services.

Prioritizing Needs

Public survey results and commuter patterns examined for the HSTC Plan Update reinforce the demand illustrated by demographic analysis and the needs expressed by stakeholders about gaps in services that cross county boundaries for a wide range of purposes.

Participants in the input and survey process are local, on-the-ground experts that assist Miami Valley residents as they navigate transportation resources that are available and work to overcome the gaps in those services. Each expert in this study offered a different perspective from the viewpoint of the case manager, healthcare provider, transportation provider, family member, employer, or transit rider.

Based on feedback generated during the input process, the consultant team created a list of potential transportation strategies, and presented them to the Human Services Transportation Coordinating (HSTC) Council during its quarterly meeting in November 2018. Participants were asked to assign a priority rating to each of the potential strategies. A summary of the coordinated transportation priorities are illustrated below by topic area. Detailed goals and implementation strategies are provided in the next chapter.

By continuing to coordinate human service and public transportation options in an effort to address the broad spectrum of transportation needs, gaps in mobility options can be identified and addressed.

Improve Access to Services

- **Coordinate grant writing**
- **Organize or expand volunteer driver network**
- **Explore partnerships to improve the affordability of transit for low-income individuals**
- **Develop free public community shuttles to critical services**
- Seek partnerships with faith-based organizations to connect people with pantries
- Expand transportation options for individuals living in food desert areas
- Relocate bus stops closer to the entrance/exit of grocery stores
- Create additional routes through the region. For example, a Fairborn to Xenia express route
- Develop a Car Share program similar to ZipCar

Improve Access to Healthcare, Treatment and Recovery

- **Plan for a brokerage to provide non-Medicaid eligible NEMT trips.**
- **Fund a one-call safety net for transportation for high-risk patients.**
- Make the health/medical community an active partner in the transportation network.
- Establish free shuttles to medical facilities and treatment program for those without access to other transportation options.
- Create training materials and travel training programs for new passengers.

Enhance Transportation for Seniors and Individuals with Disabilities

- **Implement standardized driver training and performance measures for organizations that provide transportation for target populations.**
- **Consider subsidy program to support income based fares for target populations.**
- Fund vehicles and driver training for wheelchair accessible taxis/on-demand services.
- Establish a transportation collaborative to coordinate transportation for target populations.

Promote Capacity and Information Sharing

- **Create a coordinated approach to recruit drivers for programs in all counties.**
- Use technology to share schedules among participating demand response or on-demand transportation providers in the region.
- Establish regional transportation brokerage for one-call/one-click centralized scheduling.
- Continue regional Mobility Management planning efforts and HSTC Council meetings.
- Establish a sub-committee of the HSTC Council to focus on coordinated strategies to address gaps, identify funding, and promote existing services.
- Work together to educate funders about the importance supporting providers that make service available to rural, outlying, or suburban areas at an affordable cost to the customer.

Improve Access to Employment

- **Improve public awareness of the available transportation services in each county.**
- Develop shuttles or other shared-ride services through partnerships with employers to improve access to jobs.
- Improve shared-ride or public transit options between Miami and Montgomery Counties.
- Agencies work together specifically to overcome real and perceived barriers to sharing rides that are paid through different/multiple funding sources.
- Develop community circulator routes that connect with other public transit routes and reach deeper into local communities/neighborhoods.

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Chapter 2
Coordinated Transportation Implementation Goals and Strategies

MIAMI VALLEY

Regional Planning Commission

Following the completion of needs assessment activities, the priorities were arranged into a matrix of goals and implementation strategies. Each strategy will help MVRPC and all coordinated transportation stakeholders to address identified needs and priorities. With input from a subcommittee of the HSTC council, the following strategies are intended to become an action plan for coordinating the future of mobility.

The priorities were grouped into four primary goals. Within the goals are a range of 16 implementation strategies. The strategies are assigned "levels."

Level 1 strategies are those that could be implemented in incremental steps or with as few as two organizations. Some of the Level 1 strategies are a continuation of existing activities.

Level 2 strategies have moderately significant challenges, and require more partnerships than Level 1, but are not as comprehensive as Level 3.

Level 3 strategies require comprehensive coordination or even consolidation of resources or responsibilities from multiple organizations into a single entity.

The levels are intended to be viewed as contingency plans. In some cases, there are significant challenges involved in coordinating transportation resources. The most significant challenges can be associated with funding restrictions and organizational policy limitations. Some of the strategies may take longer to implement or may require significant changes in local, state or national policies and regulations that are beyond the control of the local stakeholders. Nonetheless, making progress toward coordination is important to continuing the momentum already in place in the Miami Valley.

Each goal and strategy is described in terms of roles and responsibilities, scope, and performance measures following the summary table.

Summary of Goals and Strategies			
	Level 1: Strategies that could be implemented in incremental steps or with as few as two organizations. Some of the Level 1 strategies are a continuation of existing activities.	Level 2: Strategies that have moderately significant challenges, and require more partnerships than Level 1, but are not as comprehensive as Level 3.	Level 3: Strategies that require comprehensive coordination or even consolidation of resources or responsibilities from multiple organizations into a single entity.
Goal 1: Increase the level of coordination among transportation providers to improve access to medical care, employment and food for residents of the Miami Valley Region.	1.1 Coordinate the efforts of public and human service transportation providers to submit grant applications to fund collaborative transportation projects, including those listed as strategies in this plan.	1.3 Develop affordable first/last mile services, including those that cross county lines, for anyone.	1.6 Establish a regional 'one-call/one-click' transportation resource center for the MVRPC region that schedules rides to medical care, focusing initially on high-risk patients and non-Medicaid eligible NEMT clients, later expanding to general medical transportation including Medicaid NEMT, employment, human services and food access transportation for seniors, individuals with disabilities and people with low-incomes.
	1.2A Continue the regional mobility management efforts of the Human Service Transportation Council and Mobility Managers and expand the scope of each to include enhanced activity on transit affordability and medical, employment and food access transportation involving community stakeholders.	1.4A Use technology for real-time sharing of ride schedules among transportation providers in order to expand inter-provider referrals.	
	1.2B Create and implement a Mobility Advisory Committee to focus on service provision and access to jobs.	1.4B Expand real-time sharing of trip schedules (Strategy 1.4A) to hospitals and clinics so that trips can be scheduled as part of the medical appointment scheduling process.	
		1.5 Agencies work together specifically to overcome real and perceived barriers to sharing rides that are paid through different/multiple funding sources.	
Goal 2: Provide more transportation service to the Miami Valley region through new services or expansions to existing services.	2.1 Study the feasibility of relocating bus stops closer to the main entrances of grocery stores. Some individuals have difficulty using public transit for grocery shopping due to the distance they must carry their groceries from the store to the bus stop.	2.2 Participate in Greater Dayton RTA System Redesign. "What Drives You"	2.6 Develop inter-county community shuttles or other shared-ride services that provide access to critical services, including health care, addiction treatment, employment-related services, and grocery stores/food pantries.
		2.3 Support local and regional improvements to pedestrian and bicycle networks where they most directly impact target populations, with a focus on first/last mile connections, and keeping with future Active Transportation Plans.	2.7 Encourage/Recruit/Spin-off an Independent Transportation Network (ITN) or other gap service organizations as stand-alone non-profits.
		2.4 Improve shared-ride or public transit options to travel across county lines using phased approach, beginning with improving options between Miami and Montgomery Counties.	2.8 Develop group-centered funding for new vehicles, equipment, and infrastructure using FTA Section 5310 funding.
		2.5 Increase the number of wheelchair accessible taxis or on-demand transportation services.	
Goal 3: Recruit and train more paid and volunteer drivers.	3.1 Continue shared trainings through the HSTC Council, and create a subsidy fund for mileage or training reimbursement.	3.2 Create a coordinated approach to recruit drivers for programs in all counties.	3.5 Establish a Timebank for volunteer services including drivers.
		3.3 Implement standardized driver training for organizations that provide transportation for seniors and individuals with disabilities.	3.6 Build a local network for RSVP or another national volunteer management program.
		3.4 Organize or expand volunteer driver network.	
Goal 4: Improve public awareness of transportation services in the Miami Valley region, including expansion of materials and programs to orient individuals to using transportation services.	4.1 Continue to manage the MiamiValleyRideFinder.org and require HSTC Council and Health partners including local doctors' offices, public health, and physicains networks to provide updates so that information will be up to date.	4.2A Create and implement a region-wide public awareness campaign of the available transportation services in each county.	4.4 Bring in additional partners to the HSTC Council (County, State-level services) to expand the distribution of information, become more visible to the community, establish relationships, etc.
		4.2B Create an infographic or public awareness report on the costs of transportation for various providers.	4.5 Bring attention to the importance of transportation in changing the land use pattern for the Region.
		4.3 Establish coordinated training materials and travel training programs for new riders.	

GOAL 1: INCREASE THE LEVEL OF COORDINATION AMONG TRANSPORTATION PROVIDERS TO IMPROVE ACCESS TO MEDICAL CARE, EMPLOYMENT AND FOOD FOR RESIDENTS OF THE MIAMI VALLEY REGION.

Level 1 Coordination: Continuation of Existing Cooperation

STRATEGY 1.1

Coordinate the efforts of public and human service transportation providers to submit grant applications to fund collaborative transportation projects, including those listed as strategies in this plan.

Timeline for Implementation	1 year
Action Steps	• Seek opportunities to identify coordinated efforts that result in affordable trips for people who "fall through the cracks" in eligibility for subsidized or specialized transportation and for trips that are not for medical purposes • Create a Transportation Coordination Grants/Finance subcommittee of the HSTC Council to lead coordination of grant applications • Track Federal Transit Administration funding opportunity announcements for grant programs similar to the 2018 Access and Mobility Partnership Grants program • Determine the feasibility of submitting a collaborative application for Section 5310, or other DOT funding • Select one or more Coordinated Plan strategies for grant application • Pursue foundation grants or government funding as appropriate
Parties Responsible for Leading Implementation	• Miami Valley Regional Planning Commission • Greater Dayton Regional Transit Authority • GreeneCATS Public Transit • Goodwill Easter Seals Miami Valley • Miami County Transit
Parties Responsible for Supporting Implementation	Public and human service transportation providers, particularly those with grant writers on staff
Resources Needed	Staff time at each lead agency
Potential Cost Range	Cost is based on staff hours used to research funding opportunities, create project plans and submit grant applications
Potential Funding Sources	Existing agency budgets
Performance Measures/Targets	• Number of funding applications submitted • Number of grants awarded • Value of grants awarded
Needs Addressed	• Improves access to services • Coordinate grant writing • Explore partnerships to improve the affordability of transit for low income individuals

STRATEGY 1.2A

Continue the regional mobility management efforts of the Human Service Transportation Council (HSTC) and Mobility Managers and expand the scope of each to include enhanced activity on transit affordability and medical, employment, and food access transportation involving community stakeholders.

Timeline for Implementation	6 months
Action Steps	• Add a planning session to the HSTC Council agenda to (1) identify four to six new subcommittees, some of which will blend into the ongoing regional Mobility Management meetings, and (2) identify community stakeholders who are not currently HSTC Council members to join subcommittees • Suggested subcommittees are (1) Expand the Regional Mobility Managers' meeting to some non-transit stakeholders, (2) Intercounty Transportation: Focus on transportation that crosses county lines to help solve medical, employment, food access and affordability issues. (3) Brokerage Contingency Planning (4) Transportation Coordination Grants/Finance Planning: Focus on identifying funding sources for regional mobility management • Recruit community stakeholders to join subcommittees • Identify each subcommittee's leader(s) • Conduct initial subcommittee meetings to determine goals and action steps
Parties Responsible for Leading Implementation	• Miami Valley Regional Planning Commission • Regional Mobility Managers
Parties Responsible for Supporting Implementation	• Public and Human Service Transportation Providers • County Commissioners • Community Action Partnership • Chambers of Commerce • Economic Development Offices
Resources Needed	Staff time for recruitment of subcommittee participants
Potential Cost Range	Cost is based on staff hours used to participate in subcommittees
Potential Funding Sources	Existing agency budgets
Performance Measures/Targets	• New Subcommittees formed • Subcommittees meet at a minimum frequency of every quarter and adopt goals • Measurable progress made toward subcommittee goals (2-year timeframe)
Needs Addressed	• Improve access to services • Seek partnerships • Expand transportation options for individuals living in food desert areas • Make the health/medical community an active partner in the transportation network

STRATEGY 1.2B

Create and implement a Mobility Advisory Committee to focus on service provision and access to jobs.

Timeline for Implementation	6 months
Action Steps	• Develop the scope for this new committee to focus on emerging practices and technology for Mobility as a Service opportunities • Recruit subcommittee members including public transit, technology focused groups/organizations, county Job and Family Services, rideshare/vanpool organizers, and finance and grants management experts
Parties Responsible for Leading Implementation	• Miami Valley Regional Planning Commission • RTA (RTA will chair the committee during year 1 then the Chair will rotate to other transit providers)
Parties Responsible for Supporting Implementation	• Department of Job and Family Services from each county • Organizations leading rideshare/vanpool implementation
Resources Needed	Staff time for recruitment of committee participants
Potential Cost Range	Cost is based on staff hours used to participate in subcommittees
Potential Funding Sources	Existing agency budgets
Performance Measures/Targets	• New Subcommittees formed • Mobility as a Service goals are identified • Measurable progress made toward incorporating successful emerging practices and technology
Needs Addressed	• Improve mobility using technology platforms • Seek and create new partnerships • Expand transportation options through successful emerging practices

STRATEGY 1.3

Develop affordable first/last mile services, including those that cross county lines, for anyone.

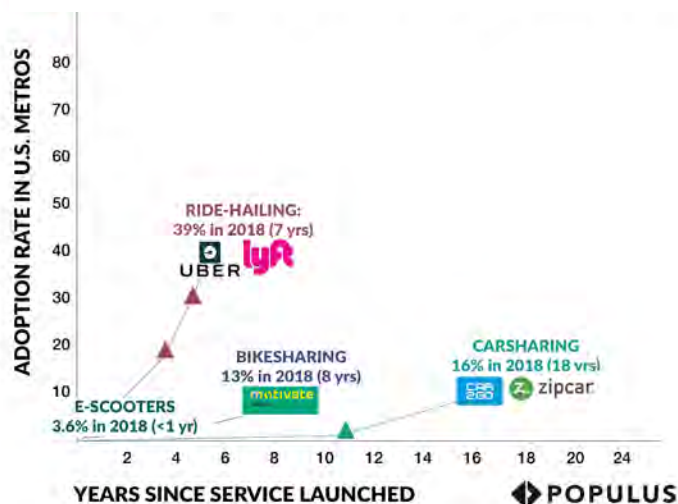| Timeline for Implementation	2 years
Action Steps	• Utilize the Transportation Grants/Financing subcommittee to assist with implementation (Strategy1.1) • Research fare policies, eligibility requirements and service area boundaries/restrictions of open-door transportation providers • Propose a program for first/last mile services based on national best practices • Identify funding sources for fare subsidies for people with low incomes using the new first/last mile services • Create a first/last mile transportation program implementation plan that includes multi-county transportation • Promote and launch the first/last mile program(s)
Parties Responsible for Leading Implementation	Transportation Coordination Grants/Financing subcommittee leaders
Parties Responsible for Supporting Implementation	• Transportation Grants/Financing subcommittee members • Open-door transportation providers • Employers, medical care providers and others that benefit from improved first/last mile – multi-county transportation
Resources Needed	• Transportation Grants/Finance subcommittee member and transportation provider staff time • Information about national best practices • Funding for subsidies (explore opportunities for foundations other non-traditional funding) • Grant writer(s) (explore opportunities to work with college students who are studying grant writing)
Potential Cost Range	• Cost is based on staff hours used to write grants, plan and implement program • Cost to offer subsidies is scalable depending on the size and scope of the subsidy program
Potential Funding Sources	• Program planning: existing agency budgets and/or FTA Section 5310 funding • Program implementation: foundation grants or local, state or federal (non-DOT) funding programs
Performance Measures/ Targets	• Number of subsidized one-way passenger trips provided • Number of individuals who utilize program
Needs Addressed	• Explore partnerships to improve the affordability of transit for individuals with low incomes • Establish free shuttles to medical facilities and treatment program for those without access to other transportation options • Fund vehicles for wheelchair accessible taxis/on-demand services • Continue regional mobility management planning efforts and HSTC Council meetings • Work together to educate funders about the importance of supporting providers that make service available to rural, outlying, or suburban areas at an affordable cost to the customer • Improve shared-ride options between Miami and Montgomery Counties • Work together to overcome barriers to sharing rides • Consider a subsidy program to support income-based fares for target populations

STRATEGY 1.4A

Use technology for real-time sharing of ride schedules among transportation providers in order to expand inter-provider referrals. Potentially, integrate this functionality into the Greater Dayton RTA's software platform for ride scheduling (Trapeze).

Timeline for Implementation	2 years
Action Steps	• Survey open-door transportation providers on rider eligibility, trip scheduling procedures and use of scheduling software • Conduct meetings with open-door transportation providers to determine interest in sharing schedules • Identify/Hire technology consultant to develop schedule-sharing software • Determine schedule-sharing policies and procedures • Launch schedule-sharing and adjust procedures as necessary
Parties Responsible for Leading Implementation	• Miami Valley Regional Planning Commission • Greater Dayton Regional Transit Authority for Montgomery County
Parties Responsible for Supporting Implementation	Other participating open-door transportation providers
Resources Needed	• Lead agency staff time to coordinate participation, liaise with consultant and develop policies and procedures • Technology consulting services • Schedule-sharing software
Potential Cost Range	• Lead agency staff time costs vary by agency • Technology consulting costs are roughly estimated at $20,000 to $50,000 • Software costs may be additional, or may be included in consulting costs
Potential Funding Sources	• FTA Section 5307 or Section 5310 grants • Potential new FTA programs similar to the 2018 Access and Mobility Partnership Grants program • Foundation grants or local, state or federal (non-DOT) funding programs
Performance Measures/ Targets	• Number of one-way passenger trips scheduled through use of the technology • Percentage increase in productivity (boardings per revenue service hour) of participating providers • Level of satisfaction of providers with technology as measured through surveying
Needs Addressed	• Promote capacity and information sharing • Use technology to share schedules among participating demand response or on-demand transportation providers in the Region

Shared mobility services have rapidly evolved from the early 2000's when ZipCar and City Car Share originated and became popularized

ADOPTION OF NEW MOBILITY SERVICES IS ACCELERATING

KEY FACTORS HAVE LED TO RAPID GROWTH

1   **GPS:** smartphone adoption has risen from 35% in 2011 to 77% in 2018

2   **Traffic:** in many major cities, it is actually faster to bike or scooter trips that are 3 miles or less

3   **Venture capital:** these companies have raised more money faster than prior mobility service providers

Source: The Micro-Mobility Revolution, A Populus Research Report, July 2018

throughout urbanized areas to more recent years with shared mobility that includes bike-share, scooters, and transportation network companies like Uber and Lyft. Rapid growth in technology applications continue to change the way people travel. Originating with the prominent use of Global Positioning Systems (GPS) and evolving into sharing information to provide faster modes of transportation in congested urban areas (i.e., bikes and scooters) and throughout the country, venture capital companies have joined the transportation world and demonstrated that they can raise money faster than prior mobility service providers.[3] Miami Valley transportation service providers have an opportunity to maximize their utilization and involvement of new mobility services through improvements in scheduling technology and partnerships that allow each service provider to maximize their use of resources.

[3] *Regina Clewlow, Ph.D. "How Cities Can Use Real-Time Information from Mobility Operators to Optimize City Streets." Meeting of the Minds Webinar, January 23, 2019.*

Best Practices: Schedule Sharing to Expand Inter-Provider Referrals

<u>Longmont, Colorado</u>

Trip sharing can be made more feasible by technology, although software is not required to allow agencies to coordinate rides. In Longmont, Colorado, coordination efforts began in 2010 among three demand response transportation providers serving one geographical area.[4] Longmont, a city of more than 85,000 residents with a geographical area of 26 square miles, is serviced by a public transit provider and a human service transportation provider. Rural Transit District (RTD), based in Denver, operates six fixed bus routes in Longmont and a general public demand response service, Call-n-Ride, using three vehicles. Via Mobility, a non-profit organization, provides demand response service primarily to seniors and people with disabilities using six vehicles. Additionally, RTD offers complementary paratransit, known as Access-a-Ride, which is operated by Via Mobility under contract. When the agencies began to struggle to meet growing demand for trips, they collaborated on an initiative to provide more service using existing resources. They understood that their demand response trips significantly overlapped in coverage, with vehicles travelling similar patterns during the same hours. The map displays the overlap in coverage during one day of trips, with each provider represented by a different color. The lines connect origins and destinations and illustrate the point that vehicles from multiple agencies are operating in the same area at the same time – creating unnecessary duplication of services and an opportunity to share rides.

Via Mobility and RTD managers concluded that inter-agency trip coordination would reduce duplication and improve ridership and productivity. The agencies established a Mobility Coordinator staff position, housed at Via, to manage the coordination process and engaged a technology firm to develop a solution that would allow Via and RTD to collaboratively schedule rides. Under the coordination model, trip requests are scheduled on the Via or RTD vehicle schedule where they best fit – regardless of which operator receives the request from the customer. This "no wrong door" approach allows customers to request rides from their preferred provider, while gaining access to capacity on three demand response services. Trip requests from each provider's scheduling software program are automatically imported into a cloud-based trip data exchange platform, allowing the providers to retrieve trips and schedule them onto their drivers' manifests. Additionally, the Mobility Coordinator is able to view manifests for the two Via programs and RTD Call-n-Ride, and rearrange manifests so that rides are scheduled where they fit best.
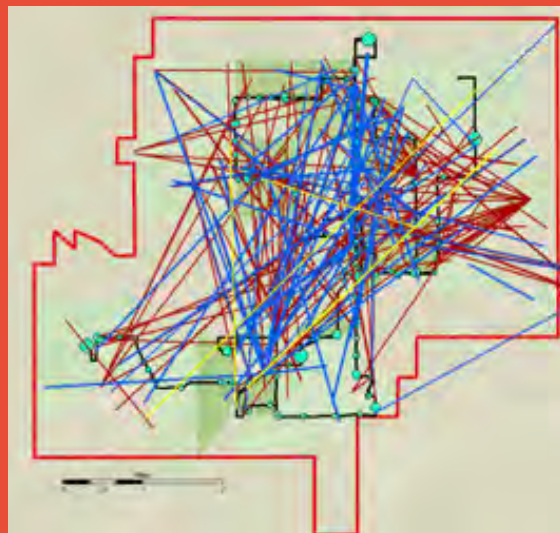
Demand-response origins and destinations provided during one day by three services in Longmont, Colorado

Performance statistics for Via and Call-n-Ride demonstrate that the coordination restuled in increased productivity. Boardings per revenue hour increased from 2.2 to 2.8 from 2010 to 2012 – a 26 percent increase in efficiency. The agencies overcame several institutional barriers while implementing the coordination initiative. Via and RTD adjusted their service area boundaries so that they were identical. They decided to offer door-to-door service on all services, so that all customers' assistance needs would be met regardless of which agency provided their trips. While the agencies still require different fare amounts, the drivers are instructed to be lenient with passengers who do not have the correct fare due to misunderstanding about which agency is providing their ride. Finally, Via and RTD negotiated a trip payment structure in order to reimburse each other for passenger trips.

In 2015, the Federal Transit Administration awarded a grant to Via Mobility to expand the trip exchange model to nearby communities. Planning funds are supporting Via in addressing the institutional, technical, sustainability and scaling challenges associated with the project.

[4] *Becker, A. Jeff. "A Case Study: Longmont Human Services & General Public Demand Responsive Transportation (DRT) Coordination." From: Give Your Customers More Mobility Options! Utilizing Technology in Coordinated Human Services Transportation Systems, 14 April 2016, webinar conducted by the US DOT Intelligent Transportation Systems Joint Program Office.*

STRATEGY 1.4B

Expand real-time sharing of trip schedules (Strategy 1.4A) to hospitals and clinics so that trips can be scheduled as part of the medical appointment scheduling process.

Timeline for Implementation	3 years
Action Steps	• Implement schedule-sharing technology identified in Strategy 1.4A • Conduct meetings to assess interest of healthcare providers who would request trips for patients using the technology • Identify consultant to expand technology to allow for healthcare provider access (potentially through a web-based healthcare "portal") • Determine healthcare provider schedule-sharing policies and procedures • Launch healthcare provider schedule-sharing and adjust procedures as necessary
Parties Responsible for Leading Implementation	• Miami Valley Regional Planning Commission • Greater Dayton Regional Transit Authority for the urban area • A new group of stakeholders representing rural areas of the Region (or tie to the GRMI stakeholder group)
Parties Responsible for Supporting Implementation	• Participating healthcare providers • Greater Dayton Area Hospitals Association (GDAHA) • Public Health Dayton and Montgomery County • WIC Clinics • Participating open-door transportation providers
Resources Needed	• Lead agency staff time to coordinate participation, liaise with consultant and healthcare providers, and develop policies and procedures • Technology consulting services • Software to expand technology access to healthcare providers
Potential Cost Range	• Lead agency staff time costs vary by agency • Technology consulting costs are roughly estimated at $10,000 to $30,000 • Software costs may be additional, or may be included in consulting costs
Potential Funding Sources	• FTA Section 5307 or Section 5310 grants • Potential new FTA programs similar to the 2018 Access and Mobility Partnership Grants program • Hospital networks • Foundation grants or local, state or federal (non-DOT) funding programs
Performance Measures/ Targets	• Number of one-way passenger trips scheduled through use of the technology • Percentage increase in productivity (boardings per revenue service hour) of participating providers • Level of satisfaction of healthcare providers with technology as measured through surveying
Needs Addressed	• Plan for a brokerage to provide non-Medicaid eligible NEMT trips • Fund a one-call safety net for transportation for high-risk patients

STRATEGY 1.5

Agencies work together specifically to overcome real and perceived barriers to sharing rides that are paid through different/multiple funding sources.

Timeline for Implementation	3 years
Action Steps	• Identify transportation funding and reimbursement rates in use and present geographically by county • Identify the time it takes for providers to grant eligibility to riders • Keep the list of providers and their eligibility requirements updated and available to the public (eg. 211) • Research best cost allocation practices • Develop draft cost allocation models • Adopt a cost-allocation model that supports a regional transportation service (for example, a community shuttle that crosses county lines or a trip data exchange to support shared scheduling)
Parties Responsible for Leading Implementation	Miami Valley Regional Planning Commission
Parties Responsible for Supporting Implementation	Public and Human Service Transportation Providers
Resources Needed	• Lead agency staff time costs • Transportation consulting services
Potential Cost Range	• Lead agency staff time costs vary by position and time spent • Cost allocation consulting costs are roughly estimated at $15,000 to $25,000
Potential Funding Sources	• FTA Section 5307 or Section 5310 grants • Potential new FTA programs similar to the 2018 Access and Mobility Partnership Grants program
Performance Measures/ Targets	• Cost allocation model developed • Number of agencies who adopt cost allocation model
Needs Addressed	• Work together to educate funders about the importance of supporting providers that make service available to rural, outlying, or suburban areas at an affordable cost to the customer • Continue regional mobility management planning efforts and HSTC Council meetings • Establish a sub-committee of the HSTC Council to focus on coordinated strategies and identify funding

STRATEGY 1.6

Establish a regional "one-call/one-click" transportation resource center for the Miami Valley Region that schedules rides to medical care, <u>focusing initially on high-risk patients and non-Medicaid eligible NEMT clients</u>, later expanding to general medical transportation including Medicaid NEMT, employment, human services and food access transportation for older adults, people with disabilities and people with low incomes. Resource center should provide information about all local transportation options and integrate fare payment.

Timeline for Implementation	3 years
Action Steps	• Monitor State of Ohio policy developments on NEMT ride brokerages and public transit • Investigate the feasibility of integrating the Miami Valley Ride Finder and Gohio Commute websites • Develop a one-call/one-click center draft scope of work • Hire a consultant • Identify partner transportation providers and potential funding sources • Submit applications for funding • Conduct procurement(s) to develop center • Develop policies and procedures • Implement center
Parties Responsible for Leading Implementation	• Greater Dayton Regional Transit Authority • Miami Valley Regional Planning Commission
Parties Responsible for Supporting Implementation	Open-door transportation providers
Resources Needed	• Lead agency staff time costs • Consulting services • Funding to implement project
Potential Cost Range	$100,000 - $1,000,000, depending on software and hardware (computers, tablets for vehicles, fare collection technology) costs and project scope
Potential Funding Sources	• FTA Section 5307 or Section 5310 grants • Potential new FTA programs similar to the 2018 Access and Mobility Partnership Grants program • Other federal non-DOT, state or local funding
Performance Measures/ Targets	• Number of one-way passenger trips scheduled through use of the technology • Percentage increase in productivity (boardings per revenue service hour) of participating providers • Level of satisfaction of customers and stakeholders with new transit information and ride scheduling procedures as measured through surveying • Level of satisfaction of providers with technology as measured through surveying • RTA will integrate multimodal trip planning using Transit platform • RTA will integrate agency payment and trip planning • RTA will integrate service offering bundled packages
Needs Addressed	• Promote capacity and information sharing • Use technology to share schedules among participating demand response or on-demand transportation providers in the Region • Establish a regional transportation brokerage for one-call/one-click centralized scheduling

Best Practices: Centralized Human Services and ADA Paratransit Trip Planning and Scheduling

Agencies can improve the customer experience and achieve new efficiencies through centralizing their trip reservation and scheduling functions. Transportation providers in many communities throughout the United States have consolidated their trip planning and scheduling functions into single entities while maintaining their existing separate transportation services. Under this model, there would be one telephone and internet-based location for scheduling rides with multiple transportation providers. Residents would be able to easily identify their transportation options with a single phone call or website visit.

This type of resource provides marketing support for the agencies, as customers who were not familiar with all of the community's transportation services can learn about them when they request trips. Trips are scheduled based on the provider best suited to performing the trip, which is not possible when a customer requests a trip from a single provider. As trips are requested, scheduling staff have the ability to assign trips to more than one provider, which can increase the overall productivity of the whole network. The consolidated trip scheduling office staff would also be able to encourage customers to use fixed route service when possible.

One challenge of trip scheduling consolidation is cost. Costs may be high relative to the cost of each provider to schedule their own trips, depending on the consolidated office's location, staffing levels and technological amenities. This type of operation has a range of phone-based and software options available at varying prices. Consolidated scheduling operations are most successful when multiple providers participate and the participating providers have adequate capacity to meet the demand in the community. There are several examples of consolidated trip scheduling operations throughout the country.

Texas System of Regional Brokers
Before 2012, Texas's Health and Human Services Commission (HHSC) provided non-emergency medical transportation (NEMT) through fee-for-service contracts with individual transportation providers. In 2012-2014, HHSC transitioned to a system of regional brokers. In the Dallas/Fort Worth area and the Houston area, HHSC put in full-risk private brokers, and paid them capitated payments to provide services such as call centers, demand-response transportation, mass transit tickets, mileage reimbursements, and more. In the 11 other regions of Texas, HHSC put in non-profit or for-profit regional brokers called Management Transportation Organizations to provide transportation and the previously-listed related services to specific regions. Switching from a fee-for-service system to regional brokers helped HHSC reduce the cost of NEMT, since capitated payments are now the norm. Other benefits include establishing minimum standards for vehicles and drivers and increased oversight using data collected by each broker.

Challenges that remain include broker performance and higher per-trip costs for demand-response transportation and trips in rural areas.

Lane County, Oregon
Lane Transit District (LTD), a public transit provider serving Lane County, Oregon, leveraged a long history of transportation coordination in the

HHSC's Medical Transportation Program
https://www.txhealthsteps.com/hhscs-medical-transportation-program

community when it formed the RideSource call center. The call center, which had always booked rides for LTD's paratransit service, expanded in 2008 to become a broker for non-emergency medical transportation (NEMT) trips provided to clients of Oregon's Medicaid program. The addition of NEMT ride scheduling was a major increase in call-taking and ride scheduling for the agency, which worked with consultants for more than a year prior to implementation to set up policies and procedures. RideSource not only books NEMT travel, but also determines Medicaid eligibility for individuals, a good fit given that the agency already processed eligibility for its ADA paratransit program. RideSource also books trips for a number of local human service transportation providers.

Lakeland, Florida
Lakeland, Florida is served by a public transit provider, Polk County Transit Services, and the nonprofit ElderPoint Ministries, a social service organization providing volunteer transportation to senior citizens.[5] The two agencies share technology to expand transportation services for seniors and individuals with disabilities in the area. Polk partners with ElderPoint to provide paratransit through the use of shared scheduling technology when the transit agency is unable to fulfill customer requests. Polk Transit and ElderPoint share access to Polk's Trapeze trip scheduling

[5] *National Center for Mobility Management. Transportation Coordination Enabled by Technology and Innovative Design. 2013. https://nationalcenterformobilitymanagement.org/wp-content/uploads/2013/11/Promising-Practices_Transportation-Coordination-Enabled-by-Technology.pdf. Accessed February 27, 2018.*

software. When a customer contacts ElderPoint to request a ride, ElderPoint assesses whether the individual is a Polk Transit customer, and uses Trapeze to determine whether Polk has the capacity in their schedule to provide the ride. If Polk is unable to provide the ride, ElderPoint schedules the ride with one of its volunteer drivers, or provides a referral to another social service agency that offers transportation. The effects are similar to the benefits of Longmont's trip data exchange collaboration: the customer gains access to multiple transportation providers with one phone call, and rides are scheduled more efficiently on the participating services. The inclusion of ElderPoint in Polk's scheduling software offers additional benefits. ElderPoint's trips, which amount to 3,000 annually, are included in Polk County's National Transit Database reporting, increasing federal resources for Polk to provide more trips. Trapeze software tracks client and trip information so that invoicing between the two agencies is accurate and efficient. Finally, the shared system helps Polk and ElderPoint avoid booking duplicate trips for the same client, which is a common issue in providing transportation to the aging population.

Central Pennsylvania

The Commonwealth of Pennsylvania is home to multiple innovations in consolidated trip scheduling. The Central Pennsylvania Transportation Authority – better known by its DBA, rabbittransit – offers centralized trip scheduling and dispatching for demand response transportation providers in ten counties. This operation started out as a merger between York and Adams Counties' public transportation agencies, then grew to include scheduling, dispatching and administration for eight additional county providers from 2012 to 2017. The rabbittransit call center also provides paratransit eligibility determination, interactive voice response (IVR) pick-up reminders to customers, customer service and marketing in the ten-county region. On a statewide level, Pennsylvania offers the FindMyRidePA online trip planner, which currently assists users in seven counties with ride scheduling but will expand to more areas of the state in the future. Customers enter information about their trip needs on the website and receive referrals to providers and fare estimates. A smartphone app is included. This tool was custom developed for Pennsylvania and would cost $50,000 to $125,000 to be customized for a new client.

GOAL 2: PROVIDE MORE TRANSPORTATION SERVICE TO THE MIAMI VALLEY REGION THROUGH NEW SERVICES OR EXPANSIONS TO EXISTING SERVICES.

Level 1 Service Expansion: Evaluation of/Minor Changes to Existing Services

STRATEGY 2.1

Study the feasibility of relocating fixed route bus stops closer to the employers and grocery stores. Routes should be evaluated for their proximity to job opportunities. Some individuals have difficulty using public transit for grocery shopping due to the distance they must carry their groceries from the store to the bus stop.

Timeline for Implementation	1 year
Action Steps	• Coordinate research with Montgomery County's plan for countywide food system access (Spring 2019) • Coordinate research with the Greater Dayton RTA Comprehensive Operations Analysis • Inventory and map wheelchair accessibility of bus stops that are located at or near major employers and grocery stores • Analyze the feasibility of routing changes to provide access to more employers • Analyze the feasibility of re-locating bus stops near grocery stores to store entrances • Re-locate bus stops as feasible
Parties Responsible for Leading Implementation	• Greater Dayton Regional Transit Authority • GreeneCATS Public Transit
Parties Responsible for Supporting Implementation	• Employers involved in the study • Grocery store managers and/or corporate offices involved in the study
Resources Needed	Staff time at each lead agency
Potential Cost Range	Cost is based on staff hours used to analyze bus stop locations
Potential Funding Sources	Existing agency budgets
Performance Measures/ Targets	• Development of memorandum describing route analysis • Number of route or bus stop changes • Activity measured at stops - onboarding • Level of satisfaction of passengers boarding/alighting at relocated bus stops as measured through surveying • Increase in the number of jobs accessed through new routing
Needs Addressed	• Relocate bus stops closer to the entrance/exit of grocery stores • Expand transportation options for individuals living in food desert areas • Improve access to employment • Develop community circulator routes that connect with other public transit routes and reach deeper into local communities and neighborhoods

STRATEGY 2.2

Participate in GDRTA System Redesign. "What Drives You"

Timeline for Implementation	2 years
Action Steps	• Provide input during RTA Customer Advocacy Group (CAG) and "What Drives You" feedback sessions • Incorporate input specific to addressing paratransit and Human Services Transportation
Parties Responsible for Leading Implementation	• Greater Dayton Regional Transit Authority • Miami Valley Regional Planning Commission
Parties Responsible for Supporting Implementation	Regional Mobility Managers
Resources Needed	• Staff time at each lead agency
Potential Cost Range	• Staff time costs vary by agency
Potential Funding Sources	• Existing public transit funding • FTA Section 5307 or Section 5310 grants
Performance Measures/ Targets	• Strategies included in the redesign that address identified regional accessibility • Strategies implemented after the redesign that address identified regional accessibility
Needs Addressed	• Promote capacity and information sharing • Use technology to share schedules • Establish a regional transportation brokerage • Agencies work together to overcome real and perceived barriers to sharing rides paid through different funding sources • Establish a transportation collaborative to coordinate transportation for target populations

STRATEGY 2.3

Mobility Improvements: Support local and regional improvements to pedestrian and bicycle networks where they most directly impact target populations, with a focus on first mile/last mile connections, and efforts that are in keeping with MVRPC's Complete Streets Policy and future Active Transportation Plans.

Timeline for Implementation	Ongoing
Action Steps	• Identify projects throughout the Region that are candidates for capital investment to ensure they help connect gaps and improve accessibility for vulnerable populations • Support local, regional, and state funding requests and implementation for projects that address these gaps and improve accessibility • Work with local and regional planners and Mobility Managers to identify additional gaps in pedestrian and bicycle networks that impact access to goods, services, health care, and jobs and incorporate them into planning efforts for future implementation • Create a priority list of the above projects to support for future implementation based on potential impact for target populations
Parties Responsible for Leading Implementation	• Miami Valley Regional Planning Commission • Relevant coordination subcommittees
Parties Responsible for Supporting Implementation	• County planners, local municipalities, neighborhood groups • Greater Dayton Regional Transit Authority (LINK Bike Share) and other transit providers • Ohio Department of Transportation (ODOT) • Ohio Department of Health
Resources Needed	Active/pending capital project and planning lists, staff time
Potential Cost Range	Varies based on project type
Potential Funding Sources	ODOT, Ohio Department of Health, CMAQ (with limited availability), Safe Routes to Schools, local capital budgets, etc.
Performance Measures/ Targets	Sidewalk and bicycle connectivity (# and length of gaps, # and length of connections built), planning/capital projects initiated, dollars secured, dollars spent.
Needs Addressed	• Focus on coordinated strategies to address gaps, identify funding, and promote existing services

STRATEGY 2.4

Improve shared-ride or public transit options to travel across county lines using phased approach, beginning with improving options travel between Miami and Montgomery Counties.

Timeline for Implementation	1 year
Action Steps	• Convene a committee of Miami and Montgomery County stakeholders to identify cross-county transportation needs and potential strategies to resolve gaps in service • Identify funding needs • Adjust existing services and/or launch pilot demonstration service • Market premium services provided by the Greater Dayton RTA • Expand inter-county transportation options to other areas
Parties Responsible for Leading Implementation	• GDRTA • Miami County Transit
Parties Responsible for Supporting Implementation	Public and human service transportation providers
Resources Needed	• Staff time at each lead agency • Funding to operate new service
Potential Cost Range	• Lead agency staff time costs vary by agency • Costs to offer new transportation service is roughly estimated at $30 to $90 per hour of revenue service, depending on the provider used
Potential Funding Sources	• Existing public transit funding • FTA Section 5307 or Section 5310 grants
Performance Measures/ Targets	• Funding secured • New service initiated • Number of one-way passenger trips provided through new cross-county service • Number of individuals who utilize new cross-county service
Needs Addressed	• Improve access to services • Explore partnerships to improve affordability of transit for low-income individuals • Improve access to employment • Develop shuttles or shared-ride services through partnerships with employers • Agencies work together to overcome barriers • Improve shared-ride or public transit options between Miami and Montgomery Counties

STRATEGY 2.5

Increase the number of wheelchair accessible taxis or on-demand transportation services.

Timeline for Implementation	2 years
Action Steps	• Identify existing and potential new transportation providers to offer wheelchair-accessible transportation, including private taxi or NEMT companies • Identify funding opportunities to acquire wheelchair-accessible vehicles • Develop a partnership between a non-profit organization and one or more private transportation providers to expand open-door wheelchair-accessible transportation availability • Research national best practices on innovative approaches to expanding wheelchair-accessible fleets • Identify passenger assistance/wheelchair securement training needs of public, nonprofit and private transportation providers
Parties Responsible for Leading Implementation	• Greater Dayton Regional Transit Authority • Access Center for Independent Living or Community Action Partnership
Parties Responsible for Supporting Implementation	• Access Center for Independent Living or Community Action Partnership • Taxi, Transportation Network Companies (TNCs), and/or NEMT private transportation providers
Resources Needed	Funding to purchase vehicles and train drivers
Potential Cost Range	The cost of a new wheelchair-accessible minivan or small transit vehicle is approximately $50,000
Potential Funding Sources	FTA Section 5310
Performance Measures/ Targets	• Number of one-way passenger trips provided using new accessible vehicles • Number of hours of open-door revenue service offered using new accessible vehicles • Number of miles of open-door revenue service offered using new accessible vehicles
Needs Addressed	• Implement standardized driver training and performance measures for organizations that provide transportation for target populations • Fund vehicles and driver training for wheelchair accessible taxis/on-demand services

The Indianapolis, IN suburb of Plainfield is a major logistics hub, home to explosive growth in warehousing entry-level jobs. Until 2013, there was no form of reliable transportation available for Indianapolis job seekers, many of whom depend on public transit to get around, to reach the numerous Plainfield employers with plentiful employment positions. Given that the Indianapolis transit system could not easily cross county lines, the town of Plainfield worked with the Central Indiana Regional Transportation Authority (CIRTA) to develop a "workforce connector" bus route.

CIRTA, through the work of its mobility manager, secured a three-year federal demonstration grant to launch the Plainfield Connector connecting Plainfield to a busy Indianapolis bus route that terminates near the municipal boundary line. The Plainfield Connector was so successful that in two years, CIRTA obtained a second federal grant to add an additional route, doubling the reach the of the service. When the initial federal demonstration grant ended, CIRTA and town officials worked together to secure the support of land owners in the warehousing district in creating an economic improvement district (EID) to generate revenue to continue the Plainfield Connector. Through the EID, created in 2017, the bus service is supported by a sustainable local funding source, ensuring that commuters will continue to have transportation access to employment opportunities in Plainfield into the future.

Butler County, Ohio
Butler County Regional Transit Authority (BCRTA) initiated its WorkLink route in September 2018. The route, which connects Dayton and Cincinnati, is the first public transit connection between Greater Dayton RTA, BCRTA and Southwest Ohio Regional Transit Authority. With eight stops, the route runs six days per week and covers all three work shifts at $2 per ride. The route is a joint effort of BCRTA, the cities of Middletown and Monroe, and the Atrium Health Center, whose patients and workers will use access health care and jobs.

STRATEGY 2.6

Develop inter-county community shuttles or other shared-ride services that provide access to critical services, including health care, addiction treatment, employment-related services, and grocery stores/food pantries.

Specific services proposed during the needs assessment process are listed below. Service expansions should be designed to meet one or more of the following priorities, and provide cross-county travel options where applicable:

- Service to medical facilities and treatment programs for those without access to other transportation options
- More direct service between Fairborn and Xenia (with stops at key destinations)
- Shuttles or other shared-ride services through partnerships with employers to improve access to jobs
- Expand transportation options for individuals living in food desert areas
- Develop community circulator routes that connect with other public transit routes while reaching deeper into local communities/ neighborhoods.

Best Practice: Wheelchair Accessible Taxis

Charleston, West Virginia
The WAVE program between C&H Taxi, West Virginia Department of Transportation, and Mountain State Centers for Independent Living was created to expand accessible transportation in the Charleston area. This was the first program of its type in West Virginia bringing private, state, and not for profit entities together to provide wheelchair accessible vehicles or (WAVES) as taxicabs to provide on-demand wheelchair accessible service, especially on nights and weekends and other times when no other accessible transportation service was available. The program filled a wide gap and has been a great success.

Timeline for Implementation	2 years
Action Steps	• Convene meetings of GDRTA planning staff and HSTC Council subcommittee members to identify transportation needs and potential community shuttle or other shared ride services • Provide input during GDRTA Comprehensive Operations Analysis and other service plans
Parties Responsible for Leading Implementation	• Greater Dayton Regional Transit Authority • HSTC Council subcommittees proposed in Strategy 1.2A • Public transit providers serving areas targeted by new services
Parties Responsible for Supporting Implementation	Community stakeholders including senior centers, health care providers, addiction treatment facilities, employers, Job and Family Services, food pantries, suburban communities, neighborhood-based community organizations
Resources Needed	• Staff time at each lead agency • Funding to operate new service
Potential Cost Range	• Lead agency staff time costs vary by agency • Costs to offer new transportation service is roughly estimated at $30 to $90 per hour of revenue service, depending on the provider used
Potential Funding Sources	• Existing public transit funding • FTA Section 5307 or Section 5310 grants • Congestion Mitigation-Air Quality grants
Performance Measures/ Targets	• Funding secured • Number of new community shuttle routes or other services developed • Number of one-way passenger trips provided through new routes/services • Number of individuals who utilize new routes/services
Needs Addressed	• Improve access to healthcare, treatment and recovery • Improve access to employment • Establish free shuttles to medical facilities and treatment programs for those without access to other transportation options • Develop community circulator routes that connect with other public transit routes and reach deeper into local communities

STRATEGY 2.7

Encourage/Recruit/Spin-Off an Independent Transportation Network (ITN) or other gap service organizations as stand-alone non-profits.

Timeline for Implementation	1 to 5 years
Action Steps	• Contact ITNAmerica for information about how to get started and to discuss franchise requirements • Contact current ITNs for information. The closest active ITN for transportation is ITN Greater Cincinnati • Identify potential local organizations that could take the lead or be created to take the lead • Establish the resource in the Miami Valley
Parties Responsible for Leading Implementation	• Mobility Managers
Parties Responsible for Supporting Implementation	• MVRPC and other interested non-profits
Resources	• Staff time at each agency
Potential Cost	• Staff time costs vary by agency
Potential Funding Sources	• Local grants and foundations • FTA Section 5310 grants, Older Americans Act Title IIIB, other Non-US-DOT Federal Funding
Performance Measures/ Targets	• ITN research is completed with a meaningful report documenting feasibility for the Miami Valley • Potential lead organizations/parties are identified • New organization is established and resource is created
Needs Addressed	• Improve access to services • Organize or expand the volunteer driver network • Seek partnerships with faith-based organizations to connect people with pantries • Agencies work together to overcome real and perceived barriers to sharing rides that are paid through multiple sources

Best Practices: Volunteer Transportation Options

Riverside TRIP

The TRIP program is a model for volunteer recruitment, started in 1993 by the Riverside County Transportation Commission and Office on Aging (California) through the creation of a non-profit called Independent Living Partnership. The model offers a framework for recruiting friends and neighbors of older adults to become volunteer drivers with their own vehicles. Trips are scheduled between the driver and the rider, and drivers are reimbursed for their mileage by the program. The availability of the mileage reimbursement creates a more formalized structure, which helps build security in the system, since informal requests are often cited as a barrier or reason that potential riders are reluctant to request a trip. Not all volunteer drivers accept the reimbursement.

Eligibility for TRIP is determined through an assessment of the applicant's capabilities and needs. They must be unable to ride transit or live in areas with limited transit service and must not have other alternatives for rides. Riverside TRIP has 1,147 riders and over 1,200 volunteer drivers who provide over 11,000 trips monthly. Since trips are arranged between the driver and the rider, service can extend beyond the county and can occur at any time of day. Approximately 95% of riders travel to medical trips and 42% travel to physical therapy, and 38% of riders take two or more trips weekly. The TRIP model has been replicated outside of Riverside, and the Independent Living Partnership has created a training framework to help other agencies adopt the model. The annual program cost is $813,000 and the average cost per trip is $5.83.

STRATEGY 2.8

Develop group-coordinated funding for new vehicles, equipment, and infrastructure using FTA Section 5310 funding.

Timeline for Implementation	5+ years
Action Steps	• Propose changes to the Section 5310 Grant Application and/or priorities • Advertise and explain changes to all potential applicants • Develop a structure for shared use of vehicles, equipment and infrastructure
Parties Responsible for Leading Implementation	• MVRPC
Parties Responsible for Supporting Implementation	• GDRTA • Eligible Section 5310 applicants • HSTC Council Steering Committee
Resources	• Staff time at each agency
Potential Cost	• Staff time costs vary by agency
Potential Funding Sources	• Local grants and foundations • FTA Section 5310 grants, Older Americans Act Title IIIB, other Non-USDOT Federal Funding
Performance Measures/ Targets	• Priorities in the Section 5310 Program are established • Number of group-coordinated funding applications • Number of new passengers served
Needs Addressed	• Coordinated grant writing • Improve access to healthcare, treatment and recovery • Fund vehicles and driver training for wheelchair accessible taxis/on-demand services

GOAL 3: RECRUIT AND TRAIN MORE PAID AND VOLUNTEER DRIVERS.

Level 1 Strategies that could be implemented in incremental steps or with as few as two organizations.

STRATEGY 3.1

Continue shared trainings through the HSTC Council, and create subsidy fund for mileage reimbursement or training.

Timeline for Implementation	1 year
Action Steps	• Continue with HSTC Council shared training opportunities on topics relevant to a wide range of participating organizations • Discuss opportunities to create a fund for reimbursement and training • Identify local match source for the new subsidy fund for mileage reimbursement or training • Develop an application for Section 5310 funding to subsidize costs • **Develop and/or sustain the mileage reimbursement for volunteers** • Develop criteria for agencies to use when applying for subsidy fund reimbursements
Parties Responsible for Leading Implementation	• MVRPC • HSTC Council Subcomittee • Greater Dayton Regional Transit Authority
Parties Responsible for Supporting Implementation	• HSTC Council member organizations
Resources Needed	• Staff time to establish the subsidy fund and apply for funding. Funding to support the reimbursement program.
Potential Cost	• Cost is scalable depending on methods of recruitment used
Potential Funding	• Section 5310 program • HSTC Council member organizations that are able to provide to the pool of available matching funds • Frail Elderly Fund of the Human Services Levy (Montgomery County) for ages 60+
Performance Measures/ Targets	• Section 5310 application developed and submitted • Funding secured • Funding rate and criteria developed and implemented • Number of new organizations that participate in trainings and meetings because of the available subsidy funds • Number of organizations that utilize the subsidy funds • **Number of certified trainers**
Needs Addressed	• Implement standardized driver training and performance measures • Improve access to services • Improve access to healthcare, treatment and recovery

STRATEGY 3.2

Create a coordinated approach to recruit drivers for senior and human service transportation providers in all counties.

Timeline for Implementation	1 year
Action Steps	• Form a regional driver recruitment committee of human resources managers or transportation managers with representation from senior and human service transportation providers • Develop a regional recruitment plan • Inventory pay scales, driver qualifications and agency hiring procedures and compare to identify the differences to be overcome • Advertise positions through a collaborative recruitment campaign once per quarter
Parties Responsible for Leading Implementation	• Mobility Managers • Senior Centers and faith-based transportation providers • Board of Developmental Disabilities agencies
Parties Responsible for Supporting Implementation	• Senior and other human service transportation providers • County Job and Family Services offices
Resources Needed	Funding for recruitment campaign expenses
Potential Cost Range	Cost is scalable depending on methods of recruitment used
Potential Funding Sources	Existing agency funding
Performance Measures/ Targets	• Recruitment plan developed • Advertise positions • Increase in number of applications received for driver positions • Increase in number of hires
Needs Addressed	• Create a coordinated approach to recruit drivers for programs in all counties • Promote capacity and information sharing

STRATEGY 3.3

Implement standardized driver training for organizations that provide transportation for seniors and individuals with disabilities.

Timeline for Implementation	2 years
Action Steps	• Inventory training practices of public and human service transportation providers, including NEMT providers • Obtain information from ODOT regarding driver training requirements • Develop a potential training program that will offer adequate training to serve the region's transportation providers
Parties Responsible for Leading Implementation	Miami Valley Regional Planning Commission
Parties Responsible for Supporting Implementation	Public and human service transportation providers, including NEMT providers
Resources Needed	• Inventory of training needs by agency • Funding for a third-party provider of training, or • In-house training staff, depending on qualifications

Potential Cost Range	The cost of outsourced training depends on the cost per training session and frequency of training. Training sessions costs include, but are not limited to:
	  • Hourly cost of the trainer(s)
	  • Number of hours of training per session
	  • Number of drivers participating per session
	  • Travel and facility/equipment costs

Potential Funding Sources	Existing agency budgets (agencies pay a fee per driver)
Performance Measures/ Targets	• Training inventories conducted • ODOT requirements obtained • Number of drivers trained • Reduction in safety-related incidents following implementation of training program • Reductions in complaints following implementation of training program
Needs Addressed	• Enhance transportation for seniors and individuals with disabilities • Standardized driver training and performance measures

STRATEGY 3.4
Organize or expand volunteer driver network.

Timeline for Implementation	2 years
Action Steps	• Survey transportation providers to determine current practices and needs for volunteer drivers • Research volunteer transportation programs using Community Transportation Association of America (CTAA) resources available at https://ctaa.org/national-volunteer-transportation-center/ • Assemble a committee of transportation providers that will participate in the volunteer driver network • Create a program launch and implementation plan for recruiting, training and utilizing volunteer drivers
Parties Responsible for Leading Implementation	• Continuum of Care • Goodwill Easter Seals Miami Valley • Mobility Managers • Senior center transportation programs
Parties Responsible for Supporting Implementation	Public and human service transportation providers who utilize volunteer drivers
Resources Needed	• Lead agency staff time to research volunteer driver program best practices, survey providers, coordinate committee, and develop policies and procedures • Funding to implement program
Potential Cost Range	Cost is scalable based on the scope and size of the volunteer driver program
Potential Funding Sources	• Program planning: existing agency budgets and/or FTA Section 5310 funding and eligible matching funds • Program implementation: foundation grants or local, state or federal (non-DOT) funding programs
Performance Measures/ Targets	• Transportation provider survey conducted • Volunteer program research conducted • Provider committee formed • Number of active volunteer drivers
Needs Addressed	• Improve access to services • Seek partnerships with faith-based organizations to connect people with pantries • Expand transportation options for individuals living in food deserts • Fund a one-call safety net for transportation for high-risk patients • Support income-based fares

STRATEGY 3.5

Establish a Timebank for volunteer services including drivers.

Timeline	2 to 3 years
Action Steps	• Explore possibilities for the organizational structure and choose a structure: (1) Start a new Timebank; or, (2) become a sub-timebank to a nearby existing program that is already established • If starting a new Timebank, identify a lead agency and create a committee/board of partner organizations that agree to roles and responsibilities through a Memorandum of Understanding • Identify the scope, mission and goals of the Timebank • Establish the legal structure for the Timebank • Investigate and purchase Timebanking software • Create a structure to evaluate the success of the Timebank
Parties Responsible for Leading Implementation	• MVRPC • Non-profit lead agency (to be identified)
Parties Responsible for Supporting Implementation	• Partner organizations including legal advisors • Timebank members (volunteers)
Resources Needed	• Lead agency to establish the timebank structure • Software to manage activities
Potential Cost	Timebank software and consultant/legal fees during set-up (consultant/legal advice could be provided as an in-kind exchange)
Potential Funding	Section 5310 program and HSTC Council member organizations that are able to provide to the pool of available matching funds
Performance Measures/Targets	• Organizational and legal structure is identified • Lead agency and committee/board is identified and MOUs signed • Number of volunteers/members • Number of volunteer exchanges
Needs Addressed	• Improve access to services • Seek partnerships with faith-based organizations to connect people with pantries • Expand transportation options for individuals living in food deserts • Fund a one-call safety net for transportation for high-risk patients • Support income-based fares

STRATEGY 3.6
Build a local network for Retired Senior Volunteer Program (RSVP) or another national volunteer management program.

Timeline	2 to 4 years
Action Steps	• Discuss program structures and opportunities with established RSVP programs in Ohio • Create a subcommittee of senior-focused organizations in the local region to discuss a potential structure for starting a local RSVP program that includes transportation options and/or bringing resources to seniors • Identify a lead organization
Parties Responsible for Leading Implementation	• MVRPC • Subcommittee of senior-focused organizations
Parties Responsible for Supporting Implementation	• Mobility Managers
Resources Needed	Staff time to establish the program and organizational structure. Funding for a program coordinator.
Potential Cost	Cost for a part-time program coordinator ($10,000 to $30,000/year)
Potential Funding	Section 5310 program and available matching funds from eligible sources.
Performance Measures/ Targets	• Program is established • Number of volunteers • Number of trips provided by volunteers • Number of people receiving trips from volunteers
Needs Addressed	• Improve access to services • Seek partnerships with faith-based organizations to connect people with pantries • Expand transportation options for individuals living in food deserts • Fund a one-call safety net for transportation for high-risk patients • Support income-based fares

Drivers can apply to volunteer online, and donate their time and vehicles (there is a reimbursement process as well for mileage and parking). Riders, both Medicaid and non-Medicaid, can call county-specific numbers to request a ride, regardless of their ability to pay.

Rides & Smiles

San Diego's Jewish Family Service (JFS) operates a comprehensive volunteer driver program called Rides & Smiles. The program serves older adults who have inadequate or nonexistent transportation options through a donation-based fare system, though no one is refused service. There are over 400 volunteer drivers who use their own vehicles to provide 2,300 trips per month to over 2,000 participants. Volunteers are eligible for secondary insurance and gas reimbursement. Rides & Smiles guarantees to meet ride requests, so if a volunteer is not available, they may use staff, rideshare services, or taxis.

JFS has developed a scheduling software, http://www.ridescheduler.com/, which can be accessed by program staff and drivers to coordinate rides. The web-based software has been replicated in a variety of programs across the United States and Canada.

LIFT Volunteer Driver Program

The Leadership in Innovative Flexible Transportation (LIFT) program, based in the Southwestern Wisconsin Community Action Program (SWCAP), started in 2006 as a one-call center to refer people who need rides to existing transportation providers. Demand was higher than the transportation supply available, so LIFT started a volunteer driver program in 2009 to expand their services. The volunteer system is door-through-door at any time a driver is available. The program has about 30 volunteers who use their personal vehicles to provide about 565 rides per month. Volunteers also occasionally staff LIFT's small fleet of accessible vans. About one third of rides are for employment purposes.

GreeneCATS Public Transit has experimented with this model and has resources to build on for our Region.

GOAL 4: IMPROVE PUBLIC AWARENESS OF TRANSPORTATION SERVICES IN THE MIAMI VALLEY REGION, INCLUDING EXPANSION OF MATERIALS AND PROGRAMS TO ORIENT INDIVIDUALS TO USING TRANSPORTATION SERVICES.

> **Level 1 Strategies that could be implemented with incremental steps or with as few as two organizations**

STRATEGY 4.1

Continue to manage MiamiValleyRideFinder.org and continue to promote with HSTC Council and Health partners including local doctors' offices, public health, and physicians' networks.

Timeline	1 year
Action Steps	• Update MiamiValleyRideFinder.org – Request updates at each quarterly HSTC Council meeting • Include template for MiamiValleyRideFinder.org information in the HSTC Council membership application • Promote the website with HSTC Council and health partners. Ask partners to include a link to it on their websites or outreach (for transportation) materials • Develop strategies for HSTC Council members and health partners to continuously promote the website
Parties Responsible for Leading Implementation	• HSTC Council members • Transportation providers • Mobility Managers
Parties Responsible for Supporting Implementation	Miami Valley Regional Planning Commission
Resources Needed	Existing agency staff time
Potential Cost Range	Costs are limited to staff time costs and the cost updating the website
Potential Funding	• Section 5310 Program Funding and local match
Performance Measures/ Targets	• Increase in the number of providers included in the website • Increase in number of hits on the website • Increase in the number of organizations that are actively sharing the link with consumers
Needs Addressed	• Improve access to healthcare, treatment and recovery • Make the health/medical community an active partner in the transportation network

STRATEGY 4.2A

Create and implement a region-wide public awareness campaign of the available transportation services in each county.

Timeline for Implementation	1 year
Action Steps	• Survey transportation providers to determine current and planned marketing activities • Assemble a committee of transportation providers that will participate in the awareness campaign • Consult with in-house marketing staff or third-party marketing firms about options and costs • Conduct procurement for third-party marketing services, if desired • Plan and implement public awareness campaign
Parties Responsible for Leading Implementation	• Miami Valley Regional Planning Commission • Mobility Managers
Parties Responsible for Supporting Implementation	Open-door transportation providers
Resources Needed	• Lead agency staff time • Funding for marketing strategies, such as consulting, advertising, website development, printed materials, promotional items, etc.
Potential Cost Range	Cost is scalable depending on the scope of the campaign
Potential Funding Sources	• Initial planning: existing agency budgets • Marketing campaign costs (marketing firm, printing, website development, advertising, etc.): Foundation grants or local, state or federal (non-DOT) funding programs
Performance Measures/ Targets	• Number of new rider enrollments with demand-responsive transportation providers • Number of incoming phone calls to transportation providers • Amount of website and social media traffic
Needs Addressed	• Improve access to employment • Improve public awareness of the available transportation services in each county

STRATEGY 4.2B

Create an infographic or public awareness report on the costs of transportation for various providers.

Timeline	1 year
Action Steps	• Survey transportation providers to determine a range of current operating and capital costs of providing transportation • Assemble data by service area and mode of transportation • Define the costs included in the analysis • Do not define the costs categories and ranges specific to each agency • Compare results to the AAA report of operating a vehicle • Define the categories of revenue sources currently supporting services • Create the infographic or report and distribute to all transportation providers, Mobility Managers, local stakeholders
Parties Responsible	• MVRPC • Mobility Managers
Parties Responsible	Open-door transportation providers
Resources Needed	• Lead agency staff time • Funding for infographic or report development, such as labor and printing costs
Potential Cost	Cost is scalable depending on the scope of the activities
Potential Funding Sources	• Existing agency budgets • Foundation grants or local, state or federal (non-DOT) funding programs • Section 5310 program funds (Mobility Management)
Performance Measures/ Targets	Amount of additional local or agency funding used for transportation in the region
Needs Addressed	Improve public awareness of the available transportation services in each county

STRATEGY 4.3

Establish coordinated training materials and travel training programs for new riders.

Timeline for Implementation	1 year
Action Steps	• Expand Travel to Independence program to a greater number of communities, providing training on using a greater number of transportation providers • Include a safety component to the training so that passengers know that transportation services are safe • Offer "Intro to Transit" classes at more locations • Incorporate topics such as transportation for people with dementia and training for family members/caregivers • Formalize the participation of all open-door transportation providers in the program
Parties Responsible for Leading Implementation	• Miami Valley Regional Planning Commission • Mobility Managers • Transit agencies with Travel Trainers
Parties Responsible for Supporting Implementation	Open-door transportation providers
Resources Needed	Lead agency staff time
Potential Cost Range	Costs are limited to staff time costs and the cost of marketing and supplies
Potential Funding Sources	ODOT Office of Safety
Performance Measures/ Targets	• Number of participants in travel training sessions • Increase in number of new rider enrollments with demand-responsive transportation providers
Needs Addressed	• Create training materials and travel training programs for new passengers • Improve access to healthcare, treatment and recovery • Improve public awareness of the available transportation services in each county

STRATEGY 4.4

Bring in additional partners to the HSTC Council (County, State-level services) to expand the distribution of information, become more visible to the community, establish relationships, coordinate trainings, partner on initiatives, etc.

Timeline	Ongoing

Action Steps	• Establish a short-term subcommittee of the HSTC Council to identify strategies for expanding participation in outreach, trainings, and partnering opportunities
	• Bring in more transit users to identify the gaps, challenges and benefits
	• Establish target market priorities for additional partners such as:
	   - Health Department
	   - State Associations (eg. seniors, public transit, planners)
	   - Department of Aging
	   - Economic and Workforce Development from each county
	   - Home-builders Associations
	• Develop an outreach approach to involve additional partners Identify the benefits to the new partners for participating

Parties Responsible	• Miami Valley Regional Planning Commission • HSTC Council Members - Subcommittee
Parties Responsible	HSTC Council members and Mobility Managers.
Resources Needed	Existing agency staff time
Potential Cost Range	Costs are limited to staff time costs
Potential Funding	Existing agency budgets
Performance Measures/ Targets	• Increase in the number of HSTC Council member agencies • Increase in diversity of HSTC Council member agencies • Increase in number and types of agencies participating in coordinated trainings and/or partnering initiatives
Needs Addressed	• Promote capacity and information sharing • Work together to educate funders about the importance of supporting providers • Continue regional mobility management planning efforts and HSTC Council meetings

STRATEGY 4.5

Bring attention to the importance of transportation in changing the land use pattern for the Region.

Timeline	Ongoing
Action Steps	• Participate in home-builders' meetings and community development and land use meeting to promote the option of transportation when considering new development • Share statistics about the impact of public and Human Service Agency transportation on access to community services, employment, etc.
Parties Responsible for Leading Implementation	• Miami Valley Regional Planning Commission • Mobility Managers
Parties Responsible for Supporting Implementation	Transportation providers
Resources Needed	Existing agency staff time
Potential Cost Range	Costs are limited to staff time costs
Potential Funding	Existing agency budgets
Performance Measures/ Targets	• Number of land use meetings attended and information shared about the impact/benefit of public and Human Service Transportation • Number of land use projects incorporating transit in the development phases
Needs Addressed	• Continue regional mobility management planning efforts • Improve public awareness of the available transportation resources in each county

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Chapter 3
Previous Coordinated Transportation Plans

MIAMI VALLEY
Regional Planning Commission

Chapter 3 - Previous Coordinated Transportation Plans

In 2008, the Miami Valley Regional Planning Commission (MVRPC) led an effort to develop a Regional Action Plan for improving transportation for individuals with disabilities, seniors, and people with low incomes. The plan was designed to enhance transportation for these populations and to better coordinate the efforts of public and private transportation providers in Greene, Miami, Montgomery, and northern Warren Counties. The Regional Action Plan and the 2012 Update, amended in 2017, is available for download at www.mvrpc.org/transportation/services-non-drivers/human-services-transportation-coordination-hstc-plan.

The original plan addressed three major questions:
1. How can the effectiveness of existing resources be improved?
2. What kinds of additional resources can be applied to current transportation needs?
3. What steps are necessary to meet the travel demands of the future?

After the adoption of the 2008 plan, county coordinating councils were formed in Greene, Miami and Montgomery Counties. A Mobility Manager was hired in Greene County. Cross-county service increased and some new service was added. An on-line provider directory was created as part of the original plan and was used by the United Way, the Area Agency on Aging and other human service agencies as their primary source for

making transportation referrals. Transit agencies in Greene and Montgomery Counties were also able to expand services to people with low-incomes and individuals with disabilities by implementing operational projects targeted to those populations.

Recognizing that more work needed to be done to accomplish a region-wide approach that would address service gaps, service overlaps, and a lower than possible level of cost-effectiveness in transportation services, the MVRPC updated the plan in 2012.

The 2012 update addressed five major topics:

1. Purpose of the update

2. Status of mobility needs and coordination efforts

3. Miami Valley transportation services inventory

4. Significant transportation issues and efforts to address those issues

5. Focusing limited resources to meet the most pressing challenges

Six regional priority issues emerged with the development of the 2012 update:

1. The increasing demand for dialysis-related transportation and transportation for other repetitive medical treatments such as chemotherapy and physical rehabilitation;

2. The aging of the region's population and the growing transportation needs of seniors who limit or stop driving, or those who should do so;

3. The need for people with disabilities, seniors and people with low incomes to be able to access employment, medical, educational and shopping destinations in an efficient manner, including trips that cross jurisdictional boundaries;

4. The need to complete essential sidewalks, curb cuts and other elements of the pedestrian infrastructure, especially along fixed and flexible-route transit lines in order to make transit more accessible and appealing to the target populations;

5. The growing number of low-income residents who need transportation to jobs, medical appointments and other activities, and the fact that more of these people with low-incomes are living in suburban and rural settings with limited transportation options;

6. An overarching emphasis on coordination among agencies, funders, and users to ensure cost-effective use of the region's transportation assets. Coordination should be emphasized to combine clients of various agencies on single vehicles, and to coordinate operations such as dispatching, maintenance, and driver training.

Coordinated Transportation Achievements

Since the development of the 2012 update, several coordinated transportation goals have been achieved!

MiamiValleyRideFinder.org

- The Greene County Mobility Manager assists with implementing the coordinated transportation goals and strategies in previous plans and works with Mobility Managers throughout the state.
- A Transit Coordination Planner position for the greater region (nine county area) was created to lead the Greater Regional Mobility Initiative (GRMI). The position was created as a pilot with support of the Ohio Department of Transportation, Office of Transit. MVRPC was selected to lead the GRMI for the Region.
- The MVRPC in collaboration with GreeneCATS Public Transit also successfully launched the MiamiValleyRideFinder as a valuable on-line resource for non-profit and public transportation service information.
- The MVRPC implemented and oversees a ride sharing program and coordinates with organizations that are interested in starting a volunteer transportation program.
- The MVRPC established and continues to lead the Human Services Transportation Coordinating Council (HSTC) – a dynamic group of transportation stakeholders that was formed to improve transportation options for seniors, people with disabilities and people with low incomes, in part by implementing the recommendations of the HSTC Plan and Updates. The HSTC Council meets quarterly to provide input on making specialized transportation improvements and to share information concerning transportation for non-drivers. The Council is open to public, private and non-profit transportation providers, as well as seniors and individuals with disabilities and advocates for those groups.

- From 2013 to 2018, Miami Valley transportation providers have leveraged **$4,097,168** in Federal Section 5310 funds to expand mobility for the Region's seniors and individuals with disabilities.
    - Sixty-three wheelchair-accessible vehicles (Federal funds: **$3,203,628**) have been replaced or added to the fleets of 20 transportation providers throughout the Region.
    - Mobility Management services (Federal funds: **$305,139**) inform residents about their transportation options and ensure that vulnerable community members are connected to the mobility resources that they need.
    - Infrastructure Improvements (Federal funds: **$388,401**) to Greater Dayton RTA and GreeneCATS Public Transit bus stops have provided seniors and individuals with disabilities with bus shelters, safer walkways and other amenities that enhance the safety and comfort of using public transportation.
    - Preventive maintenance services (Federal funds: **$200,000**) have ensured that vehicles are properly maintained for safe and cost-efficient operation.

Figure 3.1: Section 5310 Funding Awarded to Miami Valley Transportation Providers by Project Type, 2013-2018

Infrastructure Improvements

Mobility Management

Preventive Maintenance

Vehicles

	FY 2013-2014	FY 2015-2016	FY 2017-2018
Vehicles	$926,400 14 vehicles	$1,240,800 24 vehicles	$1,036,428 25 vehicles
Preventive Maintenance	$200,000		
Mobility Management	$60,000	$80,000	$165,139
Infrastructure Improvements	$135,582	$116,414	$136,405
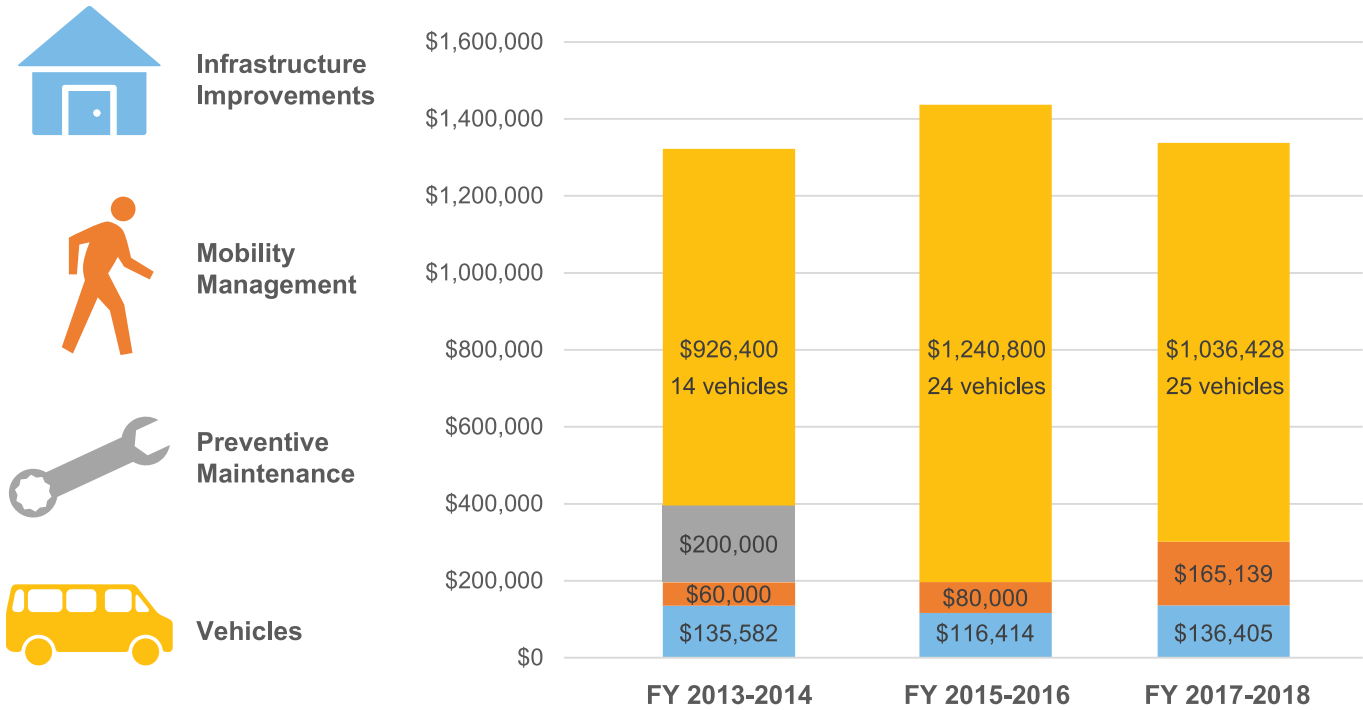
Chapter 4
Inventory of Transportation Resources

MIAMI VALLEY
Regional Planning Commission

Available Transportation Options in the Miami Valley Region

MiamiValleyRideFinder.org

In 2007, an extensive transportation provider list was created that, over the years, has transitioned into a searchable online directory at www. MiamiValleyRideFinder.org. The directory is used for referrals as well as a primary source of information on public or specialized transportation options. The extensive listing has been updated with this plan. Greater detail about each of the public transit, senior and human service transportation and non-emergency medical transportation (NEMT) providers that operate in each county in the Region is in Appendix B. Human service transportation provides rides to specific segments of the population, such as individuals with disabilities, people with low incomes or veterans. Many human service transportation agencies are social services organizations that provide transportation as an ancillary service to their clients only. Some human service transportation and NEMT providers are regional, offering service in multiple counties.

Public Transit Agencies
GreeneCATS Public Transit
Greater Dayton Regional Transit Authority (GDRTA)
Miami County Public Transit (MCTS)
Warren County Transit

Human Service Agencies

Greene County

Beavercreek Senior Center

Fairborn Senior Citizens Association

Greene, Inc.

Interfaith Hospitality Network of Greene County

Toward Independence

Women's Recovery Center

Xenia Adult Recreation and Service Center

Yellow Springs Senior Center

Miami County

Miami County YMCA

Partners In Hope

Rides To Work (Continuum of Care)

RT Industries

Montgomery County

Choices in Community Living

City of Kettering - Lanthrem Senior Center

Places Inc.

Rec West Enrichment Center

Resident Home Association (RHA)

South Community, Inc.

The Castle/ Friends of the Castle

United Rehabilitation Services of Greater Dayton (URS)

Vandalia Senior Center/ City of Vandalia

Wesley Community Center, Inc. (WCCI)

YMCA of Greater Dayton

Warren County

Franklin Township

Warren County Community Services

Regional Providers

American Cancer Association
Brookville Area Handivan Ministry
Dayton VA Medical Center
Eastway Corporation
Goodwill Easter Seals of Miami Valley
Graceworks Lutheran Services
Safehaven, Inc.
Universal Transportation Systems

Private Providers

Amity Nursing Agency
Blue Ocean Ambulette Service
Buckeye Ambulance
First Care Ohio
Key Mobility Services, Ltd.
M. C. Mobility Systems, Inc.
Medical Transport Service
MedPro, LLC
Mobility Systems, Inc.
Ohio Ambulance
Ohio Medical Transport
Patriot Medical Transportation
Supporting Independence, LLC
Valley Transport

Agencies that Purchase Transportation for Consumers

Bureau of Vocational Rehabilitation
CareSource
Catholic Social Services
Community Action Partnership
Daybreak
Dayton Children's Hospital
Dayton Schools
Dayton Early College Academy
Department of Job and Family Services

Eastway

Five Rivers Health Center

Goodwill Easter Seals

Homefull

Horizon Academy

Kettering Medical Center

Liberty High School

Lifeskills High School

Logisticare

Miami Valley Hospital

Montgomery County Board of Developmental Disabilities

Montgomery County Children's Services

Montgomery County Job Center

Montgomery County Juvenile Court

Montgomery County Public Health

Montgomery County Veterans

MONCO Enterprises, Inc.

Mound Street Academy

Miami Valley Career Technology Center

Northridge School

Nova Behavioral Health

Substance Abuse Resource & Disability Issues

Summit Academy

St. Vincent de Paul

United Rehabilitation Services of Greater Dayton

Urban Early College Academy

Vandalia School

Volunteers of America

Wageworks

YWCA

In addition to the many transportation providers listed above, there are several other important transportation options in the Region including taxis and Transportation Network Companies (TNCs), Uber and Lyft, that provide on-demand transportation services without an advance reservation. Most on-demand transportation services do not use wheelchair accessible vehicles. Various private transportation services are

also available around the Dayton International Airport for transportation to specific locations including hotels and University of Dayton.

Publicly available programs in the area also include ridesharing and vanpooling. The MVRPC sponsors the local RIDESHARE Program available for free to anyone who lives, works or attends college in Montgomery, Greene, Miami, Preble, Darke, and Clinton Counties (www. mvrpc.org/transportation/miami-valley-rideshare).
Vanpooling is available through MVRPC for commuters traveling over 25 miles one-way (www.mvrpc.org/transportation/miami-valley-rideshare/vanpooling).

Link Bike Share (www.linkdayton.org) is Dayton's public bike sharing system for short trips. Members can access bikes at any station and return to the same station or any other station when they are done. Many of the stakeholders who participated in this coordinated transportation planning effort are also partners in Link Dayton Bike Share, which is operated through RTA's Connect services and Bike Miami Valley.

Volunteers, friends and family members offer rides on an informal basis when needed and serve a significant role in the network of mobility options for the Miami Valley Region. Each of these programs is valuable and helps to keep people moving throughout the Region.

Chapter 5
Acknowledgements

The plan development involved active participation from local agencies and organizations that provide and/or utilize transportation to the general public, members of the public, seniors, and individuals with disabilities.

MVRPC extends sincere appreciation to the following agencies and individuals for their participation in the plan.

HSTC Council November 2018 Meeting Participants

Alexandra Growel, MVRPC
April Davis, Goodwill Easter Seals Miami Valley
Art Burns, Mt. Enon
Beca Sheidler, Area Agency on Aging
Brandon Policicchio, Greater Dayton RTA
Carol Jackson, Troy Partners in Hope
Caryn Manning, Greene Inc.
Cecil Seabolt, Greater Dayton RTA
Cindy Sherman, South Community, Inc.
Cynthia Fraley, Enrichment Center
David Matteson, Fairborn Senior Center
Derrick Pope, Eastway Corp.
Evelyn Axt, Area Agency on Aging
Greg Kramer, Access Center for Independent Living
Janel Hodges, Miami County Public Health
Jean Lehmann, Opportunities for Ohioans with Disabilities
Judy Baker, Xenia Adult Recreation & Services
Kai Shemsu, Goodwill Easter Seals Miami Valley
Karen Jackson, Life Enrichment Center
Kim Lahman, MVRPC
Kjirsten Frank-Hoppe, MVRPC
Laryssa Ingebo, Toward Independence
Tricia Stemen, Safehaven
Linda Manns, CareSource
Michelle Caserta-Bixler, Catholic Social Services
Maryann Godsey, Harrison Township
Michelle Garrett, Greater Dayton RTA

Mike Squire, United Way
Mitch Snyder, Board of Developmental Disabilities Services
Pam Bard, Care Star
Richard Schultze, General Public
Sally Brown, Greater Dayton RTA
Shannon Webster, GreeneCATS Public Transit
Sharma Fox, Community Action Partnership
Sharrie King, RT Industries
Sue Parker, Miami County Continuum of Care
Tami Whalen, Reach Out
Tim Krug, Rides to Work
Tim Miller, Preble County Council on Aging
Tonya Brown, Choices in Community Living
Trent Grooms, Choices in Community Living

Miami Valley Transportation Providers
ACC Medlink
American Cancer Association
Amity Nursing Agency, LLC
Beavercreek Senior Center
Blue Ocean Ambulette Service
Brookville Area Handivan Ministry
Buckeye Ambulance
Choices in Community Living
City of Kettering - Lathrem Senior Center
Dayton VA Medical Center
Eastway Corporation
Fairborn Senior Citizens Association
First Care Ohio
Franklin Township
Goodwill/Easter Seals of Miami Valley
Graceworks Lutheran Services
Greater Dayton Regional Transit Authority (GDRTA)
GreeneCATS Public Transit
Interfaith Hospitality Network of Greene County

Key Mobility Services, Ltd. (mult. locations)

M. C. Mobility Systems, Inc.

Medical Transport Service

MedPro, LLC

Miami County Transit (MCTS)

Miami County YMCA

Montgomery County Board of Developmental Disabilities

Ohio Ambulance

Ohio Medical Transport

Partners In Hope

Patriot Medical Transportation

Places Inc.

Rec West Enrichment Center

Resident Home Association (RHA)

Rides To Work

RT Industries

Safehaven, Inc.

Senior Assistants, Inc.

South Community, Inc.

Supporting Independence, LLC

The Castle/ Friends of the Castle

Toward Independence

United Rehabilitation Services of Greater Dayton (URS)

Universal Transportation Systems

Valley Transport

Vandalia Senior Center/ City of Vandalia

Warren County Community Services

Warren County Transit

Wesley Community Center, Inc. (WCCI)

Women's Recovery Center

Xenia Adult Recreation and Service Center

Yellow Springs Senior Center

YMCA of Greater Dayton

Focus Group and Public Meeting Participants

Amanda Berlon, Five Rivers Health Centers

Amy Schrimpf, Dayton Development Coalition

Angela Byrdsong, Wesley Center

Anna Breidenbach, City of Kettering

Anthony Hinojosa, Southwestern Ohio Commissioner for Higher Educations

Barbara Centers, Montgomery County Job and Family Services

Barbara Nicodemus, Miami County Job and Family Services

Brandon Policicchio, GDRTA

Brian Green, Miami County Job and Family Services

Bridget Hobbs, Dayton Children's Hospital

Darryl Fairchild, Dayton Children's Hospital

Debbie Liptak

Destry Fullen, Dayton Children's Hospital

Dr. Herman A. Erving, Project CURE

Fern Leland, Dayton Children's Hospital

Haley Carretta, Public Health-Dayton and Montgomery County

Isaac Terrett, National Church Residences

Janel Hodges, Miami County Public Health

Janelle Carrol, City of Kettering

Janemarie Sowers

Karen Jeffers-Tracy

Ken Collier, GreeneCATS Public Transit

Kimberly Pruitt, Dayton Children's Hospital

Lanese Layne, LAWO

Lee Truesdale, The Foodbank, Inc.

Mark Moore, Dayton Children's Hospital

Mark Willis, for Montgomery County Commissioner Judy Dodge

Mary E. Miller

Matt Currie, ABCE

Matt Dunn, Montgomery County HSPD

Melody Burba, Access Center for Independent Living

Michelle Caserta-Bixler, Catholic Social Services

Michelle L. Riley, The Foodbank, Inc.

Rebecca Souser, Piqua Compassion Network

Sally Brown, GDRTA

Sandy L. Bryan, Dayton Children's Hospital
Shannon Hall
Shannon Webster, GreeneCATS Public Transit
Sharon Sherlock, Reach Out Montgomery County
Shellie Doub, Dayton Children's Hospital
Stephanie Lewis, Dayton Children's Hospital
Sue Parker, Miami County Continuum of Care
Synthia Caper, Dayton Children's Hospital
Tamara McGee
Tami Whalen, Reach Out
Tim Krug, Rides to Work
Trent Grooms, Choices in Community Living
William Mankin, National Church Residences
Yvette Fowler

Project Steering Committee
Evelyn Axt, Area Agency on Aging
Laryssa Ingebo, Toward Independence
Karen Jackson, Life Enrichment Center
Shannon Webster, Greene County Mobility Manager
Michelle Caserta-Bixler, Catholic Social Services
Haley Carretta, Public Health Department of Dayton & Montgomery County
Brandon Policicchio and Sally Brown, Greater Dayton RTA
Ken Collier, GreeneCATS Public Transit
Melody Burba and Greg Kramer, Access Center for Independent Living
Judy Baker, Xenia Adult Recreation & Services
Carol Jackson, Troy Partners in Hope
Trent Grooms, Choices in Community Living
April Davis, Goodwill Easter Seals Miami Valley

Appendix A
Miami Valley Demographic and Socio-Economic Conditions for HSTC Target Populations

When combined, data about socio-economic and demographic factors and locations of trip generators helps to reveal evidence of gaps in mobility and the modes of transportation that would be most appropriate to improve individual access to community services. This appendix provides a detailed analysis of key measurable reference points about unmet needs and demands for transportation.

Population Summary and Projections

The following bullet points and Figure A1 explain the percent of population by county within each key demographic group.

- *People with Low Incomes* – In the MVRPC Region, Montgomery County has the highest percentage of people in poverty (16.7%), compared to Greene, Miami, and Warren Counties with 14%, 12%, and 6%, respectively.

- *Zero-Vehicle Households* – Montgomery County has the highest percentage of households without a vehicle (10%), compared to Miami, Greene, and Warren Counties with 5%, 5%, and 3% respectively.

- *Individuals with Disabilities* – Montgomery County has the highest percentage of people with disabilities in the Region (18%), followed by Miami, Greene, and Warren Counties, with 16%, 14%, and 11%, respectively.

- *Seniors* – Miami and Montgomery Counties have the highest percentages of seniors (15% each), and the Greene and Warren Counties senior populations were 14% and 11%, respectively.

Figure A1: Percent of Population in Targeted Groups
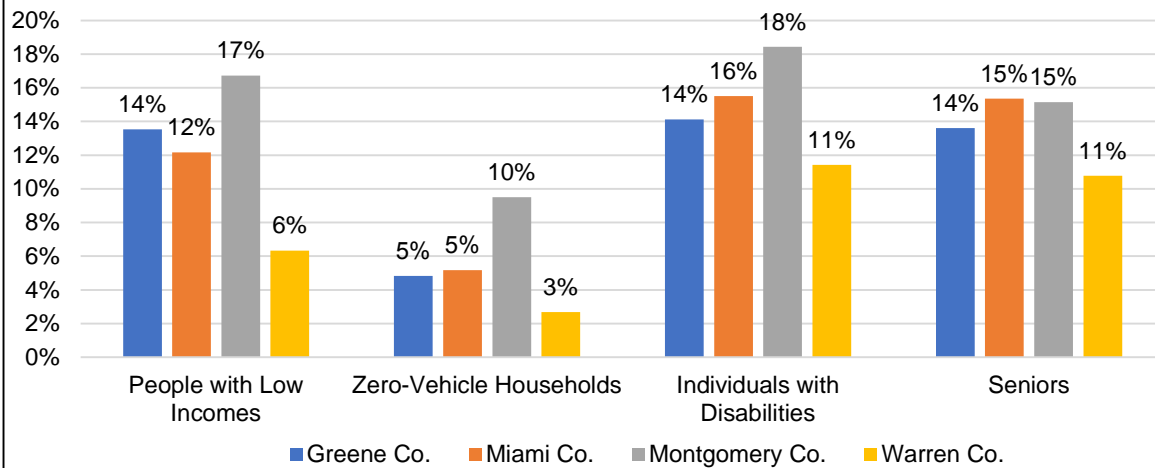
Source: 2040 Long Range Transportation Plan (May 2016).

By the year 2030, the Ohio Development Services Agency projects that the senior population will increase in each county (Figure A2). The population of seniors in Greene County is projected to change by 36% people (an increase of 9,130 people). In Miami County, the senior population change is projected to be 26% (an increase of approximately 4,600 people). Montgomery County expects an increase of approximately 21% (approximately 19,000 people). Warren County is projected to experience the most significant increase in senior population – 63% (approximately 17,000 people).

Figure A2: Senior Population Projections by County
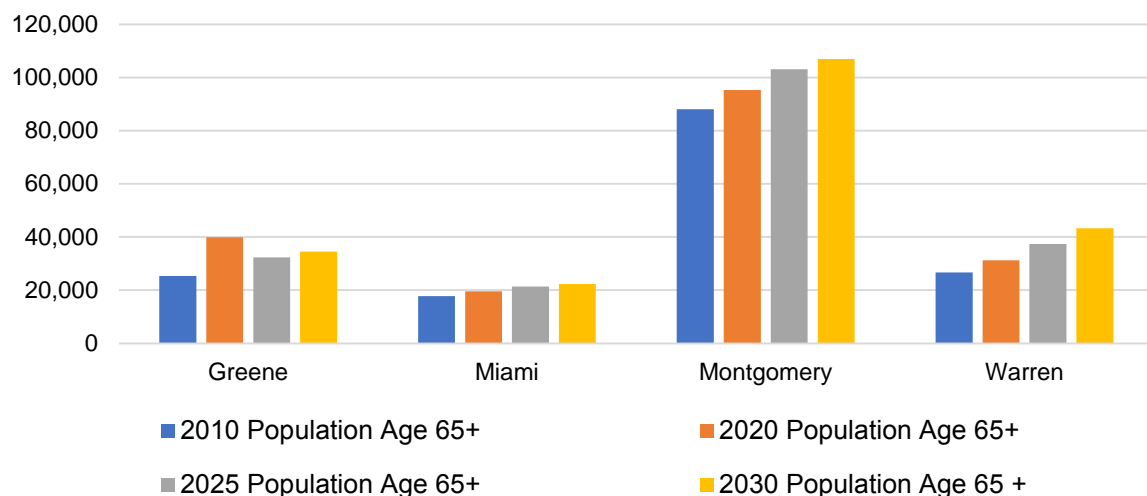
Source: Ohio Deveopment Services Agency Population Projections by Age and Sex

Population projections for individuals with disabilities are available for two categories:

- o The population with physical and/or cognitive disability. A physical disability is a limitation on a person's physical functioning, mobility, dexterity or stamina. A cognitive disability is a limitation in mental functioning and in skills such as communicating, taking care of him or herself, and social skills.
- o The population with intellectual and/or developmental disability. An intellectual disability involves limitations with general mental abilities that affect functioning in two areas: intellectual functioning and adaptive functioning. Developmental disabilities are a group of conditions due to an impairment of physical, learning, language, or behavior areas.

The following charts illustrate the projected population of individuals with physical and/or cognitive disabilities by county (Figure A3). In Greene County, the percent change is a 60% increase (an increase of 2,454 people). In Miami County, the percent change is projected to be 52% (an increase of 1,483 people). Montgomery County is projected to have the smallest percent change (20%; an increase of 3,101 people). In Warren County, the percent change between 2010 and 2030 is projected to be 112% (an increase of 5,082 people).

Figure A3: Projected Population with Physical and/or Cognitive Disabilities

Source: Mehdizadeh, S. (2014). Projections of Ohio's Population with Physical and/or Cognitive Disability by County, 2010-2030. Scripps Gerentology Center, Miami University, Oxford, OH. www.ohio-population.org
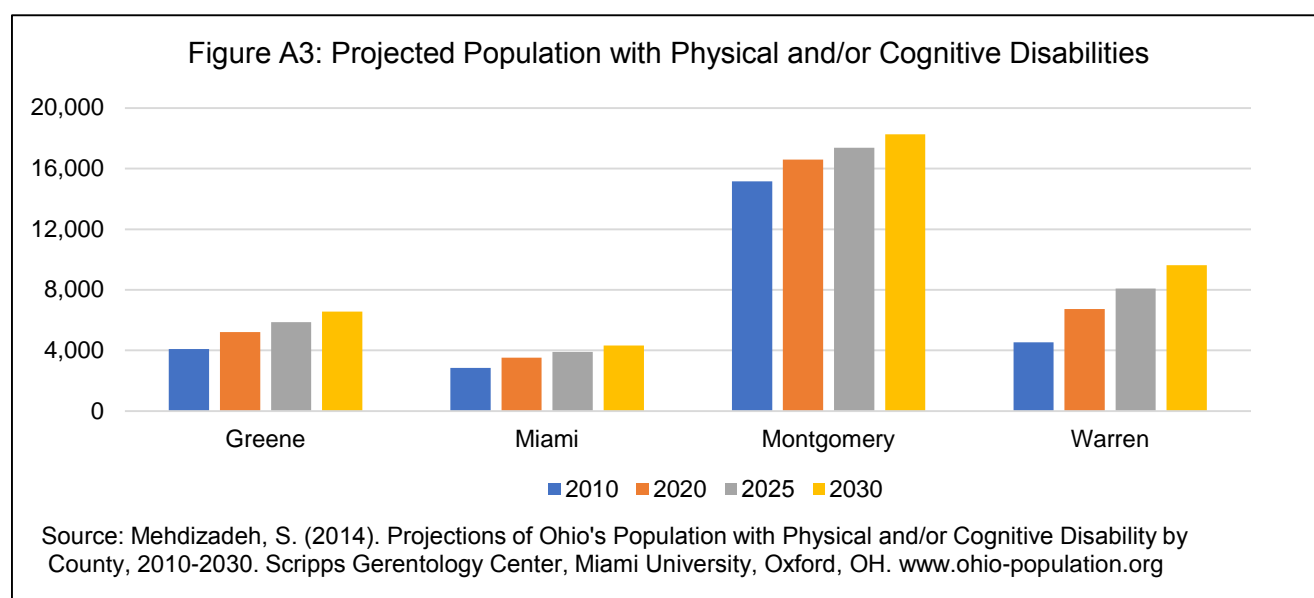
Projections for the population of individuals with intellectual and/or developmental disabilities indicate that Greene and Miami Counties are

projected to experience a percent change increase of 15% (252 people) and 1% (6 people), respectively. Montgomery County, however, is projected to experience a negative percent change of -15% (a decrease of 970 people). Warren County will experience a percent change of 46% (an increase of 970 people) (Figure A4).

Figure A4: Projected Population with Intellectual and/or Developmental Disabilities
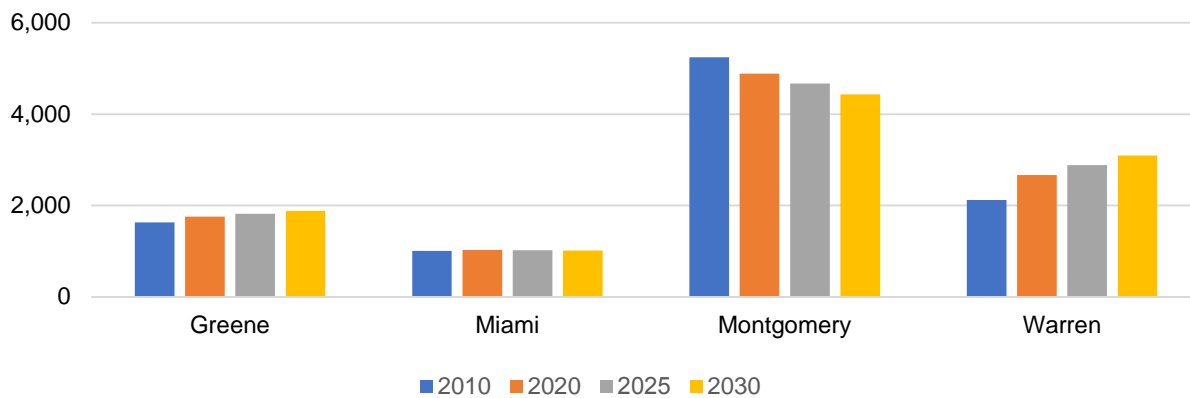
Source: Mehdizadeh, S. (2014). Projections of Ohio's Population with Intellectual and/or Developmental Disability by County, 2010-2030. Scripps Gerentology Center, Miami University, Oxford, OH www.ohio-population.org.

When compared with the projected changes in the total population for each county, the percent of seniors and/or individuals with disabilities will be trending in opposite directions during some years, according to Scripps Gerontology Center. The comparison of trends is outlined below:

• Both the total population of Greene County and the population with disabilities are expected to steadily increase through 2030. However, Ohio Development Services Agency projects that the senior population in Greene County will peak in 2020 and then decline slightly (but remain above the 2010 senior population) through 2030.

  o This statistic is an indication of a higher likelihood that the demand for local transportation resources for seniors could increase at a more significant rate by 2020 than the demand for transportation from the general public and individuals with disabilities. The demand for transportation from the public and individuals with disabilities is likely to steadily increase in Greene County.

- The total population for Miami County is projected to remain relatively level with only slight increases. The population with physical and/or cognitive disabilities is projected to increase at a faster rate than the total and senior populations. Therefore, demand for transportation services to accommodate the needs of individuals with limitations in mental functioning and certain skills is likely to grow at a faster rate than general demand. This could mean a higher need for assisted transportation such as enhanced companions that ride on vehicles.
- In Montgomery County, the total population is projected to decline steadily through 2030 and the percent of the population that is senior citizens and/or has physical and/or cognitive disabilities is projected to increase. This trend is likely to require a higher level of demand for accessible transportation services including demand response and pick-ups/drop-offs at the curb of the origin or destination (curb-to-curb service).
- Finally, Warren County is projected to have the most significant population growth in all groups. As the population grows, so does the percent of seniors and individuals with disabilities. Growth is projected to be more than 100%. It is likely that growth in demand for transportation services will increase at a similar rate.

With respect to planning for the appropriate amount and type of transportation services that will be needed in the future, these statistics are important to understand because while overall demand for transportation will change with the total population, the demand for transportation resources that are accessible for individuals with disabilities and seniors will change at a similar rate. It is important to ensure that wheelchair accessible vehicles and demand-response transportation services remain available at levels that are proportional to the overall growth in transportation services.

Trip Origins and Destinations

The gaps between where people live and where they need or want to go can be identified through several tools. A spatial analysis of demographic data provides Trip Propensity, or a prediction of where trips are likely to originate. A sampling of transit trips and traffic flow data reveals where trips originate compared with the locations of frequent destinations (i.e., hospitals, agencies, grocery stores).

<u>Trip Propensity (Origins)</u>

The specific locations where public, private and human service agency transportation trips are most likely to originate are areas of highest density for seniors, individuals with disabilities, people with low incomes, and zero-vehicle households (see Figure 1.8). The map in Figure 1.9 combines the key demographic and socio-economic factors into a trip propensity model that illustrates the number of people in an area that are likely to need or use transportation resources.

To calculate trip propensity, 2010 U.S. Bureau of the Census data was aggregated at the Traffic Analysis Zone (TAZ) level for the entire service area. The first step in calculating propensity involved creating a threshold value equal to the total number of each variable characteristic divided by the total for the entire service area. The service area is equal to the sum of the populations and households of the study area. The threshold values were entered into the trip propensity model to determine each TAZ's transit propensity. This process included:

- Calculating the standard deviation for each variable to create a "moderate" category equal to one standard deviation around the mean (threshold). (One-half standard deviation below and one-half standard deviation above the threshold value)
- Query the variables for TAZ's that experienced percentages within the categories very low, low, moderate, high, and very high propensity.
    - o Very low equals all three variables for the TAZ fell below the lower limit threshold value
    - o Low equals two of the three variables were below the lower limit
    - o Moderate equals TAZ's within one standard deviation around the mean
    - o High propensity equals TAZ's that two of the three variables exceed the upper limit
    - o Very high propensity equals TAZ's that all three variables exceed the upper limit

Table A1 helps illustrate the process.

Table A1: Transit Propensity					
Variable	Very Low	Low	Moderate	High	Very High
Zero Vehicles	All of the variables fall below the lower limit	2 of 3 of the variables fall below the lower limit	3.34% - 14.51%	2 of 3 of the variables exceeded the upper limit	All of the variables exceeded the upper limit
Below Poverty			8.09% - 24.22%		
Seniors			9.79% - 19.94%		

Figure 1.9 (Chapter 1) illustrates the results of the trip propensity process. Areas of highest projected trip demand have a combination of the greatest population densities, largest senior populations, the highest numbers of housing units without an available vehicle, and the most population below the poverty level. One TAZ of highest propensity is in the area just east of Interstate 75 and north of Ohio Route 55 in Troy (Miami County). The remaining TAZ's with the highest transit propensity are in Montgomery County. Most of Montgomery County's high propensity TAZs are in the downtown Dayton area. One TAZ is located in Trotwood near the intersections of Shiloh Springs and Salem Avenue. Another area of very high transit propensity outside of Dayton is in Kettering, including the area around the Kettering Recreation Center between Dorothy Lane and Stroop Road.

Areas of high transit propensity are scattered throughout the Region, with the highest concentrations in Dayton, Trotwood, Xenia, Troy, Piqua, Kettering, and Springboro. The higher levels of propensity indicate that the number of riders will be higher and an appropriate mode of service should include accessible vehicles with moderate to maximum seating capacity. The lower levels of propensity indicate that the number of riders per trip will be less. Therefore, demand response or on-demand modes of transportation are likely to be used where propensity scores are low because they are more appropriate than scheduled (fixed route) bus service with larger vehicles.

The map in Figure 1.9 (Chapter 1) also illustrates the existing public transit fixed routes operated by Greater Dayton RTA, flex routes operated

by GreeneCATS Public Transit and Greater Dayton RTA paratransit stop locations that were served 500 or more times in 2017. GreeneCATS Public Transit and Miami County Transit demand response stops that were frequented 100 times or more in 2017 are also depicted. The transit routes and high frequency transit stops illustrate the areas that are generating the highest levels of propensity. In most, but not all, cases, the routes and frequent transit stops correlate with the areas of highest trip propensity.

Intercounty Trips

When designing effective public and shared-ride transportation options, it is important to remember that the distance between origin and destination in the Miami Valley overlaps community boundaries and county lines. The Ohio Department of Transportation (ODOT) conducted a travel movement study that examined the daily travel movement across the state. The map in Figure 8 is an image from that study that illustrates surface travel on an average day in Ohio. The thickest lines illustrate the heaviest flows of traffic.

Figure A5, below, elaborates on the traffic flow data for the Miami Valley Region to illustrate that approximately 65% of the trips that end within Greene, Miami, and Montgomery Counties begin in Montgomery County;

Figure A5: Intercounty Travel

Montgomery 65.0%

Other 7.8%

Greene 16.6%

Miami 10.6%

7.8% of daily automobile trips that originate in the greater HSTC Region end outside of the Region.

Region 1 5%

Region 6 1.5%

Other 0.2%

Region 3 1.1%

Region 1: Warren, Clermont, Hamilton, Clinton, & Butler Counties
Region 3: Hardin, Hancock, Auglaize, Allen, Van Wert, Putnam & Mercer Counties
Region 6: Franklin, Licking, Madison, Pickaway, Union, Delaware, Fairfield, & Fayette Counties

Source: ODOT Office of Statewide Planning and Research, based on the Ohio Statewide Model prepared by Parsons Brinkerhoff for ODOT. http://www.dot.state.oh.us/Divisions/Planning/SPR/ModelForecastingUnit/Documents/osmp.pdf

17% begin in Greene County; and, more than 10% originate in Miami County. Approximately 14% of trips that originate in Warren County end in Greene, Miami or Montgomery County.

Nearly 8% of trips originating in Greene, Miami and Montgomery Counties end outside of the three-county area. Figure 9 describes the traffic flow within and outside of the Region.

Trip Destinations

Some of the frequency of intercounty travel is due to the regional locations of major trip generators such as hospitals or colleges and universities. Figures A6 through A8 illustrate the locations of the most common destinations in the study area. The maps depict a total of 433 destinations including schools, hospitals/clinics, community centers, libraries, and grocery stores. Other common trip generators not included on the map are human/government service agencies, child care centers and major employers.

Transportation to employment is one of the most frequent trip purposes by any mode and employment opportunities are not always close to home. A discussion of employment locations in the Region is included in the next section of the report. As indicated by the maps, the major destinations are typically distributed throughout cities and other densely populated areas. When compared to the trip propensity analysis, it is important to note that people are traveling – or need to travel – throughout the Region to access these destinations on a regular basis. Transportation needs extend beyond the community or county boundary and intersect rural, suburban and urban areas.

In Greene County (Figure A6), a total of 85 trip generators are identified and most are located in the western portion of the county and in Xenia.

Miami County trip generators (Figure A7) are most commonly located near the I-75 corridor with the exception of schools and libraries that are present throughout the county.

Montgomery County (Figure A8) represents the most significant concentration of trip generators with the Region's highest numbers of medical facilities, groceries, and schools. Several trip generators are also located in northern Warren County.

Figure A6: Common Local Trip Destinations Greene County

MVRPC

Fairborn

Yellow Springs

Beavercreek

Xenia

Greene Co.

Legend

- 🛒 Grocery Stores
- Ⓗ Hospitals
- 🔵 Libraries
- Community Centers
- Schools

N

0   2   4   8 Miles

Number of Trip Destinations in Greene County:
Schools - 32; Hospitals- 10; Grocery Stores - 24;
Community Centers - 12; Libraries - 7
Total - 85
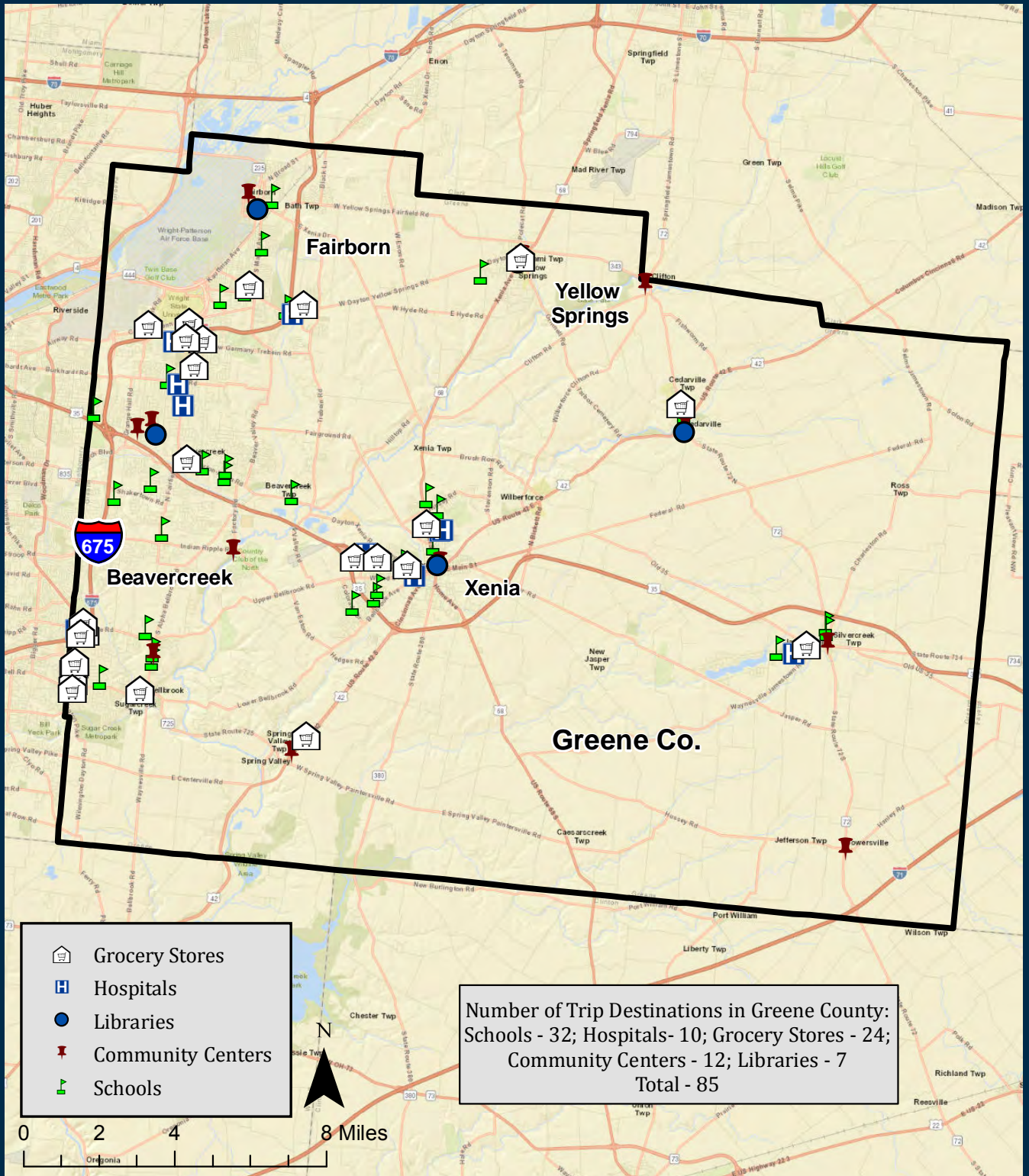
Figure A7 Common Local Trip Destinations Miami County

MVRPC

Lockington

Piqua

Miami Co.

Newton Twp

Troy

West Milton

Tipp City

75

Legend

- ⌂ Grocery Stores
- Ⓗ Hospitals
- ● Libraries
- ⚑ Community Centers
- ⚑ Schools

N

0   2   4   8 Miles

Number of Trip Destinations in Miami County:
Schools - 31; Hospitals - 4; Grocery Stores - 11;
Community Centers - 8; Libraries - 8
Total - 62

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Figure A8 Common Local Trip Destinations Montgomery and Warren County

MVRPC

Legend:
- Community Centers
- Schools
- H Hospitals
- Libraries
- Grocery Stores

0 2 4 8 Miles

N

Number of Trip Destinations in Montgomery and Warren Counties:
Schools - 136; Hospitals - 35; Grocery Stores - 62; Community Centers - 27; Libraries - 25
Total - 285
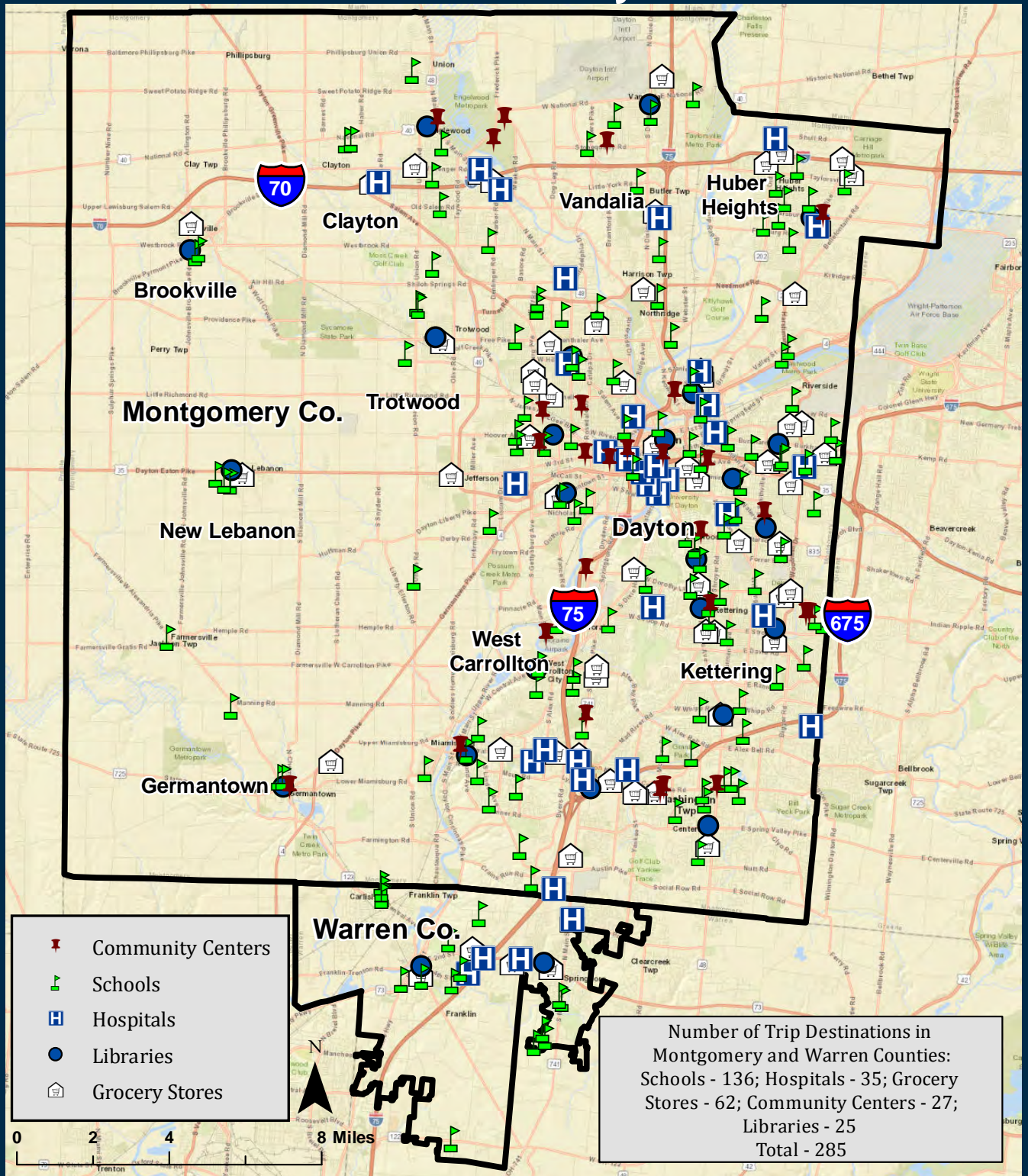
Employment Locations

People of diverse backgrounds and all ages live and work in the HSTC planning area. MVRPC uses data compiled by the U.S. Census Bureau and other federal and state agencies to produce an employment profile.

The data used for this report was from 2011. The data includes the workplace, excluding the worker's home. Figure A9 captures the concentrations of all jobs in the Region. The darker shaded areas indicate higher concentrations of workers. The areas of highest concentration are found in eastern Montgomery County, western Greene County, and all along the I-75 corridor.

2011 Employment: Regional Profile

Employment Concentration: All Jobs

Workers by Age

Figure A10 illustrates that the highest concentration of employment for workers age 30 to 54 is along the I-75 corridor from northern Warren through Montgomery and Miami Counties. Figure A11 illustrates employment concentrations for workers age 55 and older are more closely clustered around the I-75 and I-675 corridor and less prevalent as the distances from the interstates increase. This trend is contradictory to the higher density locations where seniors live, which tend to be farther away from the I-75 corridor. Thus, the age 55 and older employees tend to work in areas where public transportation is available only on a limited schedule or not at all, and they are likely to be commuting from suburban or rural areas where only demand response service is available or where riding the fixed route may require a longer commute due to transfers.

As indicated in the side-by-side maps below (Figure A12), the geographic areas with the most jobs are concentrated along the I-75 corridor; northeastern and southern Montgomery County; and western Greene County. The highest density of jobs is reflected in and around Wright Patterson Air Force Base (WPAFB).

Figure A.10

2011 Employment: Regional Profile

Employment Concentration: Workers Age 30 to 54
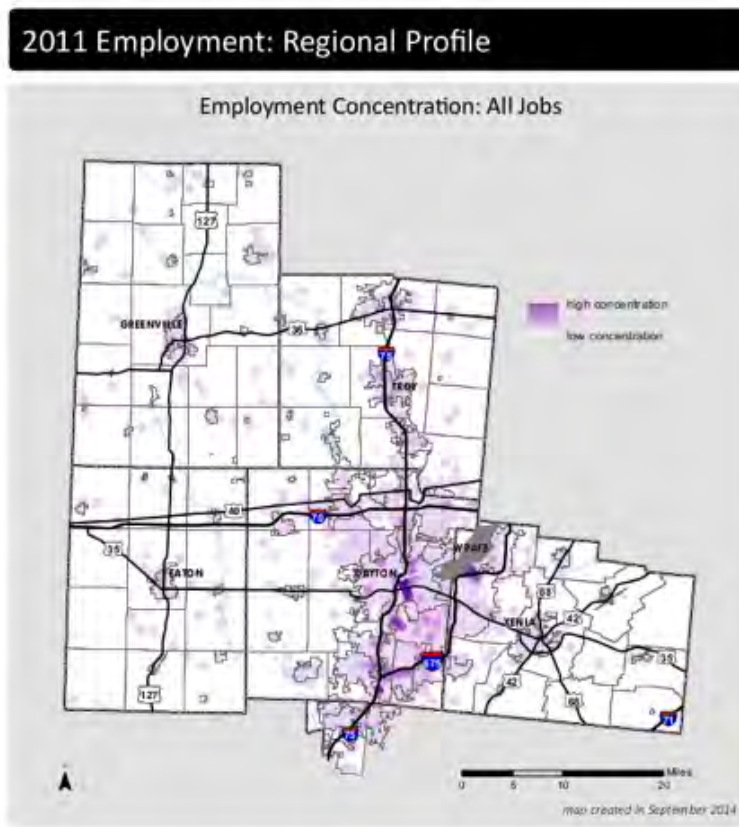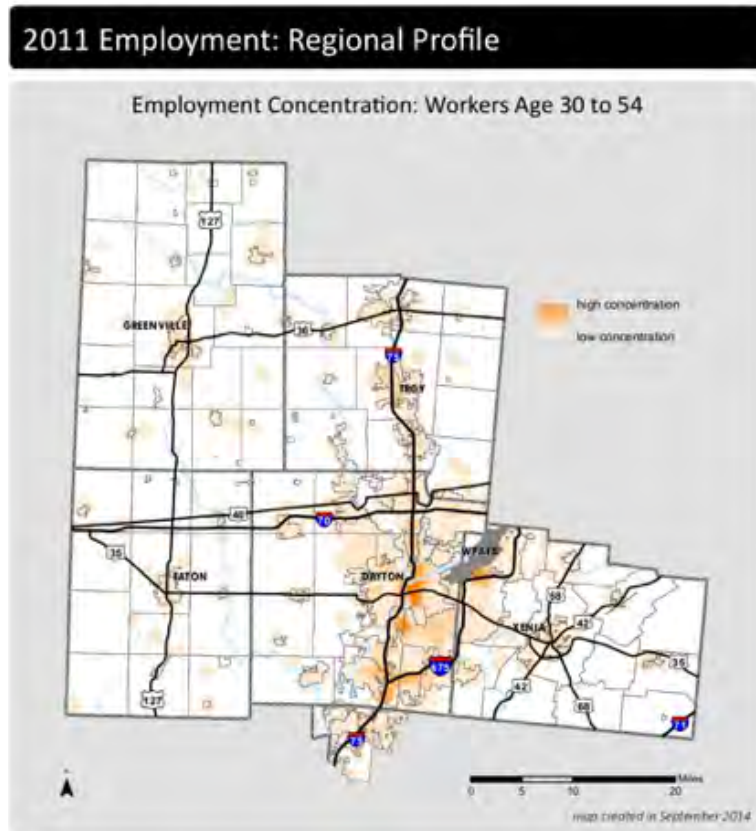
In contrast, with the exception of WPAFB, the jobs paying the highest wages are located in the areas with lowest densities.

The maps reveal that the location of employment opportunities for entry-level and senior-level positions that may not be directly accessible by public or human service transportation. Public and human service agency transportation riders in the Miami Valley area are most likely to be working moderate to low-wage jobs. Therefore, the highest demand for employment trips will most likely be to the areas with the most moderate to low-wage positions.

Figure A.11

2011 Employment: Regional Profile

Employment Concentration: Workers Age 55 and Over
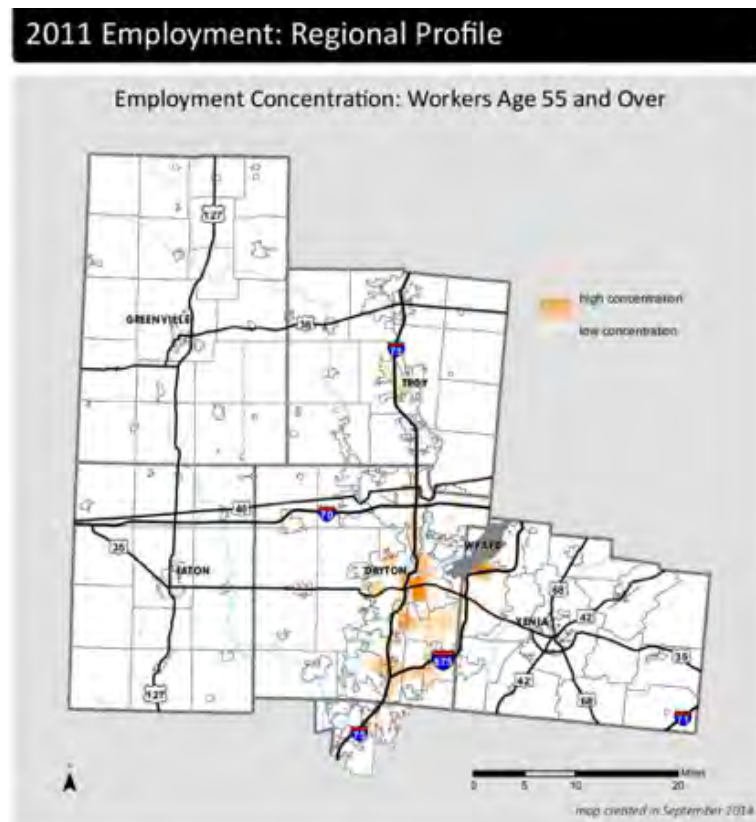
Figures A12 and A13 compare the densities of total jobs with the residences of total workers. In Greene County, higher densities of jobs and workers are present in the western, central, and northwestern half of the county. In Miami County, workers travel from throughout the county but the majority of jobs are along the I-75 corridor or in Montgomery and Greene Counties. In Montgomery County, higher densities of workers live in the southern suburbs as well as in Huber Heights, Vandalia, Clayton and Trotwood. Higher concentrations of jobs are north of Dayton and in the Fairborn and Beavercreek areas. The pattern in Montgomery County indicates potential demand for north-southbound commutes for employment.

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Employment by Industry

The biggest industry in the Region is government/public administration (largely driven by the area's largest employer, WPAFB). The Bureau of Labor Statistics indicates that other top industries are health care and social assistance, manufacturing, retail, and accommodation and food service (Figure A14).

Figure A14: Annual Mean Wage by Employment Sector

Employment Sector	Annual Mean Wage
Management of Companies	~$84,000
Professional, Scientific, and Tech....	~$82,000
Utilities	~$77,000
Information	~$74,000
Finance and Insurance	~$72,000
Mining, Quarrying, Oil/Gas Extraction	~$65,000
Wholesale Trade	~$57,000
Government/Public Administration	~$57,000
Educational Services	~$56,000
Construction	~$54,000
Health Care and Social Assistance	~$53,000
Manufacturing	~$52,000
Real Estate Rental and Leasing	~$48,000
Transportation and Warehousing	~$48,000
Admin., Waste Mgmnt, Remediation	~$39,000
Arts, Entertainment, and Recreation	~$37,000
Retail Trade	~$33,000
Crop and Animal Production	~$31,000
Accommodation and Food Service	~$26,000

Source: MVRPC Business & Industry Regional Profile (Dayton DDC, EMSI)
Source: BLS Occupational Employment Statistics

Three of the five employment sectors with the highest number of jobs in the Miami Valley have only moderate to low mean annual wages. Retail trade and accommodation/food services, for example, are the area's fourth and fifth largest industries, yet they represent the lowest annual mean wages (Figure A15). Even health care and social assistance, which is the second largest industry, has moderately low annual mean wages. This trend reflects the fact that most of the jobs in the Region pay low to moderate wages.

Figure A15: Total Number of Jobs by Employment Sector
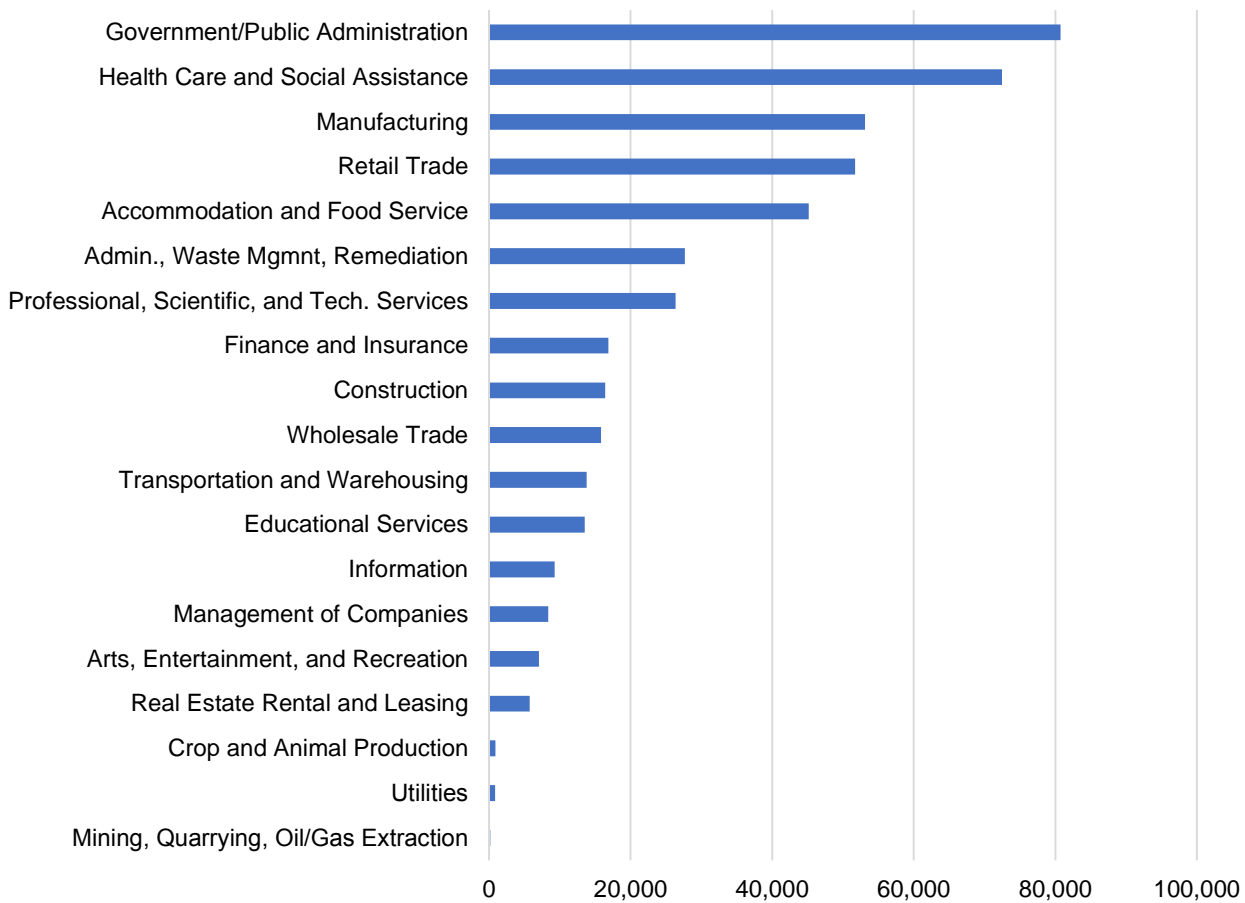
Source: MVRPC Business & Industry Regional Profile (Dayton DDC, EMSI)
Source: BLS Occupational Employment Statistics

It is projected by 2050, the four industries hiring the most employees in the Miami Valley Region will be professional services, health care, government/public administration, and education. Figure A16 illustrates the projected number of workers in 2050's top four largest employment sectors. As illustrated in the map, the higher densities of professional services and health care workers will be located in southern Montgomery County, Xenia and northwestern Greene County (largely driven by WPAFB), and in Miami County near the I-75 corridor. No projections were available for Warren County. Projections indicate that western Montgomery County will have more opportunities for education and public administration work but not the other industries. Eastern Greene County will continue to have lower numbers of workers in the biggest industries, which may indicate that lower-wage earning people will continue to commute out of Greene County toward jobs farther west. Higher-wage earning people in eastern Green County are also likely to commute westward in Greene County or Montgomery County to Xenia, the City of Dayton and Fairborn areas.

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Land Use, Housing and Transportation Costs

The Housing and Transportation Affordability Index calculates housing and transportation costs as a percent of household income (Figure A17). Financial experts recommend that no more than 50% of a household's annual income should be spent on housing, groceries, utilities, healthcare, transportation. In the Miami Valley, housing and transportation costs are exceeding recommended household budget thresholds and range from 51% to 59% of household income. High transportation and housing costs relative to the household budget contributes to the cycle of poverty.

In Montgomery County, annual transportation and housing costs consume a combined total of 51% of a household's annual income. Transportation costs are nearly equal to housing costs at 25% and 26%, respectively.

Figure A17: Housing and Transportation as a Percent of Household Income, by County

County	Household Transportation Budget	Household Housing Budget	Remaining Household Budget
Greene	27%	32%	41%
Miami	26%	28%	46%
Montgomery	25%	26%	49%
Warren	25%	32%	43%
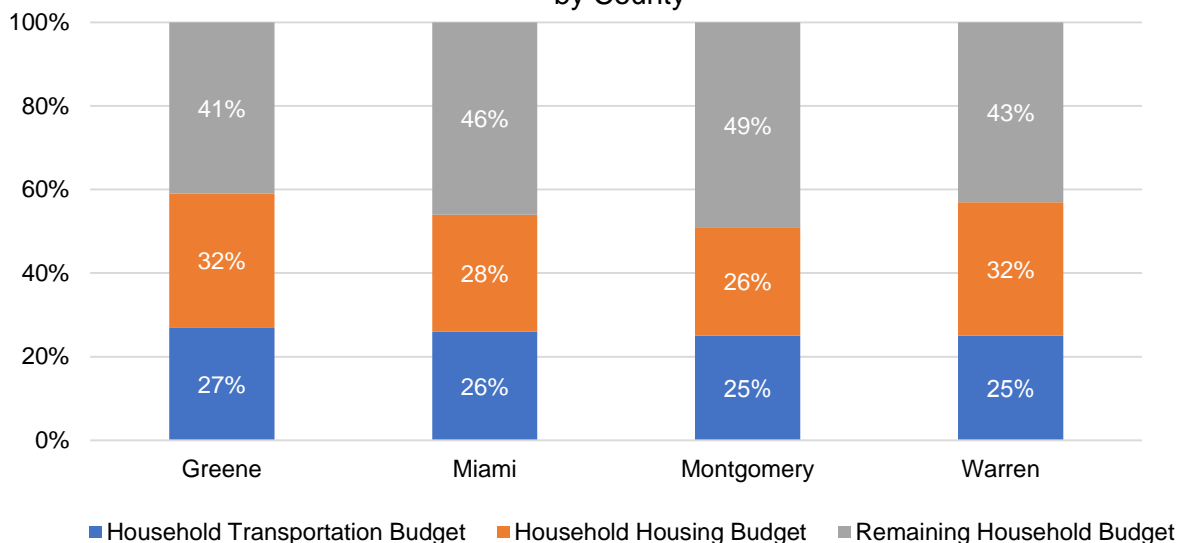
A typical Ohio household spends 53% of its income on housing and transportation. For a moderate-income household, this figure increases to 62%.

Source: Office of Housing Policy, 2019 Housing Needs Assessment
Source: Source: Housing + Transportation Index.https://htaindex.cnt.org

In Greene County, the average household spends 59% of their annual income on housing and transportation. Miami County households spend 54% of their annual incomes on housing and transportation; and, in Warren County, households spend 58% on housing and transportation.

One reason for the high cost of transportation is the sprawling development patterns that are found throughout the region. Distances between residences, workplaces, healthcare facilities and other destinations are lengthy. Changes in regional land use planning can reduce reliance on resource-intensive transportation options, such a driving or utilizing services with a high cost-per-trip. Planning that prioritizes a mixture of land uses within compact corridors easily served by transit lines can make public transit a realistic option for more residents. Land use decisions can result in a built environment that, for example, forces workers to rely on single-occupant vehicles to drive long distances to work, school, medical care or other activities of daily living. Alternatively, land use decisions can provide opportunities to connect origins and destinations with transit and bicycle and pedestrian infrastructure. Land use policies which eliminate barriers to in-fill development and concentrated growth in central areas well-served by transit can increase the viability of transit as a realistic option for residents to travel from place to place. For more information on MVRPC's Land Use Planning program, the Going Places Initiative, visit MVRPC.org.

Figure A18 depicts the expansion of Dayton and Cincinnati urbanized areas following each decennial census since 1950. The brown sections represent the urbanized area boundaries that existed in 1950. As population grew in outlying areas of the cities, Census data indicated that more geographical area was sufficiently populated to add to the federally designated urbanized area. In these areas, residential and commercial development sprawled to follow population. Prior to this development pattern, it was less critical to own a car to be able to access attractive job opportunities and/or appropriate health care. Population density over a smaller geographical area made it possible to rely on urban transit or walking for transportation. With the greatly expanded urbanized area

of today, thousands of residents are unable to afford the transportation necessary to find well-paying jobs or seek healthcare from regional medical specialists.

Figure A19 displays inter-county commute patterns in the Miami Valley region, with thicker lines indicating greater numbers of commuters traveling over county lines to get to work. Employment opportunities are now spread across a multi-county region, requiring residents to travel distances of 20 miles or longer to get work.

If more affordable and practical transportation options were available for any trip purpose, low- to moderate-income households would have the opportunity to reduce their annual expenses for transportation and achieve a more balanced and sustainable household budget. Most areas score low in walkability using WalkScore.com for access to grocery, employment, and medical care. While bike trails are very accessible throughout the region and offer an affordable mode of transportation, biking is not a year-round daily commute option for most. Therefore, emphasis is placed on the need to reduce the cost of public and human service agency transportation modes.

Figure A18: Dayton and Cincinnati Urbanized Area Expansions, 1950-2010

MVRPC

Montgomery County

Dayton

Greene County

Butler County

Warren County
Lebanon

Hamilton

Hamilton County

Cincinnati

N

	1950 Urbanized Area
	1960 Urbanized Area
	1970 Urbanized Area
	1980 Urbanized Area
	1990 Urbanized Area
	2000 Urbanized Area
	2010 Urbanized Area
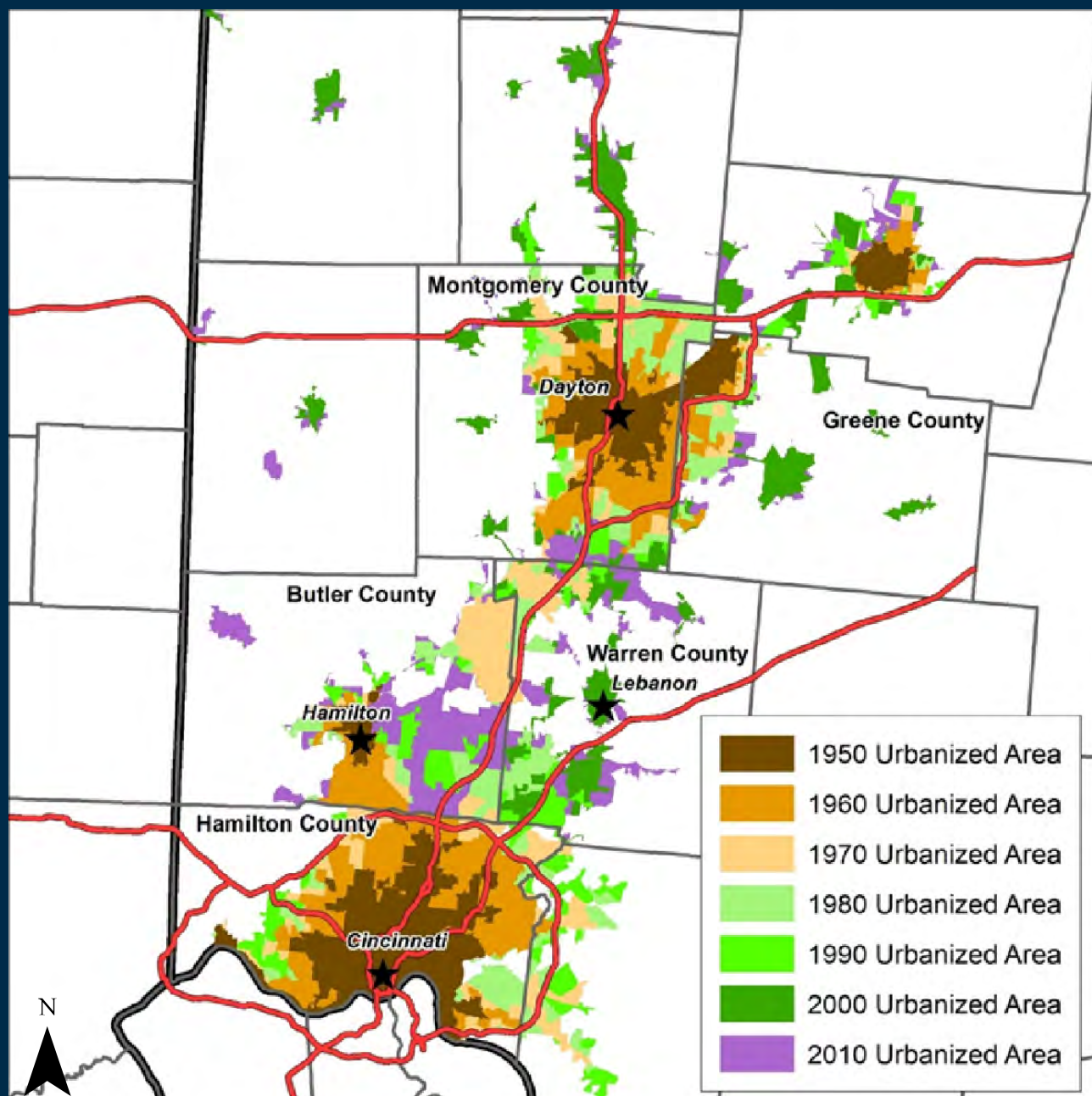
Source: MVRPC

Transit Accessibility Analysis

MVRPC's 2040 Long Range Transportation Plan (LRTP) (May 2016) includes a Transit Accessibility Analysis as a measure of community impact evaluation. The analysis was conducted to identify how much access each population group has to public transit in the Region. The analysis also evaluates the amount of transit access various groups have in comparison to the overall population.

As noted in the LRTP, Montgomery County is the only county in the MPO area that is served by regularly schedule fixed routes through the Greater Dayton RTA; with the exception of limited portions of Greene County which are served by GreeneCATS Public Transit deviated flex routes. Miami and Greene Counties have demand response transportation services that are open to the general public but do not operate on a fixed schedule. Therefore, the analysis in this section focuses on Montgomery County (Figure A20).

In the map, transit route buffers were overlaid on Traffic Analysis Zone and census block group boundaries to determine the area covered by the buffer with respect to the overall population and target population groups. The percentage of the general population and target population groups covered in the buffer was calculated. The LRTP includes additional information about the percentage of the general population and target population groups within ¼ mile of a transit route.

The results reveal that 63.6% of the total population of Montgomery County lives within ¼ mile and 83.0% lives within ½ mile of a transit route. It was also revealed that high percentages of target populations are covered by public transportation. According to the analysis, 79.8% of people living below poverty, 69.3% of individuals with disabilities, and 80.9% of zero-vehicle households live within ¼ mile of a transit route, compared to 63.6% of the general population. The senior population is slightly less served than the general population at 60.4%. Because the senior population is more evenly spread across the county, demand response transportation services may be more appropriate than fixed routes.

The transit accessibility analysis included in the LRTP indicates that, in general, individuals with disabilities and people with low incomes in Montgomery County have better accessibility to transit compared to the general population. Access to transportation in Greene, Miami and northern Warren Counties is equal for all segments of the population because it is delivered as demand-response service and available county-wide.

In addition to public transportation options, eligible individuals have a choice of providers for specialized transportation services including non-emergency medical transportation (NEMT) funded by Medicaid and the Ohio Board of Developmental Disabilities programs and services. Specialized transportation for qualified individuals and trip purposes is available from public, non-profit, and private transportation services throughout the Miami Valley. Riders can choose from available provider options. However, options are limited for long-distance specialized transportation trips due to operations expense. Many public and non-profit agencies are unable to afford specialized transportation services at the rate of reimbursement available from Medicaid. As a result, lack of access to specialized transportation options for critical programs can greatly affect the success of regular treatments.

In 2017, the Dayton area had one of the highest overdose death rates in the nation. Since that time, the addiction-related death rate is down, but access to addiction treatment and counseling, in particular, remains a significant concern for the Miami Valley area.

Appendix B
Transportation Provider Inventory

Overview

This appendix provides a description of each public transit, senior, and human service, and non-emergency medical transportation (NEMT) provider that operate in each county in the region. Human service transportation provides rides to specific segments of the population, such as individuals with disabilities, people with low incomes or veterans. Many human service transportation agencies are social services organizations that provide transportation as an ancillary service to their clients only. Some human service transportation and NEMT providers are regional, offering service in multiple counties.

For each county, public transit providers are listed first, followed by the region's senior and other human service transportation providers, then NEMT providers. This section lists each provider's mission, transportation service type, contact information, service area, days and hours of service, and eligibility requirements.

Greene County Transportation Providers

Greene County is served by a public transportation system GreeneCATS Public Transit, four local senior transportation providers and four human service agencies with transportation programs.

Greene County Public Transportation

GreeneCATS Public Transit	
Transportation Service Type	Scheduled Rides and Flex Routes
Other Services Provided/ Agency Mission	Provide safe, reliable, and accessible public transportation for the residents of Greene County with special attention to those who are transportation disadvantaged in coordination with agencies, organizations, businesses, and local governments
Contact Information	General information: 937-708-8322 / Toll Free: (877) 227-2287 info@greenecats.org
Hours	Scheduled Rides: Weekdays: 6:00 am to 9:00 pm Flex Routes: Weekdays: 5:30 am to 7:30 pm; Weekends: 9:30 am to 5:30 pm
Service Area	All of Greene County with limited service to Montgomery County
Eligibility Requirements	General Public
Website	www.co.greene.oh.us/greenecats

Greene County Senior Transportation

Beavercreek Senior Center	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide full range of programs and services for seniors
Contact Information	937-426-6166 seniorcenter@beavercreekohio.gov
Hours	Weekdays: 9:00 am to 4:00 pm Weekends: No Service
Service Area	Beavercreek area, plus Miami Valley Hospital, Greene Memorial Hospital and Dialysis, East Town Dialysis, and Wright-Patterson Medical Center
Eligibility Requirements	Age 55+ and live within Beavercreek City or Township
Website	https://beavercreekohio.gov/214/Senior-Center

Fairborn Senior Citizens Association

Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide full range of programs and services for seniors
Contact Information	937-878-4141 fsc@fairbornseniors.org
Hours	Weekdays: 8:30 am to 4:30 pm Weekends: No Service
Service Area	Fairborn area, plus medical destinations outside the area
Eligibility Requirements	Age 60+ and live within the city limits of Fairborn or Bath Township
Website	www.fairbornseniors.org

Xenia Adult Recreation and Service Center

Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide activities and services, including transportation, home-delivered meals, homemaker services, recreational, educational, and social activities.
Contact Information	937-376-4353 gascjudy@bizwoh.rr.com
Hours	Weekdays: 8:00 am to 4:00 pm, evenings by appointment Weekends: by appointment
Service Area	Non-medical in-town (Xenia) only; Medical begin Greene County and extend beyond the county lines.
Eligibility Requirements	Xenia to Xenia transportation aged 50+; Greene County-wide age 60+; others as outlined in contract services
Website	www.xarsc-seniorcenter.org

Yellow Springs Senior Center

Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Serving the social, recreational, health, and informational needs special to the older members of the community through a variety of programs and events.
Contact Information	937-767-5751 rlibecap@seniorcitizenscenter.org
Hours	Weekdays: 9:30 am to 4:00 pm (with exceptions considered) Weekends: No service
Service Area	Regional for medical, local for critical shopping
Eligibility Requirements	Seniors who live in Yellow Springs and Miami Township. Anyone else who cannot drive (e.g. physical or mental disabilities) can also request service.
Website	www.seniorcitizenscenter.org

Greene County Human Service Transportation

Greene Inc.	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Greene, Inc. is a component of Greene County Board of Developmental Disabilities Adult Services division. The mission is to turn abilities into solutions for persons with developmental disabilities.
Contact Information	(937) 562-4200 N/A
Hours	Based on consumer needs.
Service Area	Greene County
Eligibility Requirements	Consumers with developmental disabilities
Website	www.greeneinc.org

Interfaith Hospitality Network of Greene County	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Alleviate homelessness by fostering the development of networks that provide shelter, meals, and assistance for homeless persons, and that increases community involvement in direct service and advocacy.
Contact Information	937-372-0705 info@ihnofgreeneco.org
Hours	Weekdays: 8:00 am to 5:00 pm Weekends: No service
Service Area	Greene County
Eligibility Requirements	Agency Clients
Website	www.ihnofgreenecounty.org

Toward Independence	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide a full range of programs and services for individuals with disabilities.
Contact Information	937-414-3079 info@ti-inc.org
Hours	Weekdays: 8:00 am to 8:00 pm Weekends: No Service
Service Area	Greene and Montgomery County
Eligibility Requirements	Individuals with disabilities that obtain a DODD (Ohio Department of Developmental Disabilities) waiver
Website	www.ti-inc.org

Women's Recovery Center	
Transportation Service Type	Demand Response Service
Other Services Provided/ Agency Mission	Provide residential and outpatient treatment for women who are dependent on alcohol, tobacco, and other drugs.
Contact Information	937-562-2400 Info@RecoveryCentersInc.org
Hours	Weekdays: As required for treatment Weekends: As required for treatment
Service Area	Primarily Greene County
Eligibility Requirements	Clients of Women's Recovery Center
Website	www.recoverycentersinc.org

Miami County Transportation Providers

Miami County's transportation providers include a public transit agency, Miami County Transit, and four human service agencies with transportation programs.

Miami County Public Transportation

Miami County Public Transit (MCTS)	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide county-wide public transportation
Contact Information	937-335-7433 sbaker@miamicountyohio.gov
Hours	Weekdays: 5:00 am to 6:00 pm Saturdays: 8:00 am to 2:00 pm (no Sunday service)
Service Area	Miami County
Eligibility Requirements	General public and clients of human service agencies
Website	www.miamicountyohio.gov/187/Transit

Miami County Human Service Transportation

Miami County YMCA	
Transportation Service Type	Subscription Service
Other Services Provided/ Agency Mission	Put Christian principles into practice through programs that build healthy spirit, mind and body for all.
Contact Information	937-440-9622 d.craig@miamicountyymca.net
Hours	As required for program schedules
Service Area	Mainly Miami County, summer camp program travels to various locations for field trips
Eligibility Requirements	Transportation is available to children for YMCA day care, after school, and summer camp programs.
Website	www.miamicountyymca.net

Partners In Hope	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide a "path of hope" through relief, education, and development, while striving to create relationships that empower individuals to gain self-sustainability.
Contact Information	937-339-8792 cjackson@partnersinhopeinc.org
Hours	Weekdays: 8:00 am to 5:00 pm Weekends: No service
Service Area	Up to 20-30 miles away from Troy
Eligibility Requirements	Troy residents, and agency clients
Website	www.partnersinhopeinc.org

Rides To Work	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Providing affordable transportation to low income/homeless individuals.
Contact Information	937-396-9917 tkrug@ginghamsburg.org
Hours	Weekdays: 5:30 am to 7:30 am, 1:30 pm to 4:30pm, 9:30pm to 11:30pm Weekends: No Service
Service Area	Tipp City and Troy
Eligibility Requirements	Low income/homeless individuals with a referral from a Miami County agency
Website	www.miamicountycoc.org

RT Industries	
Transportation Service Type	Demand Response and Subscription Service
Other Services Provided/ Agency Mission	Promote the employment of people with disabilities by actively developing business partnerships so people experience a variety of work settings and contribute to the business needs of Miami County.
Contact Information	937-440-3035 sharrie.king@rtindustries.org
Hours	Weekdays: 7:00 am to 6:00 pm Weekends: No service
Service Area	Miami and Shelby County
Eligibility Requirements	Anyone with disabilities, and seniors (21+)
Website	www.rtindustries.org

Montgomery County Transportation Providers

Montgomery County is home to the largest number of transportation providers in the Region. Greater Dayton Regional Transit Authority provides public transportation throughout the county. Four organizations provide senior transportation services. Eight human service agencies operate transportation for specialized segments of the population or agency clients.

Montgomery County Public Transportation

Greater Dayton Regional Transportation Authority (GDRTA)	
GDRTA is the only public transit provider in the Region to operate both fixed routes and paratransit service. GDRTA's agency mission is to provide public transportation in Montgomery County and western Greene County.	
Fixed Routes	
Contact Information	General information: 937-425-8400 RTA Call Center: 937-425-8300 customerservice@greaterdaytonrta.org
Hours	Weekdays: depends upon route - maximum from 4:03 am to 2:05 am Weekends: depends upon route - maximum Saturday from 4:07 am to 2:08 am, maximum Sunday from 5:02 am to 2:04 am
Service Area	Montgomery County and parts of Western Greene County
Eligibility Requirements	General Public
Website	www.iriderta.org
Paratransit	
RTA Connect is ADA complementary and county-wide paratransit service for individuals with disabilities who are unable to use regular fixed routes. RTA Connect is a shared-ride, door to door (origin-to-destination) service.	
Contact Information	General information: 937-425-8300 Applications for eligibility are available upon request by contacting the RTA Call Center at 937-425-8300 or by accessing www.iriderta.org. customerservice@greaterdaytonrta.org
Hours	Service hours are from 4:00 am -2:00 am and are dependent on the fixed route schedule and upon trip origin and destination within the route corridor.
Service Area	Trips must take place within a ¾ mile corridor on each side of a fixed route for ADA complementary paratransit service or within Montgomery County for ADA countywide paratransit service.
Eligibility Requirements	Persons with disabilities who have been certified to be eligible for ADA paratransit service by the RTA Connect Certification Center.
Website	www.i-riderta.org/rta-connect

Montgomery County Senior Transportation

City of Kettering - Lathrem Senior Center	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide quality programs and services to anyone age 60 or older
Contact Information	937-296-2483 kettweb@ketteringoh.org
Hours	Weekdays: 8:30 am to 4:00 pm; evening hours for designated programs Weekends: Designated programs only
Service Area	Local trips are provided within a 1.5-mile radius of Kettering. Life essential trips go beyond the 1.5-mile radius of Kettering, but within specified boundaries in Montgomery County.
Eligibility Requirements	Kettering residents aged 60+
Website	https://www.ketteringoh.org/departments/senior-services/

Rec West Enrichment Center	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide services to nurture and support older adults in Centerville/Washington Township.
Contact Information	937-433-0130 cfraley@washingtontwp.org
Hours	Weekdays: 9:00 am to 3:00 pm Weekends: No service
Service Area	Montgomery County
Eligibility Requirements	Individuals must be age (60+) and residents of Centerville/Washington Township
Website	www.washingtontwp.org

Vandalia Senior Center/City of Vandalia	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Encourage and promote the use of the facility and services to grow, bond, learn, and share in the changing moments of life
Contact Information	937-898-1232 twilliams@vandaliaohio.org
Hours	Weekdays: 8:00 am to 4:00 pm Weekends: No service
Service Area	Vandalia, Butler Township, parts of Huber Heights, N. Main Street from Taywood intersection to the Philadelphia intersection
Eligibility Requirements	Residents of Vandalia and Butler Township age 60+ and able to get in and out of the van unassisted.
Website	www.vandaliaohio.org/recreation/senior-center

Wesley Community Center, Inc. (WCCI)	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide a wide range of programs and services to residents of Montgomery County with a focus on services that are provided to seniors residing in the Wesley Center service area.
Contact Information	937-263-3556 Ext. 224 Angela.byrdsong@wcciday.org Diane.alexander@wcciday.org
Hours	Weekdays: Monday, Wednesday, and Fridays from 9:00 am to 3:00 pm Weekends: No service
Service Area	Montgomery County
Eligibility Requirements	Age 60+ (United Way funding rides for aged 50+) who reside in the Wesley Center service area (west side of Dayton and northwestern portions of Montgomery County)
Website	www.wesleycenterdayton.org

Montgomery County Human Service Transportation Providers

Choices in Community Living	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide community-based services for people with intellectual developmental disabilities including residential, day services, and transportation
Contact Information	937-898-2220 Tweaver@cicloh.com Tgrooms@cicloh.com
Hours	Weekdays: generally during daytime and early evening Weekends: generally during daytime and early evening
Service Area	Montgomery County
Eligibility Requirements	Individuals with intellectual/developmental disabilities who are qualified for services by Montgomery County Board of Developmental Disabilities
Website	www.partnersohio.com

Montgomery County Board of Developmental Disabilities	
Transportation Service Type	Subscription service using school buses and RTA bus passes
Other Services Provided/ Agency Mission	Provide services for eligible children and adults with moderate, severe and profound mental retardation or other developmental disabilities
Contact Information	937-837-9200 ejeter@mcbdds.org
Hours	Weekdays: 5:00 am to 10:00 pm Weekends: service based on special activities and events
Service Area	Montgomery County
Eligibility Requirements	Persons determined to be eligible by MCBDDS
Website	www.mcbdds.org

Places Inc.	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Develop and support community living skills and provide quality housing for adults diagnosed with mental health disorders, including those experiencing homelessness.
Contact Information	Eligibility: 937-461-4300 rcplaces@ameritech.net
Hours	**As needed (24/7)**
Service Area	Montgomery County
Eligibility Requirements	Residents living in PLACES Adult Care facilities, tenants living in Housing First program and clients receiving case management services in PLACES Supportive Living program
Website	www.placesinc.org

Resident Home Association (RHA)	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide support and services to adults with developmental disabilities
Contact Information	937-278-0791 proll@rhadayton.com
Hours	Weekdays: 7:00 am to 10:00 pm Weekends: As required by individual's service plan
Service Area	Montgomery County
Eligibility Requirements	Individuals with developmental disabilities and that qualify under the Montgomery County Board of Developmental Disabilities
Website	www.safehaveninc.com

South Community, Inc.	
Transportation Service Type	Demand Response and Subscription Service
Other Services Provided/ Agency Mission	Promote emotional, behavioral, and physical well-being through a variety of services for children, adults and families dealing with mental health disabilities
Contact Information	937-293-8300 knissen@southcommunity.com
Hours	Weekdays: As required by client service plans Weekends: As required by client service plans
Service Area	Montgomery County
Eligibility Requirements	Mental health and primary care clients of all ages
Website	www.southcommunity.com

The Castle/ Friends of the Castle

Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide a gathering place of trust and friendship which supports people with mental illness and disorders to achieve their highest level of competence and independence.
Contact Information	937-433-3931 info@FriendsOfTheCastle.com
Hours	Weekdays: 8:00 am to 5:30 pm Weekends: No service
Service Area	Montgomery County
Eligibility Requirements	Members of The Castle
Website	www.friendsofthecastle.com

United Rehabilitation Services of Greater Dayton (URS)

Transportation Service Type	Subscription Service
Other Services Provided/ Agency Mission	Enhance the quality of life for children and adults with disabilities or other special needs.
Contact Information	937-233-1230 jyoung@ursdayton.org
Hours	Weekdays: 8:00 am to 8:00 pm; occasional evening activities Weekends: Occasional weekend activities
Service Area	Montgomery County
Eligibility Requirements	Clients participating in URS programs and services
Website	www.ursdayton.org

YMCA of Greater Dayton

Transportation Service Type	Subscription Service
Other Services Provided/ Agency Mission	A volunteer-based community service organization for people of all faiths, races, abilities, ages, and incomes.
Contact Information	937-223-5201 dbrunner@daytonymca.org
Hours	As required by program schedules
Service Area	Montgomery County, Preble County, Greene County, parts of Warren County
Eligibility Requirements	Transportation is available to children for day care, after school, and summer camp programs.
Website	www.ymcaonline.org

Warren County Transportation Providers

Northern Warren County is served by three transportation providers: Warren County Transit, offering public transportation, a senior transportation program, and one human service agency that operates transportation.

Warren County Public Transportation

Warren County Transit	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide county-wide public transportation
Contact Information	Scheduling: 1-888-297-0990 Eligibility: 513-695-1259 susanne.mason@co.warren.oh.us
Hours	Weekdays: 6:00 am to 6:00 pm Weekends: No Service
Service Area	Any location in Warren County and limited service to City of Middletown.
Eligibility Requirements	General public and clients of human service agencies
Website	www.co.warren.oh.us/transit/default.aspx

Warren County Senior Transportation

Warren County Community Services	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide services and connecting people to resources necessary for realizing their full potential for a quality life.
Contact Information	513-695-2222 fgibson@wccsinc.org
Hours	Weekdays: 8:00 am to 5:00 pm Weekends: No service
Service Area	Warren County and bordering counties
Eligibility Requirements	Age 60+
Website	http://www.wccsi.org/sitepages/PGM_AGING-SrTransportation.html

Warren County Human Service Transportation

Franklin Township	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide accessible transportation to seniors and residents with disabilities in Franklin Township.
Contact Information	937-746-2852 traci.stivers@franklintownshipohio.us
Hours	Weekdays: 8:00 am to 6:00 pm Weekends: No Service
Service Area	As far north as State Route 725, as far south as Route 63, as far east as State Route 741, and as far west as the township line.
Eligibility Requirements	As far north as State Route 725, as far south as Route 63, as far east as State Route 741, and as far west as the township line.
Website	www.franklintownshipohio.us

Regional Human Service Transportation Providers

The following organizations provide service in multiple counties within the Miami Valley region.

American Cancer Association	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide transportation for cancer-related treatment for patients who do not have a ride or are unable to drive themselves.
Contact Information	800-227-2345 heather.robison@cancer.org
Hours	Business hours (typically 7:00 am to 8:00 pm)
Service Area	Montgomery, Greene, Clark, Miami, Butler, Warren Counties
Eligibility Requirements	Patients must be ambulatory, able to walk unassisted to and from the vehicle, or have an accompanying caregiver to assist.
Website	www.cancer.org

Brookville Area Handivan Ministry	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide transportation to seniors and persons with disabilities.
Contact Information	(937) 833-2260 N/A
Hours	Weekdays: 9:00 am to 5:00 am Weekends: No service
Service Area	Brookville and close surrounding area
Eligibility Requirements	Seniors and people with disabilities living in Brookville and closely surrounding area.
Website	www.brookvillecumc.org

Dayton VA Medical Center	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide urban/rural transportation for veterans to their VA appointments.
Contact Information	937-268-6511 Ext. 3064 Susanne.Wagner@va.gov
Hours	Weekdays: 8:00 am to 4:30 pm Weekends: No service
Service Area	17-county catchment area. Locations in Ohio, Indiana, and Michigan.
Eligibility Requirements	Veterans
Website	www.dayton.va.gov

Eastway Corporation	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Advance the overall health and security of individuals and the community by providing excellent behavioral healthcare, rehabilitation and housing services and to advocate on behalf of individuals with special needs.
Contact Information	937-496-2000 contact@eastway.org
Hours	Weekdays: 8:00 am to 5:00 pm Weekends: No service
Service Area	Montgomery County
Eligibility Requirements	Clients of Eastway Corporation or other human services agencies.
Website	www.eastway.org

Goodwill Easter Seals of Miami Valley	
Transportation Service Type	Subscription service
Other Services Provided/ Agency Mission	Empower people with disabilities and other needs to achieve independence and enhance their lives.
Contact Information	937-461-4800 t.shirk@gesmv.org
Hours	As required for programs and services
Service Area	Allen, Butler, Miami, Montgomery, Clinton, and Warren counties
Eligibility Requirements	Clients participating in specific programs and services.
Website	www.gesmv.org

Graceworks Lutheran Services	
Transportation Service Type	Shuttle service in Bethany Village; subscription service for programs for people with developmental disabilities.
Other Services Provided/ Agency Mission	Inspire and support a sense of home when people experience challenging or changing circumstances; provide housing, enhanced living, home care, counseling, and food pantry services.
Contact Information	937-433-2110 outreach@graceworks.org
Hours	Weekdays: 7:30 am to 4:00 pm Weekends: No service
Service Area	Bethany Village in Centerville and as required for DD programs
Eligibility Requirements	Residents in Bethany Village and participants in DD sponsored programs.
Website	www.graceworks.org

Safehaven, Inc.	
Transportation Service Type	Demand Response
Other Services Provided/ Agency Mission	Provide adults in need of mental health support in Darke, Miami, and Shelby Counties with educational, social, and vocational supports in a safe environment for recovery.
Contact Information	937-615-0126 (Miami County) safehavendouglas@woh.rr.com
Hours	Weekdays: 8:30 am to 11:30 am and 3:00 pm to 6:00 pm Weekends: No service
Service Area	Darke, Miami, and Shelby Counties
Eligibility Requirements	Free transportation is available for any adult in need of mental health support from an individual's place of residence to the agency.
Website	www.safehaveninc.com

Universal Transportation Systems	
Transportation Service Type	Demand Response and Subscription Service
Other Services Provided/ Agency Mission	Provide contracted transportation service to client agencies.
Contact Information	(800) 829-1287 TransReg@uts-ohio.com
Hours	Varies depending on contract
Service Area	Varies depending on contract; primarily services southwest Ohio
Eligibility Requirements	Varies depending on contract
Website	www.uts-ohio.com

Non-Emergency Medical Transportation (NEMT) Providers

NEMT providers are typically for-profit operators of transportation services for medical purposes. Many of these providers operate regionally with no defined geographical service area. This plan update identified 15 active NEMT providers in the four-county area.

NEMT Provider	Transportation Service Type	Services Provided	Phone	Email	Hours	Service Area	Website
M. C. Mobility Systems, Inc.	Not provided	Not provided	(440) 951-4335	Not provided	Not provided	Not provided	www.mcmobili-tysystems.com
Key Mobility Services, Ltd.	Not provided	Not provided	(937) 374-3226	Not provided	Not provided	Not provided	www.keymobili-ty.com
Supporting Independence LLC	Not provided	Multiple services for individuals with develop-mental disabilities	(937) 398-0184	Not provided	Not provided	Not provided	si-llcohio.com
Ohio Medical Transport	ALS, BLS, Wheel-chair/ Ambulette transportation, Long Distance ALS/ BLS	Ambulance service	(937) 877-1235	Not provided	24/7	Ohio	ohiomedical-transport.com
Ohio Ambulance	ALS, BLS, Venti-lator-dependent, Ambulette	Ambulance service	(216) 797-4000	Not provided	24/7	Daytona Area	ohioambulance.com
Blue Ocean Ambulette Service	NEMT and non-emergency, non-medical transport	Not provided	(937) 436-2583	Not provided	Not provided	Daytona Area	Not provided
Buckeye Ambulance	ALS, BLS, MICU, Long Distance Transport	Ambulance Service	(937) 435-1584	Not provided	Not provided	Not provided	Not provided
First Care Ohio	ALS, BLS, Wheel-chair van services	Emergency and non-emergency services	(800) 566-6125	Not provided	Not provided	Not provided	Not provided

NEMT Provider	Transportation Service Type	Services Provided	Phone	Email	Hours	Service Area	Website
Valley Transport	Elderly, disabled	Provide integrated, high quality, medical transport-ation to the patients, facil-ities and commu-nities in which we serve.	(937) 751-5371	greyden-williams@valley-trans-port.com	24/7	Counties: Hamilton, Butler, Warren, Clin-ton, Fayette, Madi-son, Union, Logan, **Champaign, Clark,** Greene, Montgom-ery, Miami, Shelby, **Darke, Preble**	valley-trans-port.com
Patriot Medical Transportation	Accessible vans	Provide wheelchair/ambulatory trans-port-ation for hospi-tals, nursing homes & private residences to medical ap-point-ments, dialysis and special events.	(937) 564-2235	patriottrans-port2011@gmail.com	24/7	Preble and Mont-gomery Counties, **sometimes Darke** County	Not provided
Medical Transport Service	Not provided	Not provided	(727) 201-1717	Not provided	Not provided	Not provided	www.medical-transportser-vices.com
MedPro, LLC	Ambulance and accessible vans	Emergency and non-emergency wheelchair vans, primarily for medical visits	(937) 336-5586	**ehatmaker@medpro1.com**	24/7	Preble, Montgom-ery, Butler and all surrounding, con-tiguous counties	www.medpro-llc.com
Amity Nursing Agency, LLC	Not provided	Transports mentally challenged people to medical ap-point-ments, grocery stores, etc.	(513) 344-2600	Not provided	Not provided	Not provided	Not provided
Senior Assistants, Inc.	NEMT (to and from medical appointments and procedures), Elderly & Commu-nity Transportation, School Transporta-tion (special needs)	Private Full-Service Transportation Service	(937) 454-4445	seniorassis-tantsinc@gmail.com	24/7	Miami Valley	www.senioras-sistantsinc.com
ACC Medlink	Medical Transport, Long Distance Ambulance Service, Commercial Medical Escort, Air Medical **Transport, Internation-**al Stretcher Service	Nationwide medical transportation com-pany offering very comfortable cost-ef-fective, non-emer-gency transportation services	(800) 550-3214	Not provided	24/7	Nationwide	medic-trans.com

Organizational Characteristics

The table below provides a summary of the characteristics of the participating transportation providers and organizations that purchase transportation on behalf of consumers. The rightmost column of this table describes whether the provider is "open door" or "closed door." Providers operate "closed door" service if transportation is restricted to agency clients only. Transportation services are considered "open door" if they are open to the public or to a segment of the population (such as older adults).

Agency	Directly Operates Transportation (Yes/No)	Purchases Transportation from Another Agency (if Yes, Who?)	Legal Authority (Private Non-Profit, Private For-Profit, Public Non-Profit,)	Are Vehicles Only Available for Human Service Agency Clients (Y/N) *
Greene County				
GreeneCATS Public Transit	Yes	No	Public	No
Beavercreek Senior Center	Yes	No	Public	No
Fairborn Senior Citizens Association	Yes	No	Private Non-Profit	No
Xenia Adult Recreation and Service Center	Yes	No	Private Non-Profit	No
Yellow Springs Senior Center	Yes	No	Private Non-Profit	No
Greene Inc.	Yes	No	Private Non-Profit	Yes
Interfaith Hospitality Network of Greene County	Yes	No	Private Non-Profit	Yes
Toward Independence	Yes	No	Private Non-Profit	Yes
Women's Recovery Center	Yes	No	Private Non-Profit	Yes
Miami County				
Miami County Transit (MCTS)	Yes	No	Public	No
Miami County YMCA	Yes	No	Private Non-Profit	Yes
Partners In Hope	Yes	No	Private Non-Profit	Yes
Rides To Work	Yes	No	Private Non-Profit	Yes
RT Industries	Yes	No	Private Non-Profit	Yes

Agency	Directly Operates Transportation (Yes/No)	Purchases Transportation from Another Agency (if Yes, Who?)	Legal Authority (Private Non-Profit, Private For-Profit, Public Non-Profit,)	Are Vehicles Only Available for Human Service Agency Clients (Y/N) *
Montgomery County				
Greater Dayton Regional Transit Authority (GDRTA) Fixed Routes	Yes	No	Public	No
Greater Dayton Regional Transit Authority (GDRTA) Paratransit	Yes	No	Public	No
City of Kettering - Lathrem Senior Center	Yes	No	Public	No
Rec West Enrichment Center	Yes	No	Public	No
Vandalia Senior Center/ City of Vandalia	Yes	No	Public	No
Wesley Community Center, Inc. (WCCI)	Yes	No	Private Non-Profit	Yes
Choices in Community Living	Yes	No	Private Non-Profit	Yes
Montgomery County Board of Developmental Disabilities	Yes	Yes, purchases transportation from GDRTA	Public	Yes
Places Inc.	Yes	No	Private Non-Profit	Yes
Resident Home Association (RHA)	Yes	No	Private Non-Profit	Yes
South Community, Inc.	Yes	No	Private Non-Profit	Yes
The Castle/ Friends of the Castle	Yes	No	Private Non-Profit	Yes
United Rehabilitation Services of Greater Dayton (URS)	Yes	No	Private Non-Profit	Yes
YMCA of Greater Dayton	Yes	No	Private Non-Profit	Yes

Agency	Directly Operates Transportation (Yes/No)	Purchases Transportation from Another Agency (if Yes, Who?)	Legal Authority (Private Non-Profit, Private For-Profit, Public Non-Profit,)	Are Vehicles Only Available for Human Service Agency Clients (Y/N) *
Warren County				
Warren County Transit	Yes	No	Public	No
Warren County Community Services	Yes	No	Private Non-Profit	No
Franklin Township	Yes	No	Public	No
Regional Providers				
American Cancer Association	Yes	No	Private Non-Profit	Yes
Brookville Area Handivan Ministry	Yes	No	Private Non-Profit	No
Dayton VA Medical Center	Yes	No	Public	Yes
Eastway Corporation	Yes	No	Private Non-Profit	Yes
Goodwill/Easter Seals of Miami Valley	Yes	No	Private Non-Profit	Yes
Graceworks Lutheran Services	Yes	No	Private Non-Profit	Yes
Safehaven, Inc.	Yes	No	Private Non-Profit	Yes
Universal Transportation Systems	Yes	No	Private For-Profit	Varies, depending on contract

Fleet, Service and Budget Characteristics

The following table provides data that describe the basic fleet, staffing and financial characteristics of each transportation provider.

Agency	Accessible Vehicles?	Number of Vehicles in Daily Operation	Number and Type of Vehicles in Total Fleet	Number and Type of Drivers	Annual Expenses	Items included in Annual Expenses
Greene County						
Greene County Transit Board (GreeneCATS Public Transit)	Yes	36	48, consisting of 11 modified minivans, and 36 light transit vehicles	56, full time and part time drivers. 32 CDL and 24 Non-CDL	$3,983,027	Operating only
Beavercreek Senior Center	Yes	4	4	Volunteer drivers- no reimburse-ment	$5,000	Fuel and vehicle repair costs (City of Beavercreek provides preventive mainte-nance)
Fairborn Senior Citizens Association	Yes	3	5, consisting of 2 accessible vans, 1 accessible minivan, 1 sedan, and 1 passenger van	3 paid drivers (part-time, 20 hours per week per driver) 14 volunteer drivers	N/A	N/A
Xenia Adult Recreation and Service Center	Yes	20	20, all accessible, from minivans to 16 passenger vehicles	20 on-call drivers	$766,000	Salaries, benefits, depreciation, occupancy, utilities, vehicle expenses (acquisition, repair, fuel, insurance), conference, seminars, training, misc.
Yellow Springs Senior Center	No	3	3 sedans, plus volunteers sometimes use own vehicles	Volunteer drivers - no reimburse-ment	$37,690	Fuel, maintenance, repair, staff, administrative support
Greene Inc.	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided
Interfaith Hospitality Network of Greene County	No	1	1 Minivan	One staff driver	$2,500	Transport-ation
Toward Independence	Yes	15	13 accessible transit buses, 2 15-passenger vans	Paid employees (full and part-time)	N/A	N/A
Women's Recovery Center	No	2	2 non-accessible vans	Staff drivers	N/A	N/A

Agency	Accessible Vehicles?	Number of Vehicles in Daily Operation	Number and Type of Vehicles in Total Fleet	Number and Type of Drivers	Annual Expenses	Items included in Annual Expenses
Miami County						
Miami County Transit (MCTS)	Yes	14	18 light transit vehicles, 1 minivan	7 full time, 11 part-time drivers	$862,000	All expenses included (no depreciation expense)
Miami County YMCA	No	4	4 (1 school bus, 3 small buses)	Staff drivers	$31,500	Fuel, maintenance, repair, insurance, and vehicle depreciation
Partners In Hope	No	1	18 (four passenger sedans)	18 retired volunteers	$15,000	All for transportation program
Rides To Work	No	2	2 minivans	4 paid part-time drivers	$43,000	All
RT Industries	Yes	11	19 (10 buses, 6 mini-buses, 3 MV-1 vehicles)	11 part-time drivers	N/A	N/A
Montgomery County						
Greater Dayton Regional Transit Authority (GDRTA) Fixed Routes	Yes	124 maximum	182 vehicles available. Motor and Trolley bus (2016 data)	273 Full time (2018) drivers	$67.8 M (2016 data)	All expenses included (no depreciation expenses)
Greater Dayton Regional Transit Authority (GDRTA) Paratransit	Yes	50-55	75 8-passenger, lift equipped, mobility device securement enabled Eldorado vehicles	100 drivers	$14.1 M	All expenses included (no depreciation expenses)
City of Kettering - Lathrem Senior Center	Yes	3	6, consisting of 3 accessible vans and 3 sedans	4 paid, 7 volunteer drivers	$108,000	Personnel, vehicle maintenance, training, communica-tions, marketing/ printing, employee uniforms, contractual services
Rec West Enrichment Center	Yes	2	3 (2 vans, 1 sedan)	2 paid part-time, 4 volunteer part-time drivers	N/A	N/A
Vandalia Senior Center/ City of Vandalia	Yes	1	1	7 volunteer drivers	N/A	N/A
Wesley Community Center, Inc. (WCCI)	Yes	5	5 (2 12-passenger mini buses, 2 7-passenger mini-vans, 1 10-passenger mini bus)	3 non-CDL drivers	$3,285	Gas, registration/tags/ stickers, insurance, maintenance (van washing, oil changes, repairs, and van supply items

Agency	Accessible Vehicles?	Number of Vehicles in Daily Operation	Number and Type of Vehicles in Total Fleet	Number and Type of Drivers	Annual Expenses	Items included in Annual Expenses
Montgomery County						
Choices in Community Living	No	40	21 accessible vehicles	Staff drivers for individual clients	$500,000	All expenses included except staff driver costs
Montgomery County Board of Developmental Disabilities	Yes	32 school buses in regular scheduled operations; 35 vans available for community integration and field trips	50 accessible and specially modified school buses; 35 accessible vans	45 full time (approximately 35 hours per week) paid drivers for school buses; fully trained and qualified staff drivers operate the vans	$7.3 M in 2017, including $106,250 for RTA bus passes	Drivers' salaries, fuel, insurance, maintenance, administrative staff costs and RTA fare cards
Places Inc.	Yes	12	13, consisting of vans and one maintenance van	Staff serve as drivers for individual clients	$27,000	Vans, insurance, fuel, repairs, staff cost
Resident Home Association (RHA)	N/A	16	16, 10 full vans, 6 accessible vans	Staff serve as drivers for individual clients	$100,000	Vehicle lease costs, fuel, maintenance and insurance
South Community, Inc.	No	4 (Vehicles operate every day in summer, several days per week for the rest of the year)	1 Section 5310 van, 2 15 passenger vans non-accessible, 1 minivan	2 part-time Section 5310 van drivers, various staff drivers will drive when necessary	$15,000 (non-wage)	Fuel and maintenance
The Castle/ Friends of the Castle	Yes	1	1 (12 passenger mini bus)	2 paid drivers	$55,000	Transportation
United Rehabilitation Services of Greater Dayton (URS)	Yes	4	4 accessible transit vans	10 staff drivers	N/A	N/A
YMCA of Greater Dayton	N/A	10	10 (mix of school buses and mini buses)	Part-time paid drivers	$100,000	All expenses included
Warren County						
Warren County Transit	Yes	16	19 accessible vehicles	14 paid contracted drivers	$1,220,000	All operating and capital expenses
Warren County Community Services	Yes	request/A	request/A	request/A	request/A	request/A
Franklin Township	Yes	2	3, modified accessible vans/trucks	2 part-time drivers	$60,000	Payroll, vehicle maintenance, new vehicle

Agency	Accessible Vehicles?	Number of Vehicles in Daily Operation	Number and Type of Vehicles in Total Fleet	Number and Type of Drivers	Annual Expenses	Items included in Annual Expenses
Regional Providers						
American Cancer Association	No	Based on volunteer availability. Typically, 2-5 drivers daily.	30 total volunteers = 30 total cars	30 volunteers	$8,680	Transportation
Brookville Area Handivan Ministry	Yes	4	7 (4 sedans, 3 vans)	12 volunteers	N/A	N/A
Dayton VA Medical Center	Yes	3	N/A (3 vehicles available for Dayton VA, fleet manager has more vehicles if needed for emergency purposes)	3 paid, 3 volunteer drivers	N/A	N/A
Eastway Corporation	No	15	23	3 part-time drivers	$15,000	Transportation
Goodwill Easter Seals of Miami Valley	Yes	30	40 (buses, sedans, mini buses)	20 paid drivers	N/A	N/A
Graceworks Lutheran Services	Yes	6	6 (2 shuttle buses, 2 handivans, 2 sedans)	2 full time, 6 part-time drivers	N/A	N/A
Safehaven, Inc.	No	3 (1 per county)	4	6 (1.8 FTE) drivers	$63,635 (All 3 counties of service)	Fuel, maintenance, repair, personnel, insurance
Universal Transportation Systems	Yes	N/A	212 (mostly Dodge Caravans, some sedans; 30 vehicles are accessible)	N/A	N/A	N/A

Trip Scheduling, Fares and Productivity Information

The following tables describe what trip purposes are allowed by each provider, the fares or donations and the process to request rides on each service (if applicable). Annual ridership and estimates of service hours were provided by most agencies. The final column provides the productivity of each service, calculating the number of trips provided for each hour of vehicle service.

Agency	Trip Purposes Allowed	Fares or Donations	Ride Request Process	Annual One-Way Passenger Trips	Estimated Annual Service Hours	Estimated Productivity (Trips per Service Hour)
Greene County						
Greene County Transit Board (GreeneCATS Public Transit)	All purposes, no restrictions	Scheduled Rides: $3.00 per one-way trip in-county and $6.00 to Montgomery County. Flex Routes: $1.50 per one-way trip, .75 cents for elderly/disabled individuals and children under 13. Free transfers and monthly passes available: $48/$24	For Scheduled Rides and Flex Route Deviations, call the scheduling office between 8:00am and 4:00 pm, Monday-Friday, at least two business days (by noon) before your trip date. Requests may be made up to one month in advance.	185,000	79,000	2.35
Beavercreek Senior Center	All purposes within Beavercreek area; only medical trips to designated locations outside the area	$2.00 per one-way trip in Beavercreek area; $4.00 per one-way trip outside Beavercreek area	Ride request must be made 48 hours in advance. Rides are on a 1st come, 1st served basis. Medical appointments always take priority.	8,400	168,000	20
Fairborn Senior Citizens Association	All purposes within Fairborn area, only medical trips to designated locations outside the area	No fares, donations accepted	All individuals must register for transportation service. Medical trips are on a priority basis, other trip request on a space available basis. Requests for transportation must be made 48 hours in advance.	5,000	3,000	1.67
Xenia Adult Recreation and Service Center	Medical and non-medical/social	No fares, donations accepted	Scheduling done by telephone as far in advance as possible; Medical takes priority	16,049	N/A	N/A
Yellow Springs Senior Center	Priority on medical trips and critical shopping	No fares, donations accepted	Requests must be made 72 hours in advance and fall within the center's hours of service	2,443	1,410	1
Greene Inc.	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided

Agency	Trip Purposes Allowed	Fares or Donations	Ride Request Process	Annual One-Way Passenger Trips	Estimated Annual Service Hours	Estimated Productivity (Trips per Service Hour)
Greene County						
Interfaith Hospitality Network of Greene County	As required to support agencies primary mission	No fares or donations	N/A -Trips are pre-scheduled by staff	Estimated 140	140	1
Toward Independence	Non-medical (To and from work)	No fares or donations	N/A - Case workers determine transportation needs	10,000	300,000	30
Women's Recovery Center	For treatment and services at facility	No fares or donations	N/A - Staff determine transportation needs	N/A	N/A	N/A
Miami County						
Miami County Transit (MCTS)	All purposes, no restrictions	$4.00 per one-way trip in-county. Age 7 and under free when accompanied by an adult. Disability aide rides free with letter from doctor. Extra $2.00 to cross the county line to RTA bus stops or 2 miles over county line in Vandalia or Huber Heights.	Trip reservations should be made at least 24 hours in advance or up to 2 weeks in advance	45,504	20,900	2.18
Miami County YMCA	For designated programs at two YMCA facilities	No fares or donations	N/A - Trips are prescheduled by staff	22,000	N/A	N/A
Partners In Hope	Medical purposes, 1 grocery trip a month, 4-6 rides a month (per person)	No fares, donations accepted	Pre-scheduled by staff, no later than 3 days in advance	1,300	N/A	N/A
Rides To Work	For work, and some counseling	2 weeks for free, $1.00 one-way trips, after 90 days then $2.00 one-way trips	N/A - Ride requests come in at all hours of the day	5,880	176,500	30
RT Industries	All purposes, no restrictions. Typically transporting someone to a place of employment, social activity, or volunteer opportunity.	No fares or donations	N/A - board buses at designated stops	106,800	N/A	N/A

Agency	Trip Purposes Allowed	Fares or Donations	Ride Request Process	Annual One-Way Passenger Trips	Estimated Annual Service Hours	Estimated Productivity (Trips per Service Hour)
Montgomery County						
Greater Dayton Regional Transit Authority (GDRTA) Fixed Routes	All trip purposes, no restrictions	Adult: Cash- $2.00, Day Pass- $4.00, Weekly Pass- $19.00, Monthly Pass- $55.00 Seniors/ Persons with disabilities: Cash- $1.00, Reduce Fare Day Pass- $2.00, Reduced Fare Monthly Pass- $32.00 Children age 12 and under and 60 inches tall and under: free	N/A- board buses at designated stops	Approx. 9.7 M trips (2016 data)	455,664 (2016 data)	21.4
Greater Dayton Regional Transit Authority (GDRTA) Paratransit	All trip purposes, no restrictions	ADA complementary paratransit service: $3.50 per one-way trip. Countywide paratransit service: $5:00 per one-way trip	Trips must be requested up to seven days in advance and no later than the day before the trip.	190,891 (2016 data)	138,377 (2016 data)	1.6 (2016 data)
City of Kettering - Lathrem Senior Center	Local trips are for medical, grocery, banks, pharmacies, etc. Life essential trips are only for medical appointments, social security office, job center, hospitals, county courthouse and legal aid	Riders must purchase a "Rider's Card" (a punch card), available in denominations of $2.00, $10.00, $20.00, and $40.00. The cost per trip ranges from $2.00 to $8.00 depending upon distance traveled.	First time users need to fill out a registration card. Trip reservations can be made up to two weeks in advance and no later than 24 hours before the scheduled trip time. Emergency trips can be requested up to noon on the business day before the trip if space is available.	5,500	4,500	1.2
Rec West Enrichment Center	Personal appointments to bank, beauty salon, medical, post office, pharmacy, etc.	Trip fares range from $9 to $15 roundtrip depending on the destination	First time users need to provide registration information. Passengers are asked to make requests no later than 48 hours in advance.	1,600	2,700	0.59

Agency	Trip Purposes Allowed	Fares or Donations	Ride Request Process	Annual One-Way Passenger Trips	Estimated Annual Service Hours	Estimated Productivity (Trips per Service Hour)
Montgomery County						
Vandalia Senior Center/ City of Vandalia	All purposes, no restrictions	Pay as you go, $2.00-$6.00 or more depending on destination. Able to purchase $10.00 and $20.00 punch cards	Call at least 24 hours in advance not including weekends	2,066	1,592	1.29
Wesley Community Center, Inc. (WCCI)	Medical, nutrition, and personal transportation	No fares, donations accepted for transportation services	Call transportation coordinator 3-5 days in advance for all ride requests	300	1,272	0.23
Choices in Community Living	Work, recreation, shopping, medical, and other regular community-based activities	No fares or donations	N/A- transportation is pre-scheduled by staff	10,000	10,500	1.1
Montgomery County Board of Developmental Disabilities	As defined in the individual's service plan	No fares or donations	Trips are pre-scheduled for clients by MCBDDS Transportation Department using school bus routing software	300,000 in 2017 for subscription service	100,000 for subscription service	3.7 for subscription service
Places Inc.	Transportation is only provided for PLACES residents, clients and tenants	No fares or donations	N/A - Trips are prescheduled by staff	13,000	10,500	1
Resident Home Association (RHA)	Medical appointments, shopping, visiting friends/family, recreation activities, work trips, and to and from day program sites	No fares or donations	N/A - Transportation is pre-scheduled by staff	12,000	5,000	2.4
South Community, Inc.	As required for the program services to be provided	No fares or donations	N/A - Trips are pre-scheduled by staff	3,600	6,000	1.67
The Castle/ Friends of the Castle	Non-medical, and to and from field trips	No fares or donations	Schedule a day prior	10,800	1,300	0.12

Agency	Trip Purposes Allowed	Fares or Donations	Ride Request Process	Annual One-Way Passenger Trips	Estimated Annual Service Hours	Estimated Productivity (Trips per Service Hour)
Montgomery County						
United Rehabilitation Services of Greater Dayton (URS)	Based on client's service plan	No fares or donations	N/A- Trips are pre-scheduled by staff	12,000	7,000	1.71
YMCA of Greater Dayton	For designated programs at ten YMCA facilities	No fares or donations	N/A -Trips are pre-scheduled by staff	30,000	7,500	4
Warren County						
Warren County Transit	All purposes within county, trips for medical reasons to specific Middletown locations	Regular fares: $3.00 one-way, Elderly/disabled: $1.50 one-way	All trips should be scheduled in advance with at least 48 hours' notice	34,000	33,800	1
Warren County Community Services	Medical and non-medical/social	request/A	request/A	request/A	request/A	request/A
Franklin Township	Non-emergency medical and non-medical transportation services are offered; however, medical trips are a higher priority.	No fares, but donations accepted	Appointments are required 24 hours in advance and no later than 2:00 pm the day before service is desired. Deardoff Senior Center is the call center where a volunteer takes a message and the driver from Franklin Township will call back.	833	33,320	40

Agency	Trip Purposes Allowed	Fares or Donations	Ride Request Process	Annual One-Way Passenger Trips	Estimated Annual Service Hours	Estimated Productivity (Trips per Service Hour)
Regional Providers						
American Cancer Association	Cancer related treatment appointments (Chemotherapy, Radiation, etc.)	Free, however rides are not guaranteed as they are dependent on volunteer availability	Phone call to the American Cancer Society	868	N/A	N/A
Brookville Area Handivan Ministry	Medical appointments, **grocery, bank, shopping,** social, and educational activities	Free, donations are accepted	Trips must be scheduled at least seven days in advance. Call between 9:00 am and 11:00 am **on weekdays to** request a ride.	7,705	4,384	0.57
Dayton VA Medical Center	Scheduled VA appointments, emergency, registration and compensation appointments	No fares, donations accepted	Call VA 7-10 days before scheduled appointment.	N/A	1,200	N/A
Eastway Corporation	All purposes	No fares or donations	Pre-scheduled by staff	N/A	1,400	N/A
Goodwill/Easter Seals of Miami Valley	Adult day service programs, day habilitation and supported employment for developmental disability clients	No fares or donations	N/A- Trips are pre-scheduled by staff	N/A	N/A	N/A
Graceworks Lutheran Services	All purposes in Bethany Village, employment for DD clients	No fares or donations	N/A - shuttle service on regular schedule; employment trips pre-scheduled by staff	N/A	N/A	N/A
Safehaven, Inc.	For agency's structured daily support services	Free for adults in need of mental **health support/with** mental illness to attend SafeHaven services	Call in advance or by 8:00 am the morning for same-day service	2,200	3,744	0.58
Universal Transportation Systems	Depends on contract	Depends on contract	Depends on **contract; trips are assigned to drivers/** vehicles using Trip-Spark software	N/A	N/A	N/A

Appendix C
Plan Adoption Resolution

MIAMI VALLEY
Regional Planning Commission

10 North Ludlow St., Suite 700
Dayton, Ohio 45402-1855

t: 937.223.6323
f: 937.223.9750
TTY/TDD: 800.750.0750
www.mvrpc.org

RESOLUTION TO ADOPT THE 2019 UPDATE OF THE PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION COORDINATION PLAN AND THE RECOMMENDATIONS CONTAINED THEREIN

WHEREAS, the Miami Valley Regional Planning Commission is the designated Metropolitan Planning Organization (MPO) for Greene, Miami, Montgomery, and Northern Warren counties; and

WHEREAS, the federal surface transportation bill, the Fixing America's Surface Transportation (FAST) Act apportions Section 5310 funds to the MPO; and
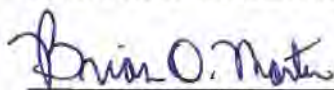
WHEREAS, FAST Act regulations require that each urbanized area create a locally developed Coordinated Public Transit-Human Services Transportation Plan and update that plan regularly prior to the award of these funds; and

WHEREAS, MVRPC in cooperation with the local transit authorities and human service transportation providers has created the Miami Valley Coordinated Public Transit-Human Services Transportation Plan – 2019 Update, also referred to as the Human Services Transportation Coordination (HSTC) Plan; and

WHEREAS, MVRPC followed the Public Participation Plan in creating this Update and the included recommendations;
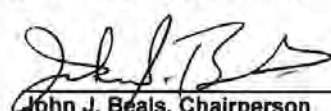
NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of the Miami Valley Regional Planning Commission hereby adopts the above-referenced 2019 Update of the HSTC Plan and the recommendation contained therein.

BY ACTION OF THE Miami Valley Regional Planning Commission's Board of Directors.

Brian O. Martin, AICP
Executive Director

8/1/19
Date

John J. Beals, Chairperson
Board of Directors of the
Miami Valley Regional Planning Commission

Shaping Our Region's Future Together