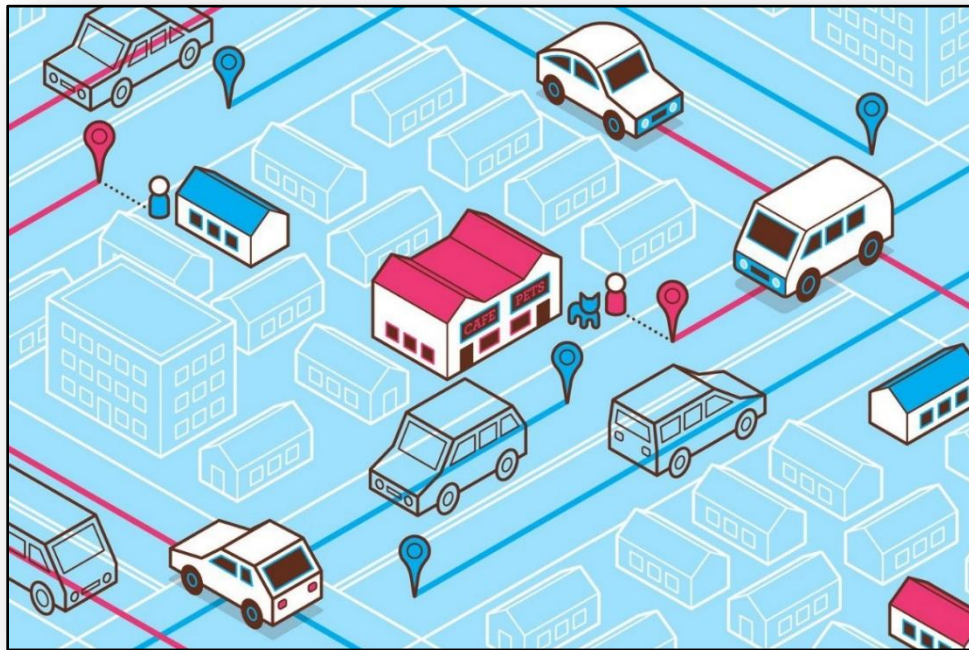


# WEST CENTRAL OHIO REGIONAL TRANSPORTATION COORDINATION PLAN



*December 2017*

# **West Central Ohio Regional Transportation Coordination Plan**

**Prepared by:  
Lima-Allen County  
Regional Planning Commission  
in Cooperation with COLT, FACTS &  
Van Wert Transportation Coalitions**

**Adopted: December 2017**

The preparation of this report was financed in part by the Federal Highway Administration, the Federal Transit Administration, the Ohio Department of Transportation, , and local units of government. The contents of this report do not reflect the official view and/or policies of the Federal Transit Administration (FTA), Federal Highway Administration (FHWA), or the Ohio Department of Transportation (ODOT). This report does not constitute a standard specification or regulation or policy of FHWA, FTA or ODOT. The contents of this report represent the work of the LACRPC. Questions or concerns should be forwarded to the LACRPC at 130 W. North Street, Lima, Ohio 45801 ([www.LACRPC.com](http://www.LACRPC.com)).

## FOREWORD

The Lima-Allen County Regional Planning Commission (LACRPC) as the Metropolitan Planning Organization (MPO) for Allen County, including the Lima Urbanized Area and Delphos Urban Area, was approached by social service agencies and area governments within west central Ohio to prepare a locally developed Public Transit-Human Services Transportation Coordination Plan to ensure that local human service and transportation providers remain eligible for, and competitive in, attempts to secure FTA programmatic funding.

This study was conducted in an attempt to assess the extent of available transportation services in Allen, Auglaize, Mercer, and Van Wert counties, and the adequacy of such services with respect to the elderly and disabled residents of each county. This report documents the size of the transportation-dependent populations and provides current data on the various modes of transportation present within the 4-county region. The report documents the concerns and needs of the transportationally disadvantaged groups, and includes an overview of possible services with both general and specific recommendations for future implementation. The initial draft study, conducted over the course of a several month period, was completed in November 2017. After extensive public outreach and Plan modification, the Final Plan was adopted by the County Commissioners of each of the four (4) counties of Allen, Auglaize, Mercer, and Van Wert in December 2017.

The Planning document is the basis upon which Federal and State funding sources will rely upon. Efforts to maintain the Plan's viability is essential to secure Federal, State, local and philanthropic funding. Therefore, annual Plan assessments should be undertaken and integrated within this planning document to ensure that the Plan remains current and reflects intermittent progress and current priorities.

## ACKNOWLEDGMENTS

The preparation of this report was financed jointly by the Federal Transit Administration (FTA), the Ohio Department of Transportation (ODOT), and local units of government. Although technical assistance was provided by the Lima-Allen County Regional Planning Commission (LACRPC), this report came to closure due to a collaborative effort of various individuals from assorted agencies.

Appreciation is extended to Shelia Schmitt of the Allen County Regional Transit Authority (ACRTA) who provided the Public Transit perspective within the Plan, Jackie Fox with the West Ohio Community Action Partnership (WOCAP), and Erica Petrie with the Area Agency on Aging (AAA<sup>3</sup>). Also of critical value was the work, comprehension, and experience gained from persons leading the transportation coalitions, including: Sharon Green and Bob Warren of the COLT Coalition, Kevin Mathews of the Van Wert County Transportation Coalition, and Erica Petrie of the FACTS coalition. The support of Jackie Fox and Holley Rex of WOCAP also worked to deliver the necessary insights into poverty as the only community action commission operating in the 4-County Ohio region. The understanding and sensitivity these individuals and agencies provided was integrated throughout the document as the capital needs were being developed. Sincere gratitude is also extended to those individual members of the Citizens Accessibility Advisory Committee (CAAC) who expended hours and labored through candid discussions developing the Plan. Finally, appreciation is extended to the commissioners and county administrators of Allen, Auglaize, Mercer and Van Wert counties who collectively made the time to review the Plan and balance local interests with federal planning requirements.

The contents of this report do not reflect the official view and/or policies of the FTA or the ODOT. This report does not constitute a standard specification or regulation.

## EXECUTIVE SUMMARY

The Regional Transportation Coordination Plan is a locally developed plan undertaken with widespread support and community awareness aimed at addressing transportation coordination in Allen, Auglaize, Mercer and Van Wert counties. The regional Plan recognizes the mission of transit and paratransit stakeholders, both private and public, for-profit and not-for-profit. The Plan, originally developed in 2008 for Allen County and revised in January of 2015 for the Allen, Auglaize, Mercer and Van Wert county area, has been regularly updated to address Federal mandates and local accomplishments and change with the most recent update in October 2017. The following is a summation of the Plan's findings and recommendations.

1. This Plan is the result of Federal transportation legislation that has historical antecedence. The Plan was originally mandated in SAFETEA-LU legislation (2005) where Federal and State governments mandated the development of a locally developed coordinated public transit-human services transportation plan. The Plan was to examine the local status of public transportation currently available to the special-needs populations and recommend strategies to provide the target population with specialized transportation that is both appropriate and accessible. Plan development was to be completed before applications for FTA Program funding would be made available locally.
2. In 2012, MAP-21 legislation was signed into law and phased out JARC programming as a separate funded program, but continued to allow such services under FTA's urban and rural formula programs. Similarly, the New Freedom program was merged with the Elderly Individuals with Disabilities Program. The FAST Act, passed late in 2015, stipulated FTA would work to integrate best management practices across the nation. Moreover, FTA was to place high priority on the deployment of coordination technology, and projects that create or increase access to community One-

Call/One-Click Centers; and, improve local coordination or access to coordinated transportation services while reducing costs and the duplication of services.

3. FTA requires Coordinated Plans to: (1) provide demographic analyses of the transportationally disadvantaged population; (2) assess the transportation needs of individuals with disabilities, older adults, and persons with limited incomes; (3) include an inventory of all available services and identify areas of both redundant services and gaps-in-service; (4) identify strategies to address the identified redundant services and gaps-in-service; (5) increase the efficiency and utilization of resources; and, (6) prioritize those strategies for implementation.
4. The LACRPC as the MPO for the Lima Urbanized Area was charged with the responsibility of ensuring that regional human service and transportation providers remained eligible for, and competitive in, attempts to secure FTA programmatic funding. The LACRPC utilized an expanded Citizens Accessibility Advisory Committee (CAAC), a broad-based advisory committee comprised of local transportation stakeholders, as well as, local governments, human/social service providers, and consumers (especially the elderly and disabled), to govern local Plan development.
5. The CAAC collaborated with the COLT, FACTS, and Van Wert Transportation Coalitions to develop a broad understanding of local conditions and regional support for Plan goals and priorities. The vision statements of the plan include: (1) maximizing personal independence and productivity by developing widely available, accessible, appropriate, safe, and affordable transportation option for the region; (2) to facilitate full economic independence and an overall enhanced quality of life for residents by implementing a broad range of effective strategies that provoked a diverse mix of quality transportation services, and; (3) implement a transportation plan and system that maximizes mobility for all and that

effectively utilizes available State/Federal funds in an equitable manner.

6. Based on FAST Act priorities, the Plan's mission, and vision statements developed by the CAAC, specific goals were developed for the Plan. These goals include the following: (1) increase the capacity to serve the unmet transportation needs of the region's population, (2) provide more cost effective service delivery, (3) improve the quality of transportation services provided, and (4) ensure the wide range of available services are easily understood and accessible to residents.
7. Comprised of experienced transit and paratransit operators as well as human service providers and social service agencies, the CAAC was well aware that barriers exist to Coordination efforts, both real and perceived. Barriers to coordination were found to include: (1) turfism, (2) loss of flexibility, (3) restrictions regarding use of funds and vehicles; (4) incompatibility among diverse passenger groups, (5) staffing problems, (6) insurance/liability issues, and (7) loss of agency recognition. The CAAC, however, touts the potential benefits of coordination efforts which they found to include: (1) elimination of stigma regarding use of specialized transportation services; (2) support of mutual training needs; (3) support of operational services including but not limited to centralized dispatch, bulk fuel purchase, vehicle storage, and fleet maintenance; (4) increased on-time performance and greater accountability; (5) transport services that are more cost effective and less duplicative; and, (6) the potential to support evening and weekend service.
8. The Plan examines coordination across a wide range of possible activities, including: (1) basic cooperation, (2) joint-use-arrangements, and (3) consolidation. The Plan recognizes the extent of cooperation and joint-use arrangements currently undertaken by local transportation stakeholders (See Chart 6-1)

and establishes a seamless brokerage of services as a future goal. The Plan also encourages future growth to include the replacement of current transit and paratransit practices with the use of mobility management and new technologies.

9. The Plan methodology included: (1) the establishment of a strong broad-based steering committee (CAAC) to guide plan development; (2) the development and distribution of surveys assessing the current status of publicly supported transportation services (the Transportation Needs Survey comments were solicited from the general public and system users; the Employer Survey gathered input from the region's major employers about their employees' commutes; the Transportation Services Survey evaluated services currently offered by transportation service providers; and, the Unmet Needs Survey which requested input from service providers about gaps in service); (3) a public awareness campaign to encourage broad participation in the Transportation Needs Survey; (4) requisite focus groups and public meetings to identify needs, opportunities and formally discuss Plan findings and recommendations; and, (5) the solicitation and inclusion of insights from three coalitions and interested stakeholders from across the region.
10. The Plan provides an overview of regionally available public transportation services and specialized transportation services, as provided by public, for-profit, and not-for-profit service providers. Members of the CAAC who supported Plan development, included: the local Transit Authority, private paratransit/ambulette operators, Area Councils on Aging, local county government officials, county Board of Developmental Disabilities, county Departments of Jobs & Family Services, Economic Development Offices, Chambers of Commerce, low income housing developers, and public health agencies. The CAAC also included members of the local elderly and disabled communities. The Plan also addresses the concerns of major



employers, hospitals, senior centers, disability advocacy groups, bicycle & pedestrian advocacy groups, faith-based organizations, and educational institutions.

11. Transportation professionals defined the transportationally dependent population to include the elderly, the disabled, the poor, and minorities. The Plan identifies these special-needs populations, as defined by various Federal legislation/regulations. Utilizing 2010 Census data along with 2015 American Community Survey tabulations, the Plan recognized 35,595 (16.1%) elderly in the 4-County region; 28,774 (14.2%) disabled persons; 23,998 (10.9%) minority individuals; 28,722 (13.4%) individuals below poverty and 11,148 (13.0%) households below poverty. Since these protected classes were not mutually exclusive, an effort was made to refine the west central Ohio population estimates regarding the transportationally dependent populations. The Plan's target population in the 4-County region in 2015 was estimated to be 71,985 persons. In addition, efforts were made to disaggregate these population groups by political subdivision to provide greater geographic insights (Appendix D-F).
12. To project future needs regarding publicly supported transportation, demographic trends through 2040, were assessed. Based on population projections from the Ohio Development Services Agency's Office of Research, the total population for the 4-County region is projected to decrease to 211,940 persons by 2040. However, projections reveal the west central Ohio regional elderly population is expected to increase to 42,340 (20.0%) of the total population. The mobility-impaired population is projected to increase 4.3 percent (14,935) over ACS 2015 figures. Using current minority population proportions extrapolated over time, the total minority population within the west central Ohio region is projected to increase to 34,886 persons, accounting for 16.5 percent of the total regional population; while, the impoverished

population decreases to 27,767 persons or 13.3 percent of the population. Needs were identified (see Appendix K) and addressed accessibility to public facilities and services, demand response concerns, employment based transportation issues, non-emergency medical transportation services, and public awareness issues.

13. Borrowing methods and measures used by the Ohio Department of Transportation (ODOT), the Plan used a level-of-service (LOS) indicator to assess local transportation providers, both public and not-for-profit. The assessment focused on days/hours of service, types of service, service area, and other performance factors to include costs. Assessment indicators revealed that non-profit paratransit service providers performance levels ranged from unsatisfactory to excellent. Deficiencies were found to exist with respect to efficiency as measured in trips-per-vehicle, trips-per-hour, and gaps-in-service with respect to early morning, evening, and weekend services, as well as, trip restrictions by client type. In 2016, fixed-route service by the Allen County Regional Transit Authority (ACRTA) was found to be deficient in terms of: average headway, passengers-per-hour, costs-per-mile, costs-per-passenger, farebox recovery ratio, safety, and reliability factors. With respect to ACRTA demand-response service, the UPLIFT/paratransit service was found to be unsatisfactory in terms of average speed of vehicles, percentage of general public trips, and passengers-per-hour. ACRTA had acceptable LOS respecting span of service, service area, average speed, percentage of transfers, vehicle fleet, ADA accessible vehicles, days and hours, and capacity.
14. The Plan examines gaps in transportation services with respect to hours of service, populations served, geographic limitations, and capacity constraints. Temporal gaps occurred during the early morning hours, late evening hours, holidays and weekends; with several for-profit providers serving clients 365 days-a-year, 24 hours-a-day. Non-profit agencies tended to provide transportation

service only to clientele meeting specific agency criteria; only ACRTA and for-profit agencies transported every request without qualification. In addition, geographic gaps in service forced residents to depend on for-profit transportation providers, or upon qualifying for social service agency transportation, especially in the more rural areas of the 4-County region beyond the service area of ACRTA. With respect to capacity, many agencies do not track denied requests for service or cancelled trips. Demand was most times limited by hours and days of service and/or by trip purpose.

15. The Plan explored the FTA methodology used in the Americans with Disabilities Act (ADA) Paratransit Handbook to estimate the demand for the mobility-impaired, but used a weighted average of local social service agencies reflecting a 2016 demand for services. Using this methodology, the estimate for demand-response services projected to the year 2040 was predicted to exceed 710,000 trips per annum for the entire region, a 0.8 percent increase from 2016. With respect to fixed-route, the 2040 demand for service will decrease by 4.3 percent over current ridership levels with some 325,500 trips provided within the more densely populated urbanized area. The number of unmet trips based on provided versus demanded trips for the 4-County region was analyzed. In 2016, there were 47,793 unmet trips on the fixed-route system, while the region faced 447,434 unmet demand-response trips. This document also suggests the need to reassess the current service area as travel generators and density patterns have shifted, as well as, replacing the Fixed Route flag stop system with a more efficient fixed stop system with street enhancements.
16. The Plan identifies several strategies to address the identified gaps-in-service including: (1) extending the hours of daily service, (2) and increasing the service area for transportation services, (3) eliminating trip restrictions, (4) increasing operational efficiencies

and technology, (5) improving vehicle safety, maintenance and replacement, (6) implementing a mobility manager for the region, (7) fiscal constraint, and (8) improving physical access. The Plan offers several strategies to eliminate the duplication of services and ways to increase the efficiency and utilization of resources such as: expanding the integration of mobility management services; offering brokered services for employment-based trips; integrating new technologies especially targeting inter-agency communications and computer software applications; improving pedestrian facilities; and, implementing centralized dispatch and scheduling service.

17. The Plan recognizes the complicated nature of specialized transportation services and prioritized implementation based upon immediate needs and long term action. The Plan called for the Mobility Manager, the MPO, and the ACRTA to support transportation alternatives, including the promotion of ridesharing. Funds for hardware and software, as well as rolling stock required by the new coordination plan should be supported with ODOT Specialized Transportation Program monies. The Plan calls for ACRTA, tasked with the responsibility of re-examining its operating profile and service delivery options, to work toward completion of a Boarding & Alighting Study, to increase its hours of service and frequency of trips, and acquire new transit vehicles necessary to continue services. Collectively, the non-profits must undergo an assessment of travel training needs, continue the pursuit of training options appropriate to all clients and all agencies, and implement a broad based region-wide marketing plan aimed at increasing public awareness of all available services. Plan participants recognized such tasks to support the common-good and pledged continued support of coordination over the course of the community's pursuit and implementation of Federal 5307, 5310, 5311 and 5339 grant monies.

## TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
FOREWORD .....	i
ACKNOWLEDGEMENTS.....	ii
EXECUTIVE SUMMARY .....	iii
TABLE OF CONTENTS .....	xi
LIST OF TABLES, CHARTS, MAPS & ILLUSTRATIONS.....	xviii
1 INTRODUCTION TO TRANSPORTATION COORDINATION ..	1 - 1
1.1 Charge .....	1 - 2
1.1.1 Problem Statements.....	1 - 3
1.1.2 Mission .....	1 - 5
1.1.3 Vision Statements.....	1 - 5
1.1.4 Mission/Vision Driven Goals.....	1 - 6
1.2 Rationale .....	1 - 8
1.3 Objective .....	1 - 8
1.4 Plan Overview .....	1 - 9
2 PLANNING METHODOLOGY/PUBLIC INVOLVEMENT .....	2 - 1
2.1 Stakeholders in Plan Development.....	2 - 2
2.2 Steering Committee .....	2 - 4
2.3 Survey Based Data Collection .....	2 - 10
2.3.1 Transportation Needs Survey.....	2 - 10
2.3.2 Transportation Services Survey .....	2 - 11
2.3.3 Employer Survey.....	2 - 11
2.3.4 Unmet Needs Survey.....	2 - 15
2.4 Public Awareness & Survey Push .....	2 - 15
2.5 Focus Groups .....	2 - 15
2.6 Draft Reports .....	2 - 16
2.7 Public Meetings.....	2 - 16

## TABLE OF CONTENTS (Continued)

<u>SECTION</u>	<u>PAGE</u>
2	PLANNING METHODOLOGY/PUBLIC INVOLVEMENT (Continued)
2.8	Plan Adoption.....2 - 17
2.9	Plan Maintenance & Amendments.....2 - 17
3	REGIONAL GEOGRAPHIC & DEMOGRAPHIC ATTRIBUTES .....3 - 1
3.1	Geographic Attributes.....3 - 1
3.1.1	Climate .....3 - 3
3.1.2	Area Character & Density.....3 - 3
3.1.3	Land Use .....3 - 5
3.2	Major Generators.....3 - 6
3.2.1	Schools.....3 - 6
3.2.2	Hospitals & Residential Care Facilities.....3 - 6
3.2.3	Parks.....3 - 9
3.2.4	Workforce & Major Employers.....3 - 9
3.2.5	Adult Day Programs, Dialysis Clinics & Drug Treatment Programs .....3 - 13
3.2.6	Entertainment & Shopping Centers .....3 - 17
3.2.7	Government & Social Service Agencies .....3 - 17
3.3	Regional Population Demographics .....3 - 22
3.3.1	Population Growth/Decline.....3 - 22
3.3.2	Race & Ethnicity .....3 - 23
3.3.3	Gender & Age .....3 - 23
3.3.4	Disability Status.....3 - 25
3.3.5	Educational Attainment .....3 - 26
3.3.6	Poverty Status.....3 - 26
3.3.7	English Proficiency.....3 - 28
3.3.8	Summary.....3 - 29
4	TRANSPORTATION DEPENDENT POPULATIONS.....4 - 1
4.1	Federal Legislation: Target Populations Identified .....4 - 1
4.1.1	Older Americans Act.....4 - 3

## TABLE OF CONTENTS (Continued)

<u>SECTION</u>	<u>PAGE</u>
4	TRANSPORTATION DEPENDENT POPULATIONS (Continued)
4.1.2	The Americans with Disabilities Act of 1990.....4 - 4
4.1.3	Executive Order 12898 & Environmental Justice ....4 - 6
4.2	Transportation Dependent Populations.....4 - 7
4.2.1	The Elderly .....4 - 8
4.2.2	The Disabled & Mobility Challenged Populations.....4 - 12
4.2.3	Minority Populations .....4 - 13
4.2.4	Poverty Status .....4 - 18
4.3	Demographic Trends.....4 - 22
4.3.1	The Elderly .....4 - 22
4.3.2	The Disabled & Mobility Impaired.....4 - 25
4.3.3	The Minority Populations.....4 - 26
4.3.4	Poverty.....4 - 27
4.4	Summary.....4 - 29
5	ASSESSMENT OF AVAILABLE SERVICES .....5 - 1
5.1	The Allen County Regional Transit Authority .....5 - 2
5.1.1	Operations .....5 - 3
5.1.2	Complementary Paratransit .....5 - 5
5.1.3	Demand Response Service Program Area.....5 - 6
5.2	Programmatic Transportation Services.....5 - 6
5.2.1	Allen County Council on Aging, Inc.....5 - 7
5.2.2	Area Agency on Aging <sup>3</sup> .....5 - 8
5.2.3	Delphos Senior Citizens.....5 - 9
5.2.4	Allen County Veterans Service Commission.....5 - 10
5.2.5	West Ohio Community Action Partnership .....5 - 10
5.2.6	Marimor Industries .....5 - 12
5.2.7	Goodwill-Easter Seals .....5 - 13
5.2.8	Lutheran Homes Society (Luther Pines).....5 - 13
5.2.9	Coleman Professional Services.....5 - 14

## TABLE OF CONTENTS (Continued)

<u>SECTION</u>	<u>PAGE</u>
5 ASSESSMENT OF AVAILABLE SERVICES (Continued)	
5.2.10 Thomas Edison Center.....	5 - 15
5.2.11 Van Wert County Council on Aging.....	5 - 16
5.2.12 Van Wert County Job & Family Services .....	5 - 17
5.2.13 Auglaize County Council on Aging .....	5 - 17
5.2.14 Mercer County Council on Aging .....	5 - 18
5.2.15 Mercer Residential Services.....	5 - 19
5.2.16 Foundations Behavioral Health Services Mercer County .....	5 - 20
5.2.17 Mercer County Job & Family Services.....	5 - 20
5.2.18 Allen County Job & Family Services .....	5 - 21
5.3 For-Profit Managed Care	
Providers/Ambulette Services .....	5 - 21
5.3.1 Provide A Ride.....	5 - 22
5.3.2 Access2Care.....	5 - 23
5.3.3 Medical Transportation Management, Inc.....	5 - 23
5.3.4 Secure Transportation.....	5 - 24
5.3.5 LogistiCare Solutions, LLC .....	5 - 24
5.3.6 Clymer Medical Transport, Inc. (CMT).....	5 - 25
5.3.7 Lima-Allen County Paramedics .....	5 - 25
5.3.8 Integrity Ambulance Service, LLC.....	5 - 26
5.3.9 Westwood Behavioral Health .....	5 - 26
5.4 Private Transportation Services - Taxi Services .....	5 - 27
5.4.1 Accurate Cab .....	5 - 27
5.4.2 Black & White Cab Company (B&W).....	5 - 27
5.4.3 Boomerang Taxi .....	5 - 29
5.4.4 Liberty Mobility Now .....	5 - 29
5.4.5 Lyft .....	5 - 30
5.4.6 Smart Start Transportation .....	5 - 30
5.4.7 Right at Home .....	5 - 31



## TABLE OF CONTENTS (Continued)

<u>SECTION</u>	<u>PAGE</u>
5 ASSESSMENT OF AVAILABLE SERVICES (Continued)	
5.4.8 Trinity Cab .....	5 - 31
5.4.9 Comfort Keepers .....	5 - 31
5.4.10 Seniors Helping Seniors (SHS).....	5 - 32
5.4.11 Destination Care Medical Transport, LLC .....	5 - 32
5.5 Inter-City Commutes .....	5 - 32
5.5.1 Greyhound Lines, Inc.....	5 - 33
5.5.2 Barons Bus Lines .....	5 - 34
5.5.3 GO Bus .....	5 - 34
5.6 Operational Profiles & LOS Assessments.....	5 - 34
5.6.1 ACRTA Services & LOS .....	5 - 35
5.6.2 Human Service Agencies & LOS .....	5 - 46
5.7 Gap Analysis.....	5 - 53
5.7.1 Temporal Gaps.....	5 - 54
5.7.2 Geographic Gaps .....	5 - 55
5.7.3 Capacity Constraints.....	5 - 58
6 DEMAND, NEEDS & STRATEGIES.....	6 - 1
6.1 Demand for Public & Specialized Transportation Services.....	6 - 1
6.1.1 Demand for Paratransit Services .....	6 - 2
6.1.1.1 Current Demand Estimate.....	6 - 3
6.1.1.2 Projected Demand.....	6 - 6
6.1.2 Demand for Public Transportation Services - FR .....	6 - 8
6.1.2.1 Current Demand for FR Service.....	6 - 9
6.1.2.2 Projected Demand for FR Service.....	6 - 10
6.2 Needs Assessment.....	6 - 12
6.2.1 Assessment of Transportation Service Providers....	6 - 12
6.2.2 Client Survey Assessments.....	6 - 16

## TABLE OF CONTENTS (Continued)

<u>SECTION</u>	<u>PAGE</u>
6 DEMAND, NEEDS & STRATEGIES (Continued)	
6.2.3 Employer Survey Assessment .....	6 - 21
6.2.4 Assessment of ACRTA FR Service .....	6 - 22
6.2.5 Assessment of ACRTA DR Service.....	6 - 24
6.3 Coordination Strategies .....	6 - 26
6.3.1 Expansion of Service Hours .....	6 - 29
6.3.2 Expansion of Service Area .....	6 - 30
6.3.3 Eliminate Trip Restrictions.....	6 - 31
6.3.4 Operational Efficiencies & Technology .....	6 - 32
6.3.5 Vehicle Safety, Maintenance & Replacement.....	6 - 34
6.3.6 Mobility Management .....	6 - 35
6.3.7 Fiscal Constraint.....	6 - 35
7 RECOMMENDED TRANSPORTATION	
COORDINATION PLAN.....	7 - 1
7.1 Evaluating Coordination .....	7 - 2
7.2 Performance Goals, Indicators & Measures .....	7 - 5
7.3 Recommended Coordination Strategies.....	7 - 6
7.4 Plan Implementation .....	7 - 8
7.4.1 Short-Term Action Steps (2018-2019).....	7 - 9
7.4.2 Mid-Term Action Steps (2018-2022).....	7 - 15
7.4.3 Long-Term Action Steps (2022-2040).....	7 - 19
7.5 Plan Priorities .....	7 - 21
7.6 Conclusion & General Recommendations .....	7 - 27
7.6.1 Allen County Regional Transit Authority.....	7 - 27
7.6.2 Local Human Service Agencies.....	7 - 30
7.6.3 Regional Planning Commission (RPC & MPO) .....	7 - 32
7.6.4 Area Transportation Providers.....	7 - 33
7.6.5 Workforce Development Initiatives .....	7 - 34
7.6.6 Transportation Coalitions & Mobility Manager .....	7 - 35

## TABLE OF CONTENTS (Continued)

<b><u>APPENDICES</u></b>	<b><u>PAGE</u></b>
A Resolutions.....	A - 1
B Media Press Release & Summary Sheet Comment Form .....	B - 1
C Surveys.....	C - 1
D Allen County Transportation Dependent Populations & Supplemental Maps & Tables .....	D - 1
E Auglaize County Transportation Dependent Populations & Supplemental Maps & Tables .....	E - 1
F Mercer County Transportation Dependent Populations & Supplemental Maps & Tables .....	F - 1
G Van Wert County Transportation Dependent Populations & Supplemental Maps & Tables .....	G - 1
H Inventory Federal Programs Providing Transportation Services to the Transportation Disadvantaged.....	H - 1
I Transportation Funding Programs .....	I - 1
J Medicaid Managed Care Plan Transportation Providers .....	J - 1
K ODOT Template/Guidance Material.....	K - 1
L Assessment of Community Support for Transit .....	L - 1
M Definitions.....	M - 1
N Self Certifications .....	N - 1

## LIST OF TABLES, CHARTS, MAPS & ILLUSTRATIONS

<b><u>TABLES</u></b>	<b><u>PAGE</u></b>
Table 2-1 Stakeholders in Plan Development .....	2 - 3
Table 2-2 Citizens Accessibility Advisory Committee Composition by Agency & Sector .....	2 - 5
Table 2-3 4-County Planning Area Meeting Locations .....	2 - 8
Table 2-4 Service Provider Transportation Survey Target Listing...	2 - 12
Table 3-1 Population by County & Rural Character .....	3 - 4
Table 3-2 Regional Centers & Population Characteristics .....	3 - 4
Table 3-3 Lane Use/Land Cover by Type .....	3 - 5
Table 3-4 Agriculture .....	3 - 5
Table 3-5 Education Related Major Generators .....	3 - 6
Table 3-6 Healthcare Related Major Generators .....	3 - 9
Table 3-7 Recreation Related Major Generators .....	3 - 9
Table 3-8 Workforce & Employment .....	3 - 11
Table 3-9 Major Employers (100+ Employees) .....	3 - 11
Table 3-10 Adult Day Programs, Dialysis Clinics & Drug Treatment Programs Related Major Generators .....	3 - 13
Table 3-11 Entertainment & Shopping Related Major Generators .....	3 - 17
Table 3-12 Government & Social Service Related Major Generators .....	3 - 17
Table 3-13 Population by County 1970-2015 .....	3 - 22
Table 3-14 Population Projections by County 2016-2040 .....	3 - 23
Table 3-15 Regional Population by Race & Percent - 2015 .....	3 - 25
Table 3-16 2015 Disabled Population (Age 5 & Over) by County .....	3 - 26
Table 3-17 Regional Educational Attainment by County .....	3 - 26
Table 3-18 2015 Individual Poverty Level by County .....	3 - 27
Table 3-19 2015 Household Poverty Level by County .....	3 - 27
Table 3-20 Speak English Less Than "Very Well" .....	3 - 28
Table 3-21 Dominant Language of Those who do not Speak English "Very Well" .....	3 - 28
Table 4-1 2015 4-County Population by Gender & Age Cohort .....	4 - 8
Table 4-2 Senior & Elderly Population by County .....	4 - 9

## LIST OF TABLES, CHARTS, MAPS & ILLUSTRATIONS (Continued)

<u>TABLES</u>	<u>PAGE</u>
Table 4-3 2015 Non-Institutionalized Disabled Population Age 5 & Over by County.....	4 - 13
Table 4-4 2015 Minority Population by County.....	4 - 18
Table 4-5 2015 Ratio of Income to Poverty Level Among Individuals .....	4 - 18
Table 4-6 2015 Poverty Status by Family Status .....	4 - 19
Table 4-7 Senior & Elderly Population Projections Thru 2040 .....	4 - 23
Table 4-8 2040 Total Elderly Population for the 4-County Region by Cohort.....	4 - 25
Table 4-9 Disabled & Mobility Impaired Populations Thru 2040 .....	4 - 26
Table 4-10 Minority Population Projections Thru 2040.....	4 - 27
Table 4-11 Population below Poverty Line Projections Thru 2040.....	4 - 29
Table 4-12 2015 Targeted Transportation Challenged Populations for the 4-County Region .....	4 - 30
Table 4-13 2015 Transportation Dependent Population by Type for the 4-County Region .....	4 - 30
Table 5-1 Span-of-Service.....	5 - 37
Table 5-2 Service Area Coverage.....	5 - 37
Table 5-3 Miles-Per-Capita .....	5 - 38
Table 5-4 Average Speed of DR Vehicles .....	5 - 39
Table 5-5 Type of FR Service .....	5 - 39
Table 5-6 Percent General Public Trips - DR.....	5 - 39
Table 5-7 Average Headway - FR.....	5 - 40
Table 5-8 Maximum Headway - FR .....	5 - 40
Table 5-9 Average Speed - FR.....	5 - 41
Table 5-10 Percent Transfers - FR.....	5 - 41
Table 5-11 Service Mix.....	5 - 41
Table 5-12 Vehicle Fleet Beyond Useful Life.....	5 - 42
Table 5-13 ADA Accessible Vehicles.....	5 - 43
Table 5-14 Safety .....	5 - 44

## LIST OF TABLES, CHARTS, MAPS & ILLUSTRATIONS (Continued)

<b><u>TABLES</u></b>	<b><u>PAGE</u></b>
Table 5-15 Reliability.....	5 - 44
Table 5-16 Passengers-Per-Hour FR Service .....	5 - 45
Table 5-17 Passengers-Per-Hour DR Service.....	5 - 45
Table 5-18 Costs-Per-Mile FR Service.....	5 - 45
Table 5-19 Costs-Per-Mile DR Service.....	5 - 45
Table 5-20 Costs-Per-Passenger FR Service .....	5 - 46
Table 5-21 Costs-Per-Passenger DR Service.....	5 - 46
Table 5-22 Farebox Recovery Ratio FR Service .....	5 - 46
Table 5-23 Farebox Recovery Ratio DR Service.....	5 - 46
Table 5-24 Annual Trips Provided Per Vehicle .....	5 - 48
Table 5-25 Annual Service Miles-Per-Vehicle .....	5 - 49
Table 5-26 LOS Assessment Service Hours-Per-Day .....	5 - 50
Table 5-27 LOS Assessment Days of Service-Per-Week .....	5 - 51
Table 5-28 LOS Assessment Passenger Trips-Per-Hour .....	5 - 51
Table 5-29 LOS Assessment Percent Vehicles Accessible .....	5 - 52
Table 5-30 LOS Assessment Cost-Per-Trip.....	5 - 52
Table 6-1 2016 Trips & Clients by Senior Service Provider.....	6 - 3
Table 6-2 2016 Trips & Clients by Service Provider .....	6 - 4
Table 6-3 2015 Clients & Trip Estimations by County.....	6 - 5
Table 6-4 2015 & 2040 Transportation Challenged by County .....	6 - 11
Table 6-5 Eligibility Requirements .....	6 - 13
Table 6-6 Funding Sources Used by at Least 2 Reporting Agencies .....	6 - 14
Table 6-7 Respondents by County .....	6 - 16
Table 6-8 Respondents by Gender.....	6 - 17
Table 6-9 Survey Respondents by Age.....	6 - 17
Table 6-10 Respondents Current Status by Percent .....	6 - 18
Table 6-11 Primary Means of Transportation by Source & County by Percent.....	6 - 18
Table 6-12 Survey Respondents by Licensed Drivers in Household ....	6 - 19

## LIST OF TABLES, CHARTS, MAPS & ILLUSTRATIONS (Continued)

<b><u>TABLES</u></b>	<b><u>PAGE</u></b>
Table 6-13 Percent Respondents by Number of Vehicles Available ....	6 - 20
Table 6-14 Purpose of Trip by County & Percent .....	6 - 20
Table 6-15 Changes that Could be Made to Transportation Services by Percent.....	6 - 21
Table 6-16 Disability Requiring Use of a Cane, Walker, Wheelchair and/or Another Mobility Device by Percent.....	6 - 21
Table 6-17 Valid Driver's License by Percent .....	6 - 21
Table 6-18 Employer Survey by Select Characteristics.....	6 - 22
Table 6-19 Main Purpose of Trip .....	6 - 24
Table 6-20 Ability to Use Fixed Route System .....	6 - 25
Table 7-1 Recommended 5310 Program Operational & Capital Improvement Schedule by Agency & Year .....	7 - 26

### **CHARTS**

Chart 2-1 Timeline by Week of Month: Public Transit, Health & Human Services Transportation Coordination Plan .....	2 - 6
Chart 5-1 Service by Time, Day, Month & Transportation Clientele June 2017 .....	5 - 56
Chart 5-2 Geographic Service Area by Provider & Community .....	5 - 59
Chart 6-1 Current Coordination Activities.....	6 - 28
Chart 7-1 Plan Implementation Schedule by Selected Activities.....	7 - 22

### **MAPS**

Map 2-1 4-County Planning Area Meeting Locations .....	2 - 7
Map 3-1 4-County Planning Area .....	3 - 2
Map 3-2 4-County Planning Area Schools.....	3 - 7
Map 3-3 4-County Planning Area Hospitals.....	3 - 8
Map 3-4 4-County Planning Area Parks .....	3 - 10
Map 3-5 4-County Planning Area Major Employers 2016 .....	3 - 12
Map 3-6 4-County Planning Area Adult Day Program Provider .....	3 - 14
Map 3-7 4-County Planning Area Dialysis Clinics.....	3 - 15

## LIST OF TABLES, CHARTS, MAPS & ILLUSTRATIONS (Continued)

<b><u>MAPS</u></b>	<b><u>PAGE</u></b>
Map 3-8	4-County Planning Area Out-Patient Drug Treatment Facilities.....3 - 16
Map 3-9	4-County Planning Area Entertainment .....3 - 18
Map 3-10	4-County Planning Area Shopping Centers .....3 - 19
Map 3-11	4-County Planning Area Government Buildings .....3 - 20
Map 3-12	4-County Planning Area Social Service Agencies .....3 - 21
Map 3-13	4-County Planning Area Households with No Vehicle 2015.....3 - 30
Map 4-1	4-County Planning Area Elderly Population.....4 - 10
Map 4-2	4-County Planning Area Disabled Population.....4 - 14
Map 4-3	4-County Planning Area Mobility Impaired Population .....4 - 15
Map 4-4	4-County Planning Area Minority Population .....4 - 17
Map 4-5	4-County Planning Area Households in Poverty.....4 - 20
Map 4-6	4-County Planning Area Elderly Population in Poverty.....4 - 21
Map 5-1	ACRTA Routes & Service Areas by Type .....5 - 4
Map 5-2	4-County Planning Area Taxi Services .....5 - 28
Map 5-3	4-County Planning Area Origin/Destination Data June & July 2017 .....5 - 60

### **ILLUSTRATIONS**

Illustration 3-1	2015 Population by Age Cohort .....3 - 24
Illustration 3-2	Median Age.....3 - 25
Illustration 4-1	2015 Senior Population by Age Cohorts.....4 - 9
Illustration 4-2	2015 Population by Age Cohort .....4 - 11
Illustration 4-3	2040 Population by Age Cohort .....4 - 24
Illustration 4-4	Percent Minority Population.....4 - 26
Illustration 4-5	Poverty Rates 2010-2015 by County .....4 - 28
Illustration 5-1	Growth in Demand Response Ridership 1991-2016 ....5 - 62
Illustration 6-1	ACRTA ADA & DR Ridership to 2040 .....6 - 7



**LIST OF TABLES, CHARTS, MAPS & ILLUSTRATIONS**  
**(Continued)**

<b><u>ILLUSTRATION</u></b>	<b><u>PAGE</u></b>
Illustration 6-2 Responding Agencies by Type & On Demand Service.....	6 - 12
Illustration 6-3 Agency Service Area by County.....	6 - 12
Illustration 6-4 Access to Services.....	6 - 14
Illustration 6-5 Agency Coordination .....	6 - 15
Illustration 6-6 Scheduling/Routing Software .....	6 - 15
Illustration 6-7 Reasons for Continued Use .....	6 - 24

## **SECTION 1**

### **INTRODUCTION TO TRANSPORTATION COORDINATION**

Since the early 1970s, the issues of appropriate and accessible public transportation to special-needs populations have been addressed and kept before United States Congress, Federal/State governments, and the public. As a result, a wide range of national/state programs have emerged concerned with meeting the varying needs of the transportationally disadvantaged. Local transportation providers are both assisted and compelled, through these programs, to meet the diverse needs of the community including the elderly and mobility challenged. However, these segments of society continue to be frustrated by the limited availability and access to necessary transportation services.

Many factors contribute to the mobility limitations experienced by residents. The root causes of mobility limitations stem from personal challenges such as physical, mental, or emotional impairments, to advanced age or low income. Other factors contributing to mobility limitations are organizational issues, stemming from Federal/State programmatic funding/eligibility restrictions which result in localized systemic problems, including: limited service areas, limited operational hours, lack of necessary communications/billing equipment, lack of driver training, or simply inappropriate transportation service vehicles.

In accordance with the Urban Mass Transportation Act of 1964, as amended, the Federal Transit Administration (FTA) became the principal source of Federal financial assistance for aiding urban areas in the planning, development, and improvement of comprehensive public transportation systems and services. Such financial assistance was provided through a variety of programs within the FTA's statutory authority. Such authority was codified in August of 2005, when President George W. Bush signed the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-

LU). That Highway bill required the development of a Locally Developed Coordinated Public Transit-Human Services Transportation Plan before applications for FTA program funding would be made available to local communities.

Pursuant to the requirements of SAFETEA-LU as well as subsequent FTA and ODOT guidance, communities who wanted to use FTA funding programs including New Freedom (Section 5317), Job Access and Reverse Commute (JARC) (Section 5316), and Elderly Individuals and Individuals with Disabilities (Section 5310) programs were required to undertake the preparation of a locally developed coordination plan.

On July 6, 2012, new transportation legislation entitled Moving Ahead for Progress in the 21st Century (MAP-21) was signed into law which replaced certain provisions of SAFETEA-LU. MAP-21 streamlined and consolidated some transit programs. Under MAP-21 provisions, New Freedom and JARC projects lost their dedicated funding stream, and projects were required to meet the mandate of being developed within a locally developed Public Transit-Human Services Transportation Coordination Plan.

Today the structure of these programs under MAP-21 has changed again. In early December of 2015, the Fixing America's Surface Transportation (FAST) Act was signed into law by President Barack Obama. This legislation stipulates that JARC no longer exists as a separate program, and funding for such activities are eligible under FTA's urban and rural formula programs. Similarly, the New Freedom program was merged with the Elderly Individuals and Individuals with Disabilities Program.

### **1.1 Charge**

The Lima-Allen County Regional Planning Commission (LACRPC) as the Metropolitan Planning Organization (MPO) for Allen County, including the Lima Urbanized Area and Delphos Urban Area, was

approached by social service agencies and area governments within west central Ohio to prepare a Locally Developed Public Transit-Human Services Transportation Coordination Plan. The Plan would ensure that local human service and transportation providers remain eligible for, and competitive in, attempts to secure FTA programmatic funding. The Allen County MPO used Federal funding to help underwrite the development of the West Central Ohio Regional Transportation Coordination Plan.

The MPO recognized and adhered to Federal requirements stipulating that the Plan be developed through a process that included representatives of public, private, and nonprofit transportation and human services providers, as well as, participation by the public. Pursuant to ODOT policy, the MPO utilized the United We Ride - Framework for Action (FFA) during Plan development, and implemented the planning process pursuant to its adopted Public Participation Plan (PPP).

The Plan recognizes the work and contributions of the Citizens Accessibility Advisory Committee (CAAC) and incorporates the views and perspectives of these stakeholders, as well as, those of local governments, elected officials, human service agencies, public transit and paratransit service providers, and members of the general public. The CAAC worked to ensure adequate representation and consideration of all factors affecting the delivery of transportation services across the region.

#### **1.1.1 Problem Statements**

The west central Ohio region inclusive of Allen, Auglaize Mercer, and Van Wert counties is comprised of largely rural, agrarian-based communities. In fact, the Census Bureau defines 94.8 percent of the region as rural, as more than 87.1 percent of the land area is engaged in agricultural activities.

The region's communities, while collectively experiencing a general decline in population and household size, are also experiencing a rapid aging of their resident population. The communities witnessed ever increasing numbers of senior residents - many of them veterans who are unable or unwilling to drive long distances to medical appointments, pharmacies, grocery stores, or necessary social services. But, the communities' populations remain diverse.

Data suggests that there was still a sizeable younger population in these communities. However, data also suggests that many of the young households are single mothers with children, existing at or below established poverty levels. Recognizing the precarious nature and dynamics within these households is essential to understanding the need for transportation services - those services necessary to access educational centers, medical care providers, social service agencies, daycare, and employment opportunities.

In sum, the region has, and is, projected to serve a population increasingly more elderly, more frail, and more female in orientation; a region with increasing numbers of low-income individuals and the disabled. Many of these individuals will need transportation services with a heightened level of assistance. And, transportation costs in the region will continue to be expensive because of the rural nature and population density across the region. The general lack of public transportation services in the region is acknowledged, especially outside the Lima Urbanized Area, as is the fact that the small rural communities suffer from a lack of available paratransit services.

### **1.1.2 Mission**

The mission of the CAAC was to help build a strong network of transportation professionals, social and human service authorities, and policymakers who recognized and understood the issues involved in the development, coordination, and delivery of needed transportation services to underserved populations.

The CAAC worked to develop the information, support, and strategies necessary to develop, deliver, and sustain transportation services to those in need across the 4-County region. The CAAC also worked to create a supportive environment between human service agencies, government supportive services, educational service providers, and workforce development agencies, to provide for community-wide transportation services that are accessible, affordable, appropriate, safe, and dependable to serve the transportation disadvantaged of the west central Ohio region.

### **1.1.3 Vision Statements**

The CAAC drafted vision statements to guide the planning process. Those 2040 vision statements include:

- Maximize personal independence and productivity, the result of developing widely available, accessible, appropriate, safe, and affordable transportation options and services for all residents in west central Ohio.
- Full economic independence and an overall enhanced quality of life for all residents within the region, in part, the result of implementing a broad range of effective strategies that provided a diverse mix of

efficient, high quality transportation options and services.

- A Transportation Plan and system that maximizes mobility for all within the limits of locally available resources and that effectively utilizes available Federal/State funds in an equitable manner.

#### **1.1.4 Mission/Vision Driven Goals**

Based on the mission and vision statements, specific goals were developed to include the following:

- **Increase the capacity to serve the unmet transportation needs of the region's population.**
  - Develop options for travel within, and between, area communities necessary to improve access to employment opportunities and needed non-emergency medical services, as well as, services to educational facilities and the requisite human/social services and personal needs of its residents.
  - Increase local and regional efforts to maximize support for, and sustainment of, existing transportation services.
  - Identify new fiscal resources to improve and expand existing, available services.
- **Provide more cost effective service delivery.**
  - Reduce duplication or fragmentation in the administration, planning, funding, and delivery of transportation.
  - Increase the number of people served, the number of rides provided, and public recognition of the available services using new software, new

technologies, and enhanced marketing efforts to increase service efficiencies and effectiveness.

- **Improve the quality of transportation services provided.**
  - Ensure residents are served with the most appropriate level of service.
  - Implement customer care standards throughout systems.
  - Ensure professionalism across all facets of service delivery.
  - Improve on-time performance by minimizing on/off boarding delays, using new software/technologies.
  - Advance the safety of available services by ensuring appropriate vehicle maintenance, programmed replacement of vehicles, integrate standardized driver training programs across the regions' local transportation providers, and institute emergency medical and safety protocol in trainings and policies.
- **Ensure a wide range of available services are easily understood and accessible to residents.**
  - Educate area stakeholders and the general public about the availability and social value of specialized transportation services.
  - Develop and implement travel training to provide for seamless mobility of the young, elderly, and disabled.
  - Eliminate physical barriers within the existing transportation system to support the mobility of all and to advance active transportation options as well as public transit.



- Investigate, upgrade and implement, as warranted, both traditional and nontraditional alternative transportation options as efficient, economical modes of transportation including: walking, biking, public transit, carpooling, and vanpooling, as well as ride sourcing, car share, and bike share options.
- Standardize reporting.
- Support programmatic activities and public dissemination of information across multiple mediums/venues.

## **1.2 Rationale**

Fiscal austerity measures have been handed down from Federal, State, and local governments forcing community organizations to grapple with providing transportation services in the face of dwindling financial resources. Given the existing mandates, local transportation funding is threatened until such time as a Locally Developed Coordinated Public Transit-Human Services Transportation Plan is approved and implemented.

Transportation coordination alternatives offer one of the most promising solutions to the transportation related problems the community now faces. Coordinated transportation alternatives offer flexible, less expensive and achievable strategies capable of almost immediate implementation. The task at hand then was the identification of those factors that will assist, encourage, and motivate local stakeholders to participate in such activities.

## **1.3 Objective**

This planning document, assessing the delivery of available transportation services, attempted to (1) identify the size and character of the transportationally disadvantaged populations within the region; (2) identify the nature and scope of existing

transportation services, including those area stakeholders who provide and/or otherwise support local transportation services with emphasis placed upon available funding streams; (3) identify and explore those areas where redundancy or duplication of services exists and where specific strategies can be implemented to eliminate or minimize inefficiencies; (4) identify transportation needs within the region that are currently not being met, and developing strategies to address such gaps in service; as well as to (5) identify and prioritize warranted improvements needed to support transportation for the disadvantaged.

#### **1.4 Plan Overview**

This Plan, composed of several distinct sections, includes an introductory section prefaced by a report synopsis and followed by an overview highlighting "assets of and barriers to" transportation coordination in west central Ohio. Map 2-1 on the following page provides a visual orientation of the study area. Section 3 reviews the planning methodology and public involvement aspects of the Plan, while Section 4 provides a detailed assessment of the transportationally disadvantaged populations. Section 5 reviews existing available transportation services. An assessment of service alternatives is explored in Section 6 prior to a data driven Action Plan being recommended to improve the accessibility and efficiency of local transportation services. A prioritized list of warranted improvements is contained in the Plan's final section. Appendices are included.

## **SECTION 2**

### **PLANNING METHODOLOGY/PUBLIC INVOLVEMENT**

In the summer of 2014 the Regional Planning Commission secured an endorsement from member governments and submitted a work plan and budget to ODOT in order to secure funding to address the preparation of a locally developed human service - public transit transportation coordination plan for Allen, Auglaize, Mercer and Van Wert counties. The original Coordination Plan for the west central Ohio region was submitted thru the FTA 5310 program recipient boards, the Boards of County Commissioners, the Transit Authority and the MPO before being submitted to ODOT for its review and concurrence.

In early 2017 ODOT announced that it had assessed the content of the current coordination plans across the State of Ohio and found them to be of varying content and publication dates. ODOT subsequently released guidance that requested all coordination plans to ensure uniform content and inclusion of specific plan participants, as well as stipulations for the plan adoption and amendment processes.

This Plan reflects the collaboration and cooperation undertaken by members of the FACTS, COLT, and Van Wert coalitions, Area Agency on Aging 3, Allen County Regional Transit Authority and the MPO. A planning committee reflective of the 4-County region provided the oversight of the public planning process. The data-driven plan was able to be constructed in an expedited timeframe only because of the previously existing planning process and the standing relationships between and amongst the various actors. Surveys and focus groups were able to provide needed input from the consumers and the general. The appointed boards of the MPO and the Transit Authority reviewed and approved the DRAFT Plan. The County Commissioners of Allen, Auglaize, Mercer and Van Wert counties reviewed and approved the Plan after it completed the public planning process.

## **2.1 Stakeholders in Plan Development**

Pursuant to ODOT's "Coordinated Plan Guidance", the MPO served as the lead agency and worked with the various chairs of each of the area coalitions and assumed the responsibility to facilitate the planning process. The MPO and chairs of the individual coalitions worked to identify and solicit input from the requisite stakeholders as specified by ODOT including:

- ✓ Local Transit Authority
- ✓ Private Transit/Paratransit Operators
- ✓ Area Agency on Aging
- ✓ Local County Government Officials
- ✓ County Board of Developmental Disabilities
- ✓ County Department of Jobs & Family Services
- ✓ Economic Development Office
- ✓ Chamber of Commerce
- ✓ Low Income Housing Development
- ✓ Public Health Agency

The Planning Commission also worked to include the concerns of:

- ✓ Major Employers
- ✓ Hospitals
- ✓ Senior Centers
- ✓ Disability Advocacy Groups
- ✓ Bicycle & Pedestrian Advocacy Groups
- ✓ Faith-Based Organizations
- ✓ Educational Institutions

The Planning Commission worked with the more than 5 dozen stakeholders to develop a Coordination Plan that would meet both ODOT/FTA public involvement requirements and MPO planning guidelines. The Planning Commission targeted the critical and ongoing involvement of those agencies representing various public and private interests including human service agencies both profit and non-profit as well as public and private transit and paratransit providers within the 4-County west central Ohio region. Table 2-1 identifies the list of persons/agencies participating and represented during the planning process.

**TABLE 2-1  
STAKEHOLDERS IN PLAN DEVELOPMENT**

Name	Agency	Name	Agency
Shanna Barnes	Celina Ma	Nell Lester	West Central Ohio Health Ministries
Sarah Beery	Clymer Medical Transport	Amber Martin	Allen County Family & Children First Council
Jay Begg	Allen County Commissioner	Kevin Matthews	Van Wert County Council on Aging
Rochelle Benfield	Marimor	Lori McGuire	Allen County Regional Transit Authority
Diane Bishop	Allen County Council on Aging	Dan McDaniel	Trinity Cab
Brian Brown	Spirit Medical Transport	Monica McKinney	Mercer Residential Services of Van Wert
Kim Bruns	Liberty Mobility Now	Jed Metzger	Lima/Allen Chamber of Commerce
Sandra Bullock	Right at Home	Lucas Miller	Wright State University
Mary Burkholder	City of St. Marys	Angie Milligan	Van Wert County General Health District
Tammie Colon	Coleman Professional Services	Tracy Milligan	Van Wert County General Health District
Regina Colwell	West Ohio Community Action Partnership	Renee Muhlenkamp	Mercer County Community Development
Alice Curth	Delphos Senior Citizens	Connie Music	Lutheran Home Society/Luther Pines
Joan Davis	Consumer	Angela Nickell	Mercer County Job & Family Services
Marcia Drake	Van Wert County Job & Family Services	Jodi Owens	Low Vision Coalition
Jennifer Edwards	RightWay Medical Transportation	Rashawna Perry	Marimor
Brian Engle	Foundations Behavioral Health	Erica Petrie	Area Agency on Aging 3
Brad Etter	Thomas Edison	Amy Poor	Mercer County Health Commissioner
Gayle Foster	Medical Transport of Ohio	Morgan Post	Mercer Health
Jacqueline Fox	West Ohio Community Action Partnership	Chad Premo	LACP Director
Amy Freymuth	Auglaize County Job & Family Services	Candria Prowant	Destination Care Medical Transport
Greg Gamble	Van Wert County Job & Family Services	Holly Rex	West Ohio Community Action Partnership
Karen Garland	Goodwill-Easter Seals	Duane Ridenour	Black & White Cab
Sharon Green	Mercer County Council on Aging	Greg Rutledge	Mercer County DD
Tami Gough	Allen County Public Health	Charles Schreck	Ohio Department of Transportation
Angela Hamburg	City of New Bremen	Beca Sheidler	Goodwill-Easter Seals
Shelia Haney	Allen County Regional Transit Authority	Jenny Smith	Family Health Care
Mike Hayden	United Way of Allen County	Vicki Smith	United Way of Van Wert County
Lindsi Heddington	Van Wert County Hospital	Jeff Sprague	Allen Economic Development Group
Kim Heitkamp	Community Health Professionals	Patricia Stein	Allen County Regional Transit Authority
Theresa Henry	Smart Start Transit	Jane Taylor	Briarwood Village
Marilyn Horstman	Allen County Job & Family Services	Kathy Taylor	Van Wert House of Transition
Kylie Jenkins	Allen Metropolitan Housing Authority	Marybeth Torsell	American Cancer Society
Barry Johns	Van Wert County Veterans	Joshua Unterbrink	Lima Area Road Runners
Jacob King	Low Vision Coalition	Mark Verville	Westwood Behavioral Health
Mike Klear	Putnam County EMS	Christine Wagner	Children's Developmental Center
Margaret Lawrence	Coleman Professional Services	Robert Warren	Auglaize County Council on Aging

## **2.2 Steering Committee**

ODOT guidance stipulated that a Steering Committee be actively engaged in the planning and adoption of the Transportation Coordination Plan. And, that the committee membership reflects representatives of the required and recommended stakeholders. Committee members were to assist with the collection of data, the formulation and implementation of strategies, and voting on the plan adoption and plan amendment processes. The steering committee is in effect considered as a working board.

Based on the responsibilities of the steering committee membership and representation was expanded on an existing standing committee of the MPO. The Citizens Accessibility Advisory Committee (CAAC), meets regularly to address the interests of the transportation providers and the transportationally disadvantaged from across the region. Collectively, the CAAC members accepted the responsibility of evaluating transportation services across the 4-County region, assessing the appropriateness of the situation and implementing Plan strategies and recommendations, prior to forwarding a Plan to the public for review and comment.

The planning process worked to involve public and private sector interests, as well as, those of the general public including the consumers of human service transportation in the development of the Plan. The Steering Committee was supported by the work performed by the chairs of the Van Wert, FACTS and COLT coalitions. The 27 member CAAC was comprised of representatives from 9 public sector agencies, 12 private sector agencies including a faith-based entity, 3 for-profit private sector entities, and 3 consumers. Table 2-2 reveals the CAAC membership by agency name and sector.

<b>TABLE 2-2 CITIZENS ACCESSIBILITY ADVISORY COMMITTEE COMPOSITION BY AGENCY &amp; SECTOR</b>		
<b>Individual</b>	<b>Agency</b>	<b>Sector</b>
Sarah Beery	Clymer Medical Transport	Private for-profit
Jay Begg	Board of Allen County Commissioners	Public
Rochelle Benfield	Marimor Industries	Private non-profit
Diane Bishop	Allen County Council on Aging	Private non-profit
Kim Bruns	Liberty Mobility Now	Private for-profit
Alice Curth	Delphos Senior Citizens (DSC)	Private non-profit
Joan Davis	City of Lima Resident - Transit	Private Consumer
Jackie Fox	West Ohio Community Action Partnership	Private non-profit
Karen Garland	Goodwill Easter Seals	Private non-profit
Tami Gough	Allen County Public Health	Public
Sharon Green	Mercer County Council on Aging	Private non-profit
Shelia Haney	Allen County Regional Transit Authority	Public
Marilyn Horstman	Allen County Jobs & Family Services	Public
Kylie Jenkins	Allen Metropolitan Housing Authority	Public
Jacob King	Low Vision Coalition	Public
Margaret Lawrence	Coleman Professional Services	Private for-profit
Nell Lester	West Central Ohio Health Ministries	Private non-profit
Amber Martin	Allen County Family & Children First Council	Public
Kevin Matthews	Van Wert County Council on Aging	Private non-profit
Jed Metzger	Lima/Allen Chamber of Commerce	Private non-profit
Jodi Owens	Low Vision Coalition - Transit/Paratransit	Private Consumer
Erica Petrie	Area Agency on Aging 3	Private non-profit
Charles Schreck	Ohio Department of Transportation	Public
Jeff Sprague	Allen Economic Development Group	Private non-profit
Joshua Unterbrink	Lima Area Road Runners - Bike/Ped	Private Consumer
Christine Wagner	Children's Developmental Center	Private non-profit
Robert Warren	Auglaize County Council on Aging	Private non-profit

The CAAC developed a timeline for the Plan's adoption to: (a) ensure the planning process was inclusive; (b) the DRAFT Plan was fully vetted while it circulated thru the 4-County region; and, (c) that transportation providers would be eligible for the FY 2018 FTA 5310 Grant Program. Surveys and focus groups occurred throughout the summer and fall of 2017. Public meetings occurred in May, June and November 2017. Survey data analysis, focus group meetings, developing alternatives and finalizing the DRAFT document drove formal Plan adoption to December 2017. The Plan Timeline is presented in Chart 2-1. Map 2-1 and Table 2-3 identify agency focus groups and public meetings by location.

CHART 2-1 TIMELINE BY WEEK OF MONTH: PUBLIC TRANSIT, HEALTH & HUMAN SERVICES TRANSPORTATION COORDINATION PLAN																																				
Tasks	April				May				June				July				August				September				October				November				December			
Complete ODOT 5310 Program Tables																																				
Identify Target Populations																																				
Map Target Populations																																				
Identify Service Providers																																				
Map Service Providers																																				
Identify Transportation Problems/Unmet Needs																																				
Identify Gaps in Service																																				
Identify/Develop Strategies																																				
Develop Goals, Objectives & Strategies																																				
Refine Goals & Objectives																																				
Assess Coordination Strategies																																				
Assess LOS Alternatives																																				
Prioritize Needs																																				
Develop Survey Tools (4)																																				
Develop/Refine Mailing Lists																																				
Develop/Support Means of Survey Distribution																																				
Distribute Surveys																																				
Analyze Survey Data																																				
Clarify Plan Requirements w/ODOT & Coalitions																																				
Prepare/Present Informal Draft																																				
Solicit Review Comments																																				
Review & Revise 1st Draft																																				
Convene CAAC Meetings																																				
Convene FACTS/COLT/VW Coalition Meetings																																				
RPC Committee Meetings																																				
RTA Committee Meetings																																				
Convene Focus Groups																																				
Convene Public Meetings																																				
Prepare/Present 1st Full Draft																																				
Solicit Review comments																																				
Review & Revise 2nd Draft																																				
Recommend Preferred Plan																																				
Submit Letters of Intent - w/Plan Compliance																																				
Prepare Final Draft																																				
Approval of Final Plan by CAAC																																				
Submit Final Plan to Commissioners																																				
Submit Final Plan to ACRTA Board																																				
Submit Final Plan to MPO																																				
Commissioners, MPO & RTA Certify Final Plan																																				
Submit Final Plan to ODOT																																				
Submit 5310 Applications																																				



# MAP 2-1 4-COUNTY PLANNING AREA MEETING LOCATIONS

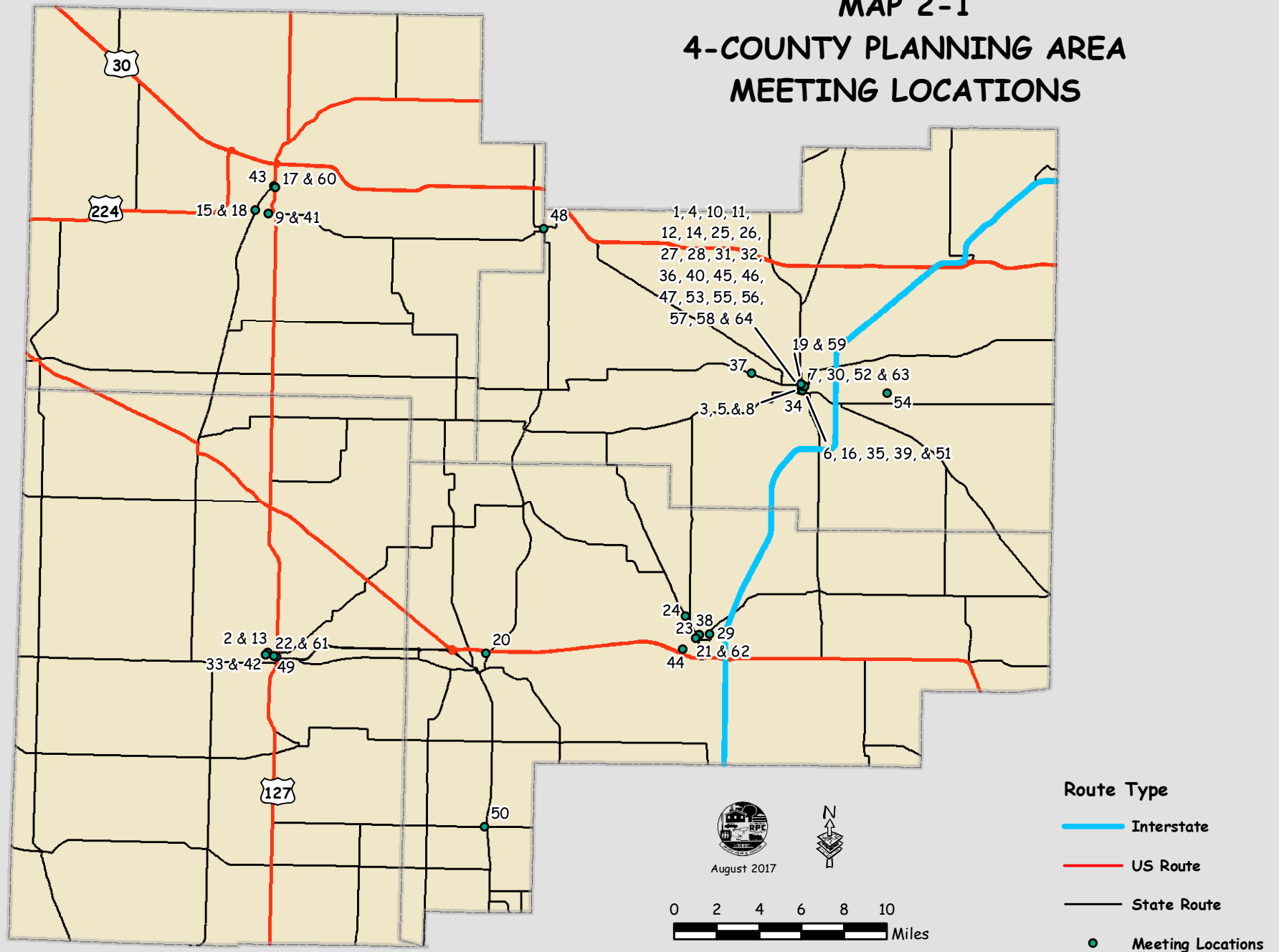


TABLE 2-3 4-COUNTY PLANNING AREA MEETING LOCATIONS									
ID	Meeting	Date	Time	Location	Address	Suite	City	State	Zip
1	Citizens Accessibility Advisory Committee	2/17/2017	10:30 a.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
2	COLT	3/29/2017	10:00 a.m.	WOCAP	420 N Brandon Ave		Celina	OH	45822
3	ZAGSTER - Focus Group	4/5/2017	9:00 a.m.	Downtown Lima, Inc.	144 S Main St	2nd Floor	Lima	OH	45801
4	Citizens Accessibility Advisory Committee	4/6/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
5	ZAGSTER - Focus Group	4/10/2017	11:30 a.m.	Downtown Lima, Inc.	144 S Main St	2nd Floor	Lima	OH	45801
6	WAZE - Focus Group	4/10/2017	1:00 p.m.	Lima Area Chamber of Commerce	144 S Main St	2nd Floor	Lima	OH	45801
7	FACTS	4/11/2017	10:00 a.m.	Lima Allen County Regional Transit Authority	200 E High St	Suite 1C	Lima	OH	45801
8	ZAGSTER - Focus Group	4/21/2017	9:00 a.m.	Downtown Lima, Inc.	144 S Main St	2nd Floor	Lima	OH	45801
9	Van Wert County Health Collaborative	4/25/2017	1:30 p.m.	Van Wert County Council on Aging	220 Fox Rd		Van Wert	OH	45891
10	Citizens Advisory Committee	4/25/2017	10:00 a.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
11	Transportation Advisory Committee	4/25/2017	1:30 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
12	Transportation Coordinating Committee	4/27/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
13	COLT	4/28/2017	10:00 a.m.	WOCAP	420 N Brandon Ave		Celina	OH	45822
14	Citizens Accessibility Advisory Committee	5/11/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
15	Van Wert Consumer Transportation Outreach	5/12/2017	10:00 a.m.	Homestead Village Apartments	1254 S Shannon St		Van Wert	OH	45891
16	Regional Chamber/Business Advisory Kick-Off	5/15/2017	10:00 a.m.	Lima Area Chamber of Commerce	144 S Main St		Lima	OH	45801
17	Van Wert County Commissioners Kick-Off - Public Meeting	5/18/2017	10:15 a.m.	Van Wert County Commissioners	114 E Main St	#200	Van Wert	OH	45891
18	Van Wert Consumer Transportation Outreach	5/22/2017	2:00 p.m.	Homestead Village Apartments	1254 S Shannon St		Van Wert	OH	45891
19	Allen County Commissioners Kick-Off - Public Meeting	5/25/2017	11:30 a.m.	Allen County Commissioners Office	201 N Main St	3rd Floor	Lima	OH	45801
20	Chamber/Business Advisory - Focus Group	5/30/2017	11:30 a.m.	JTs Brew & Grill	470 Fortman Drive		St Mary's	OH	45885
21	Auglaize County Commissioners Kick-Off - Public Meeting	6/1/2017	10:30 a.m.	Auglaize County Commissioners Office	209 S Blackhoof St	Room 201	Wapakoneta	OH	45895
22	Mercer County Commissioners Kick-Off - Public Meeting	6/6/2017	1:30 p.m.	Mercer County Commissioners Office	220 W Livingston St	Suite A201	Celina	OH	45822
23	Auglaize Consumer Transportation Outreach	6/6/2017	2:00 p.m.	Auglaize County Council on Aging	25 E Auglaize St		Wapakoneta	OH	45895
24	Auglaize Consumer Transportation Outreach	6/7/2017	1:00 p.m.	Auglaize County YMCA	1100 Defiance St		Wapakoneta	OH	45895
25	Citizens Accessibility Advisory Committee	6/8/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
26	Citizens Advisory Committee	6/20/2017	10:00 a.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
27	Transportation Advisory Committee	6/20/2017	1:30 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
28	Transportation Coordinating Committee	6/22/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
29	Chamber/Business Advisory - Focus Group	6/23/2017	9:00 a.m.	Area 8 Workforce Development Board	12 N Wood St		Wapakoneta	OH	45895
30	FACTS	7/11/2017	10:00 a.m.	Lima Allen County Regional Transit Authority	200 E High St	Suite 1C	Lima	OH	45801
31	Citizens Advisory Committee	8/22/2017	10:00 a.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
32	Citizens Accessibility Advisory Committee	8/10/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
33	COLT	8/11/2017	10:00 a.m.	Mercer County Council on Aging	217 Riley St		Celina	OH	45822
34	Allen County Family & Children First Council - Outreach	8/14/2017	1:15 p.m.	Allen County Children Services	123 W Spring St		Lima	OH	45801
35	Liberty Mobility Now - Focus Group	8/21/2017	9:30 a.m.	Lima Area Chamber of Commerce	144 S Main St	2nd Floor	Lima	OH	45801
36	Transportation Coordinating Committee	8/24/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
37	Low Vision Coalition - Outreach	8/24/2017	6:00 p.m.	Goodwill Easter Seals	2350 Allentown Rd		Lima	OH	45805
38	Chamber/Business Advisory - Focus Group	9/12/2017	11:00 a.m.	Wapak Chamber of Commerce	30 E Auglaize St		Wapakoneta	OH	45895
39	Liberty Mobility - Focus Group	9/13/2016	11:00 a.m.	Lima Area Chamber of Commerce	144 S Main St	2nd Floor	Lima	OH	45801
40	Citizens Accessibility Advisory Committee	9/14/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
41	Van Wert Transportation Coalition	9/20/2017	1:00 p.m.	Van Wert County Council on Aging	220 Fox Rd		Van Wert	OH	45891
42	COLT	9/19/2017	10:00 a.m.	Mercer County Council on Aging	217 Riley St		Celina	OH	45822

TABLE 2-3 4-COUNTY PLANNING AREA MEETING LOCATIONS (Continued)									
ID	Meeting	Date	Time	Location	Address	Suite	City	State	Zip
43	Chamber/Business Advisory - Focus Group	9/20/2017	3:30 p.m.	Van Wert Area Chamber of Commerce	118 N Washington St		Van wert	OH	45891
44	Regional Educational Services Focus Group	9/25/2017	8:30 a.m.	State Support Team 6	1045 Dearbaugh Ave	Suite 1C	Wapakoneta	OH	45895
45	Citizens Advisory Committee	9/26/2017	10:00 a.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
46	Transportation Advisory Committee	9/26/2017	1:30 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
47	Transportation Coordinating Committee	9/28/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
48	Chamber/Business Advisory - Focus Group	9/29/2017	2:00 p.m.	Delphos Area Chamber of Commerce	310 N Main St		Delphos	OH	45833
49	Chamber/Business Advisory - Focus Group	10/2/2017	10:00 a.m.	Mercer County Community Dev. Office	101 N Main St		Celina	OH	45822
50	Chamber/Business Advisory - Focus Group	10/5/2017	10:00 a.m.	SW Auglaize Chamber of Commerce	22 S Water St	2nd Floor	New Bremen	OH	45869
51	Liberty Mobility - Focus Group	10/6/2017	1:00 p.m.	Lima Area Chamber of Commerce	144 S Main St	2nd Floor	Lima	OH	45801
52	FACTS	10/10/2017	10:00 a.m.	Lima Allen County Regional Transit Authority	200 E High St	Suite 1C	Lima	OH	45801
53	Citizens Accessibility Advisory Committee	10/12/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
54	Public Meeting	10/20/2017	1:00 p.m.	Rhodes State College	4240 Campus Dr		Lima	OH	45804
55	Citizens Advisory Committee	10/24/2017	10:00 a.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
56	Transportation Advisory Committee	10/24/2017	1:30 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
57	Transportation Coordinating Committee	10/26/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
58	Citizens Accessibility Advisory Committee	11/2/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801
59	Allen County Commissioners - Plan Adoption - Public Meeting	11/14/2017	9:00 a.m.	Allen County Commissioners Office	201 N Main St		Lima	OH	45801
60	Van Wert County Commissioners - Plan Adoption - Public Meeting	11/16/2017	10:30 a.m.	Van Wert County Commissioners Office	114 E Main St	#200	Van Wert	OH	45891
61	Mercer County Commissioners - Plan Adoption - Public Meeting	11/21/2017	9:00 a.m.	Mercer County Commissioners Office	220 W Livingston St	#A201	Celina	OH	45822
62	Auglaize County Commissioners - Plan Adoption - Public Meeting	11/21/2017	11:00 a.m.	Auglaize County Commissioners Office	209 S Blackhoof St	#201	Wapakoneta	OH	45895
63	RTA Board Meeting	12/5/2017	12:00 p.m.	Allen County Regional Transit Authority	200 E High St	#2A	Lima	OH	45801
64	Citizens Accessibility Advisory Committee	12/7/2017	3:00 p.m.	Regional Planning Commission	130 W North St		Lima	OH	45801

## **2.3 Survey Based Data Collection**

Surveys were identified by the CAAC as the most timely and easiest way to solicit basic information. Surveys were founded upon ODOT surveys and modified by the Planning Commission for local application. Surveys were used to provide deeper insights and assist public input and Plan discourse. Several (4) surveys were identified as necessary to the process. The first survey, the Transportation Needs Survey solicited comments from the clients of social service agencies currently engaged in the Coordination process. These agencies were the most active and engaged in discussions of transportation issues; their clients more aware of available services and experiences using the various provider's services. The second, a Transportation Provider Survey, solicited more institutional data from local social/human service agencies. A third survey solicited input from the region's largest employers (100+ employees). Lastly, a fourth survey, the Unmet Needs Survey, requested information from transportation providers about transportation issues seen and causes for gaps in service. Each of the surveys were reviewed, developed, and approved by the CAAC prior to use.

### **2.3.1 Transportation Needs Survey**

More than 5 dozen organizations are active members and support the Van Wert (17), COLT (19) and/or FACTS (32) coalitions. These agencies have been engaged in local transit and paratransit coordination within the 4-county region for more than 5 years. Their clients were collectively targeted because these individuals were more likely to be familiar with and have utilized the various transportation options and agency services available in west central Ohio. Surveys were solicited from stakeholder clients thru summer 2017. Surveys were provided in both electronic and paper formats. Responses totaled 565.

### **2.3.2 Transportation Services Survey**

Members of the Van Wert, COLT and FACTS coalitions worked to compile a list of the principal partners and Plan stakeholders. Some 90 public and private for profit and not-profit agencies were targeted for actual participation in an extensive data collection process. Staff prepared and sent both workable electronic PDFs and paper copies; in all 80 questions some open ended were included over 10-pages. Surveys were sent to local transportation providers, social service agencies, and human service providers. Targeted agencies included those that either provided transportation or purchased transportation, or both provided and purchased transportation services. The survey solicited detailed information regarding ridership profiles, transportation services that the agency provided or utilized, vehicle rosters, vehicle utilization, budgets and funding streams used for transportation services. RPC staff contacted, reviewed and input stakeholder survey responses detailing operational and budget information in the late summer and early fall. Of the 93 agencies targeted the CAAC received input from just 34 agencies - a 36% participatory return rate. Table 2-4 reveal stakeholders by agency and location.

### **2.3.3 Employer Survey**

ODOT guidance required the Coordination Plan to identify and map the region's major employers. Predicated on such efforts a short survey was submitted to each of the 98 employers requesting their perceptions and questioning them on their need and/or interest in addressing transportation problems of their workforce. The survey monkey formatted email generated a response rate of just 10 percent. However, 8 of the 10

TABLE 2-4 SERVICE PROVIDER TRANSPORTATION SURVEY TARGET LISTING				
Agency	Site Address	City	State	Zip
Allen County Board of Commissioners	1501 N Sugar Street	Lima	Ohio	45801
Allen County Board of Developmental Disabilities	2500 Ada Road	Lima	Ohio	45801
Allen County Child Support Enforcement Agency	200 W. Market Street	Lima	Ohio	45801
Allen County Council on Aging, Inc.	215 N. Central Avenue	Lima	Ohio	45801
Allen County Department of Job and Family Services	1501 S. Dixie Highway	Lima	Ohio	45801
Allen County Family and Children First Council	123 W. Spring Street	Lima	Ohio	45801
Allen County Health Partners	441 E. Eighth Street	Lima	Ohio	45801
Allen County Help Me Grow	616 S. Collett Street	Lima	Ohio	45805
Allen County Juvenile Court	1000 Wardhill Drive	Lima	Ohio	45805
Allen County Public Health	219 E. Market Street	Lima	Ohio	45801
Allen County Regional Transit Authority	200 E. High Street	Lima	Ohio	45801
Allen Economic Development Group	144 S. Main Street, #200	Lima	Ohio	45801
Allen Metropolitan Housing Authority	600 S. Main Street	Lima	Ohio	45804
American Cancer Society	740 Commerce Drive, #B	Perrysburg	Ohio	43551
American Red Cross of Mercer County	909 E. Wayne Street	Celina	Ohio	45822
Arc of Allen County	546 S. Collett Street	Lima	Ohio	45805
Area Agency on Aging 3	2423 Allentown Road	Lima	Ohio	45805
Association for Retarded Citizens	546 S. Collett Street	Lima	Ohio	45801
Auglaize Acres Nursing Home	13093 Infirmary Road	Wapakoneta	Ohio	45895
Auglaize County Board of Developmental Disabilities	20 E. First Street	New Bremen	Ohio	45869
Auglaize County Commissioners	209 S Blackhoof Street, #201	Wapakoneta	Ohio	45895
Auglaize County Council on Aging	610 Indiana Avenue	St. Marys	Ohio	45885
Auglaize County Department of Job and Family Services	12 N. Wood Street	Wapakoneta	Ohio	45895
Auglaize County Families and Children First	1045 Dearbaugh Avenue	Wapakoneta	Ohio	45895
Auglaize County Veteran's Service Commission	209 S. Blackhoof Street	Wapakoneta	Ohio	45895
Auglaize Industries	317 W. Boesel Avenue	New Bremen	Ohio	45869
Auglaize Mercer Counties YMCA	7590 State Route 703	Celina	Ohio	45822
Auglaize We Care Center	720 Armstrong Street	St. Marys	Ohio	45885
Beverly Health Care Center-Lima	599 S. Shawnee Street	Lima	Ohio	45804
Black & White Cab Company	420 W. Elm Street	Lima	Ohio	45801
Bluffton Senior Citizen Center	132 N. Main Street	Bluffton	Ohio	45817
Bradfield Community Center Association	550 S. Collett Street	Lima	Ohio	45805
Briarwood Retirement Community	100 Don Desch Drive	Coldwater	Ohio	45828
Bureau of Vocational Rehabilitation	924 N. Cable Road	Lima	Ohio	45805
Capabilities, Inc.	124 S. Front Street	St. Marys	Ohio	45885
Catholic Charities	222 S. West Street	Lima	Ohio	45802
Celina Manor	1001 Myers Road	Celina	Ohio	45822
Celina-Mercer Chamber of Commerce	121 E. Logan Street	Celina	Ohio	45822
Champagne Residential Services	2450 Mandolin Drive	Lima	Ohio	45801
Cheryl Allen Southside Community Center	1802 S. Central Avenue	Lima	Ohio	45801
Children's Developmental Center of Lima, Inc.	1001 Bellefontaine Avenue	Lima	Ohio	45804
Children's Services Board	123 W. Spring Street	Lima	Ohio	45801
City of Delphos	608 N. Canal Street	Delphos	Ohio	45833
City of Lima-Fair Housing Office	540. Central Avenue	Lima	Ohio	45804
City of St. Mary's	101 E. Spring Street	St. Marys	Ohio	45885
Clymer Medical Transport Inc.	325 N. Sugar Street	Lima	Ohio	45801
Coleman Behavioral Health	799 S. Main Street	Lima	Ohio	45804
Coleman Professional Health	16 E. Auglaize Street	Wapakoneta	Ohio	45895
Colonial Nursing Home	611 S. Main Street	Rockford	Ohio	45882
Comfort Keepers	1726 Allentown Road	Lima	Ohio	45805
Community Health Professionals/Tri-County Visiting Nurses	816 Pro Drive	Celina	Ohio	45822
Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL)	330 N. Elizabeth Street	Lima	Ohio	45801
Crime Victim Services	330 N. Elizabeth Street	Lima	Ohio	45801
Crisis Care Line & House of Transition	NA	NA	NA	NA
Crossroads Crisis Center	P.O. Box 643	Lima	Ohio	45802
Delphos Ambulatory Care	1800 E. 5th Street	Delphos	Ohio	45833
Delphos Area Chamber of Commerce	306 N. Main Street	Delphos	Ohio	45833
Delphos Public Library	309 W. 2nd Street	Delphos	Ohio	45833
Delphos Senior Citizens	301 E. Suthoff Street	Delphos	Ohio	45833
Destination Care Medical Transport, LLC	NA	Harrod	Ohio	45850
Disabled American Veterans-Chapter 19	2123 S. Elizabeth Street	Lima	Ohio	45801
Easter Seals Society of West Central Ohio	105 Cam Street	Lima	Ohio	45801
Family Care Options	401 Myers Road, Suite 3	Celina	Ohio	45822
Family Health Care	1191 Westwood Drive	Van Wert	Ohio	45891
Family Promise - Lima	129 S. Pierce Street	Lima	Ohio	45801
Family Resource Center	799 S. Main Street	Lima	Ohio	45804
Farsenius Kidney Care	801 Pro Drive B	Celina	Ohio	45822
Foundations Addictions Services	800 Pro Drive	Celina	Ohio	45822
Foundations Behavioral Health Services, Inc.	4761 SR 29	Celina	Ohio	45822

TABLE 2-4 SERVICE PROVIDER TRANSPORTATION SURVEY TARGET LISTING (Continued)				
Agency	Site Address	City	State	Zip
Genacross Lutheran Services	2411 Seaman Street	Toledo	Ohio	43605
Goodwill Industries of Lima, Inc.	940 N. Cable Road	Lima	Ohio	45805
Grand Lake Regional Cancer Center	900 Havemann Road	Celina	Ohio	45822
Guiding Light Ministries	592 S. Main Street	Lima	Ohio	45804
Hanley House	201 S. Cable Road	Lima	Ohio	45805
Health Partners of Western Ohio	329 N. West Street	Lima	Ohio	45801
Heartbeat of Lima	3225 W. Elm Street	Lima	Ohio	45801
Help Me Grow	117 W. Fayette Street	Celina	Ohio	45822
Home Instead	114 N. West Street	Lima	Ohio	45801
Interfaith Thrift Shop	102 N. Main Street	Delphos	Ohio	45833
Legal Aid of Western Ohio	545 W. Market Street	Lima	Ohio	45801
Liberty Mobility Now	1225 L Street, Suite 600	Lincoln	NE	68508
Lima - Allen Chamber of Commerce	144 S. Main Street	Lima	Ohio	45801
Lima - Allen County Paramedics	708 W. Spring Street	Lima	Ohio	45801
Lima Community Based VA Outpatient Clinic	1303 E. Bellefontaine Avenue	Lima	Ohio	45804
Lima Convalescent Home	1650 Allentown Road	Lima	Ohio	45805
Lima Manor	750 Brower Road	Lima	Ohio	45801
Lima Public Library	650 W. Market Street	Lima	Ohio	45801
Lima Urban Minority Alcohol and Drug Abuse Outreach Program, Inc.	608 W. High Street	Lima	Ohio	45801
Lincolnview Latchkey	15945 Middle Point Road	Van Wert	Ohio	45891
Lost Creek Care Center	804 S. Mumauh Road	Lima	Ohio	45804
Low Vision Coalition	2350 Allentown Road	Lima	Ohio	45805
Luke Medical Center	2192 Allentown Road	Lima	Ohio	45805
Luther Pines Retirement Community Center	805 S. Mumauh Road	Lima	Ohio	45804
Lutheran Social Services	205 W. Market Street	Lima	Ohio	45801
Maplewood of Shane's Village	10701 Ohio 118	Rockford	Ohio	45882
Marimor Industries	2450 Ada Road	Lima	Ohio	45801
Mary Ann Brown Residential Facility/Champagne Residential Facilities	2450 Mandolin Drive	Lima	Ohio	45801
Mennonite Memorial Homes	410 W. Elm Street	Bluffton	Ohio	45817
Mental Health and Recovery Services Board	1541 Allentown Road	Lima	Ohio	45805
Mercer County Commissioners	220 W Livingston Street	Celina	Ohio	45822
Mercer County Community Development	101 N. Main Street	Celina	Ohio	45822
Mercer County Council on Aging	217 Riley Street	Celina	Ohio	45822
Mercer County Department of Developmental Disabilities	4980 Mud Pike	Celina	Ohio	45822
Mercer County Department of Job and Family Services	220 W. Livingston Street, Suite 10	Celina	Ohio	45822
Mercer County Head Start	6731 SR 219	Celina	Ohio	45822
Mercer County Health Department	220 W. Livingston Street, B152	Celina	Ohio	45822
Mercer County Veterans Service Office	220 W. Livingston Street, Room B270	Celina	Ohio	45822
Mercer County WIC	117 W. Fayette Street	Celina	Ohio	45822
Mercer Health	800 W. Main Street	Coldwater	Ohio	45828
Mercer Residential Services	420 S. Sugar Street	Celina	Ohio	45822
Mercer-Van Wert-Paulding ADAMHS Board	1054 S. Washington Street	Van Wert	Ohio	45891
Miller Place	1506 Meadowview Drive	Celina	Ohio	45822
NAMI Hope Alliance	529 S. Elizabeth Street, Suite 200	Lima	Ohio	45804
NW Ohio Community Action Commission	114 E. Main Street	Van Wert	Ohio	45891
Ohio Department of Job and Family Services	799 N. Main Street	Lima	Ohio	45801
Ohio Department of Transportation	1885 N. McCullough Street	Lima	Ohio	45801
Our Home Family Resource Center	117 W. Fayette Street	Celina	Ohio	45822
Partnership for Violence Free Families	309 W. High Street	Lima	Ohio	45801
Putnam County EMS	117 Thatye Drive	Glandorf	Ohio	45848
Rhodes State College	4240 Campus Drive	Lima	Ohio	45804
Richland Manor Nursing Home	7400 Swaney Road	Bluffton	Ohio	45817
Ridgeview Behavioral Hospital	17872 Lincoln Highway	Middle Point	Ohio	45863
Right at Home	526 Dewey Street	Delphos	Ohio	45833
Roselawn Manor	420 E. 4th Street	Spencerville	Ohio	45887
Samaritan House	328 W. McKibben Street	Lima	Ohio	45801
Specialized Alternatives for Families and Youth (SAFY)	658 W Market St	Lima	Ohio	45801
Sarah Jane Living Center	328 W. Second Street	Delphos	Ohio	45833
Senior Citizens Center	3400 W. Elm Street	Lima	Ohio	45807
Serving Friends and Families Ministries, Inc.	1978 Haveman Road, #105	Celina	Ohio	45822
Smart Start Transit	734 N. Main Street	Lima	Ohio	45801
Social Security Administration	401 W. North Street	Lima	Ohio	45801
Southwestern Auglaize County Chamber of Commerce	P.O. Box 3	New Bremen	Ohio	45869
Spirit Medical Transport	5484 S. State Route 49	Greenville	Ohio	45331
Springview Manor Nursing Home	883 W. Spring Street	Lima	Ohio	45805
St. Charles Seminary	2860 US Route 127	Celina	Ohio	45822
St. Peter Neurological Center	78 W. Main Street	Burkettsville	Ohio	45310
St. Rita's Medical Center	730 W. Market Street	Lima	Ohio	45801
St. Rita's Mercy Express	730 W. Market Street	Lima	Ohio	45801

TABLE 2-4 SERVICE PROVIDER TRANSPORTATION SURVEY TARGET LISTING (Continued)				
Agency	Site Address	City	State	Zip
The Combined Allen County Health District	219 E. Market Street	Lima	Ohio	45802
The Gardens at Celina	1301 Myers Road	Celina	Ohio	45822
The Gardens at St. Henry	522 Western Avenue	St. Henry	Ohio	45883
The Laurels of Shane Hill	10731 SR 118	Rockford	Ohio	45882
The Ridge at Shawnee	2535 Fort Amanda Road	Lima	Ohio	45804
The Salvation Army	614 E. Market Street	Lima	Ohio	45802
The Salvation Army	1180 S. Washington Street	Van Wert	Ohio	45891
Thomas Edison	525 Augustine Drive	Van Wert	Ohio	45891
Trinity Cab	NA	Lima & Findlay	Ohio	NA
United Way of Auglaize County	30 E. Auglaize Street	Wapakoneta	Ohio	45895
United Way of Greater Lima	616 S. Collett Street	Lima	Ohio	45805
United Way of Van Wert County	1151 Westwood Drive	Van Wert	Ohio	45891
Van Wert Area Chamber of Commerce	118 N. Washington Street	Lima	Ohio	45891
Van Wert Area Economic Development	515 E. Main Street, #104	Van Wert	Ohio	45891
Van Wert County Commissioners	114 E Main Street, #200	Van Wert	Ohio	45891
Van Wert County Council on Aging	220 Fox Road	Van Wert	Ohio	45891
Van Wert County Department of Job and Family Services	114 E. Main Street	Van Wert	Ohio	45891
Van Wert County General Health District	1179 Westwood Drive, #300	Van Wert	Ohio	45891
Van Wert County Hospital	1250 S. Washington Street	Van Wert	Ohio	45891
Van Wert County Veterans	121 E. Main Street, #101	Van Wert	Ohio	45891
Van Wert House of Transitions	747 S. Shannon Street	Van Wert	Ohio	45891
Vancrest Health Care Center of Delphos	1425 E. Fifth Street	Delphos	Ohio	45833
Veterans Service Commission	301 N. Main Street	Lima	Ohio	45801
Village of New Bremen	214 N. Washington Street	New Bremen	Ohio	45869
Village of New Knoxville	101 S. Main Street	New Knoxville	Ohio	45871
Wapakoneta Area Chamber of Commerce	30 E. Auglaize Street	Wapakoneta	Ohio	45895
Wapakoneta Economic Development	30 E. Auglaize Street	Wapakoneta	Ohio	45895
We Care Crisis Center	797 S. Main Street	Lima	Ohio	45804
Wee Care Day Care	10485 Van Wert Decatur Road	Van Wert	Ohio	45891
West Central Ohio Health Ministries	219 E. Market Street	Lima	Ohio	45801
West Ohio Community Action Partnership	540 S. Central Avenue	Lima	Ohio	45804
West Ohio Food Bank	1380 E. Kibby Street	Lima	Ohio	45802
Westwood Behavioral Health	1158 Westwood Drive	Van Wert	Ohio	45891
Women, Infants and Children (WIC)	940 N. Cable Road	Lima	Ohio	45805
Women's Preventative Healthcare Project	300 S. Elizabeth Street	Lima	Ohio	45801
Women's Wellness Center	770 W. High Street	Lima	Ohio	45801
Wright State University - Lake Campus	7600 Lake Campus Drive	Celina	Ohio	45822
YMCA	345 S. Elizabeth Street	Lima	Ohio	45801
YWCA of Van Wert	408 E. Main Street	Van Wert	Ohio	45891



respondents were interested in discussing workforce transportation issues with their local Chamber or Economic Development professional.

#### **2.3.4 Unmet Needs Survey**

For-profit and non-profit transportation stakeholders were encouraged to complete an Unmet Needs & Gaps in Service Survey in addition to the Transportation Services Survey. This survey invited interested parties to identify unmet needs and gaps in existing transportation services that limit mobility on the part of seniors, persons with disabilities, and those with low incomes.

#### **2.4 Public Awareness & Survey Push**

In part, because of Federal grant timelines, and the working relationship already existing between members of the FACTS and COLT transportation coalitions the CAAC developed a relatively loose schedule for the surveys and data collection. Committee members feared that the benefits of the survey process would be lost if the agencies being targeted were forced to supply the operational data in an unreasonable period of time.

To support the survey based methodology, the Area Agency on Aging 3 and WOCAP staff identified existing stakeholders across the public and private sectors. The targeted agencies were notified and solicited for their participation by postal service and email addresses and provided both paper and electronic on-line survey instruments for their use. Agency's that failed to return the documents were contacted personally by the mobility manager of FACTS, COLT and the Van Wert coalitions.

#### **2.5 Focus Groups**

Focus groups were used to identify specific aspects of needed transportation to the seniors and the disabled and to address

gaps in services. The Children & Family First Council consisted of a large group of social service agencies serving the region. Individual focus group meetings were conducted with the 6 largest transportation service providers in Lima, Delphos, Celina and Van Wert over the May thru August period. While initial meetings started in June communications with focus groups remains ongoing. Small focus groups targeting the customers of both fixed route and demand response customers of non-profit social service transportation providers were completed in August 2017. Meetings specifically targeting workforce development issues were conducted with county Jobs & Family Service agencies as well as with Chamber officials across the region. Initiated in June 2017 meetings were ongoing thru Plan completion.

## **2.6 Draft Reports**

The survey results and first Draft of the Regional Transportation Coordination Plan was presented to members of the COLT, FACTS and Van Wert coalitions in September 2017 and reviewed internally thru the MPO internal committee structure before the formal FINAL DRAFT was presented for public consumption in November 2017. The FINAL DRAFT was posted to the Planning Commission website, and submitted to ODOT for review and comment, before the Plan completed the MPO's Public Involvement Process.

## **2.7 Public Meetings**

Open, public meetings were held in May, June and November 2017 at various locations across the region to discuss the availability, appropriateness and affordability of transportation services, as well the gaps in services and strategies to improve such services in the Plan. Copies of the DRAFT Plan were distributed and reviewed at each of the Public Meetings.

## **2.8 Plan Adoption**

The CAAC forwarded the FINAL DRAFT Plan to the FACTS, COLT and Van Wert coalitions in November 2017. Each coalition/committee subsequently submitted resolutions to the Boards of Commissioners of Allen, Auglaize, Mercer and Van Wert counties endorsing adoption of the Transportation Coordination Plan prior to the County Commissioners passing similar resolutions.

After incorporating warranted modifications, the Regional Transportation Coordination Plan was approved by the MPO Policy Board, and the Regional Planning Commission in December 2017. The adopted Plan was submitted to ODOT for its subsequent approval. The Allen County Regional Transit Authority approved the Transportation Coordination Plan on December 5, 2017.

The recommended 4-County, West Central Ohio Regional Transportation Coordination Plan was subsequently forwarded to the Board of Commissioners of Allen County, Auglaize County, Mercer County and Van Wert County for their independent review and consideration. The Boards of County Commissioners adopted the Regional Transportation Coordination Plan in November 2017. The Plan's adoption is reflected by resolution contained in the Plan Appendix.

## **2.9 Plan Maintenance & Amendments**

This 4-County Regional Transportation Coordination Plan was designed to be implemented over time and has an extended shelf-life. The LACRPC will serve as the caretaker of the Plan and provide MPO input/services as required. The CAAC shall continue to serve as the steering committee of the Plan and address any necessary amendments. Individual chairs and a mobility manager will support the FACTS, COLT and Van Wert coalitions fulfill the Plan mission using the strategies, objectives and resources

identified herein and report same to the CAAC. From time to time amendments to the Plan will be required. Such amendments may stem from new regulatory requirements, new stakeholder concerns, and/or changing local conditions. The CAAC shall work with the coalitions to approve needed amendments - after the MPO completes the public involvement process. Annual updates completed by the mobility managers and approved by the coalitions/CAAC will serve to provide status updates on accomplishments and serve to keep the plan up-to-date and viable. Plan amendments are reflected by resolutions contained in the Plan Appendix.

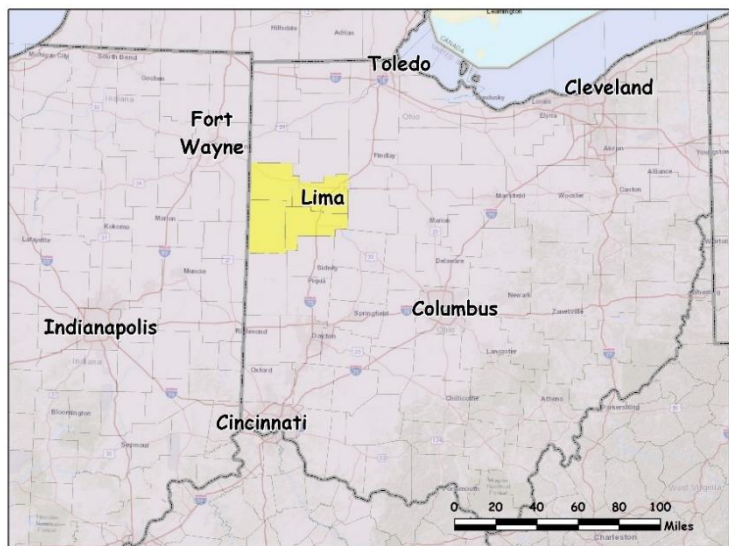
## SECTION 3

### REGIONAL GEOGRAPHIC & DEMOGRAPHIC ATTRIBUTES

To understand, develop and meet the transportation needs of the region it is important to understand the population and its various demographic characteristics as well as the geographic attributes that make up the 4-County planning area. Examining land-use, major traffic generators and the total population are typically emphasized. But to fully prepare for future transportation needs within the 4-County region, it is important to understand how population and land-use are changing, and how these changes will influence those transportation needs.

#### 3.1 Geographic Attributes

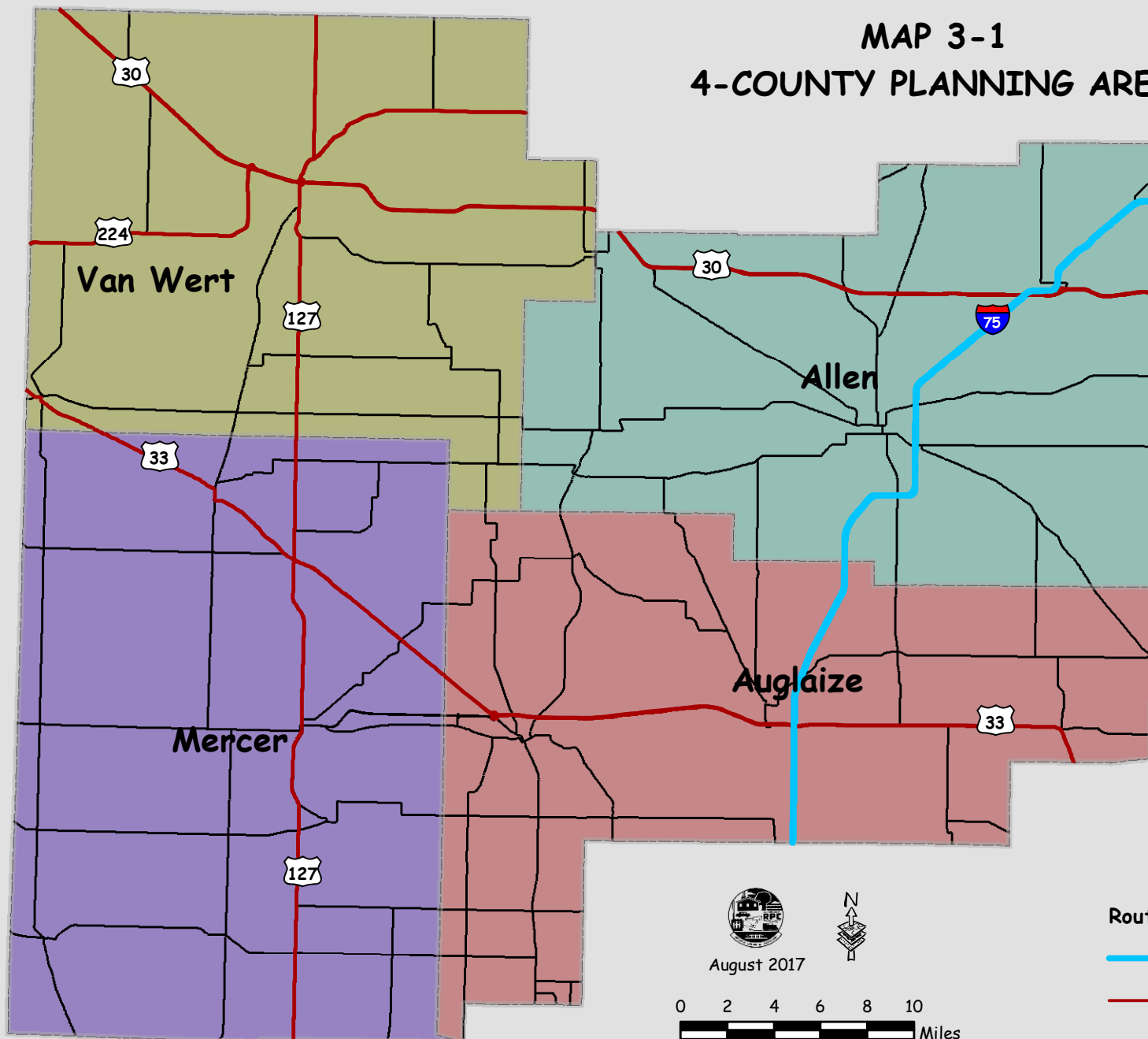
The 4-County region, includes Allen, Auglaize, Mercer and Van Wert Counties (Map 3-1) and is located in west central Ohio east of the Indiana State line - roughly correlating with a location  $40^{\circ}$  N latitude and  $84^{\circ}$  W



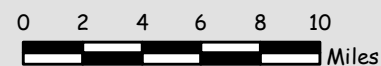
longitude. Given the relative location of the region principal transportation routes reflect I-75, US 30, US 33, and SR 118. In fact, the region lies within 500 miles of the 10 largest cities of the central states as it is located midway between Toledo and Cincinnati, Cleveland and Indianapolis, and Columbus and Fort Wayne.

The region has historically supported a diverse set of economic activities ranging from agricultural pursuits to manufacturing and most recently health care as well as retail and food services. In

# MAP 3-1 4-COUNTY PLANNING AREA



August 2017



## Route Type

- Interstate
- US Route
- State Route

2016 manufacturing still makes up the majority of employment in the region at 26.4 percent followed by retail and food services (18.1%) and healthcare (13.5%).

### **3.1.1 Climate**

The Climate of the region is characterized by its global location which results in a moist mid latitude climate with relatively cold winters, the characteristics of Dfa climates in North America. The region experiences a climate of warm summers and cold winters largely because of its general location on the North American land mass. The climate is somewhat moderated because of its proximity to the Great Lakes. The community generally experiences distinct warm summers that contribute to a growing season that ranges from 5 to 6 months long. Summers are complete with humid evenings and thunderstorms. Winters are relatively cold with blustery winds and snowfall, sometimes with severe blizzards. Precipitation averages roughly 36.0 inches annually; average seasonal snow fall is 20 inches.

### **3.1.2 Area Character & Density**

The 4-County region reflects both urban and rural components. Mercer and Van Wert counties are in fact predominantly rural. Only Allen County is considered an urban county by the US Census Bureau. Allen County is considered a Metropolitan Statistical Area; by the US Department of Commerce; Auglaize, Mercer and Van Wert counties are large enough to be considered Micropolitan Statistical Areas (Table 3-1).<sup>[1]</sup>

Located in Allen County, the Lima Urbanized Area reflects a population of 72,852 persons residing within 15,447 households and 52.3 sq. miles resulting in a

---

<sup>[1]</sup> [https://www2.census.gov/geo/maps/metroarea/stcbsa\\_pg/Feb2013/cbsa2013\\_OH.pdf](https://www2.census.gov/geo/maps/metroarea/stcbsa_pg/Feb2013/cbsa2013_OH.pdf)

density 1,391 persons per sq mile.<sup>[2]</sup> The City of Delphos and the Village of Bluffton straddling the county lines between Allen and Hancock, and Allen and Van Wert counties respectively, were identified as urban clusters. In Auglaize County both the City of Wapakoneta and the City of St Mary's are classified as urban clusters as is the area between the villages of New Bremen and Minster. In Mercer County, the City of Celina was identified as an urban cluster. Urban clusters present in Van Wert County included City of Van Wert and a portion of the City of Delphos (Table 3-2).<sup>[3]</sup>

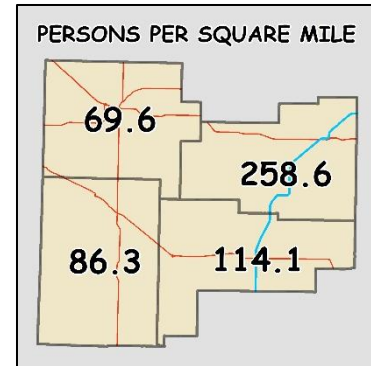


TABLE 3-1 POPULATION BY COUNTY & RURAL CHARACTER <sup>1</sup>			
County	Population	Percent of Region	Percent Rural
Allen	106,331	47.9	25.9
Auglaize	45,949	20.7	39.1
Mercer	40,814	18.4	61.4
Van Wert	28,744	13.0	50.7
<b>Total</b>	<b>221,838</b>	<b>100.0</b>	<b>38.3</b>

TABLE 3-2 REGIONAL CENTERS & POPULATION CHARACTERISTICS					
Political Subdivision	2010 Population	2015 Population	Population Change	Area	Density
Lima	38,771	37,414	-3.5	13.8	2,711
Van Wert	10,846	10,728	-1.1	7.6	1,410
Celina	10,400	10,324	-0.7	5.3	1,959
Wapakoneta	9,867	9,816	-0.5	6.3	1,568
St Mary's	8,332	8,230	-1.2	4.6	1,781
Delphos	7,101	6,995	-1.5	3.5	2,010
Village of Bluffton	4,125	4,210	2.1	3.6	1,163
Village of Coldwater	4,427	4,505	1.8	2.0	2,286
Village of New Bremen	2,978	2,968	-0.3	2.2	1,380
Village of Minster	2,805	2,857	1.8	1.9	1,480

<sup>[2]</sup> <https://www.census.gov/geo/reference/ua/urban-rural-2010.html>

<sup>[3]</sup> [https://www2.census.gov/geo/pdfs/maps-data/maps/reference/2010UAUC\\_List.pdf](https://www2.census.gov/geo/pdfs/maps-data/maps/reference/2010UAUC_List.pdf)



### 3.1.3 Land Use

Given the climate, gently sloping terrain and productive soils it should not be surprising that agriculture is a pervasive economic activity in the region. Agriculture is by far the most prevalent land use in the 4-County region with over 75 percent of the land in agricultural practice (Table 3-3). Some 3,800 individual farms engaged in agriculture shape the landscape and regional economy (Table 3-4). While developed land accounts for only 11 percent of the region's land cover, almost 40 percent of that land is found within Allen County, making up almost 20 percent of Allen County land cover (Table 3-3).

TABLE 3-3 LAND USE/LAND COVER BY TYPE <sup>[4]</sup>						
Type	Allen	Auglaize	Mercer	Van Wert	Total	Percent
Developed Land	74.46	39.97	40.66	35.23	190.32	11.34
Barren	0.16	0.04	0.46	0.08	0.74	0.04
Forest	30.18	26.89	19.65	11.95	88.67	5.28
Scrub & Grasslands	7.29	6.58	5.03	3.85	22.75	1.35
Pasture/Hay	15.61	18.05	19.46	1.06	54.18	3.23
Cultivated Crops	272.19	303.71	358.90	356.61	1,291.41	76.91
Wetlands	1.21	0.92	2.72	0.49	5.34	0.32
Open Water	3.40	5.14	16.42	0.83	25.79	1.53
<b>Total</b>	<b>404.50</b>	<b>401.30</b>	<b>463.30</b>	<b>410.10</b>	<b>1,679.20</b>	<b>100.00</b>
Note: Data is presented in sq miles and reflects rounding.						

TABLE 3-4 AGRICULTURE				
Type	Allen	Auglaize	Mercer	Van Wert
Land	186,186	210,084	273,153	227,277
Number of Farms	904	1,040	1,208	655
Average size	203	202	226	347
Total cash receipts	\$144.1 M	\$190.6 M	\$596.4 M	\$209.6 M
Per farm	\$159,393	\$183,235	\$494,680	\$320,088
Receipts for crops	\$109.8 M	\$115.5 M	\$153.1 M	\$153.1 M
Receipts for livestock/products	\$34.3 M	\$75.0 M	\$443.2 M	\$56.6 M
Note: Data is presented in acres and reflects rounding.				

## 3.2 Major Generators

Locations that attract or generate large volumes of traffic on a regular basis are called major generators and are analyzed and mapped in this section in order to better understand where potential need for transportation services exist within the 4-County planning region. County specific maps for the following sub-sections can be found in the Appendix of this report.

### 3.2.1 Schools

High schools, colleges and adult career centers all produce multiple daily trips per student. These trips often follow a set pattern set around class and program schedules. With nearly 50 school buildings or educational centers within the 4-County planning region, as seen in Map 3-2, these traffic generators play a key role in determining both traffic patterns and transportation needs. The number of these schools in each county is shown in Table 3-5.

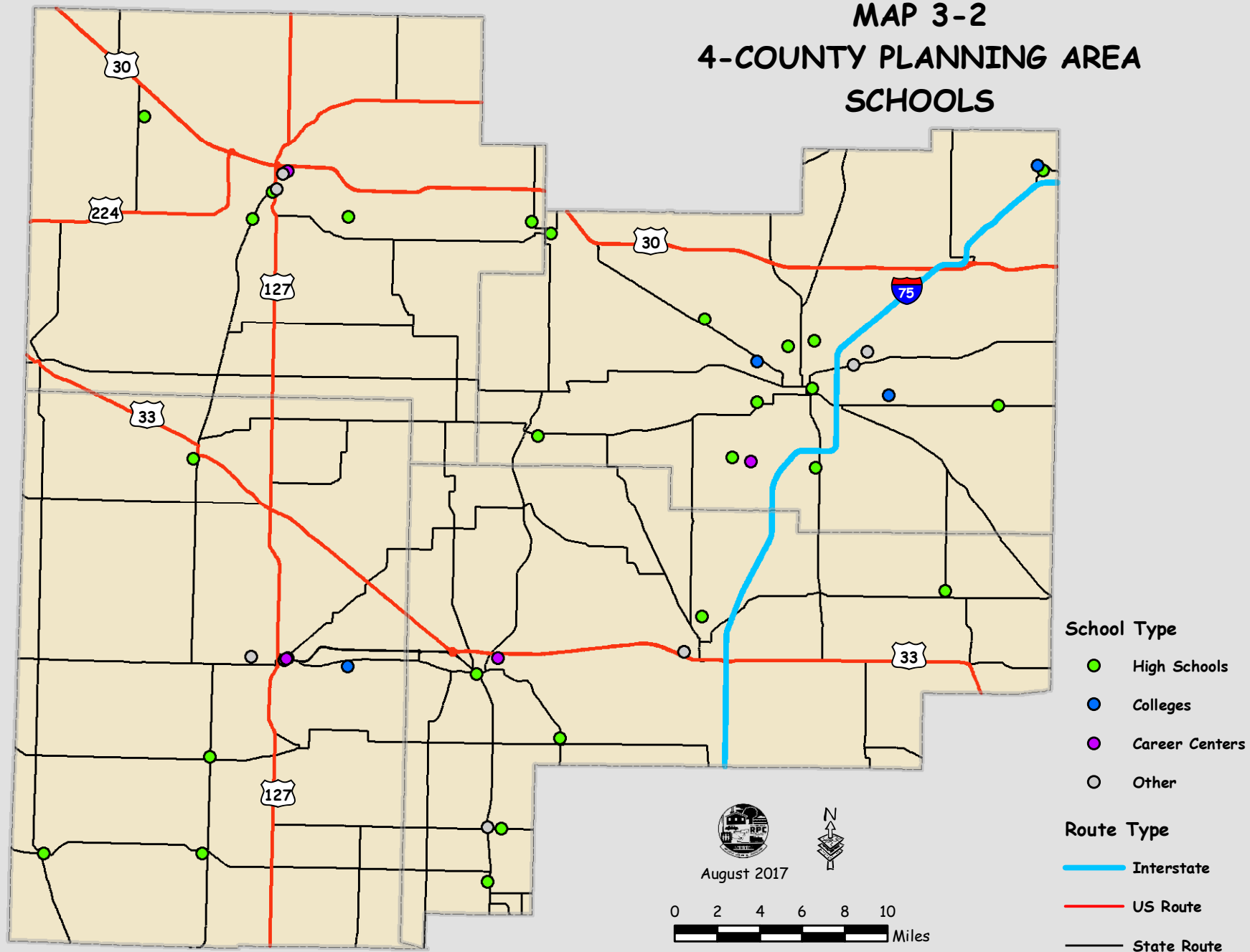
TABLE 3-5 EDUCATION RELATED MAJOR GENERATORS					
Type	Allen	Auglaize	Mercer	Van Wert	Total
High Schools	11	6	6	5	28
Colleges	5	0	1	0	6
Career Centers	1	1	1	1	4
Other	2	2	2	2	8
Total	19	9	10	8	46

### 3.2.2 Hospitals & Residential Care Facilities

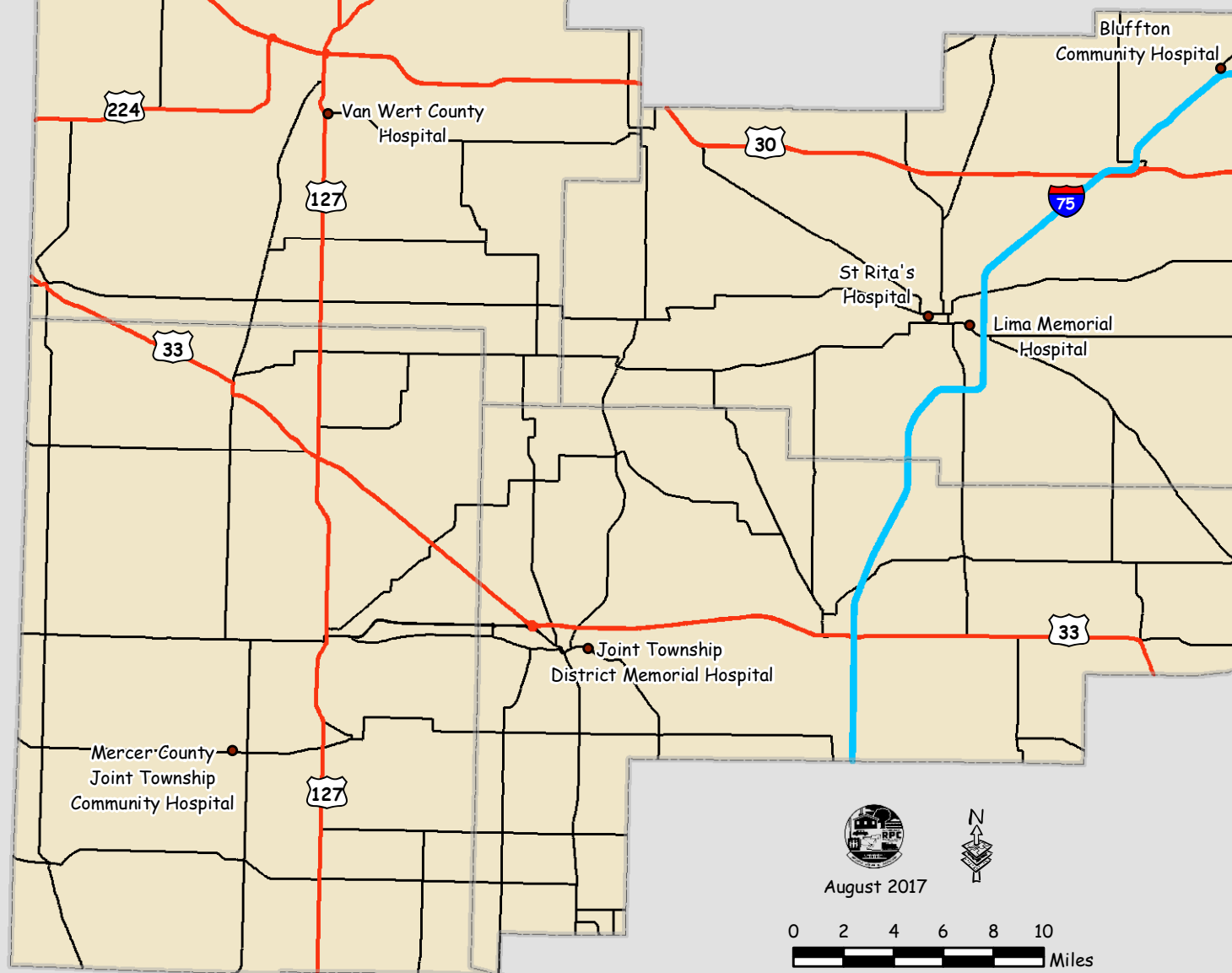
These buildings are often extremely large facilities or campuses which can generate high volumes of traffic through trips associated with patients, visitors, employees and contract services providers. With 7 hospitals (Map 3-3) and over 50



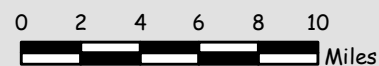
# MAP 3-2 4-COUNTY PLANNING AREA SCHOOLS



# MAP 3-3 4-COUNTY PLANNING AREA HOSPITALS



August 2017



## Route Type

- Interstate
- US Route
- State Route
- Hospitals

nursing homes or residential care facilities that serve a high proportion of elderly and disabled individuals, these traffic generators are essential in determining current transportation needs. The number of healthcare related traffic generators are shown by county in Table 3-6.

TABLE 3-6 HEALTHCARE RELATED MAJOR GENERATORS					
Type	Allen	Auglaize	Mercer	Van Wert	Total
Physicians (MDs & DOs)	280	45	37	19	381
Registered Hospitals	4	1	1	1	7
Number of Beds	830	140	88	109	1,167
Licensed Nursing Homes	13	8	6	3	30
Number of Beds	1,042	440	405	220	2,107
Licensed Residential Care	10	5	6	2	23
Number of Beds	660	397	308	156	1,521

### 3.2.3 Parks

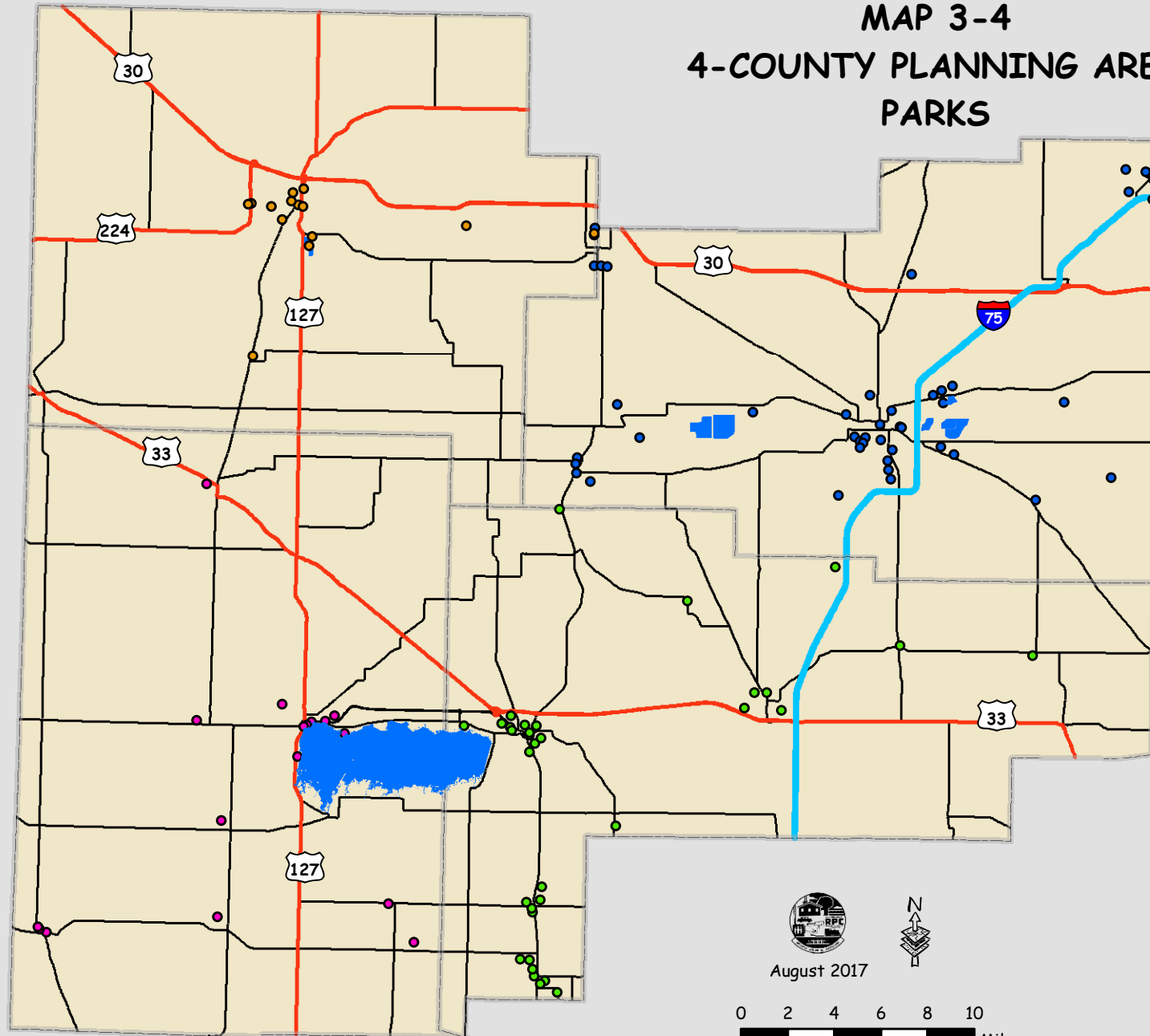
Both urban and rural parks generate a fair amount of traffic, although unlike some other major generators, there are seasonal and event specific variations in volume. Access to a park by foot, bike, bus or car can greatly increase the quality of life of individuals or families in area communities. The number of parks and acreage by county are identified in Table 3-7 and locations are shown in Map 3-4.

TABLE 3-7 RECREATION RELATED MAJOR GENERATORS					
Type	Allen	Auglaize	Mercer	Van Wert	Total
State Parks Facilities	1	3	6	0	10
State Park Acreage	169.0	2,894.3	11,469.2	0.0	14,532.5
Other Park Facilities	39	35	18	14	106

### 3.2.4 Workforce & Major Employers

The size of a community's employed workforce is a fairly accurate predictor for the amount and type of traffic that will be generated. Major employers draw hundreds to thousands of employees to their locations every day.

# MAP 3-4 4-COUNTY PLANNING AREA PARKS



## Parks & Recreation

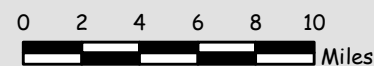
- Allen
- Auglaize
- Mercer
- Van Wert

## Route Type

- Interstate
- US Route
- State Route



August 2017

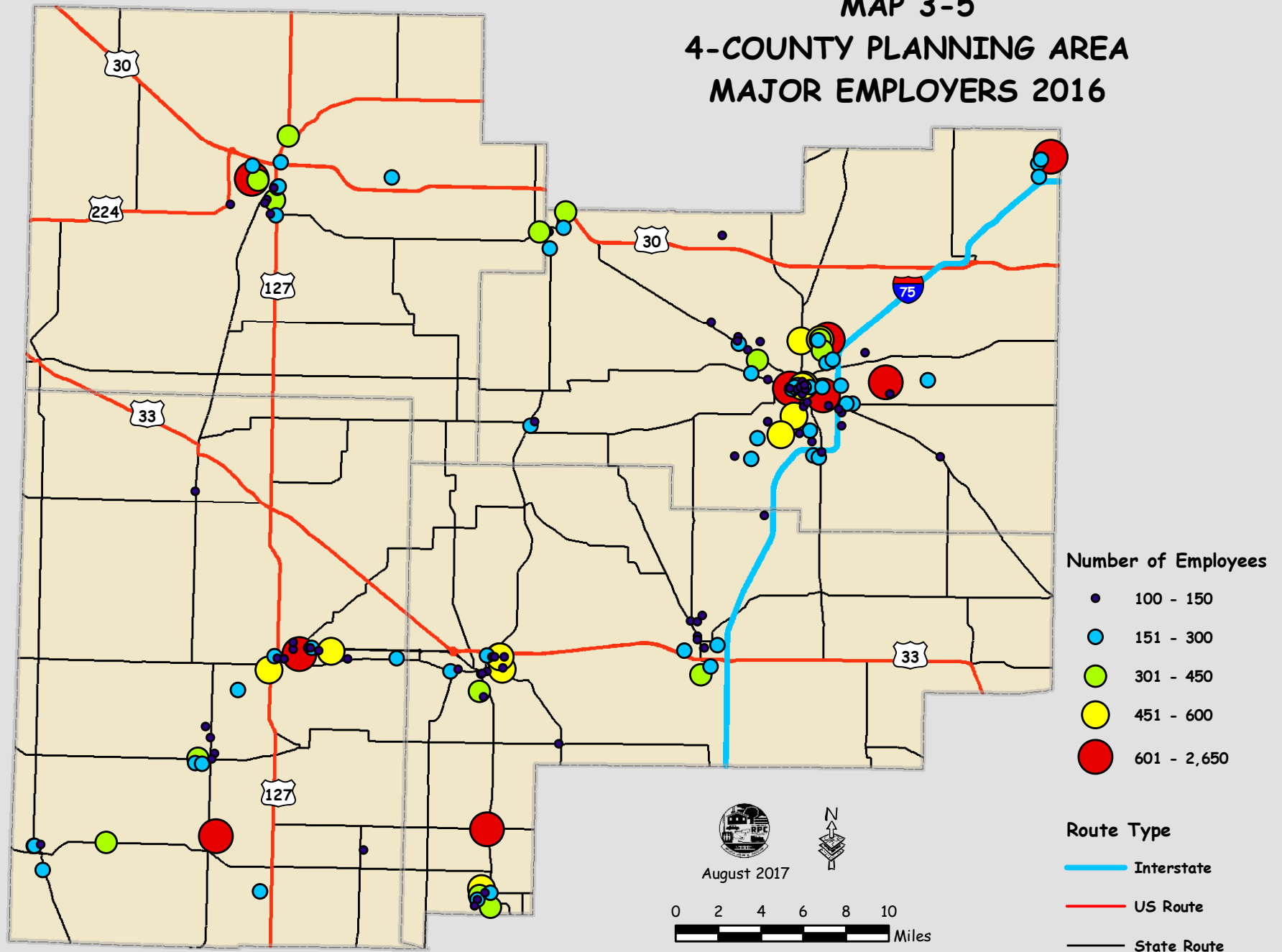


These populations of people all with the same destination are prime candidates for ridesharing and other mobility management solutions. On top of the employed population, the unemployed population also presents a population of people who may be able to, depending on the situation, participate in the local workforce if certain barriers to transportation were removed. The total workforce of the 4-County planning region is 110,200 with over 100,000 residents currently employed. A breakdown by county of the labor force, number employed, and unemployment is presented in Table 3-8. The region supports 160 major employers, with the largest percentage (47.5%) of those sited in Allen County (See Table 3-9 and Map 3-5).

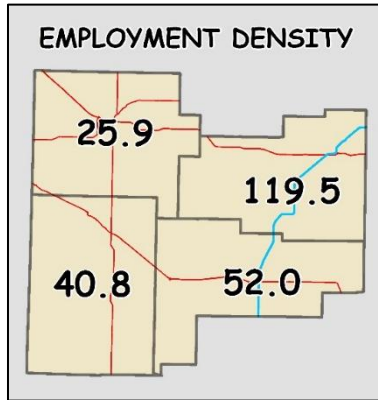
TABLE 3-8 WORKFORCE & EMPLOYMENT					
Type	Allen	Auglaize	Mercer	Van Wert	Total
Civilian Labor Force	48,000	24,500	23,400	14,300	110,200
Employed	45,600	23,600	22,700	13,700	105,600
Unemployed	2,400	900	800	600	4,700
Unemployment Rate	5.0	3.7	3.2	4.0	4.4

TABLE 3-9 MAJOR EMPLOYERS (100+ EMPLOYEES)				
	Allen	Auglaize	Mercer	Van Wert
# of Major Employers	76	36	31	17
#1 Largest Employer	St. Rita's Medical Center	Crown Equipment Corp.	Cooper Farms Processing	Eaton Aeroquip, LLC
#2 Largest Employer	Lima Memorial Hospital	AAP St. Marys Corp.	Crown Equipment Corp.	Cooper Farms
#3 Largest Employer	Ford Motor Co.	Joint Township District Memorial Hospital	Celina Aluminum Precision Tech.	Federal Mogul Corp.
#4 Largest Employer	Protector & Gamble Co.	Setex, Inc.	Reynolds & Reynolds Co.	Central Mutual Insurance Co.
#5 Largest Employer	DTR Industries	Nidec Minster Corp.	Mercer County Joint Township Hospital	Toledo Mold & Dye

**MAP 3-5**  
**4-COUNTY PLANNING AREA**  
**MAJOR EMPLOYERS 2016**



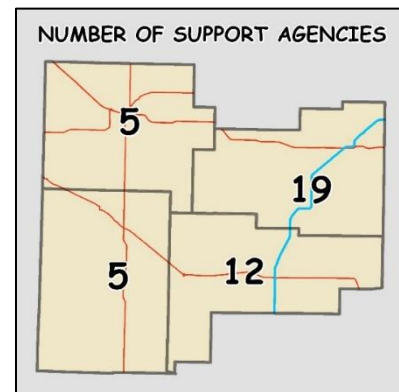




Employment density was also considered. Allen County had the highest number of workers per square mile of around 120. The census block group with the highest concentration of workers was in Allen County, with 15,100 employees per square mile. St.

Rita's Medical Center was the largest contributor of employees in this block group.

Organizations which provide business and economic support to communities are also important traffic generators. These facilities provide supportive and staffing services to employers and employees within the 4-County region.

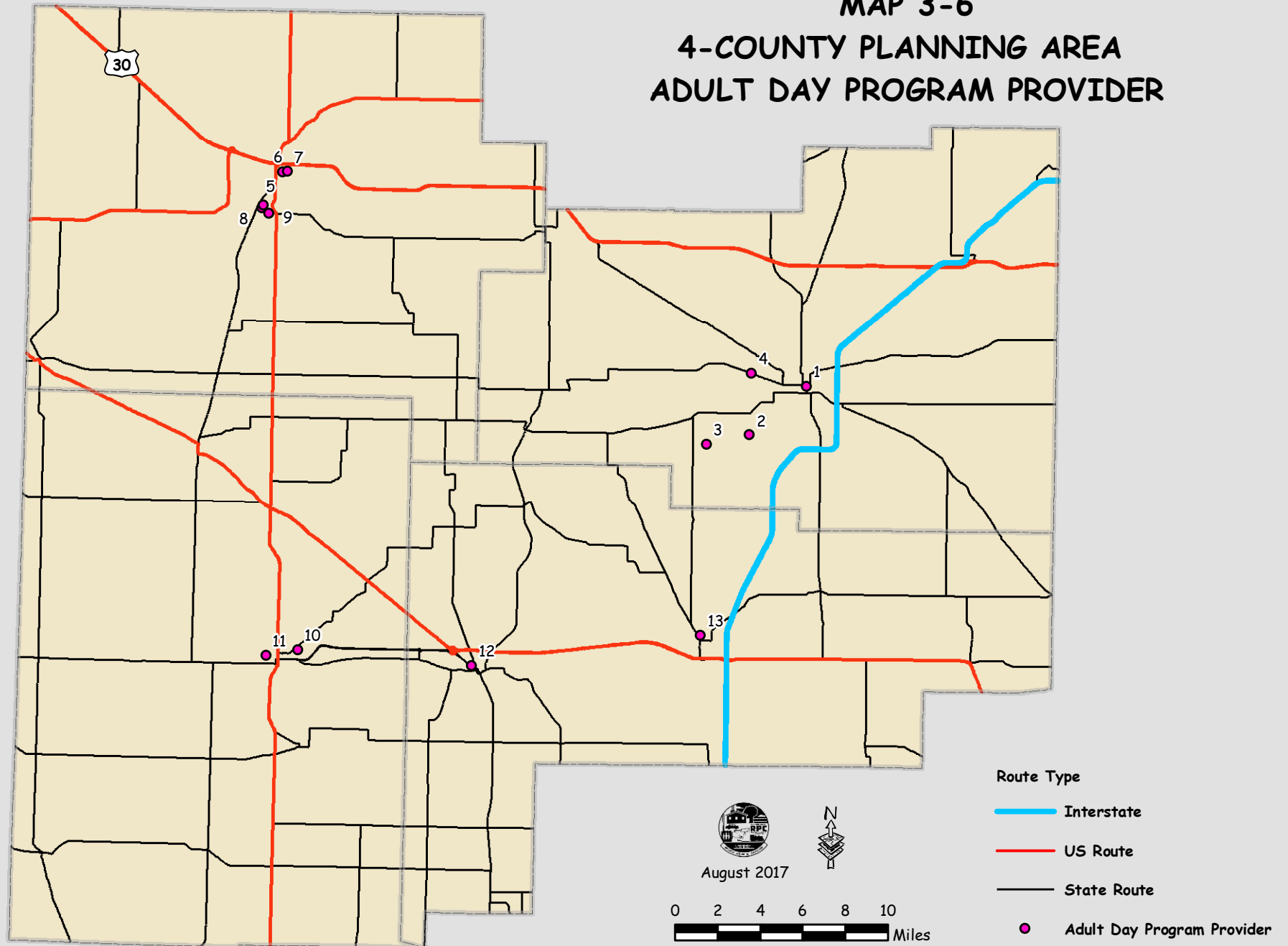


### 3.2.5 Adult Day Programs, Dialysis Clinics & Drug Treatment Programs

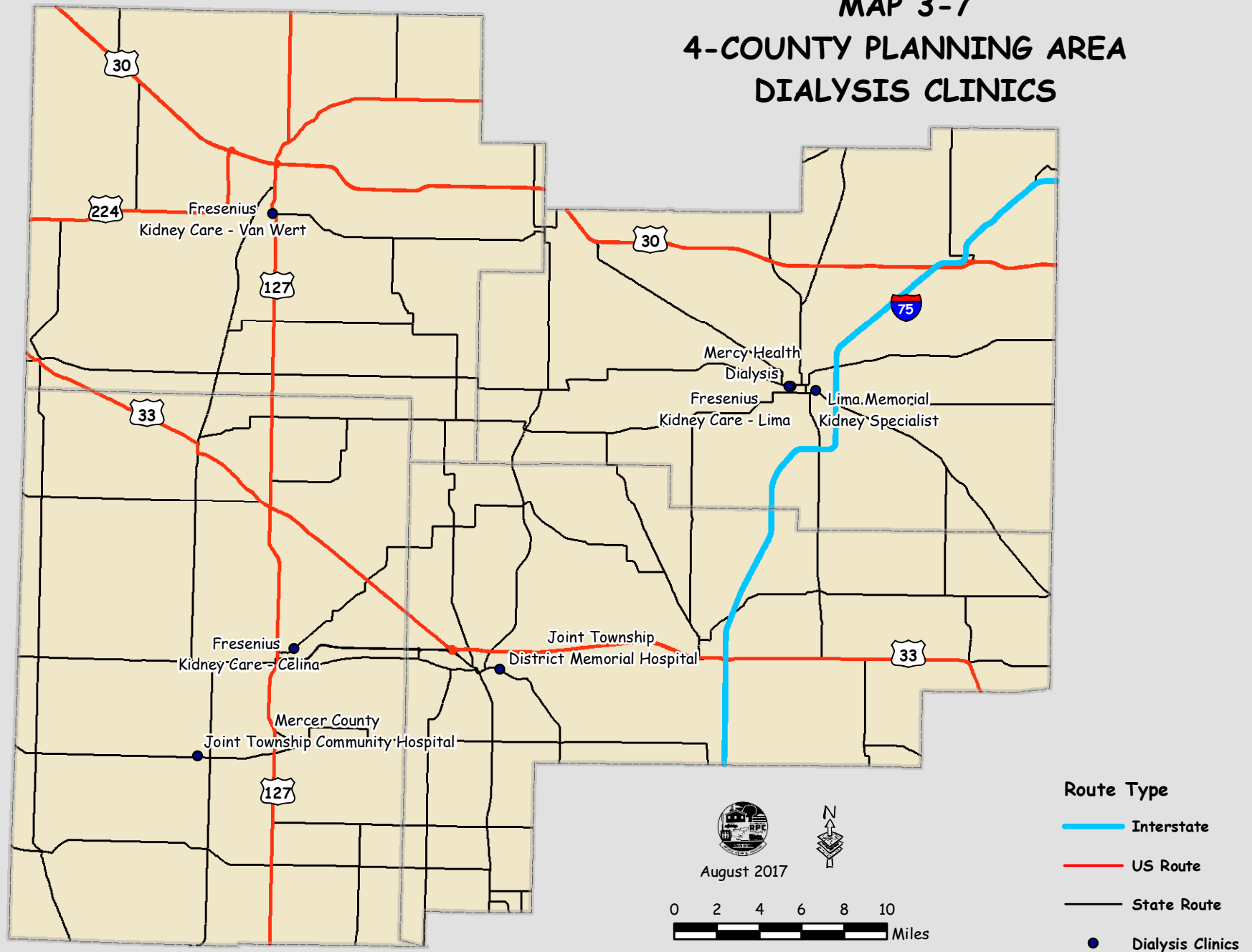
These type of day programs or treatment facilities draw traffic on a daily basis in a similar fashion to schools or places of employment. The locations of these services are depicted in Maps 3-6, 3-7 and 3-8, while the number of these facilities are identified in Table 3-10 by county.

TABLE 3-10 ADULT DAY PROGRAMS, DIALYSIS CLINICS & DRUG TREATMENT PROGRAMS RELATED MAJOR GENERATORS					
Type	Allen	Auglaize	Mercer	Van Wert	Total
Adult Day Programs	4	2	2	5	13
Dialysis Clinics	3	0	1	1	5
Drug Treatment Programs	7	2	3	2	14
<b>Total</b>	<b>14</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>32</b>

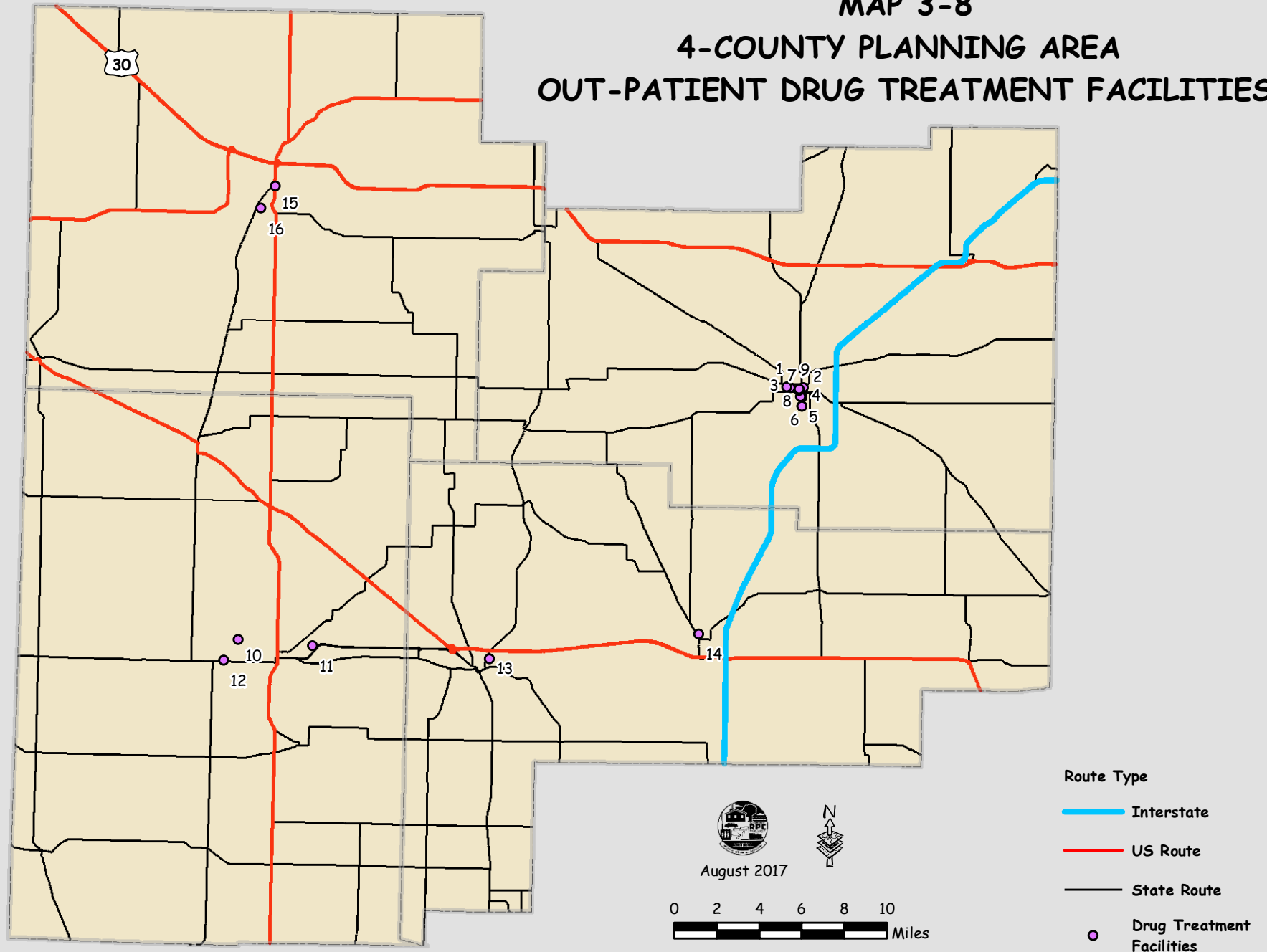
# **MAP 3-6** **4-COUNTY PLANNING AREA** **ADULT DAY PROGRAM PROVIDER**



**MAP 3-7**  
**4-COUNTY PLANNING AREA**  
**DIALYSIS CLINICS**



# **MAP 3-8** **4-COUNTY PLANNING AREA** **OUT-PATIENT DRUG TREATMENT FACILITIES**



### 3.2.6 Entertainment & Shopping Centers

Entertainment facilities and shopping centers not only draw local traffic to them but generate traffic across community and county boundaries. 72.2 percent of all major shopping centers are located in Allen and Auglaize Counties. Access to these hubs of commercial services is paramount to local resident's quality of life. Locations and number of these types of generators are identified in Table 3-11 and depicted in Maps 3-9 and 3-10.

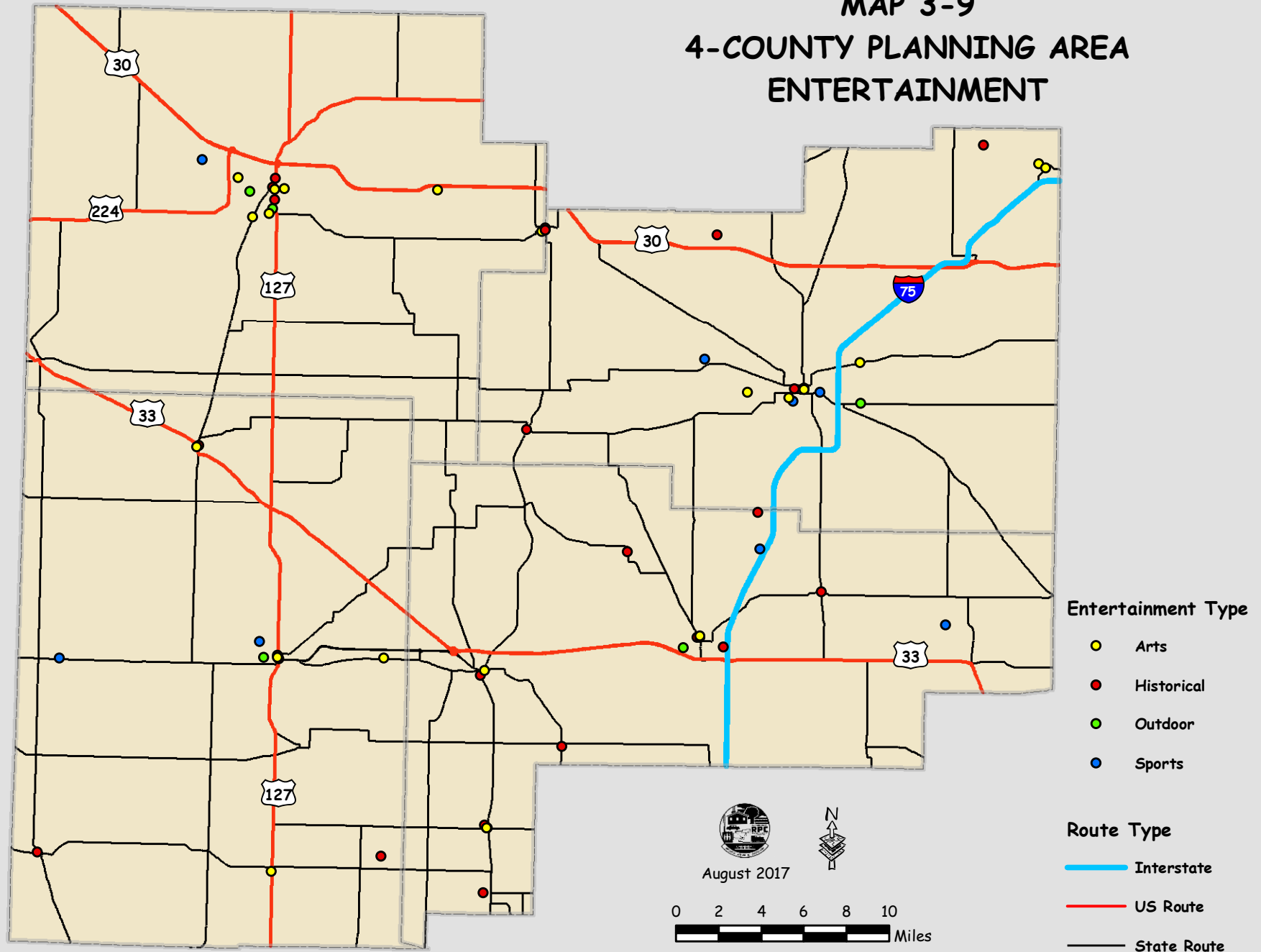
TABLE 3-11 ENTERTAINMENT & SHOPPING RELATED MAJOR GENERATORS					
Type	Allen	Auglaize	Mercer	Van Wert	Total
Arts	7	4	4	7	22
Historical	6	11	5	3	25
Outdoor	1	1	1	2	5
Sports	3	2	2	1	52
Shopping Centers	7	6	3	2	82
<b>Total</b>	<b>24</b>	<b>24</b>	<b>15</b>	<b>15</b>	<b>186</b>

### 3.2.7 Government & Social Service Agencies

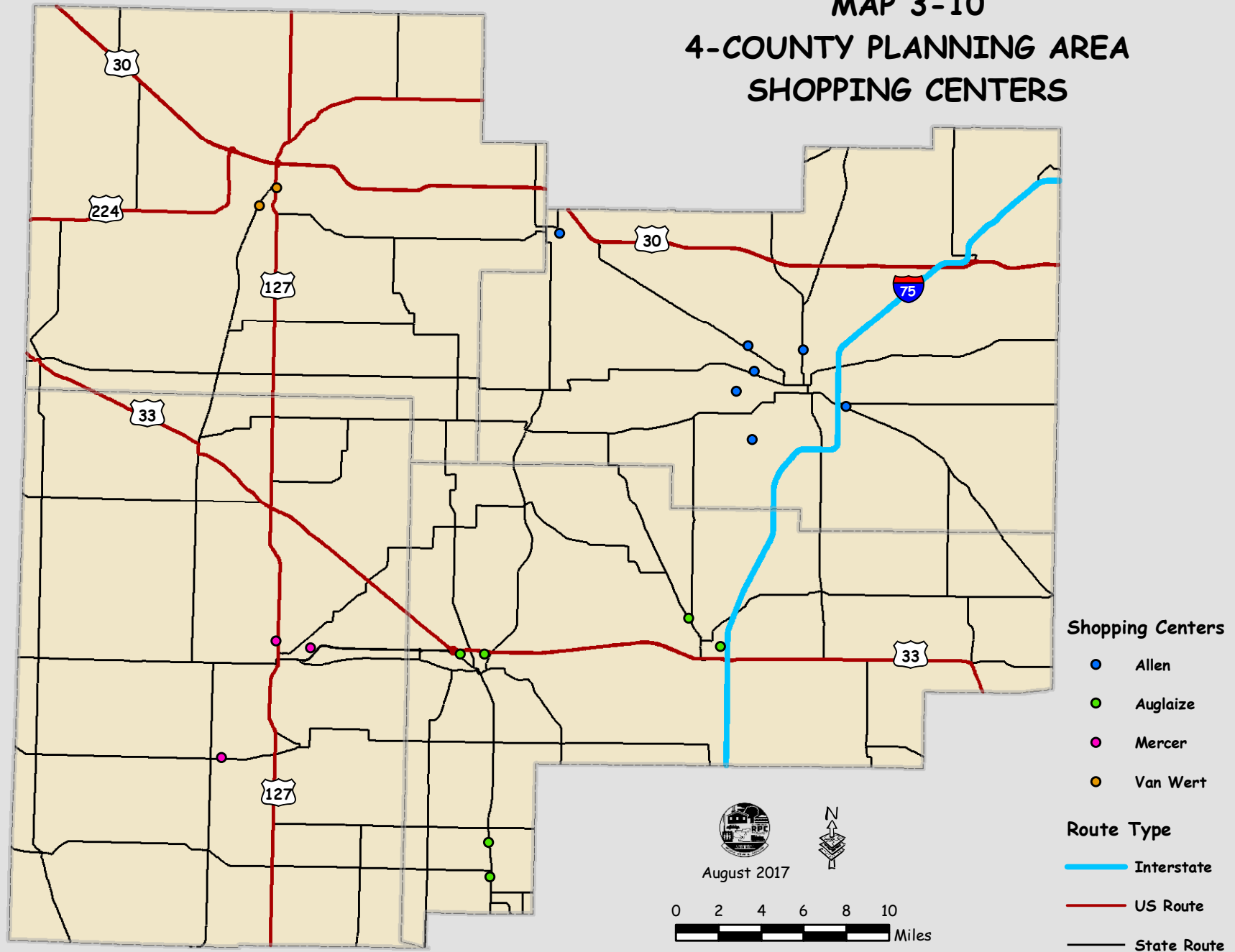
Government and Social Service Agencies tend to be located in urban areas and draw those who need their services in from throughout the county. The largest urban area in the planning region is inside Allen County where 40 percent of the government and social service agencies for the whole region are found. Table 3-12 identifies the number of facilities by county while Map 3-11 and 3-12 depict the locations for these facilities.

TABLE 3-12 GOVERNMENT & SOCIAL SERVICE RELATED MAJOR GENERATORS					
Type	Allen	Auglaize	Mercer	Van Wert	Total
Government Buildings	15	9	4	9	37
Social Service Buildings	40	31	11	20	102
<b>Total</b>	<b>55</b>	<b>40</b>	<b>15</b>	<b>29</b>	<b>139</b>

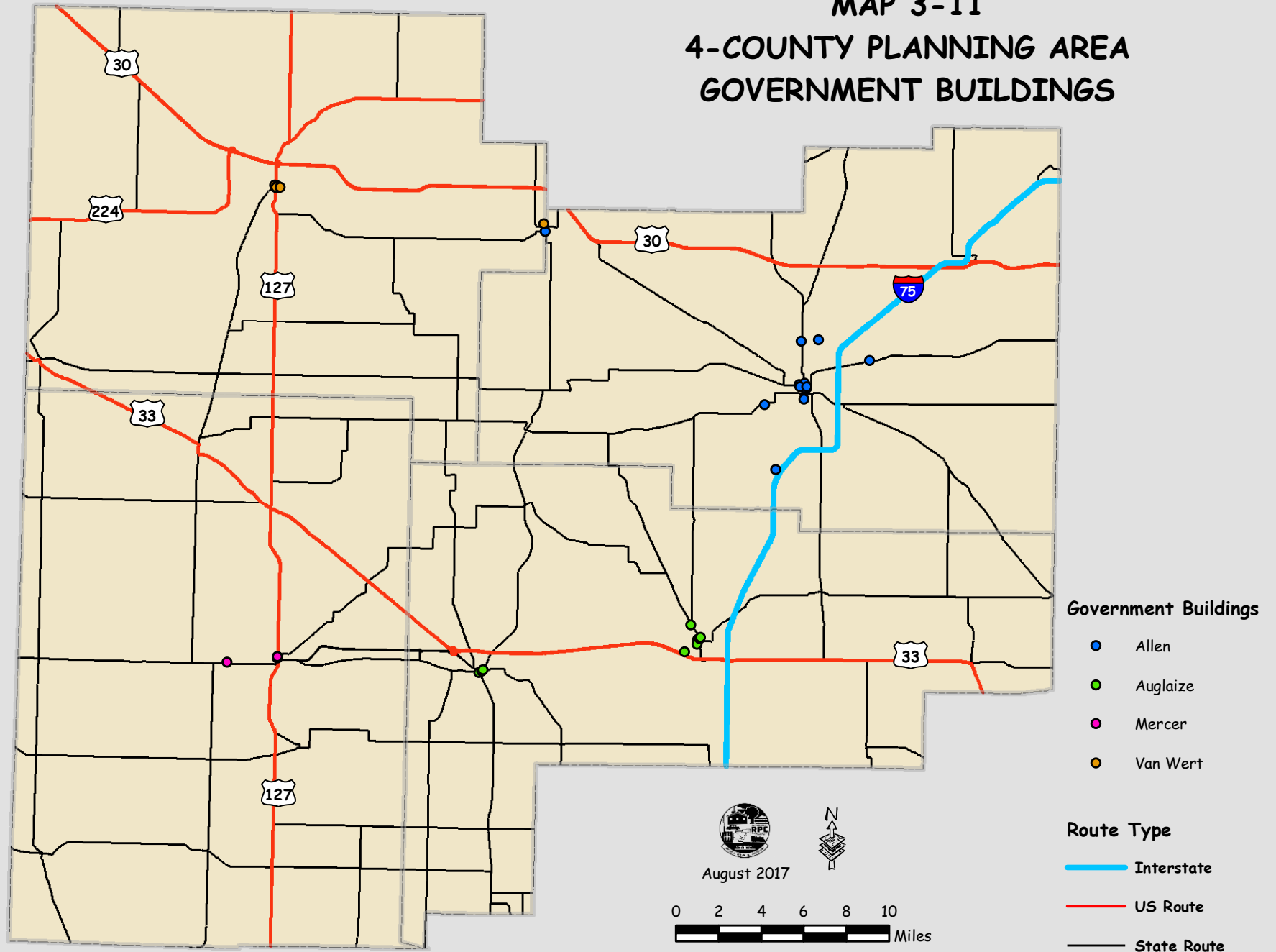
# MAP 3-9 4-COUNTY PLANNING AREA ENTERTAINMENT



# MAP 3-10 4-COUNTY PLANNING AREA SHOPPING CENTERS

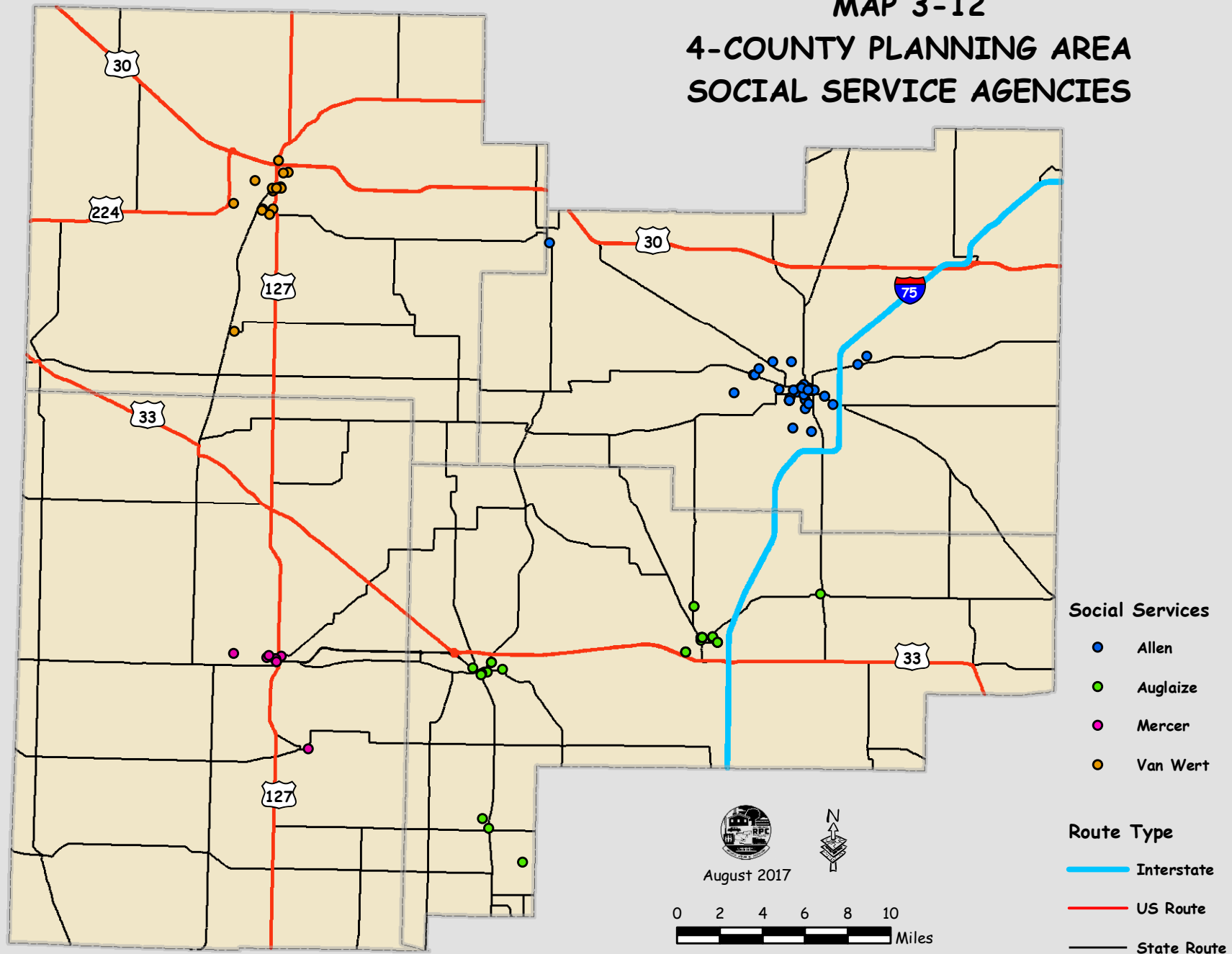


# MAP 3-11 4-COUNTY PLANNING AREA GOVERNMENT BUILDINGS





# MAP 3-12 4-COUNTY PLANNING AREA SOCIAL SERVICE AGENCIES



### 3.3 Regional Population Demographics

The importance of demographic data lies in its contribution to helping government and society better prepare to deal for the issues and demands of population growth and decline, aging and migration into, out of or within the region. Demographics speak to the characteristics of a population, such as the age, gender and income of the people within the population. In this report demographic variables are used to help understand the relationships between demographic trends (such as total population, race/ethnicity, English language skills, and median household income) and transportation needs (e.g. disability rates, vehicles available per household, etc.).

#### 3.3.1 Population Growth/Decline

Population demographics are an important factor in meeting regional transportation needs as they look at the components of the population and change over time. The total population of the 4-County region addressed by this Plan is roughly 219,500 persons; of which nearly half (48.24%) are Allen County residents (Table 3-13).

TABLE 3-13 POPULATION BY COUNTY 1970-2015						
Political Subdivision	1970	1980	1990	2000	2010	2015
Allen	111,144	112,241	109,755	108,473	106,331	104,210
Auglaize	38,602	42,554	44,585	46,611	45,949	45,847
Mercer	35,265	38,334	39,443	40,924	40,814	40,947
Van Wert	29,194	30,458	30,464	29,659	28,744	28,529
<b>Region</b>	<b>214,205</b>	<b>223,587</b>	<b>224,247</b>	<b>225,667</b>	<b>221,838</b>	<b>219,533</b>

The population of the region has grown slightly in spurts from 1970 thru the year 2015; overall growth over the 45 years has been just 2.48 percent. Post-1980 population growth slowed considerably as Allen County entered a period of population decline. Big picture, the region's population has been relatively stagnant over the

last 40+ years and has lagged behind the growth experienced by the State and Nation (9.02 and 56.49% respectively).

The projected growth of the region's population is also somewhat concerning. Census estimates suggest that the region will lose some 7,000 residents or 3.18 percent of the regions current population by 2040 (Table 3-14).

TABLE 3-14 POPULATION PROJECTIONS BY COUNTY 2016-2040				
Political Subdivision	2016	2020	2030	2040
Allen	103,742	103,560	101,450	100,650
Auglaize	45,894	45,590	44,690	44,430
Mercer	40,909	41,040	41,230	40,960
Van Wert	28,362	27,620	26,190	25,900
<b>Region</b>	<b>218,907</b>	<b>217,810</b>	<b>213,560</b>	<b>211,940</b>

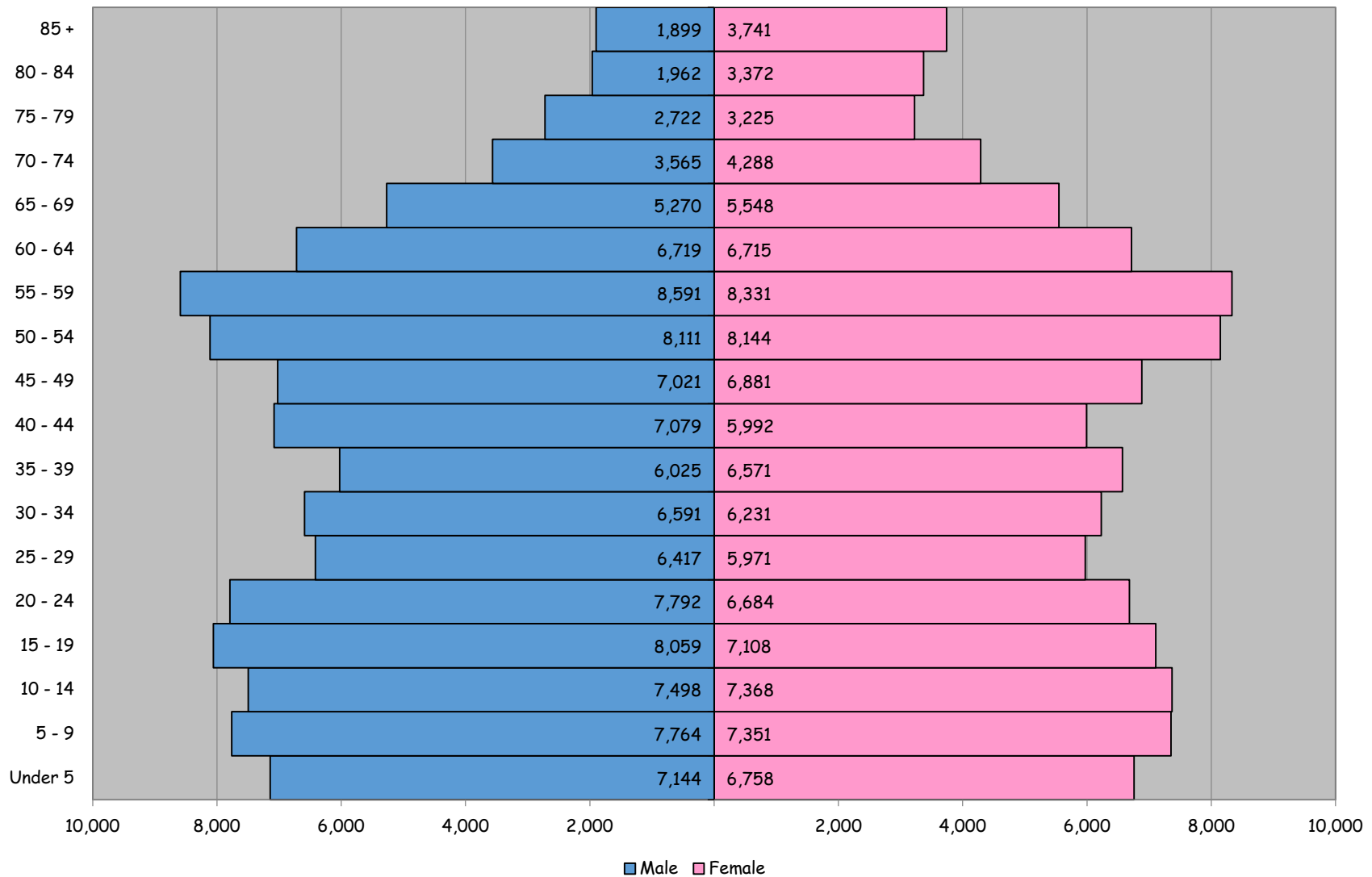
### 3.3.2 Race & Ethnicity

The region as a whole is predominantly white and has experienced only minor gains in minority population groups. The African-American population is largely absent outside of Allen County where it accounts for 12.1 percent of the total county population. Other than the African-American population in Allen County, there is no racial group larger than 1 percent. The size of the Hispanic population, which can be of any race, ranges from 1.4 to 2.8 percent of the total population across the region with the highest concentration in Van Wert County (Table 3-15).

### 3.3.3 Gender & Age

Illustration 3-1 depicts the 4-County region's population by gender and age cohort using a construct known as a population pyramid. The implications of those born between 1945 and 1964 (those between 70 and 51 years

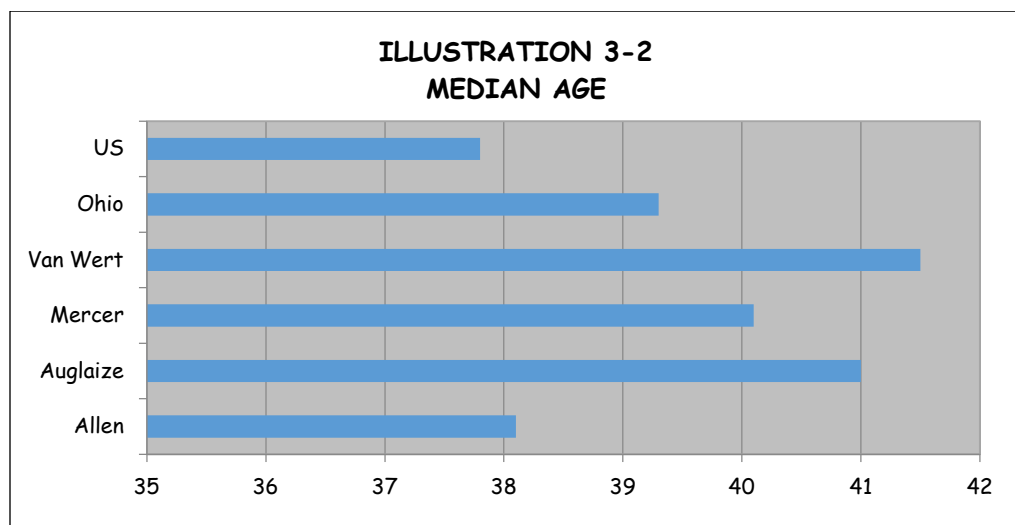
**ILLUSTRATION 3-1**  
**2015 POPULATION BY AGE COHORT**



of age) are not yet readily evident. Nor is the full impact the baby boomers will have on specialized transportation, housing and necessary services. Of note, the proportion of the "baby-boomers" in the more rural areas of the region has increased and the median age of some counties is at or above both National and State averages (Illustration 3-2).

TABLE 3-15 REGIONAL POPULATION BY RACE & PERCENT - 2015 <sup>1</sup>								
Political Subdivision	White	African-American	Native American	Asian	Pacific Islander	Other	2 or More Race	Hispanic <sup>2</sup>
Allen	83.54	12.10	0.30	0.80	0.00	0.50	2.80	2.70
Auglaize	97.40	0.50	0.20	0.50	0.00	0.40	1.00	1.40
Mercer	97.40	0.40	0.10	0.30	0.50	0.40	0.90	1.70
Van Wert	96.60	0.90	0.20	0.30	0.00	0.80	1.30	2.80
<b>Region</b>	<b>91.34</b>	<b>6.08</b>	<b>0.21</b>	<b>0.55</b>	<b>0.10</b>	<b>0.50</b>	<b>1.90</b>	<b>2.24</b>

<sup>1</sup> Percentages may not sum up to 100% due to rounding.  
<sup>2</sup> Hispanics can be of any race.



### 3.3.4 Disability Status

Often associated with the aging process are various physical, mental and self-care limitations that present challenges to the individual and families. But a plethora of such conditions exist that strike residents without regard to age, race, or income.

Within the 4-County Region, ACS 2015 data identified 28,774 persons, age 5 or older that suffered from a disability, representing 14.2 percent of all non-institutionalized persons age 5 and older (Table 3-16).

TABLE 3-16 2015 DISABLED POPULATION (AGE 5 & OVER) BY COUNTY		
County	Disabled Population	Percent Disabled
Allen County	14,795	15.4
Auglaize County	5,445	12.8
Mercer County	4,400	11.7
Van Wert County	4,134	15.5
<b>Region</b>	<b>28,774</b>	<b>14.2</b>

### 3.3.5 Educational Attainment

In 2015, educational attainment within the region was well below that established at State and National levels for persons 25 years of age and older. At the regional level the percent of adults age 25 and older that have earned college degrees ranged from a high of 28.3 percent in Auglaize County to a low of 25.4 percent in Mercer County (Table 3-17). In comparison, Ohio and the nation have established rates of 34.3 and 37.8 percent respectively.

TABLE 3-17 REGIONAL EDUCATIONAL ATTAINMENT BY COUNTY				
Political Subdivisions	High School Diploma	Associate Degree	Bachelor Degree	Master's Degree or Higher
Allen County	48.70%	8.80%	9.40%	6.20%
Auglaize County	43.90%	10.90%	11.60%	5.80%
Mercer County	49.10%	9.70%	9.90%	5.80%
Van Wert County	39.70%	10.20%	10.10%	7.20%
<b>Region</b>	<b>43.51%</b>	<b>10.06%</b>	<b>10.30%</b>	<b>6.55%</b>

### 3.3.6 Poverty Status

Relatively high disability rates and lower educational attainment levels can sometimes be associated with higher rates of unemployment and lower income levels.

Some research indicates that children from lower-socioeconomic status households and communities develop academic skills slower than children from higher socioeconomic groups. The young and inexperienced, the elderly and the disabled populations are often prone to unemployment, part-time employment or underemployment. Inadequate education and increased dropout rates affect not only adult earnings but the academic achievement of their children, perpetuating the low-SES status of the community.

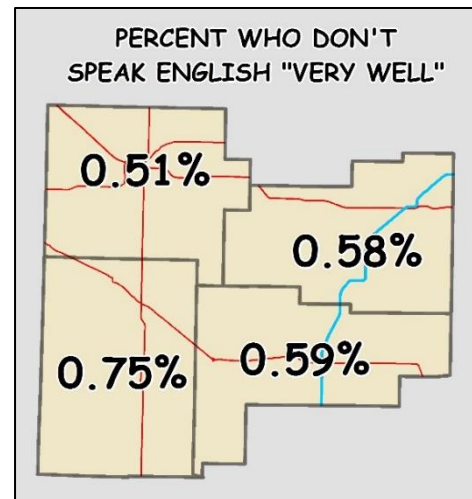
Three indicators of lower socioeconomic status include individual poverty status, household poverty status, and one's ability to speak English. The following tables examine these populations. Tables 3-18 and 19 look at poverty rates in the 4-County region. Both the individual and household poverty rates for the region were approximately 13 percent. Allen County accounted for over 50 percent of both the individuals and households living below the poverty line.

TABLE 3-18 2015 INDIVIDUAL POVERTY LEVEL BY COUNTY		
Political Subdivision	Persons in Poverty	% of Persons in Poverty
Allen County	17,713	14.46%
Auglaize County	4,010	8.87%
Mercer County	3,399	8.43%
Van Wert County	3,600	12.83%
<b>Region</b>	<b>28,722</b>	<b>13.36%</b>

TABLE 3-19 2015 HOUSEHOLD POVERTY LEVEL BY COUNTY		
Political Subdivision	Households in Poverty	% Households in Poverty
Allen County	6,795	16.99%
Auglaize County	1,630	8.96%
Mercer County	1,391	8.74%
Van Wert County	1,332	11.73%
<b>Region</b>	<b>11,148</b>	<b>13.04%</b>

### 3.3.7 English Proficiency

Individuals and families that speak English less than "very well" often struggle to find stable work often causing this population to live in a lower-socioeconomic status than their English speaking counterparts. Like other low-income individuals public or shared transportation



becomes paramount to one's ability to access jobs and services. Not speaking English hampers the ease in which public transit or shared use mobility websites, apps, maps and signs are utilized and understood, causing even more severe transportation barriers in those populations. In the 4-County planning area this group makes up less than 1 percent of the population (Tables 3-20 and 3-21).

TABLE 3-20 SPEAK ENGLISH LESS THAN "VERY WELL"					
	Allen	Auglaize	Mercer	Van Wert	Region
Total Who Speak English Less Than "Very Well"	582	255	287	138	1,262
Percent Who Speak English Less Than "Very Well"	0.59	0.59	0.75	0.51	0.61

TABLE 3-21 DOMINANT LANGUAGE OF THOSE WHO DO NOT SPEAK ENGLISH "VERY WELL"				
Language Spoken	Allen	Auglaize	Mercer	Van Wert
Spanish	232	87	80	75
% Spanish	39.86%	34.12%	27.87%	54.35%
Indo-European	76	62	100	46
% Indo-European	13.06%	24.31%	34.84%	33.33%
Asian and Pacific	228	106	107	17
% Asian and Pacific	39.18%	41.57%	37.28%	12.32%
Other	46	0	0	0
% Other	7.90%	0.00%	0.00%	0.00%

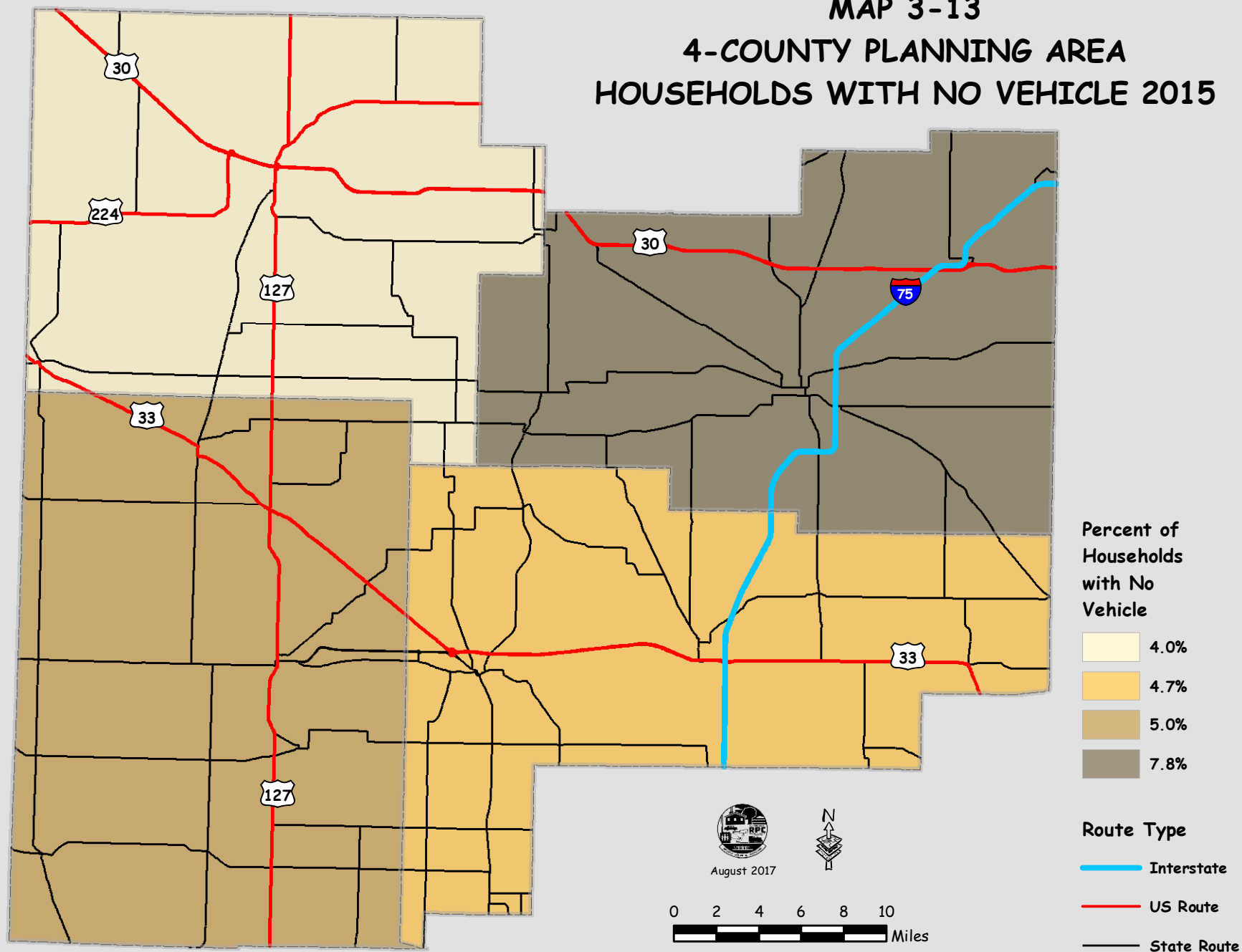


### **3.3.8 Summary**

The attributes described above often lead to low vehicle ownership households. Whether it is due to inability to purchase or utilize a motor vehicle many households and individuals that fall into the above categories often have to make do without easy access to a car and therefore easy access to transportation. All four counties in the planning area have at least 4.0 percent of all households that have no personal motor vehicle, with Allen County having the highest percentage at 7.8 percent (Map 3-13).

Changes in the characteristics of the region's population may have not altered social and cultural patterns but they may have particularly pronounced effects on services and planning processes including transportation and transportation planning because of the aging process, changing residency status, access to economic resources and disability status. A demographic analysis of traditionally transportation dependent populations is found in the following section.

**MAP 3-13**  
**4-COUNTY PLANNING AREA**  
**HOUSEHOLDS WITH NO VEHICLE 2015**



## **SECTION 4**

### **TRANSPORTATION DEPENDENT POPULATIONS**

Section 4 presents information on individuals considered by the transportation industry to be dependent upon public transportation services in general and upon specialized transportation services in specific situations. These population groups possess certain characteristics that typically prevent driving, thus leaving public transportation and/or specialized paratransit services as the primary transportation option.

This Section defines the special-needs populations in light of Federal legislation and advances a discussion of the demographic trends and related socio-demographic information specific to the 4-County region. This section also presents the basis upon which the demand for transportation services will be analyzed in subsequent sections of the report.

#### **4.1 Federal Legislation: Target Populations Identified**

A number of Federal regulations passed over the last 50 years created a broad range of alternative service requirements intended to meet the needs of special population groups. For instance, language in Title VI of the Civil Rights Act of 1964 (42 U.S.C. Title VI Section 601) states that "No person shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to, discrimination under any program or activity receiving Federal financial assistance." Section 16(a) of the Urban Mass Transportation Act (UMTA) of 1964 mandates, "special efforts shall be made in the planning and design of mass transportation facilities and services so that the availability to elderly and handicapped persons of mass transportation, which they can effectively utilize, will be assured." Also related is Section 504 of the Rehabilitation Act of 1973 (Public Law. 93-112, Title V,

Sec. 504, Sept. 26, 87 Stat. 394), prohibiting discrimination against people with disabilities and states "No otherwise qualified handicapped individual in the United States... shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive Agency."

For the purpose of consistency, and because the term "disabled" has been somewhat ambiguous, with respect to public transit operations, this report will utilize the term as defined under the Americans With Disabilities Act of 1990 (ADA), " Disability means, with respect to an individual, a physical, mental or emotional impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or, being regarded as having such an impairment." The U.S Census Bureau further defines "disabled" as pertaining to any individual who requires assistance in leaving their home, or a "go-outside-home" disability. Collectively these persons are referred to herein as "transportationally challenged" or "mobility impaired."

Although the term "elderly" has been applied to a wide range of federally subsidized programs, there has been little consensus with respect to a standard definition in terms of chronological age. Many Federal social service programs utilize different chronological ages to define the clientele of certain programming. And although age has been used almost exclusively, some programs attempt to augment a prospective client's age with special physical conditions as a prerequisite to services. However, in order to avoid conflict with Federal transportation policies and programs, for purposes of this report, age 65 was used to define the elderly.

#### **4.1.1 Older Americans Act**

The Older Americans Act (OAA), passed on July 14, 1965, during the Johnson Administration, sought to guarantee the elderly the opportunity for employment with no age related discriminatory personnel practices, while assuring freedom, independence, and the free exercise of individual initiative in planning and managing their own lives. The Act targeted anyone 60 years of age or older, created funding for various services, including but not limited to: nutrition programs; services that targeted low-income minority elders; health promotion and disease prevention activities; in-home services for frail elders; and those services which protect the rights of older persons, such as the long term care ombudsman program. The OAA, as amended (1973), also sought to guarantee the elderly the ability to participate in, and contribute to, meaningful endeavors within the widest range of civic and cultural activities, education and training, as well as, recreation activities through access to transportation.

The Act works to provide increased residential choice by providing transportation service assistance to those that need it. Programmatic funds are made available from the Federal Administration on Aging to the Ohio Department on Aging which utilizes regional offices referred to as Planning Service Areas (PSAs). These funds are reallocated to specific local agencies that provide services to seniors. The reauthorized Act of 2005 contained new programs, including the National Family Caregiver Support Program, which helps family members struggling to care for ill "elder" loved ones, or those with disabilities. The Program also recognizes the needs of "caregiver" grandparents of grandchildren, as well as,

other older individuals who are relative-caregivers of children 18 years of age or younger.

#### **4.1.2 The Americans with Disabilities Act of 1990**

The Americans with Disabilities Act of 1990 (ADA) mandated for individuals with disabilities equal opportunity with respect to employment, transportation, telecommunications, and places of public accommodations. Passage of the ADA changed many aspects of public disability policy previously established under Section 504 of the Rehabilitation Act of 1973. The ADA set clear national goals, as well as, a specific and detailed course of action to meet these goals. Compared to Section 504, the ADA required a much greater level of affirmative action in employment, programs services, and policies. More importantly, the ADA as a civil rights law provided both incentives and penalties to strengthen compliance, including not only eligibility for Federal funding, but the prospect of legal liability.

The ADA addresses a broad range of policies, practices, and procedures, especially concerning public accommodation, which State and local governments must assess, as well as, incorporate in service, delivery, and infrastructure development. The ADA has had a significant impact on the design of public facilities, as well as, the level of services local transit providers must offer. Title II of the ADA requires public entities that build sidewalks and trails to provide access to existing facilities and to design and construct new and/or altered facilities to be readily accessible to individuals with disabilities. Title II also prohibits transit operators from denying service to individuals with disabilities who are unable to use or access public transportation services.

A significant portion of Title II of the ADA addresses public transportation systems. Transit operators are required to accommodate the special needs of the disabled population in a variety of ways, which includes: (1) all newly leased or purchased vehicles on fixed-route service must be accessible to the elderly and disabled; (2) alterations to existing facilities must meet Federal accessibility requirements; (3) new facilities must be accessible to the elderly and disabled; and, (4) public fixed-route systems must offer comparable paratransit service.

The ADA regulations require public entities operating fixed-route systems to provide paratransit, or other special service, to individuals with disabilities comparable to the level of service provided to individuals without disabilities, capable of using the fixed-route system. In terms of accessibility, this has the effect of compelling a transit operator to provide expensive paratransit services to an individual who cannot use regular fixed-route transportation because of limitations directly associated with his/her ability to navigate sidewalks, street curbing, or other mobility obstacles. Paratransit service is any type of public transportation that is distinct from conventional (fixed-route) transit, such as flexibly scheduled and routed services.

A list of criteria was developed to help define "comparable" paratransit service. Service must be provided in the same service area and must have a response time that is comparable to the fixed-route system, as well as, provide service for comparable fares (no more than twice the fare on the fixed-route system). In addition, paratransit service must be provided on comparable days and hours and meet client requests for

any trip purpose. No prioritization for trip purpose is acceptable. Lastly, paratransit service may not be substantially limited due to capacity constraints.

#### **4.1.3 Executive Order 12898 & Environmental Justice**

On February 11, 1994, President Clinton signed Executive Order 12898: Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations. This Order served to amplify the provisions of the three-decade old Title VI of the Civil Rights Act of 1964. Title VI of the 1964 Civil Rights Act stated that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Title VI bars intentional discrimination, as well as, disparate impact discrimination (i.e., a neutral policy or practice that has a disparate impact on low income and minority groups). The Environmental Justice Executive Order amplifies Title VI by providing that each Federal agency shall make achieving environmental justice part of its mission by identifying and addressing, as appropriate, disproportionately high and adverse human health or environmental effects of its programs, policies, and activities on minority and low-income populations.

The United States Environmental Protection Agency has defined Environmental Justice as: "The fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation and enforcement of environmental laws, regulations and policies." Fair treatment means that no group of people, including racial, ethnic, or socio-economic group, should bear a



disproportionate share of the negative environmental consequences resulting from industrial, municipal, and commercial operations or the execution of Federal, State, local and tribal programs and policies. In general, this means that for any program or activity for which any Federal funds will be used, the agency receiving the Federal funds must (1) make a meaningful effort to involve low income and minority populations in the processes established to make the decision about the use of those Federal funds; and (2) evaluate the nature, extent, and incidence of probable favorable and adverse human health or environmental impacts of the program or activity upon minority or low-income populations.

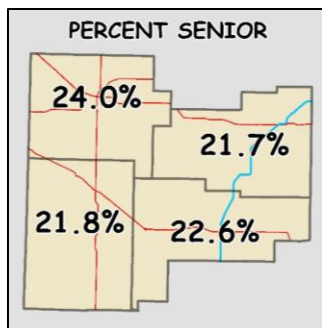
#### **4.2 Transportation Dependent Populations**

In sum, legislation identified specific populations that must be considered and provided fair treatment in all federally funded transportation programs, projects, and/or services under penalty of law, including: (1) seniors defined as 60 years of age or older; (2) the disabled, as defined as individuals suffering from a physical, mental, or emotional impairment that substantially limits one or more of the major life activities; (3) non-white minority populations; and (4) the poor, as defined by the United States Department of Housing & Urban Development. These transportation dependent groups make up the bulk, and are expected to frame in large measure, the demand for publicly supported transportation services, including specialized paratransit.

The U. S. Census Bureau provided information about elderly, disabled, minority, and impoverished populations. Unfortunately, there was considerable overlap between such groups and clear, distinct classifications were elusive. The remainder of Section 4.2 provides an overview of the elderly, the disabled population, the minorities, and the poor living within the 4-County region.

#### 4.2.1 The Elderly

As defined by the Older Americans Act (OAA), "senior citizens" are those persons over the age of 60 years. However, for purposes of this report, and to represent the majority of government programs including Federal and State transportation policies, the age of 65 will be used to refer to the "elderly". As applicable, the report provides information to help differentiate between the 60+ (OAA) and 65+ (FHWA/FTA) populations to further support the public planning process.



For the past several decades, as baby-boomers have aged, seniors have represented an increasingly larger segment of society. In the 4-County region between 1980 and 2015, the number of persons age 65 and over increased by 38.2 percent. Examining American Community Survey (ACS) 2015 data, and using the minimum fixed age of 65 years, the elderly population within the 4-County region grew to 35,595 persons, or approximately 16.1 percent of the Region's total population. Table 4-1 reveals the ACS 2015 elderly population within the 4-County region by gender and age cohorts.

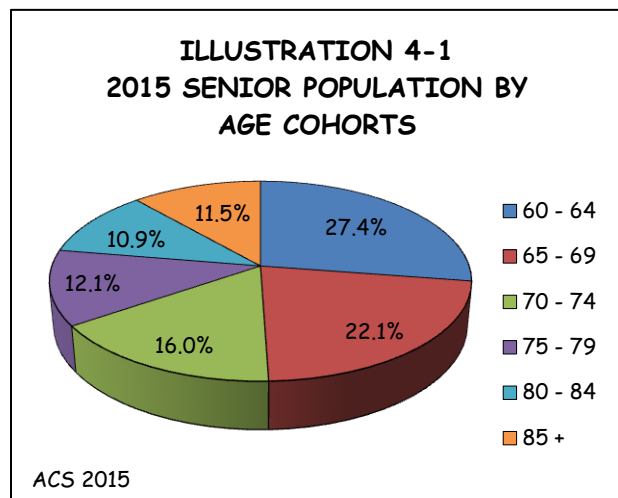
TABLE 4-1 2015 4-COUNTY POPULATION BY GENDER & AGE COHORT			
Cohort	Male	Female	Total
65-69	5,270	5,548	10,818
70-74	3,565	4,288	7,853
75-79	2,725	3,225	5,950
80-84	1,962	3,372	5,334
85+	1,899	3,741	5,640
<b>Total</b>	<b>15,421</b>	<b>20,174</b>	<b>35,595</b>
ACS 2015			

ACS 2015 identified that Allen County (15.5%), Auglaize County (16.5%), Mercer County (16.4%), and Van Wert County (17.7%) have significant concentrations of elderly, above the State's 15.1 percent average. These heavy concentrations of elderly are also well above the National

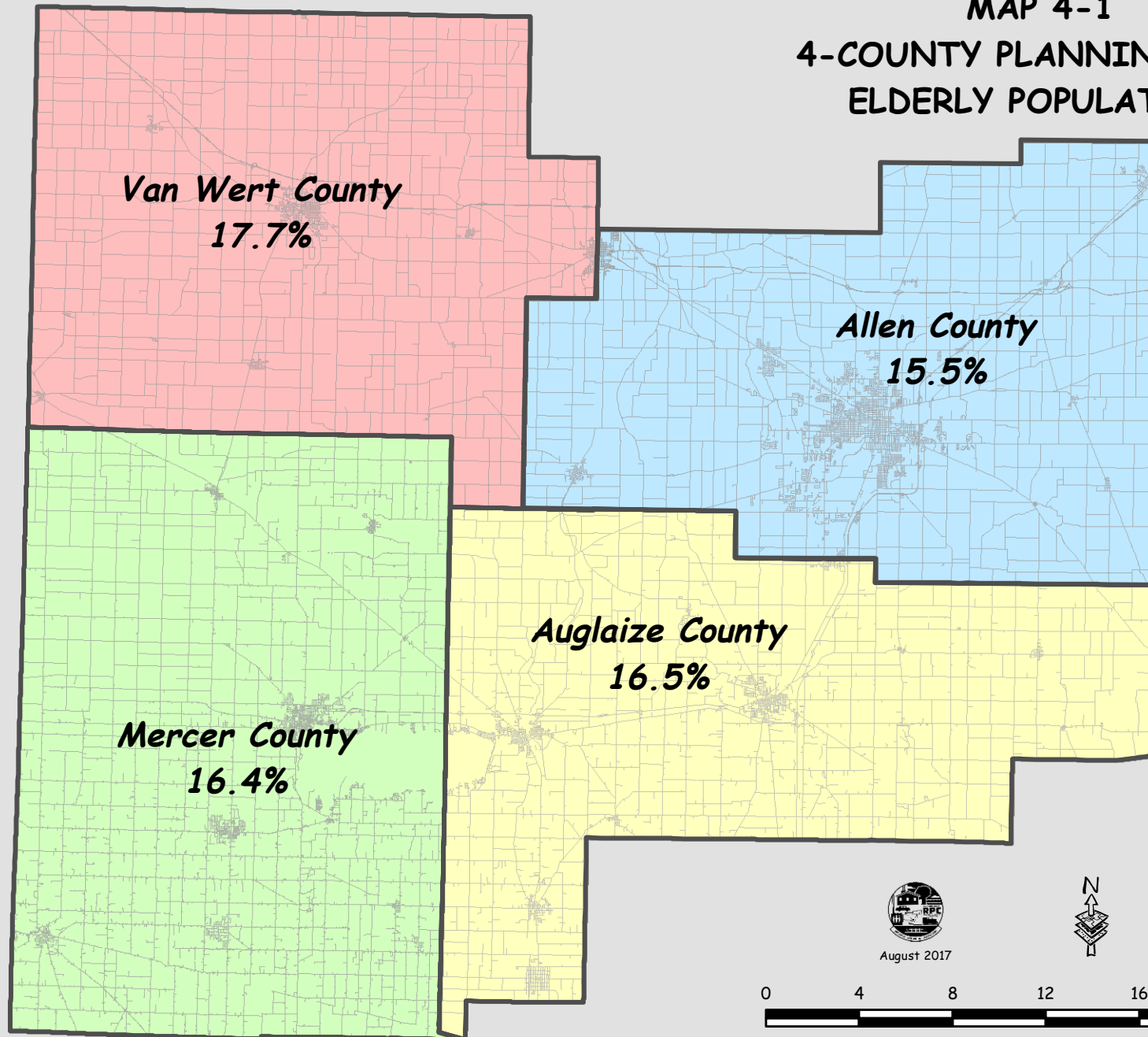
average of 14.1 percent. Table 4-2 identifies the senior (60+ years) and elderly (65+ years) populations by county. Map 4-1 identifies the elderly by percent of total population by county.

TABLE 4-2 2015 SENIOR & ELDERLY POPULATION BY COUNTY				
Political Subdivision	Senior (60+)		Elderly (65+)	
	Total Senior	Percent of Population	Total Elderly	Percent of Population
Allen County	22,871	21.7	16,271	15.5
Auglaize County	10,387	22.6	7,578	16.5
Mercer County	8,917	21.8	6,693	16.4
Van Wert County	5,958	20.8	5,053	17.7
<b>Total</b>	<b>48,133</b>	<b>25.1</b>	<b>35,595</b>	<b>18.6</b>
ACS 2015				

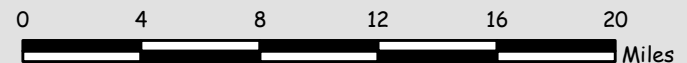
For purposes of addressing OAA concerns, the total population over 60 years of age equals 48,133 persons, or 25.1 percent of the total Regional population. The 60 to 64 age cohort is the youngest and largest cohort in the senior's classification, representing 27.9 percent of all seniors, and 6.1 percent of the total Regional population. This is the start of the baby boomer generation and these younger "seniors" will continue to grow in terms of size and percent of total population. Illustration 4-1 depicts the "senior" population age cohorts as they existed at the time of ACS 2015. Illustration 4-2 depicts the 4-County region population by age cohort and gender. Notice the predominance of females increases in every older cohort.



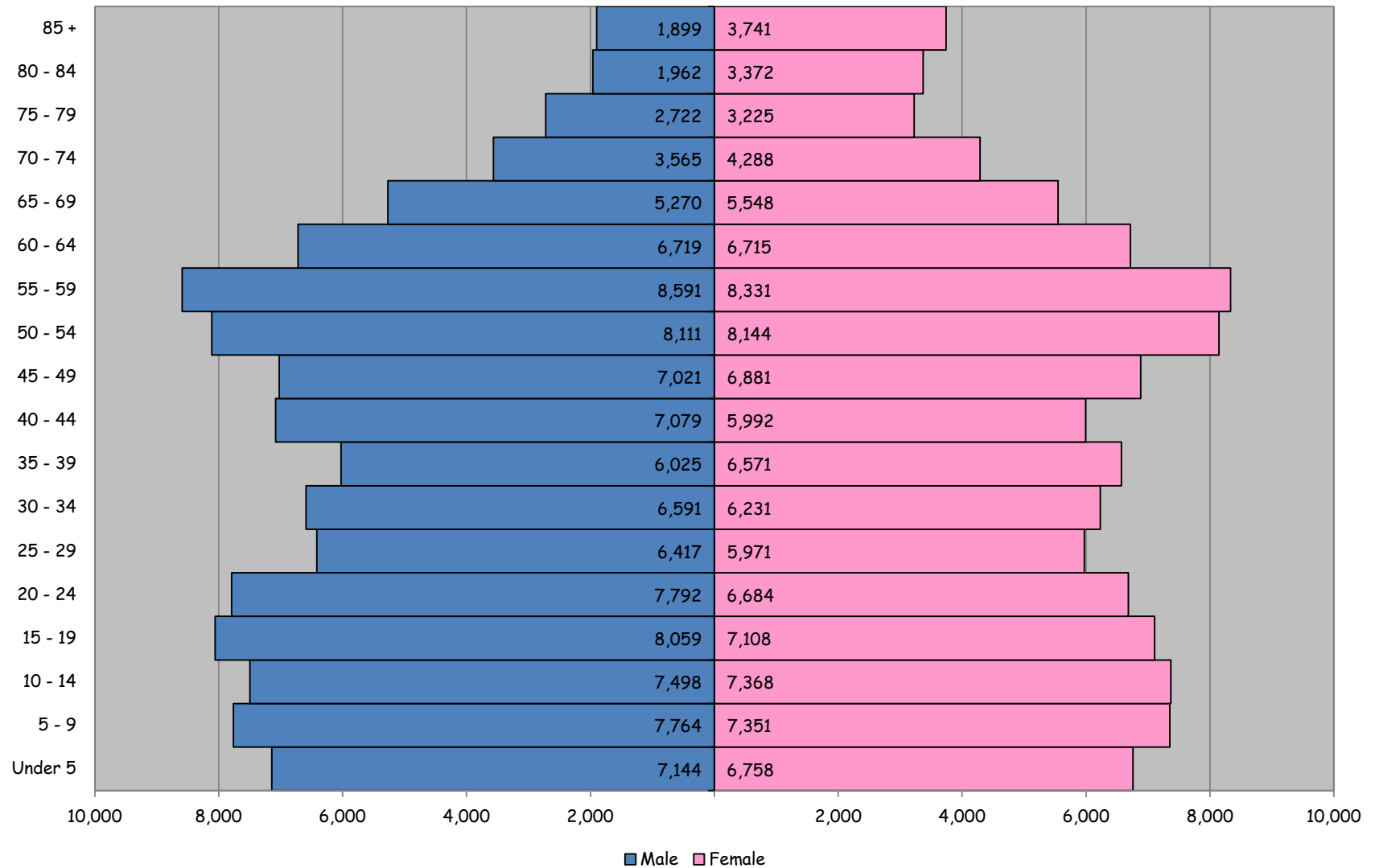
# **MAP 4-1** **4-COUNTY PLANNING AREA** **ELDERLY POPULATION**



August 2017



**ILLUSTRATION 4-2**  
**2015 POPULATION BY AGE COHORT**



#### **4.2.2 The Disabled & Mobility Challenged Populations**

Various Federal legislative initiatives have established the civil rights of the disabled, especially as it relates to areas of employment, education, and transportation. Each of these Acts also utilize different terms and definitions to address specific criteria of eligibility and/or services.

ACS 2015 estimates provided the information necessary to identify the disabled population residing in the 4-County region. Four (4) primary disability characteristics were identified, including: sensory, physical, mental, and self-care limitations. Within the 4-County region, ACS 2015 reported that 28,774 persons, age 5 or older, suffered from a disability, representing 14.2 percent of all non-institutionalized persons age 5 and older (Table 4-3).

Within the four primary conditions which define the disabled population, the Census further identified persons whose disability restricted employment and those whose disability affected their ability to "go-outside-the-home" without assistance. The U. S. Census Bureau identified those with a "go-outside-the-home" disability as mobility-impaired. This mobility-impaired component of the larger disabled population is that group of individuals most likely to be in need of specialized paratransit consideration, as they would probably not be able to drive or utilize public fixed-route transportation services.

ACS 2015 estimates suggested that 14,313 persons were considered mobility-impaired, or 7.1 percent of all non-institutionalized individuals over the age of 5 years-old. Among those non-institutionalized persons, identified as

65 or older, 7,171 were considered mobility-impaired, or 20.1 percent of the total elderly population. Mobility-impaired persons in the 4-County region were identified in Table 4-3. Map 4-2 depicts the concentration of the disabled population, while Map 4-3 identifies the smaller mobility-impaired population within each of the counties. Both Allen County and Van Wert County had the highest percentage of disabled persons at 15.4 percent and 15.5 percent respectively, while Van Wert County had the highest concentration of mobility-impaired persons at 8.0 percent. Both Allen County and Van Wert County experienced a proportion of mobility-impaired persons that is higher than both the State average of 7.6 percent and the National average of 7.0 percent.

The number of households with at least one disabled person residing in the home reflected the percentages of individuals disabled by county, with Van Wert County having the highest percentage of households (29.4%).

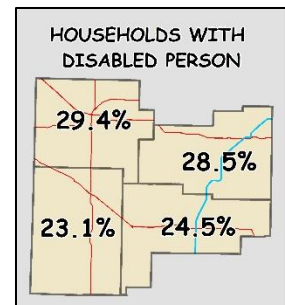
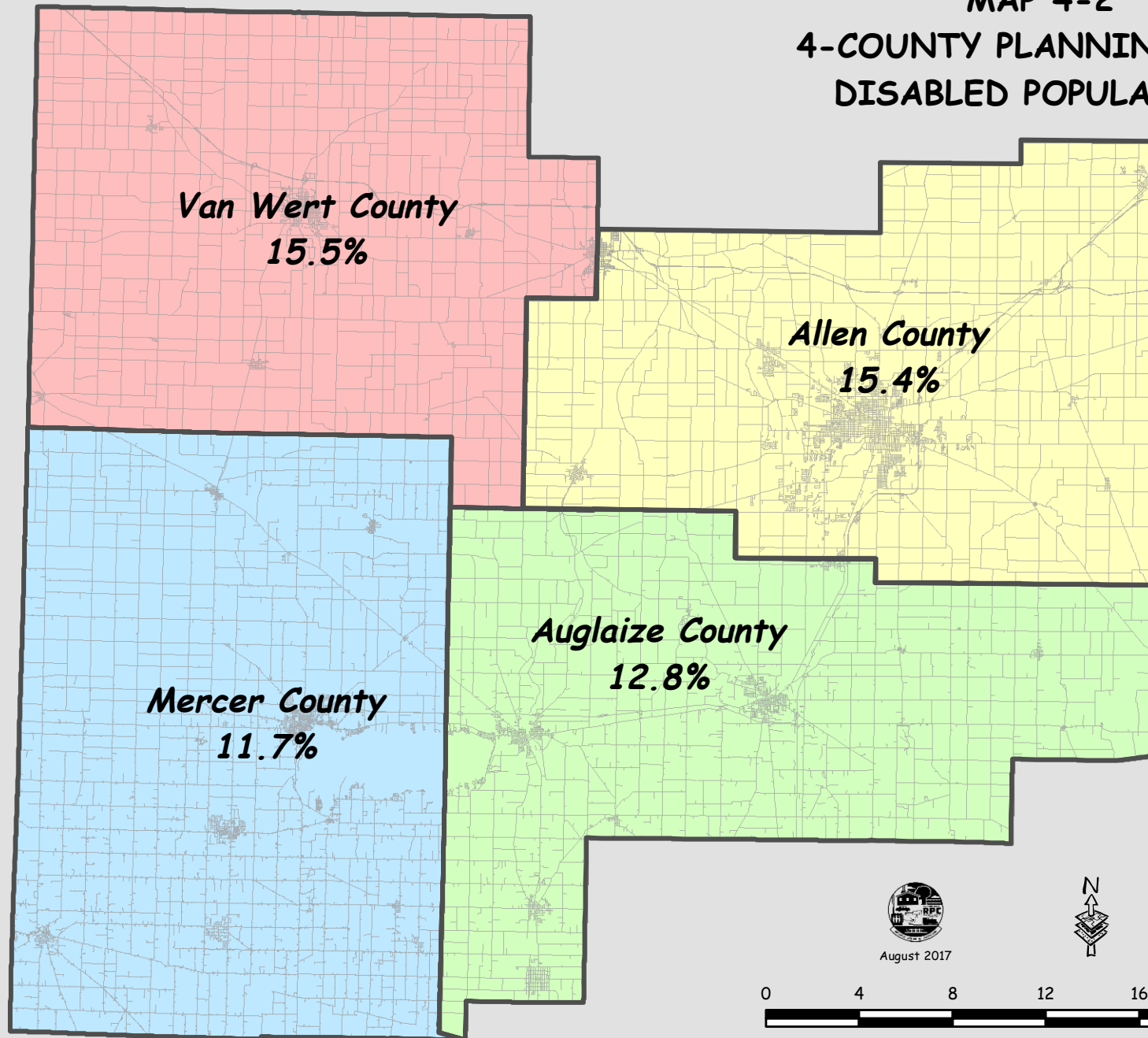


TABLE 4-3 2015 NON-INSTITUTIONALIZED DISABLED POPULATION AGE 5 & OVER BY COUNTY					
Political Subdivision	Non-Institutionalized Over 5 Population	Disabled Population	Percent Disabled	Mobility Impaired	Percent Mobility Impaired
Allen County	96,103	14,795	15.4	7,098	7.4
Auglaize County	42,389	5,445	12.8	2,756	6.5
Mercer County	37,750	4,400	11.7	2,317	6.1
Van Wert County	26,613	4,134	15.5	2,142	8.0
<b>Total</b>	<b>202,855</b>	<b>28,774</b>	<b>14.2</b>	<b>14,313</b>	<b>7.1</b>
ACS 2015					

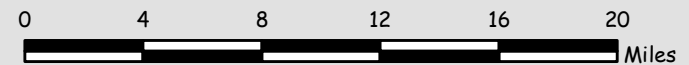
### 4.2.3 Minority Populations

Federal policies have defined minority populations in a number of ways. Included are persons of all non-white

**MAP 4-2**  
**4-COUNTY PLANNING AREA**  
**DISABLED POPULATION**

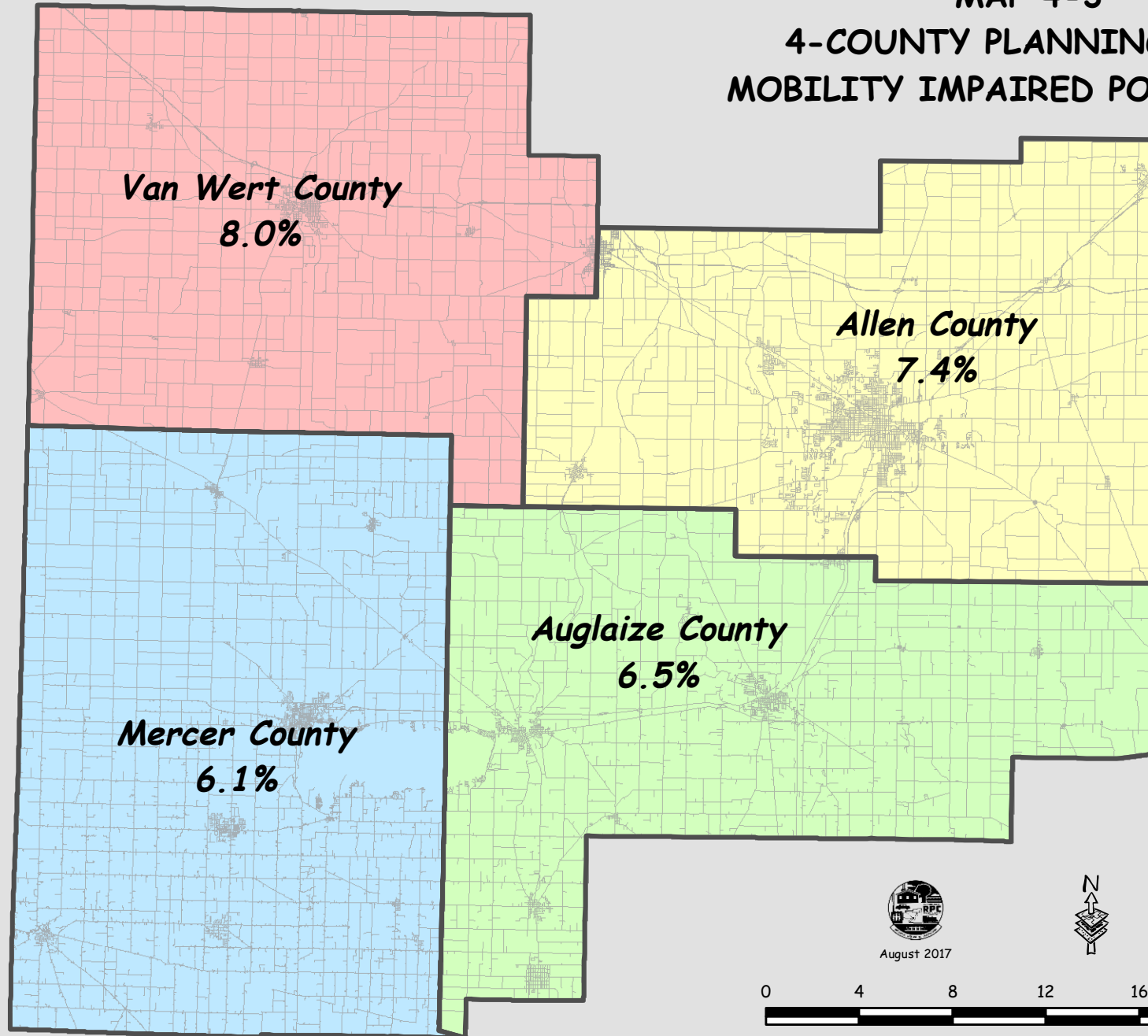


August 2017

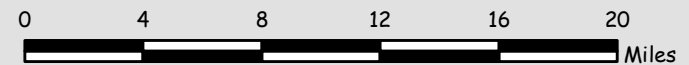




**MAP 4-3**  
**4-COUNTY PLANNING AREA**  
**MOBILITY IMPAIRED POPULATION**



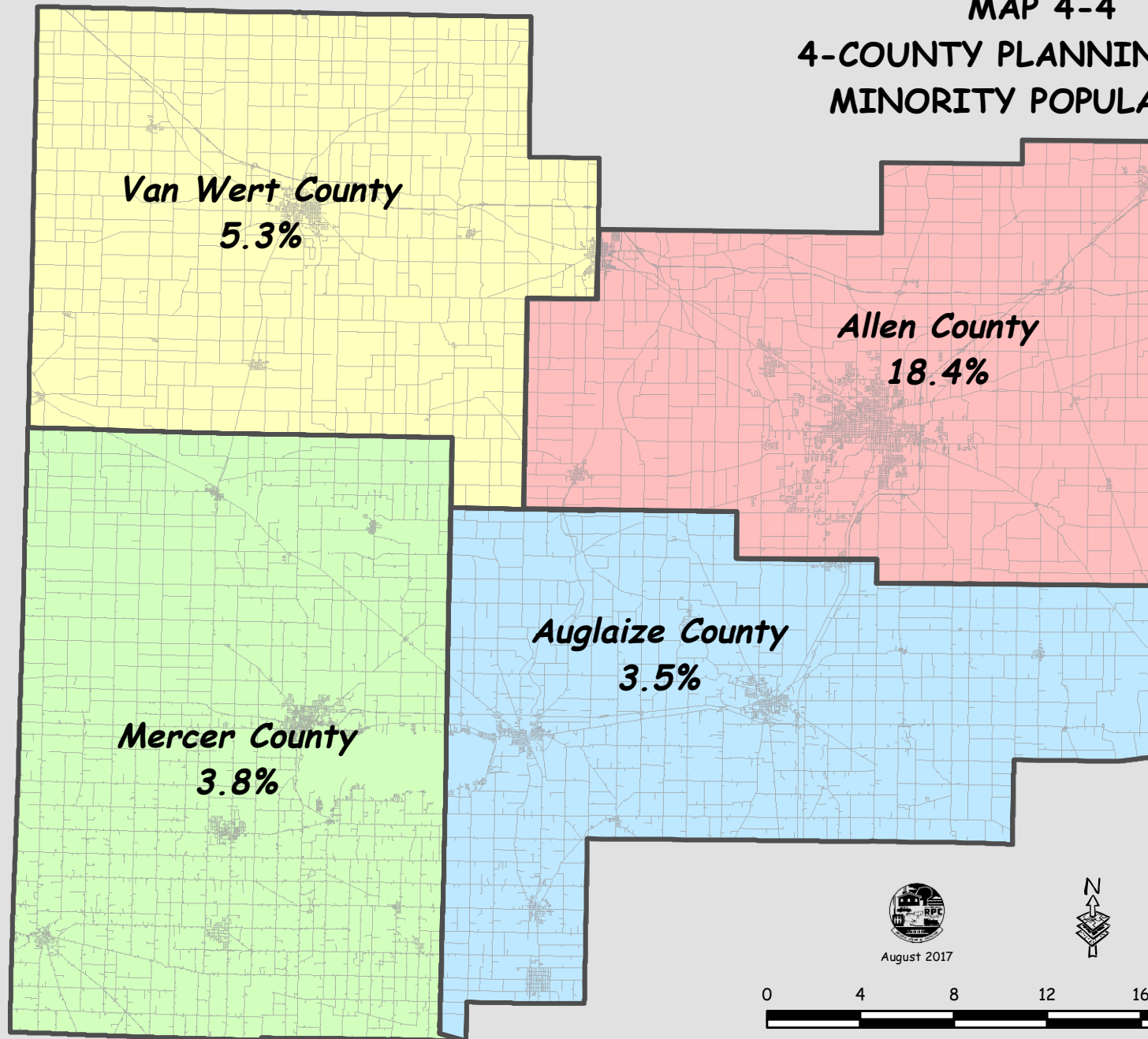
August 2017



racess, Hispanics of any race, and persons of multiple races. The Census identifies seven major minority racial/ethnic classifications, including: American Indian and Alaska Natives; Black or African-American; Asian; Native Hawaiian and Other Pacific Islanders; persons of other races; persons of two or more races; and, persons of Hispanic or Latino origin. ACS 2015 revealed that representatives of all minority classifications lived within the 4-County region (Table 4-4). Map 4-4 depicts the minority population as a percent of the total population by county.

When consideration was given to Hispanic ethnicity, which can include persons of any race, the number of minority residents rose 15.3 percent from 2000 to 23,998 persons, or 10.9 percent of the total population in 2015. The largest minority population was the Black or African-American population which declined 2.0 percent in the since 2000, to 13,327 persons, and accounting for approximately 55.5 percent of the total minority population. While the Black or African-American population was geographically disbursed across the region, it was largely concentrated within Allen County, which accounted for 95.2 percent of the region's total African-American population and 52.8 percent of the total minority population in the 4-County region. Hispanics, the second largest minority in the region, were also geographically distributed among the four counties. Table 4-4 identifies the various minority populations by county.

**MAP 4-4**  
**4-COUNTY PLANNING AREA**  
**MINORITY POPULATION**



August 2017

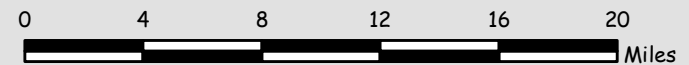


TABLE 4-4 2015 MINORITY POPULATION BY COUNTY									
Political Subdivision	Black/ African American	Asian	Hawaiian & Pacific Islander	American Indian	Other Races	Two or More Races	Hispanic or Latino Origin	Total	Percent
Allen County	12,685	791	0	297	559	2,978	2,813	19,320	18.4
Auglaize County	207	235	19	112	167	456	632	1,599	3.5
Mercer County	178	106	220	21	154	372	682	1,559	3.8
Van Wert County	257	80	0	43	230	368	790	1,520	5.3
<b>Total</b>	<b>13,327</b>	<b>1,212</b>	<b>239</b>	<b>473</b>	<b>1,110</b>	<b>4,174</b>	<b>4,917</b>	<b>23,998</b>	<b>10.9</b>
ACS 2015									

#### 4.2.4 Poverty Status

Federal policies have defined poverty status based on income. Poverty status was determined for persons, as well as, families in which household/family size plays a factor. ACS 2015 estimates tabulated the number of the 4-County region individuals and families whose incomes fell below the established poverty level; Table 4-5 indicates that 28,722 individuals fell below the established poverty level, an 11.4 percent increase since the ACS 2010 poverty levels were tabulated. ACS 2015 data indicated that 13.4 percent of all individuals, 13.0 percent (11,148) of all households, and 10.2 percent (5,993) of all families were below the established poverty level (Table 4-6). For purposes of comparison, data revealed that 14.9 percent of all households, and 11.5 percent of all families, within the State of Ohio, were below the established poverty level.

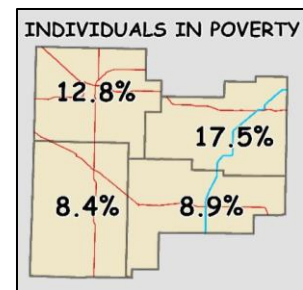
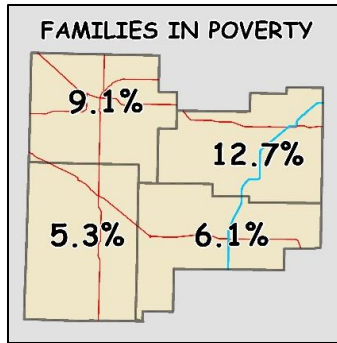


TABLE 4-5 2015 RATIO OF INCOME TO POVERTY LEVEL AMONG INDIVIDUALS		
Poverty Level	Individuals	Percent
Below 50%	12,013	5.6
50% to 99%	16,709	7.8
100% to 149%	21,390	10.0
150% to 199%	22,342	10.4
200% or more	142,468	66.3
ACS 2015		



As depicted in Table 4-6, poverty status more likely affected families with children than those without children. Map 4-5 depicts the poverty status of households by county, while Table 4-6 identifies family poverty status. In fact, of all

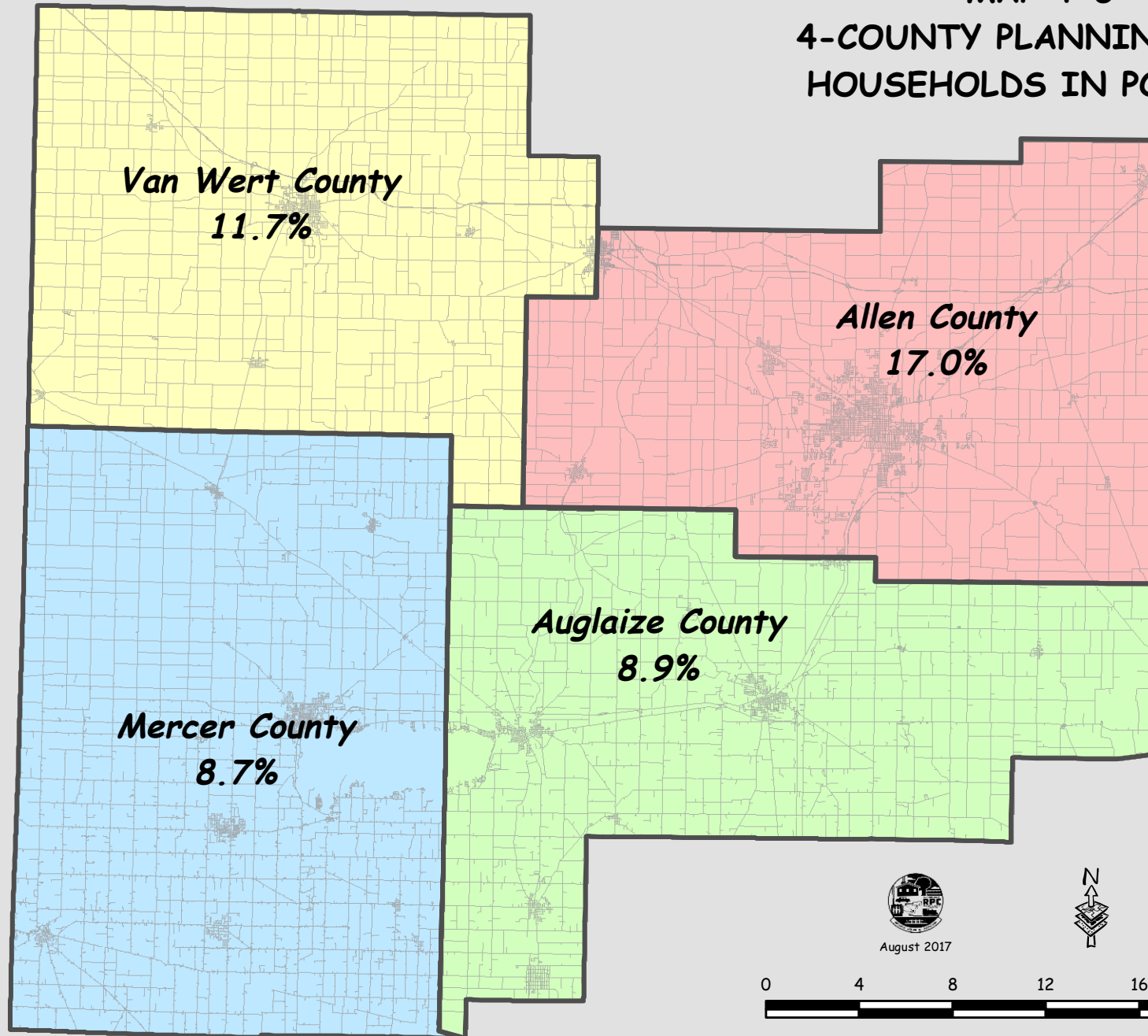
families suffering poverty conditions, three quarters (81.3%) had children.

TABLE 4-6 2015 POVERTY STATUS BY FAMILY STATUS				
Family Type	Total Families	Percent	Families in Poverty	Percent
Married w/ Children	17,655	30.1	1,186	6.7
Male Alone w/ Children	2,350	4.0	531	22.6
Female Alone w/ Children	6,731	11.5	3,153	46.8
Family - No Children	31,841	54.4	1,123	3.5
<b>Total</b>	<b>58,577</b>	<b>100.0</b>	<b>5,993</b>	<b>10.2</b>
ACS 2015				

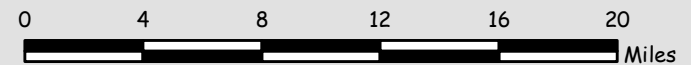
Poverty rates have also been established for other protected populations. For example 7.4 percent (2,355) of the elderly in the 4-County region were at, or below, the poverty level and made up 8.1 percent of all individuals beneath the poverty level. And although the largest concentration was found in Allen County, the three (3) other counties were found to have concentrations of impoverished elderly persons. Map 4-6 illustrates the incidence of poverty by county as a percentage of the population 65 and older.

A review of ACS 2015 estimates within the 4-County region for race and ethnicity beneath the poverty level indicated that African Americans (37.3%), American Indian and Alaska Natives (34.1%), Native Hawaiian and Pacific Islander (41.4%) and Hispanic or Latino

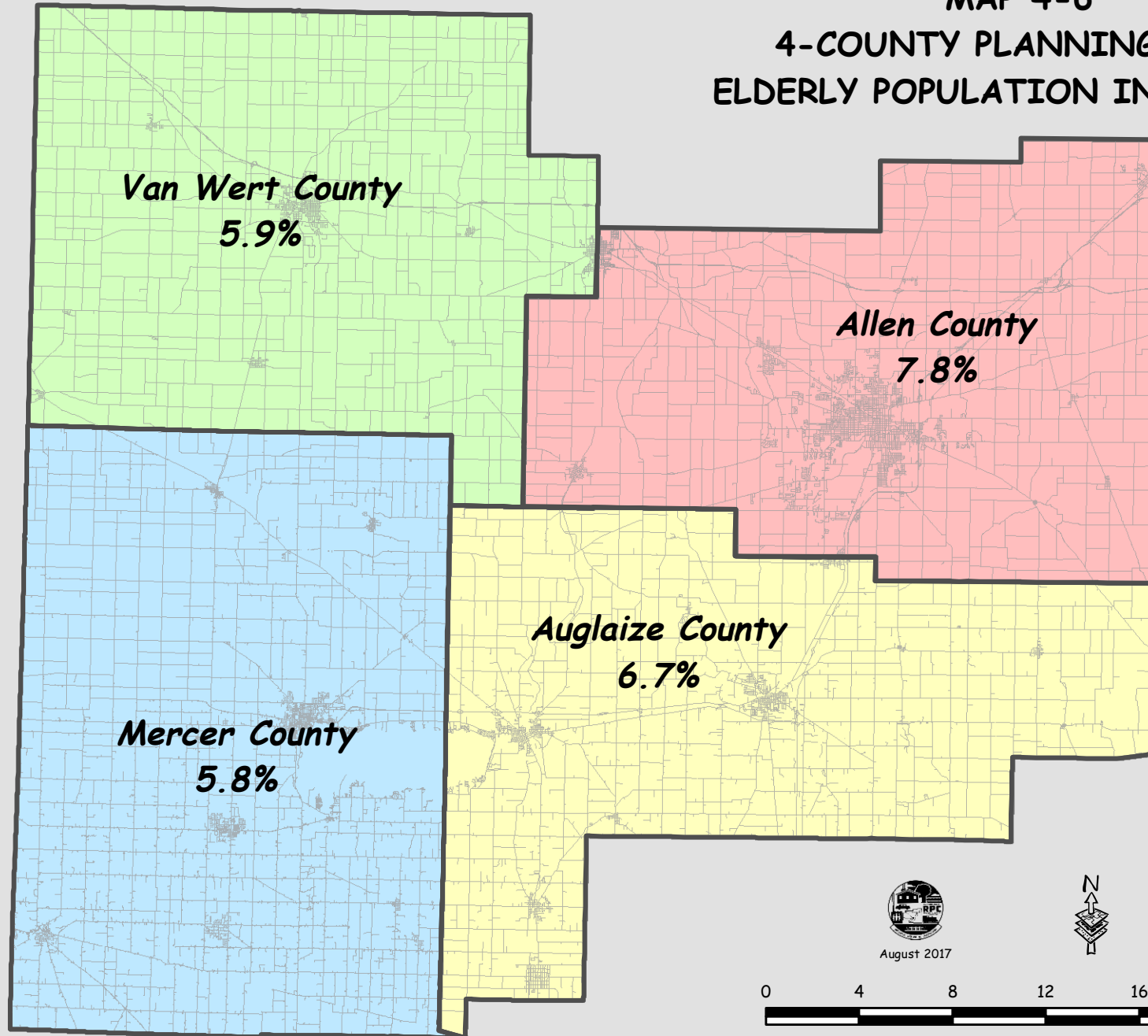
**MAP 4-5**  
**4-COUNTY PLANNING AREA**  
**HOUSEHOLDS IN POVERTY**



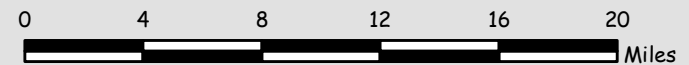
August 2017



**MAP 4-6**  
**4-COUNTY PLANNING AREA**  
**ELDERLY POPULATION IN POVERTY**



August 2017



populations (32.1%) were well above the State poverty levels of 34.2 percent, 29.5 percent, 25.3 percent and 28.1 percent, respectively. However, the Asian population (6.6%) within the 4-County region were below the State average of 12.9 percent.

Poverty status for the disabled population was made available at the county level in 2015. ACS 2015 estimates revealed that the poverty status for the disabled population within Allen County (26.4%) and Mercer County (25.8%) were above the State average of 24.2 percent, while Auglaize County (16.9%) and Van Wert County (18.6%) were below the State average.

#### **4.3 Demographic Trends**

With an eye on meeting the Federal and State legislation/policies on the delivery of transportation services, it was important to assess the implications of time on the character and size of the population to be served. The long term implications of providing transportation services were important in terms of assessing the human and fiscal resources necessary to serve the demands of a highly divergent and increasingly mobile population.

To that end, the CAAC attempted to address the planning year horizon of 2040 with demographic projections. Demographic projections were reviewed and compiled for the 4-County regional population and its various transportationally disadvantaged populations. Population projections were obtained from the Ohio Development Services Agency's Office of Research (ODSA). Other transportation dependent population groups were estimated using a step-down approach and based on demographic trend lines established using Census Bureau information.

##### **4.3.1 The Elderly**

Population projections based on the 2010 Census enumerations along with ODSA calculations suggest the

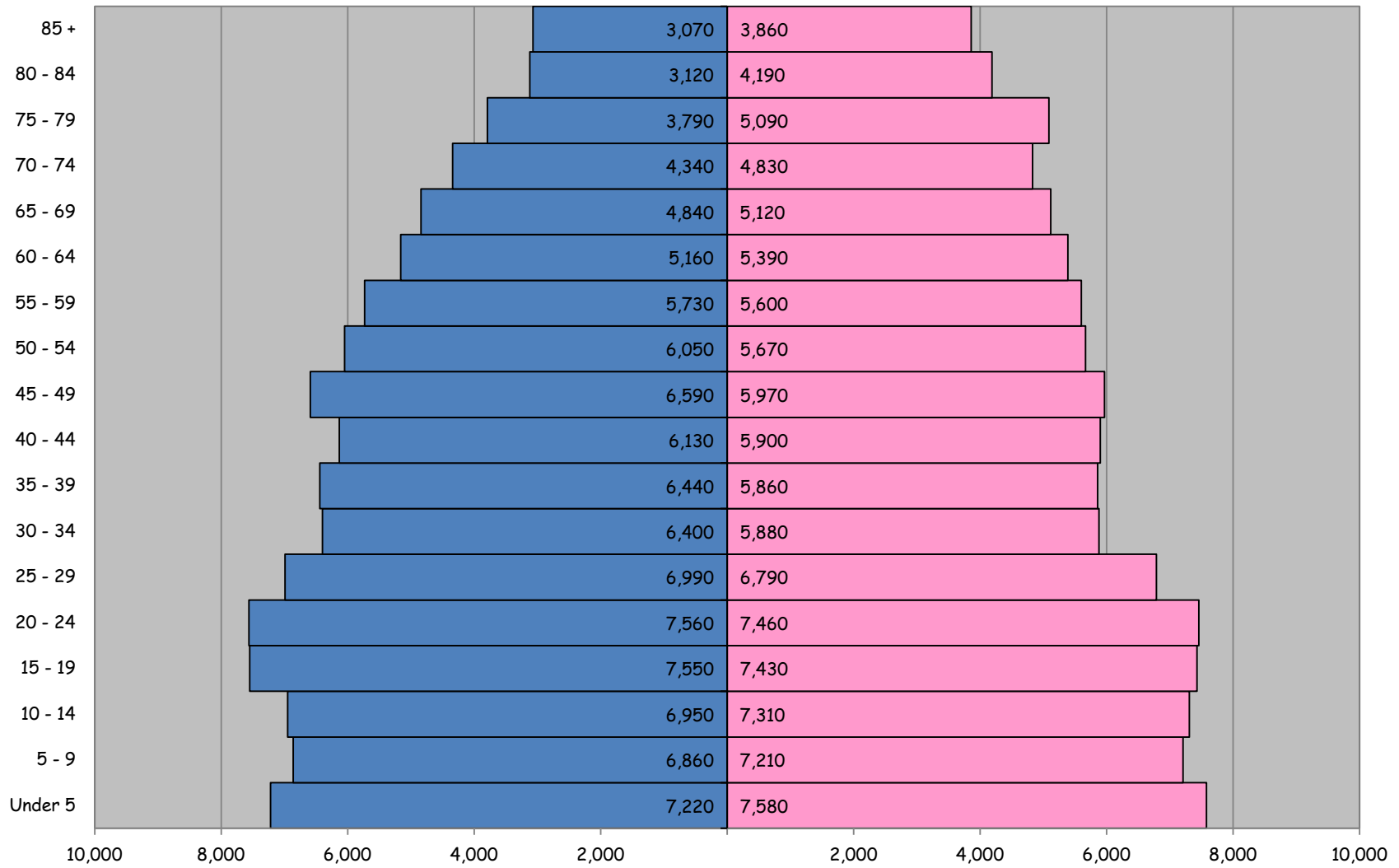


population of the United States is expected to be just shy of 400 million persons by 2040; with the elderly population for the United States to exceed 80 million. In 2010 Ohio's population was 11,536,504 and based on 2040 ODSA projections should reach 11,679,010; suggesting a minimal growth of 1.2 percent. However, approximately 20.0 percent of all Ohioans will be 65 years of age or older by the year 2040, accounting for more than 2.3 million persons for a growth of 43.3 percent.

Based on population projections made by ODSA enumerations the elderly population in the 4-County region will match the State average in 2040 making up approximately 20.0 percent of the total of the regional population. Table 4-7 indicates the baby-boomer impact on growth in each of the age cohorts between 2020 and 2040. Data suggested that the elderly population will increase by 25.5 percent over the period 2010 through 2040; note the elderly being institutionalized. Table 4-8 reveals that projections suggest a larger and increasingly older and more female population in 2040. Illustration 4-3 identifies the 2040 population by age and gender by cohort.

TABLE 4-7 SENIOR & ELDERLY POPULATION PROJECTIONS THRU 2040 <sup>1</sup>						
Year	Senior (60+)		Elderly (65+)		Elderly Non-Institutionalized	
	Number	Percent	Number	Percent	Number	Percent
2020	55,710	25.6	40,370	18.5	38,691	17.8
2025	58,360	27.1	44,320	20.6	42,478	19.7
2030	57,810	27.1	46,170	21.6	44,155	20.7
2035	55,730	26.3	44,780	21.1	42,695	20.1
2040	52,890	24.9	42,340	20.0	40,294	19.0
<sup>1</sup> Projections from ODSA.						

**ILLUSTRATION 4-3  
2040 POPULATION BY AGE COHORT**



ODSA Projections

■ Male ■ Female

TABLE 4-8 2040 TOTAL ELDERLY POPULATION FOR THE 4-COUNTY REGION BY AGE COHORT <sup>1</sup>						
Age Group	2040 Projected Male	2040 Projected Female	2040 Projected Total	2015 Total	2015-2040 Population Change	Percent Change
65-69	4,840	5,120	9,960	10,818	-858	-7.9
70-74	4,330	4,820	9,150	7,853	1,297	16.5
75-79	3,895	5,095	8,990	5,950	3,040	51.1
80-84	3,120	4,190	7,310	5,334	1,976	37.0
85 +	3,075	3,865	6,930	5,640	1,290	22.9
<b>Total</b>	<b>19,260</b>	<b>23,090</b>	<b>42,340</b>	<b>35,595</b>	<b>6,745</b>	<b>18.9</b>
<sup>1</sup> Projections from ODSA.						

#### 4.3.2 The Disabled & Mobility Impaired

The data limitations require the use of ACS estimations along with ODSA tabulations and projections made there in from. This Plan assumed that the proportion of disabled among the larger 4-County regional population of all non-institutionalized persons, age 5 and older, will remain the same within the various age cohorts through 2040. Such projections allowed the CAAC to consider the impact of age on disability and the implications of an aging population on the transportation providers. Assumptions also recognized the mobility-impaired population will increase, but remain the same proportionately across the various age cohorts.

Table 4-9 indicates that both disabled community was and the mobility impaired community were projected to increase slightly through thru 2040 to 29,853 and 14,935, respectively. Transport providers should note the importance of the community's increasingly older population and its growing female orientation.

<b>TABLE 4-9 DISABLED &amp; MOBILITY IMPAIRED POPULATION PROJECTIONS THRU 2040</b>					
<b>Year</b>	<b>Total Population<sup>1</sup></b>	<b>Non- Institutionalized</b>	<b>NI &amp; 5+ Years</b>	<b>Disabled Population</b>	<b>Mobility Impaired Population</b>
2015	220,508	216,757	202,855	28,774	14,313
2020	217,810	214,188	199,808	28,820	14,461
2025	215,620	211,877	197,747	29,372	14,876
2030	213,560	209,755	195,535	29,837	15,232
2035	212,080	208,162	194,122	29,853	15,227
2040	211,940	208,137	193,347	29,450	14,935
<sup>1</sup> Population reflects ODSA projections					

### 4.3.3 The Minority Populations

Illustration 4-4 reveals that the minority population has increased in size since 1970. Based on ACS 2015, the Black/African-American population comprised 55.5 percent of the minority population, while other non-white or Hispanic populations comprised the remainder. Minority population projections through the 2040 planning period were compiled using a constant proportion method by which the size of the respective minority population remained constant within the larger minority population. Table 4-10 identifies the minority population and Black/African-American population through the 2040 planning period.

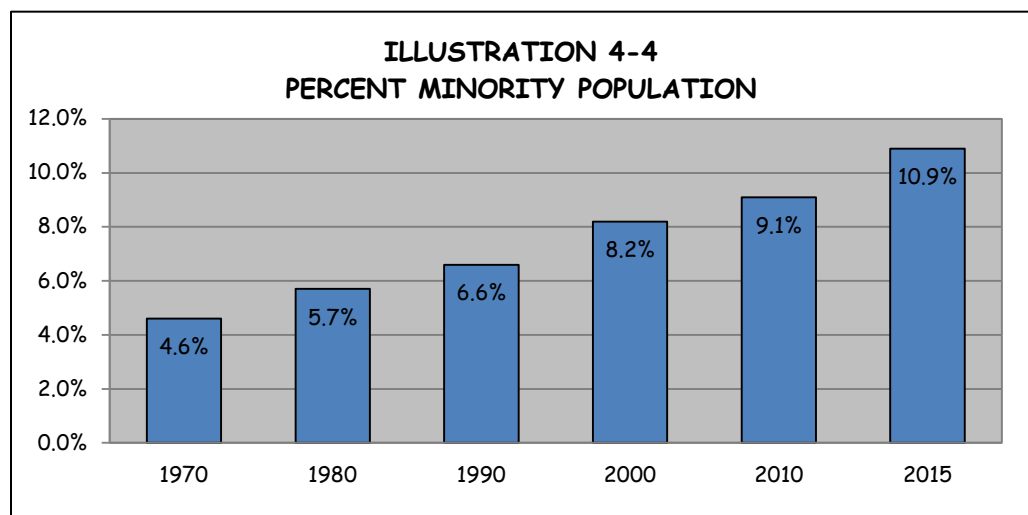


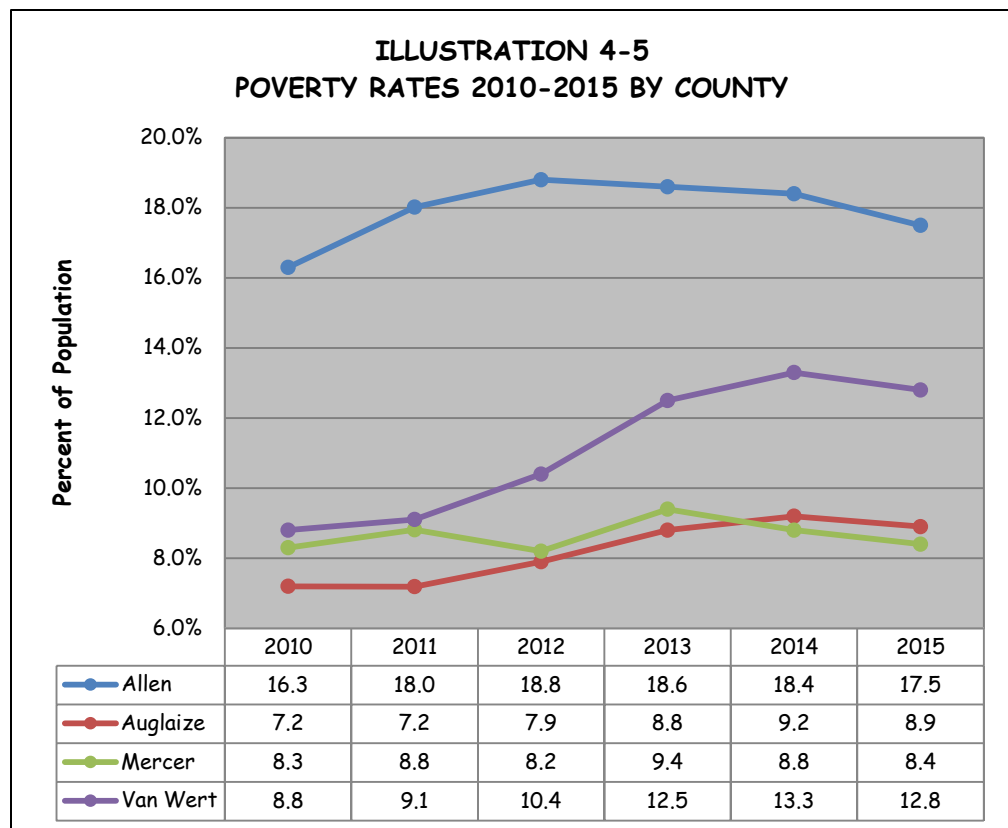
TABLE 4-10 MINORITY POPULATION PROJECTIONS THRU 2040 <sup>1</sup>					
Year	Total Population	Total Minority Population	Percent Minority Population	Total Black/African American Population	Percent Black/African American Population
2015	220,508	23,998	10.9	13,327	6.0
2020	217,810	27,468	12.6	15,042	6.9
2025	215,620	29,322	13.6	15,920	7.4
2030	213,560	31,177	14.6	16,799	7.9
2035	212,080	33,031	15.6	17,677	8.3
2040	211,940	34,886	16.5	18,555	8.8
<sup>1</sup> Based on ODSA Projections.					

#### 4.3.4 Poverty

The impoverished population, an additional subpopulation that must be addressed, was somewhat difficult to project to 2040. Estimates regarding a targeted population projected over such an extended period are subject to change because of such things as changes in the community's economic base, Federal programs, and/or the regulatory definition of poverty. Data regarding poverty are available for National, State, and county level estimates; however, each data source offers a somewhat different picture of poverty. Based on ACS estimates Illustration 4-5 depicts these various data estimates which demonstrate individual county poverty rates, between 2010 and 2015. The 4-County region ranged from 11.9 percent in 2010 to 13.4 percent in 2015. Overall median household income figures rose 4.0 percent between 2010 and 2015 from \$46,616 to \$48,470. The percent of children living in poverty increased by 3.4 percent, for an additional 320 children between 2010 and 2015.

ACS 2015 estimates suggested that the Nation's official poverty rate was 15.5 percent in 2015, slightly below the 2014 estimate (15.6%) that set a new high for poverty in

the 2000s. The ACS 2015 estimates also reported that the median household income rose 3.8 percent for American households from \$51,914 in 2010, to \$53,889 in 2015. In 2015, the Federal income threshold for poverty for a family of four was established at \$24,250. The household poverty rate rose from 13.0 percent in 2010 to 14.4 percent in 2015.



Projections thru 2040, reflected in Table 4-11, reveal the size of the non-institutionalized population and the percentage of those impoverished. In 2015, the impoverished population was determined to be 28,722 persons, or 13.3 percent of the total non institutionalized population. Projections for purposes of this Plan depict the impoverished population living at or below the mean poverty level established in 2015 (13.3%). Table 4-11 depicts a shrinking impoverished population based on that fact alone. No effort was extended to reflect changes in

the economic base, an aging population, geographic differences, or poverty among different subpopulations within the community.

TABLE 4-11 POPULATION BELOW POVERTY LINE PROJECTIONS THRU 2040 <sup>1</sup>				
Year	Total Population	Total Non-Institutionalized Population	Total Impoverished Population	Percent Non-Institutionalized Impoverished Population
2015	220,508	216,757	28,722	13.3
2020	217,810	214,188	28,619	13.3
2025	215,620	211,877	28,281	13.3
2030	213,560	209,755	27,983	13.3
2035	212,080	208,162	27,776	13.3
2040	211,940	208,137	27,767	13.3
<sup>1</sup> Estimates based on ODSA population projections				

#### 4.4 Summary

Industry experts defined the transportation dependent as the: (1) elderly, (2) disabled, (3) mobility impaired, (4) non-white minority populations, and (5) impoverished. The U. S. Census Bureau identified the size of these populations and to some extent relative location of each. The protected classes were not mutually exclusive, and many persons were captured under multiple classifications. Therefore, many individuals were double and perhaps triple counted. Table 4-12 identifies the respective size of the targeted population groups.

Examining the rationale behind demand estimates, it became evident that physical/cognitive limitations and poverty status in large measure, determined the extent of public transportation and specialized transportation services demanded across the community. Therefore, while recognizing the various targeted population groups as defined by Federal legislation, it was imperative that the Plan work to refine the estimates of the truly dependent populations.

TABLE 4-12 2015 TARGETED TRANSPORTATION CHALLENGED POPULATIONS FOR THE 4-COUNTY REGION							
Year	Elderly	Senior <sup>1</sup>	Disabled	Mobility Impaired	Minority <sup>2</sup>	Poverty	Total Duplicated Residents
2015	35,595	48,133	28,774	14,313	19,081	28,722	126,485
2020	40,370	55,710	28,820	14,461	18,823	28,619	131,093
2025	44,320	58,360	29,372	14,876	18,615	28,281	135,464
2030	46,170	57,810	29,837	15,232	18,436	27,983	137,658
2035	44,780	55,730	29,853	15,227	18,321	27,776	135,958
2040	42,340	52,890	29,450	14,935	18,305	27,767	132,796
<sup>1</sup> Senior population (60+ years) estimates have been excluded from total duplicated residents.							
<sup>2</sup> Hispanic residents can be of any race and have been excluded from total duplicated residents.							

Table 4-13 was submitted based on 2015 ACS estimates in order to identify the size and character of the specific targeted populations within Plan parameters. For plan consistency purposes we are utilizing previous data analysis to provide planning level estimates of service demands for Sections 5 and 6 of this report.

TABLE 4-13 2015 TRANSPORTATION DEPENDENT POPULATION BY TYPE FOR THE 4-COUNTY REGION						
Non-Institutionalized Population	Elderly <sup>1</sup>	Disabled <sup>2</sup>	Mobility Impaired <sup>3</sup>	Poverty <sup>4</sup>	Transportation Dependent Population	Percent Transportation Dependent
216,757	22,305	14,461	14,313	20,905	71,985	33.2%
<sup>1</sup> Reflects non-institutionalized elderly persons; excluding disabled and mobility impaired elderly persons.						
<sup>2</sup> Reflects all non-institutionalized persons with disabilities; excluding those persons with mobility impairments.						
<sup>3</sup> Reflects all non-institutionalized persons with mobility impairments.						
<sup>4</sup> Reflects all non-institutionalized impoverished persons; excluding those who are elderly or disabled.						



## **SECTION 5**

### **ASSESSMENT OF AVAILABLE SERVICES**

Currently, and in whole, the 4-County region in west central Ohio, receives limited transportation services. The Allen County Regional Transit Authority (ACRTA) provides local public transit and paratransit services to those residents within the Lima Urbanized Area. ACRTA services outside the immediate urbanized area are extremely limited and demand response in the more rural areas is almost exclusively provided by contract. Daily interstate bus services are offered by Greyhound and Baron's bus lines and provide access to destination centers around the country. However, while commercial services operate out of a modern downtown hub built and managed by the ACRTA - access to the Lima facility is not readily available to the majority of residents in Auglaize, Mercer or Van Wert communities.

From a regional perspective, more than two-dozen not-for-profit agencies, and another dozen private for-profit operators, provide services to the community's transportation dependent and special-needs populations. Most services however are centralized and serve a limited clientele. This Section is intended to provide an overview of locally available public transportation and specialized transportation services and provide the basis upon which specific agencies using federal funding for the provision of transportation are assessed in terms of the levels of service they provide.

Offered as a preview, information on the ACRTA fixed-route, demand-response and complementary paratransit services are reviewed in Section 5.1. As the ACRTA is the only public transit authority operating within the region, it is important to understand its services relative to the distinctions between its fixed route (FR), ADA complementary paratransit services, and demand-response (DR), especially if the region looks to expand or develop such services as part of the coordination process. Section 5.2 examines the various not-for-profit transportation service providers. These providers are

reflective of governmental social service or private human service agencies. At the time of this report most such agencies are restricted to providing demand response services for specific clientele few open their doors to provide services of other agencies and most charge a very nominal fee, if any, for such services. In section 5.3 a cursory overview of the private sector purveyors of specialized transportation services is presented. This section identifies managed care providers and local medical transport services that provide fee-based services across the region. Following an overview of traditional taxi services available in the region is a corollary reviewing the available intercity bus services. These sections work to identify the limited extent of available private sector interest in providing transportation services. Section 5.6 provides an overview of the various entities providing transportation services within the 4-County west central region that use Federal Transit Administration (FTA) funding by examining various service characteristics. Section 5.7 provides a cursory review of the gaps in available service due to temporal, geographic, and capacity constraints, as well as to establish benchmarks and reasonable expectations in the provision of publicly funded transportation services.

### **5.1 The Allen County Regional Transit Authority**

In September of 1974, the Board of Commissioners of Allen County created, under the provisions of the Ohio Revised Code, the Allen County Regional Transit Authority (ACRTA). The ACRTA was created in an attempt to centralize mass transportation planning within the County and to secure Federal funding for project implementation. The ACRTA has the ability to acquire, construct, operate, maintain, or replace existing transportation facilities and the power to propose building and operating levies for voter approval.

In CY 2016 the ACRTA consisted of an executive director along with 48 employees, as well as, a seven (7) member Board of Trustees appointed by the Allen County Commissioners.

### **5.1.1 Operations**

The ACRTA's service area differs by type of service. With respect to fixed-route transit operations, coverage was considered to include that area within a one-quarter (1/4) mile radius of each fixed-route. The ACRTA fixed-route system service area encompassed 25.2 square miles in 2016.

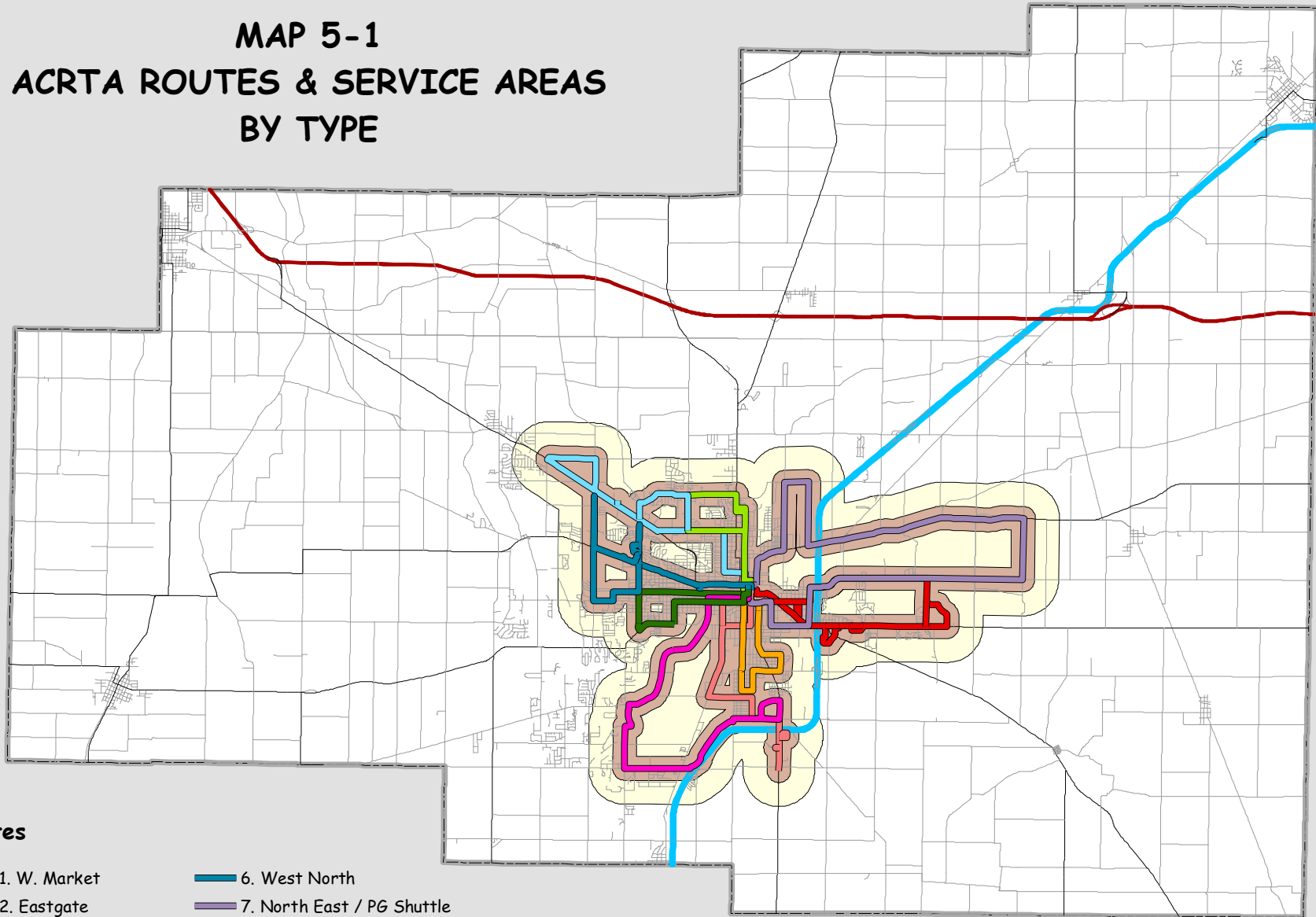
The ACRTA's paratransit program is an ADA mandated complementary paratransit program that serves the mobility limited within Allen County. With complementary paratransit, the ACRTA provides curb-to-curb service to those eligible individuals residing within a three-quarter (3/4) mile radius of the current fixed route system. Any mobility limited individual that cannot use the ACRTA regular fixed route bus service due to an eligible disability may use the specialized transport service pending application approval. The paratransit program service area encompasses 46.3 square miles. Map 5-1 illustrates the scope of the Agency's service area by type of service.

In 2016, ACRTA operated six (6) days-a-week. Weekdays, the service operated between the hours of 5:45 a.m. and 10:15 p.m. On Saturdays, the operation was in service from 7:45 a.m. to 5:15 p.m. No services were provided on Sundays or six (6) major holidays. In 2016, the ACRTA provided 340,040 FR passenger trips and 31,114 demand response trips over 308 days of services.

The ACRTA served nine (9) fixed-routes, utilizing fourteen (14) vehicles Monday through Friday, and six (6) fixed-routes, utilizing five (5) vehicles on Saturday's.

# **MAP 5-1** **ACRTA ROUTES & SERVICE AREAS** **BY TYPE**

5 - 4



## **Routes**

- |                           |                            |
|---------------------------|----------------------------|
| 1. W. Market              | 6. West North              |
| 2. Eastgate               | 7. North East / PG Shuttle |
| 3. Lima Mall / Edgewood   | 8. South Metcalf / JFS     |
| 4. North Main             | 9. South Shawnee / Apollo  |
| 5. South Main             |                            |
| Fixed Route               |                            |
| Complementary Paratransit |                            |



August 2017



The route structure covered 1,604.5 miles over 142 trips with 123.5 hours of service each weekday. The average system speed during the weekday was 12.99 miles-per-hour. The ACRTA provided 257 days of weekday service in 2016 and 51 days of Saturday service. Saturday services were limited to 367.3 miles over 60 route trips and provided 51 hours of transit service. The average system speed for Saturday services was 11.12 miles-per-hour.

The radial FR network in Lima, emanating from the transfer facility, provides reasonable route coverage to the majority of the City's residents, as well as, some areas outside the City limits. Considering the spacing of the different routes, most City residents were within a 0.25 mile to 0.375 mile radius of a transit route. Such coverage meets general industry guidelines for medium density areas in which population is classified as low income with low automobile ownership ratios. The route network services most major traffic corridors, dense residential districts, commercial areas, institutional facilities, and other major traffic generators.

#### **5.1.2 Complementary Paratransit**

The ADA requirements are specified in 49 CFR Part 37, and met by the ACRTAs complementary paratransit service locally referred to as UPLIFT. UPLIFT program services are provided to the mobility limited of Allen County and their personal guests in appropriate and accessible vehicles to locations within a three-quarter mile radius of the fixed route system over the same time period as its fixed route services. The ADA paratransit program service area encompassed 46.3 square miles in 2016. UPLIFT hours and days of operation mirror the FR system. In 2016, the ACRTA facilitated 5,345

complementary paratransit trips to 105 eligible clients; 9.0 percent of such trips were provided to care givers or companions.

The ACRTA places no restrictions upon client trip selection nor do they prioritize client trips based upon the purpose of the service asked for by its users. Nor did the ACRTA restrict, or imply restrictions upon, the number of times a client used its services. In 2016 the ACRTA's ADA paratransit service had a very good (96.0%) on-time delivery performance rating with no (0) missed trips, and 4.0 percent late trips. Based on such criteria the ACRTA contends it has not exceeded its capacity to deliver quality complementary paratransit services.

#### **5.1.3 Demand Response Service Program Area**

Over the past several years the need for demand response paratransit services has increased and each year the number of trips provided increases, especially those related to workforce development initiatives. The demand-response system reflects all of Allen County (405.7 square miles). In 2016, there were 31,114 demand response trips facilitated by the Transit Authority. The vast majority of such trips (97.6%) were provided in coordination and under contract with other community stakeholders including the Allen County Board of Developmental Disabilities, the Allen County Department of Jobs & Family Services, the Area Agency on Aging<sup>3</sup>, area social service organizations and local educational institutions.

### **5.2 Programmatic Transportation Services**

The region's residents have access to a number of social service and human service agencies that provide services, including

transportation services. While some of these agencies provide both program services and transportation, others spurn one over the other and concentrated on the services the agency was comfortable in providing. And while most are restricted to just a single county operation there are several that provide services across multiple counties within the region. The following agencies responded to the service provider survey and are summarized below.

#### **5.2.1 Allen County Council on Aging, Inc.**

Allen County Council on Aging, Inc., (ACCOA) located at 215 N. Central Ave., in Lima's central business district (CBD), operates senior center that provides on-site adult day care center, chore services, caregivers' program, education/training, recreational, social activities, volunteer opportunities, as well as senior service resource specialists, and information/referral in addition to transportation services. The Agency provides demand-response service Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. In 2016, ACCOA provided 22,699 trips and incurred mileage totaling 130,879 miles over 16,640 hours of service. Transportation services are provided to individuals 60 years of age or older residing in Lima and its surrounding townships. In 2016, the ACCOA served 618 unduplicated clients with door thru door service. The ACCOA reported 80 percent of the services were provided to those clients who need to use wheelchairs or other mobility aids. Drivers are dispatched through the agency's transportation coordinator/dispatcher via two-way radios and cell phones. ACCOA employs 5 full-time, and 7 part-time drivers operating eleven (11) wheelchair lift-equipped vans. In 2016, none of the Agency vehicles were beyond their useful life. The Agency's operational costs

for transportation services, including capital costs totaled \$425,030 in 2016.

### **5.2.2 Area Agency on Aging<sup>3</sup>**

The Area Agency on Aging, Inc. (AAA<sup>3</sup>) relocated from the Lima CBD to 2423 Allentown Road on the outskirts of the City of Lima in 2017. The Agency is a private non-profit corporation originally organized for the purpose of administering Title III funds allocated from the Older Americans Act (OAA) of 1965 through the Ohio Department of Aging. Title III funds are designated for the development of coordinated community-based systems providing services to older persons, especially those with the greatest economic or social need, with particular attention to low-income minority individuals. AAA<sup>3</sup> also administers an Aging and Disability Resource Center as well as three Medicaid Waiver programs; The Assisted Living Waiver Program, PASSPORT, and the Ohio Home Care Waiver Program and has a core service area of Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, and Van Wert Counties.

With respect to transportation AAA<sup>3</sup> provides mobility management services across the 4-County area under an ODOT Specialized Transportation Program grant. The Agency also provides Find-A-Ride program services where individuals receive trip assistance and booking services when necessary. AAA<sup>3</sup> provides brokered transportation services where transport services are provided through contract with 16 area transportation providers. In 2016, AAA<sup>3</sup> and the mobility management approach served some 10,213 trips incurring 96,968 service miles in the 4-County region. Local transportation providers were paid a total of \$308,800



in 2016 to provide these transportation services to residents of the 4-County region.

### **5.2.3 Delphos Senior Citizens**

Delphos Senior Citizens Inc., (DSC) provides an array of services, primarily to seniors 60 years of age and older at the senior center located at 301 E. Suthoff St. in the City of Delphos. DSC staff provides chore services, congregate meal services, outreach, health assessments, caregivers program, and facilitate recreational and social activities, education/training, volunteer opportunities, and information/referral services, in addition to transportation services.

Transportation services assist senior residents in the Delphos, Spencerville, Elida, Middlepoint, and Ottoville communities with commutes to/from the Van Wert and Lima areas. The DSC operates a door thru door, demand-response service Monday through Friday from 8:00 a.m. to 5:00 p.m. Transportation is largely limited to individuals 60 years of age or greater. Fares are not charged although donations are accepted. Some contract services are provided for AAA<sup>3</sup> and Allen County JFS. In 2016 DSC provided 5,196 trips, operating 3,170 hours, while traveling 51,304 miles. DSC identified 128 unduplicated clients in 2016 of which 51 percent rely on agency transportation assistance; 45 percent of DSC's clients require wheelchair lifts. Peak hours of Agency transport operations reflect the hours between 9:00 a.m. and 3:00 p.m. Transport scheduling is handled by the secretary/receptionist. Drivers are contacted by cell phone. DSC operates 5 vehicles that will accommodate wheelchairs; however, 2 of the vehicles are beyond their useful life. The Agency utilized full-time (1) and part-time (4) drivers to meet transportation service demands.

Total operational costs including capital costs totaled \$91,088 in 2016.

#### **5.2.4 Allen County Veterans Service Commission**

The Allen County Veterans Service Commission (ACVSC), located at 301 N. Main Street, in Lima's CBD, authorized by Section 5901 of the Ohio Revised Code, provides transportation services to medical services for Allen County veterans. Transportation is primarily provided to the Dayton Veteran's Administration (VA) Hospital, or occasionally the VA hospital in Cincinnati or medical services at Wright Patterson Air Force Base. The Board of Allen County Commissioners fund the Allen County VSC with a .5 mil real estate tax; while, vehicles are purchased through the County Commissioners' capital fund. The ACVSC has two vehicles one that seats fourteen (14) and one that seats eight (8). For wheelchair bound veterans the ACVSC contracts with ACRTA for transportation. The veteran must schedule transportation with RTA through the ACVSC. The service is demand-response; however, the ACVSC requests clients come to the courthouse the morning of the requested trip. If this is not possible, veterans can be picked up at home. Because space is limited, veterans are requested to call for service at least 24 hours in advance. Two (2) drivers provided transportation service Monday through Friday from 6:00 a.m. to 6:00 p.m. During 2016, 18,000 miles were traversed to accommodate 770 requests for service.

#### **5.2.5 West Ohio Community Action Partnership**

The West Ohio Community Action Partnership (WOCAP), formerly LACCA, has four (4) locations with one (1) each in Allen, Auglaize, Hardin and Van Wert counties. WOCAP provides a variety of programs, such as Early Head Start,

Head Start, child care, employment counseling, education and employment training, housing, and energy assistance programs, as well as transportation services. In 2016 WOCAP served some 13,000 individuals meeting various eligibility requirements - including age (those over 60 years of age and children), disability status, and those with limited incomes. WOCAP's regular office hours provide services between 8:00 a.m. and 5:00 p.m., Monday through Friday.

With respect to transportation WOCAP reported 90 percent of its transportation service was provided to clients who were unable to drive. WOCAP's fleet was split between Head Start Program service vehicles and those used to meet the travel demands of government social services and human service agencies. That being stated it is not surprising to understand that the Agency's transportation clients required child passenger safety seats (25%) as well as wheelchair accommodating vehicles (25%) and that of the 33 vehicles in their fleet, 10 were school busses and 1 a maintenance truck.

Excluding Head Start related programming, WOCAP provided 13,873 trips to 1,819 unduplicated clients and traversed 389,343 miles to serve the travel demands of government social services and human service agencies in the region. The vehicles used to provide these services were restricted to 18 passenger vans of various makes/models/years; 16 of which were not able to accommodate wheelchairs and 2 were used for parts. Only 6 of the vehicles were ODOT Specialized Transportation Program vehicles and able to accommodate wheelchairs; and, 17 of the 22 vehicles were already beyond their useful life in 2016.

Transportation service was scheduled by the dispatcher/secretary and communications with drivers addressed using cell phones, using a mobile radio or cell phone. Scheduling was accommodated using "Assisted Ride" software. Transportation hours fluctuated but the Agency regularly accommodated trips between 6:00 a.m. and 10:00 p.m. Not reflecting Head Start programming WOCAP typically operated 16 vehicles; using full-time (7) and part-time (7) drivers in 2016. The Agency provided contract services with the various JFS county agencies in the region, Foundation Behavioral Health Services and AAA<sup>3</sup>. Total operating costs for transportation services including capital costs reflected \$845,832 in 2016.

#### **5.2.6 Marimor Industries**

Marimor Industries, Inc., collocated with the Allen County Board of Developmental Disabilities at 2450 Ada Road on the outskirts of the City of Lima is an affiliated non-profit, that currently operates a sheltered workshop at the campus and provides employment services in the community. Transportation services are largely restricted to adult day care, job placement, volunteer activities, and to meet personal transportation needs. Transportation service was offered 24 hours-a-day, seven (7) days-a-week. In 2016, using 20 vehicles including 16 vans, 3 LTNs and a Freightliner Thomas bus, Marimor provided 41,022 trips to approximately 280 individuals traveling roughly 372,000 miles to support employment opportunities and meet other social, recreational, volunteer and personal needs. Of the 20 vehicles, 8 of the vans and the bus are not wheelchair lift-equipped; Marimor uses 5 vans as spares. Transportation service was scheduled by the Transportation Manager and communications with drivers

addressed using cell phones. Marimor provided transportation services with 14 part time drivers. Additional transportation services were sometimes provided under contract with Black & White Cab Company. Total operating costs for transportation services including capital costs reflected \$402,230 in 2016.

#### **5.2.7 Goodwill-Easter Seals**

Goodwill-Easter Seals has several offices in the Lima area with an office at 105 Cam Court on the southwestern outskirts of the City of Lima and at 2323 Allentown Road located on the northwestern edge of the City of Lima. Goodwill-Easter Seals provides the disabled community training and employment opportunities. Through a transportation service called Good Rides, Goodwill-Easter Seals provides transportation service to residents across the region. Services are available approximately 18 hours-a-day with trips sometimes starting before 5 a.m. and running up until 11:30 p.m. Transportation services are provided to Agency clients using 1 sedan, 3 wheelchair equipped vans and 1 minivans (with a ramp). Goodwill used full-time (1) and part-time (4) drivers to meet the demand. None of the vehicles were acquired through the FTA 5310 Program. Goodwill also purchased transportation through Mobility Management. Goodwill Easter Seals provide contract services to Allen County JFS, AAA<sup>3</sup> PASSPORT and Find a Ride. In 2016, Goodwill provided 5,450 one-way trips incurring 83,049 miles of travel, over 10,900 hours. Total operating costs including capital totaled some \$163,450.

#### **5.2.8 Lutheran Homes Society (Luther Pines)**

Luther Pines, located at 805 South Mumaugh Road, in the eastern outskirts of the City of Lima, is a private non-

profit senior apartment community, providing senior independent living along with transportation services to seniors and disabled individuals in Allen County. The senior housing community has 108 apartments that provide utilities and services at one rate. The Agency provides transportation service Tuesday through Friday from 8:00 a.m. to 4:00 p.m. with peak service occurring between 10:00 a.m. and 2:00 p.m. In 2016, Luther Pines provided roughly 1,870 one-way trips to 86 individuals incurring some 7,558 miles over 604 hours of service. Total operating costs including capital totaled some \$58,783 in 2016.

#### **5.2.9 Coleman Professional Services**

Coleman Professional Services has various offices located in the region with staffing located at 799 S. Main St., in Lima, 720 Armstrong St., in St. Mary's and 16 E. Auglaize St., in Wapakoneta. Their offices are staffed from 8 a.m. to 8 p.m. Saturday thru Monday. Coleman offers a full array of behavioral health services and rehabilitation programs designed to improve the lives of individuals and families. Coleman serves Allen, Auglaize, and Hardin Counties providing services such as counseling, job placement, adult psychiatric, education and training, mental health, and residential care. In 2016, Coleman served 5,800 clients meeting eligibility requirements based on limited income.

Examining transportation services Coleman does not track the number of one-way trips it provides as transportation is provided by caseworkers only as the last option, mainly for clients diagnosed with a severe mental illness. Caseworkers will provide transportation service on an individual case basis between the hours of 8

a.m. and 5 p.m. for clients with scheduled appointments and on an as needed basis. However, in 2016, there were 132,000 miles traversed by individual caseworkers who needed to provide on demand services including some door thru door service to clients. Coleman also purchased transportation series from Black & White Cab Company for 640 client trips. Total operational costs for transportation, including capital costs, was estimated at \$202,050.

#### **5.2.10 Thomas Edison Center**

The Thomas Edison Center, located at 525 Augustine Dr., Van Wert, assists adults in vocational and rehabilitation services. The private nonprofit agency works to provide adult day care, sheltered employment, recreational and social activities, and volunteer opportunities as well as transportation services.

The Thomas Edison Center took over transportation for the majority of the adults served by VWCBDD on July 1st, 2015. The availability of transportation services is restricted by age and clients must have a disability in order to receive services. In 2016, transportation service was offered Monday through Friday from 7 a.m. to 4 p.m. with peak demand for services experienced between the hours of 7 a.m. and 9 a.m. and between 1:30 p.m. and 4 p.m. The Agency provides closed system services using fixed routes to meet the travel needs of their clients (74) to/from the sheltered workshop. Transportation managers scheduled trips and coordinated trips by cell phone with part time drivers (9). The vehicles used to provide these services were restricted to various 14 and 15 passenger vehicle ranging in age from 3 to 11 years; 5 of the 6 vehicles were lift equipped and able to accommodate wheelchairs. None of the vehicles were

beyond their useful life. In 2016 the Agency provided 26,000 one-way trips for individuals incurring some 97,000 miles over 1,170 hours of service. The Agency does not use 5310 Program vehicles. Total operating costs excluding wages and capital totaled some \$84,000 in 2016.

#### **5.2.11 Van Wert County Council on Aging**

Van Wert County Council on Aging, Inc. (VWCOA) located at 220 Fox Road, in the City of Van Wert, provides chore services, recreational/social activities, a senior center, congregate meal site, information and referral assistance, and volunteer opportunities as well as, transportation services.

Transportation services assist senior residents in the Van Wert, Convoy, Ohio City, Middlepoint, Wilshire, Wren, Venedocia, Cavett, Scott and the Van Wert County portion of Wetzel communities with commutes to/from the Ft Wayne, Findlay and Lima areas. The VWCOA operates a door thru door, demand-response service Monday through Friday from 8 a.m. to 5 p.m. (later or earlier hours and Saturdays are available on a limited basis upon request). Transportation is largely limited to individuals 60 years of age or greater.

Fares are not charged although donations are accepted. Some contract services are provided for AAA3 and the United Way of Van Wert County. In 2016 VWCOA provided 5,623 trips, operating 3,191 hours, while traveling 36,289 miles. VWCOA identified 484 unduplicated clients in 2016 of which 25 percent of the clients required wheelchair accommodations. Transport scheduling is handled by the secretary/receptionist



manager. Drivers are contacted by cell phone. VWCOA operates 4 vehicles; 3 of the vehicles accommodate wheelchairs. With respect to usage 3 of the 4 vehicles are beyond their useful life. The Agency utilized part-time (5) drivers to meet transportation service demands. Total operational costs including capital costs totaled \$94,205 in 2016.

#### **5.2.12 Van Wert County Job & Family Services**

Van Wert County Job and Family Services (VWJFS), one of 88 such county offices in the State of Ohio is located at 114 E. Main St., Van Wert, Ohio. VWJFS provides a wide range of services to qualifying Van Wert County residents to assist individuals in attaining self-sufficiency and personal responsibility. Transportation is provided for Medicaid eligible individuals to and from medical appointments. In 2016, VWJFS used multiple financial and provider agency resources to transport eligible clients. VWJFS provided 313 trips and reimbursed clients of \$0.45 per mile for a Medicaid billable appointment located 80 or more miles away.

#### **5.2.13 Auglaize County Council on Aging**

The Auglaize County Council on Aging, Inc., located at 610 Indiana Ave., in St. Mary's, provides seniors with chore services, congregate nutrition, home delivered meals, a senior center, transportation, and information and referral assistance. In addition, the Auglaize County COA operates a demand-response transportation service Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m.

In 2016, Auglaize County COA provided 23,687 trips and incurred mileage totaling 271,155 miles. Transportation

services are provided to individuals 60 years of age or older residing in Auglaize or Mercer County. Auglaize County COA does not charge clients for transportation services. In 2016, Auglaize County COA served 447 transportation clients. Auglaize County COA reported 95 percent of its transportation service was provided to clients who were unable to drive; while, 85 percent of the services were provided to those clients who use wheelchairs or other mobility aids and 15 percent required personal care attendants. Drivers are dispatched through the agency's transportation dispatcher via a mobile radio system and cell phones. The Auglaize County COA employs five (5) full-time drivers and three (3) part-time drivers to operate five (5) vehicles. All of the Agency vehicles were acquired thru the ODOT Specialized Transportation Program and are wheelchair lift/ramp equipped; 2 of the vehicles are beyond their useful life. In 2016, operational costs excluding capital costs totaled \$457,528.

#### **5.2.14 Mercer County Council on Aging**

The Mercer County Council on Aging, Inc. (MCCOA), located at 217 Riley St., in the City of Celina, provides traditional services including chore services, socialization services, outreach, and homemaker services as well as demand-response transportation services. Such services are generally available weekdays between 8:00 a.m. and 4:30 p.m. In 2016, MCCOA provided 6,064 trips and incurred mileage totaling 101,052 miles. Transportation services were provided to individuals 60 years of age or older residing in Mercer County. MCCOA does not have a set fare for the trips, but donations are accepted and cost sharing is available. In 2016, MCCOA reported 70 percent of the clients using transportation services were

provided to those clients who are unable to drive themselves or do not have a vehicle available. Drivers are dispatched through the agency's dispatcher/scheduler, secretary/receptionist via a two-way radio system and mobile phones. The MCCOA employed 6 part-time drivers to operate 5 vehicles in 2016. Four of the 5 Agency vehicles were acquired thru the ODOT Specialized Transportation Program and are wheelchair lift/ramp equipped; 2 of the vehicles are beyond their useful life. In 2016, operational costs excluding capital costs totaled \$240,485.

#### **5.2.15 Mercer Residential Services**

Mercer Residential Services (MRS), is a private not for profit residential facility located at 420 S. Sugar St., in the City of Celina. The Agency operates both a demand-response and subscription service 24 hours-a-day, seven (7) days-a-week with peak hours from 7:00 a.m. to 9:00 a.m. and 2:30 p.m. to 4:30 p.m. In 2016, Mercer Residential Services provided over 3,200 hours of transportation and incurred mileage totaling more than 81,274 miles while providing services to more than 95 clients throughout Auglaize, Mercer and Van Wert Counties. MRS provides Medicaid services, mental health services, recreational and social events, residential care, and volunteer opportunities for those with developmental disabilities. In 2016, MRS reported 100 percent of its transportation service was provided to clients who were unable to drive; while, 10 percent of the services were provided to those clients who use wheelchairs or other mobility aids. Nearly 90 percent of clients required personal care attendants. The Agency's Transportation Manager used Advisor software to assist with scheduling the transportation services and coordinated with drivers over cell phones. The Agency used 7 vehicles equipped

with AVL equipment to meet the needs of their clients; 6 of which were beyond their useful life at the close of 2016. The Agency does not operate any FTA 5310 Program vehicles. The Agency used full time (10) and part time (7) drivers to satisfy travel demand. In 2016, operational costs including capital costs totaled \$416,527.

#### **5.2.16 Foundations Behavioral Health Services Mercer County**

Foundations Behavioral Health Services is a private non-profit counseling facility located at 4761 SR 29 in the City of Celina. The Agency serves Mercer County providing professional assessment, treatment, and support services for all types and severity of behavioral disorders. The Agency also provides transportation services. Foundations operate a curb to curb demand-response service Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. Clients contact the receptionist who coordinates with drivers using cell phones to contact full time (8) and part-time (4) drivers as well as case managers when necessary. The Agency does not track client trips. In 2016, Foundations provided approximately 6,200 hours of transportation and incurred mileage totaling 101,000 miles. The Agency contracted for transportation services with WOCAP. Foundations provided services to approximately 800 clients in 2016, of which 50 percent were unable to drive themselves or did not have access to a vehicle. In 2016, operating costs excluding capital totaled \$105,750.

#### **5.2.17 Mercer County Job & Family Services**

Mercer County Job and Family Services (MCJFS), one of 88 such county offices in the State of Ohio, is located at 220 W Livingston St., Celina, Ohio. MCJFS provides a

wide range of services to qualifying Mercer County residents to assist individuals in attaining self-sufficiency and personal responsibility. Transportation is provided for Medicaid eligible individuals to and from employment opportunities and medical appointments. In 2016, MCJFS used multiple financial and provider agency resources to transport eligible clients. In 2016 MCJFS contracted with WOCAP to provide 8,723 trips at a rate of \$2.60 per mile with such services approaching \$245,000.

#### **5.2.18 Allen County Job & Family Services**

Allen County Job and Family Services (ACJFS), one of 88 such county offices in the State of Ohio, is located at 1501 S. Dixie Highway on the southern outskirts of the City of Lima. ACJFS provides a wide range of services to qualifying Allen County residents to assist individuals in attaining self-sufficiency and personal responsibility. Transportation is provided for Medicaid eligible individuals to and from employment opportunities, training, child care, chore services and medical appointments. In 2016, ACJFS used multiple financial and provider agency resources to transport eligible clients. In 2016 ACJFS contracted with various providers including Black & White Taxi and the Regional Transit Authority with such services approaching \$280,000. They provided 33,087 trips to 767 unduplicated clients.

### **5.3 For-Profit Managed Care Providers/Ambulette Services**

Managed care providers and local medical transport services are additional specialized transportation service providers serving the 4-County region. While residents/agencies have become accustomed to utilizing the professional assistance of several local non-emergency medical transportation providers and ambulette services, health care program providers from outside

the region are also providing transportation operations locally. These medical transportation providers evolved out of changes in the Ohio Medicaid Managed Health Care Plan (MCP) which began to provide transportation service to clients in late 2006 and continues to evolve as provisions within the Patient Protection & Affordable Care Act unravel.

Several insurance companies provide coverage to residents of the region enrolled in the Ohio Medicaid MCP, including: Buckeye Community Health Plan (St. Louis, Missouri), Paramount Advantage (Maumee, Ohio), CareSource (Dayton, Ohio), UHC (UnitedHealthcare, Minnetonka, Minnesota), LogistiCare Solutions (Atlanta, Georgia), and Molina HealthCare of Ohio, Inc. (Long Beach, California). These insurance companies contract with various transportation brokers to provide transportation service in northwest/west central Ohio to MCP participants. The brokers contract with local non-emergency medical transportation providers to service Ohio Medicaid MCP clients across the region.

The brokers servicing the region vary, but include: Provide A Ride, Access2Care, and Secure Transportation. A flowchart of MCPs as well as transportation brokers and providers, providing service to area residents and medical facilities across the region are identified in Appendix J. Following are short summaries of brokers providing services in the 4-County region as well as local Ohio Medicaid non-emergency medical transportation providers.

#### **5.3.1 Provide A Ride**

Founded in 1989, Provide A Ride, located in Cleveland, Ohio, is a leading transportation service provider, using its own fleet of shuttle buses, public transit vehicles, as well as passenger and wheelchair accessible vehicles, Provide A Ride facilitates nearly 83,000 rides each year in their own vehicles and takes more than 125,000 reservations for subcontracted vendors' fleets. Provide

A Ride serves Allen and Van Wert counties for Caresource.

#### **5.3.2 Access2Care**

Access2Care, headquartered in Greenwood Village, Colorado, offers a comprehensive medical transportation management program, by providing appropriate medical transportation for Medicaid beneficiaries. Access2Care, a program of American Medical Response Inc. (AMR), is locally operated in 42 states and the District of Columbia. AMR's 18,500 professionals transport nearly four million patients nationwide each year in critical, emergency, and non-emergency situations through a fleet of approximately 4,500 vehicles. Using an extensive provider network, AMR manages medical transportation programs for health plans, state, and county governments, as well as various other health care organizations. Access2Care provides transportation brokerage services for both Buckeye Community Health Plan and Paramount Advantage.

#### **5.3.3 Medical Transportation Management, Inc.**

Medical Transportation Management, Inc., (MTM) located in St. Louis, Missouri, is a medical and transportation management company, maintaining call centers and offices across the United States. MTM serves individuals in 28 states including Ohio and the District of Columbia and is one of the nation's largest transportation management firms, yet it remains family-owned and operated. MTM is a privately-held Woman-owned Business Enterprise. UHC contracts with MTM to transport Medicaid clients.

#### **5.3.4 Secure Transportation**

Secure Transportation, a family business located in Long Beach, California, provides one million trips per year nationwide, with a fleet of non-emergency medical vehicles, executive service vehicles for business travel, and solutions for student transportation. Secure offers non-emergency ambulatory, gurney, and wheelchair services, using nearly 450 company owned vehicles and an affiliate network of about 9,000 vehicles. Drivers are trained to meet the highest standards required by law, providing transportation 24/7, 365 days a year. With four Ohio offices, Secure Transportation provides transportation services statewide for Molina Health Care of Ohio, serving both Medicaid and Medicare clients, as both a transportation broker and provider.

#### **5.3.5 LogistiCare Solutions, LLC**

LogistiCare Solutions is a wholly owned subsidiary of The Providence Service Corporation. The non-emergency medical transportation broker is headquartered in Atlanta, Georgia, and specializes in the management of healthcare transportation benefits. The Company's client base consists of state and local government agencies (Medicaid agencies, transit authorities, school boards), managed care organizations, and hospitals. LogistiCare does not own any transportation vehicles. Instead the Company manages a network of transportation providers and provides the administrative infrastructure to authorize and schedule services and also provide billing and claims payment functionality. LogistiCare typically services Ohio Medicaid clients south of IR-70; however, they do serve some Medicaid clients in west central Ohio. LogistiCare facilitated some 65 million rides in 2016.



#### **5.3.6 Clymer Medical Transport, Inc. (CMT)**

Clymer Medical Transport, Inc., is a locally owned and operated business sited in the City of Lima. The Agency is a for-profit transportation provider that services the West Central Ohio community. CMT's transportation operations include Monday through Saturday services from 4:00 a.m. to 9:30 p.m. They are available Saturday and Sunday for dialysis from 4:00 a.m. to 4:00 p.m. Contract services are AAA<sup>3</sup>- Passport and Find-A-Ride. Any other requests outside of those services are accepted based on driver availability. The intake office is open Monday through Friday from 8:00 a.m. to 4:00 p.m. CMT services the 9-County area and served 516 unduplicated clients. Secretaries handle scheduling and coordination with drivers is facilitated by cell phones. CMT currently uses some 22 vehicles to meet the demand for transportation services using full time (10) and part-time (14) drivers. In 2016, CMT provided 13,702 one-way trips.

#### **5.3.7 Lima-Allen County Paramedics**

LACP/St. Rita's Medical Center, LLC is a local not-for-profit hospital-based ambulance service located in Lima. LACP is a fully licensed ambulance service providing emergency medical service as well as non-emergency ambulance transportation to medical facilities. LACP also offers ambulette service (vehicles equipped to transport wheelchairs) and, on a limited basis, transportation by car for fully ambulatory customers. They operate 24/7, and peak times are 8:00 a.m. to 8:00 p.m. Dispatchers coordinate trips using the Zoll software package and communicate with drivers using mobile radios, pagers and cell phones. The agency uses full time (30) and part time drivers (8) to provide services using 10 ambulances. In

2016 the agency served more than 8,000 unduplicated clients. LACP is not a Managed Care transportation service provider.

#### **5.3.8 Integrity Ambulance Service, LLC**

Integrity Ambulance Service is a regional for-profit medical transportation company headquartered out of Greenville Ohio utilizing ten sub-stations along the I-75 corridor between Toledo and Cincinnati. At the local level Integrity operates out of a facility located at 110 Industrial Avenue in the City of Wapakoneta. Integrity's service is available 24/7, servicing both hospitals and all Allen County nursing homes. Transportation scheduling is provided through a dispatcher who contacts drivers through both radio and cell phone.

#### **5.3.9 Westwood Behavioral Health**

Westwood Behavioral Health, located at 1158 Westwood Dr. in Van Wert is a private, non-profit agency serving Van Wert County. They are a behavioral health agency which provides counseling, Medicaid services, mental health services, and transportation for individuals with mental or emotional issues of all ages. Half (50%) of their clients are unable to drive, and 5% use a wheelchair.

Westwood Behavioral Health uses a demand-response service for their clients with service hours from 8:00 am to 5:00 pm, Monday through Friday with peak hours from 10:00 am to 11:59 am and from 12:00 pm to 3:00 pm. In 2016, Westwood Behavioral Health had ten (10) vehicles total with one (1) full time employee and four (4) part time employees. During this time, they provided 9,950 trips and incurred mileage totaling 33,000 miles. A secretary/receptionist or caseworker dispatches drivers via cell phone.

## **5.4 Private Transportation Services - Taxi Services**

Across the region there are a number of companies that provide traditional chauffeured vehicles, available for hire. While there are nearly a dozen taxi services, only the Black & White Cab Company operates a large fleet on a 24/7 basis. Several smaller taxi services have developed since the initial Plan adoption with varying sizes of vehicle fleets and availability. Further outreach with taxi service providers will only advance services across the region. Map 5-2 provides the location of all regional taxi services.

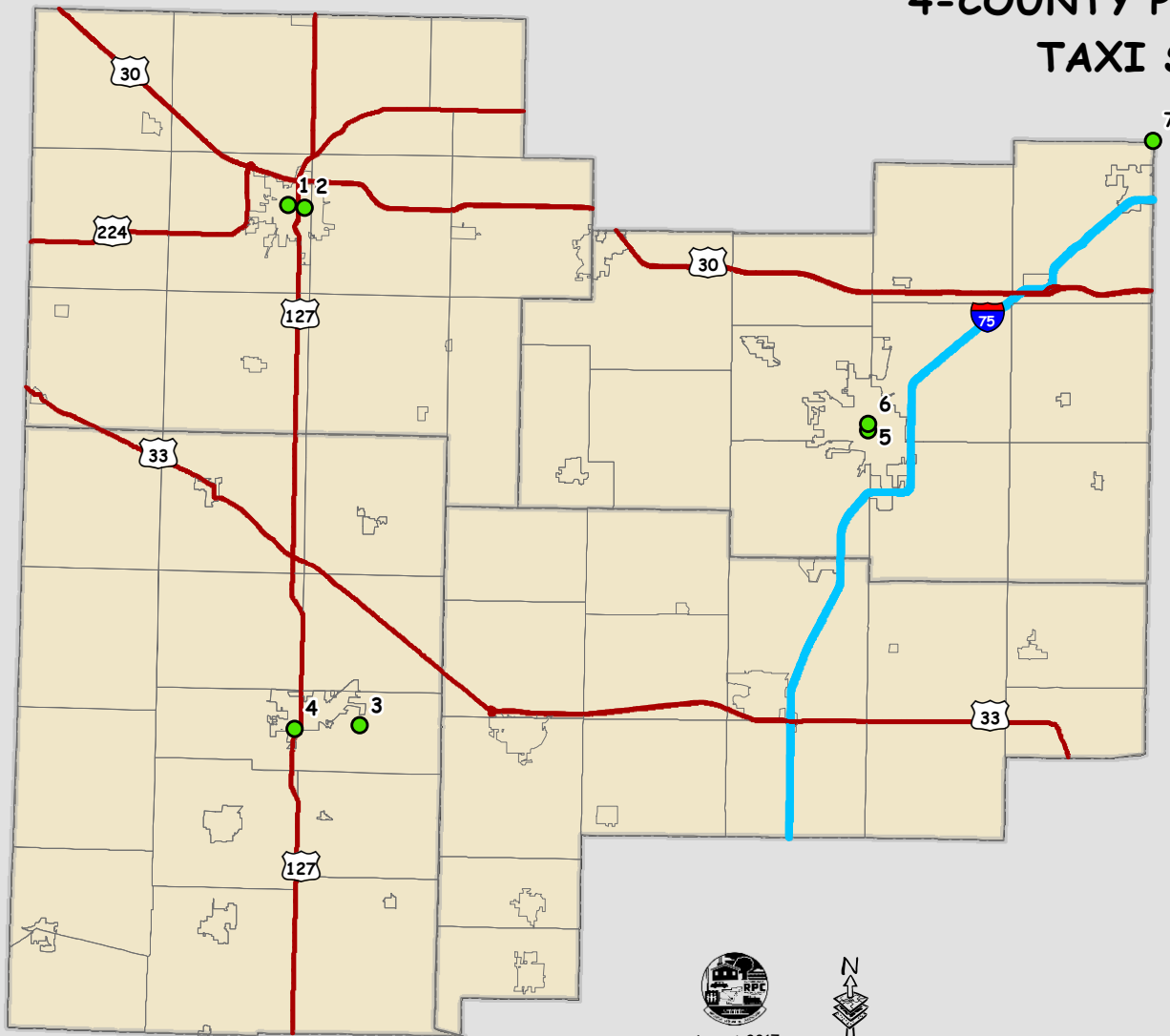
### **5.4.1 Accurate Cab**

Accurate Cab is locally owned and operated business sited in the City of Findlay, Ohio. The service operates 24/7, 365 days of the year. Accurate cab utilizes 5 sedans to provide services to the ambulatory. No lift-equipped accessible vehicles are utilized to transport clients. Drivers are contacted by dispatchers using cell phones and radios. The service caters to medical trips for insurance providers. Their primary client is Access2Care. Fares are zonal based on Findlay corporate limits (\$10.00) and \$2.00 per mile outside of Findlay.

### **5.4.2 Black & White Cab Company (B&W)**

Black and White Cab Company is a for-profit demand-response transportation provider located in downtown Lima. B&W typically operates 20 vehicles during the day and 5/6 during the night, with operations provided 24/7. Vehicle capacity exists to expand to demand. However, no lift-equipped accessible vehicles are utilized to transport clients. Drivers are contacted by dispatchers using both mobile radio and cell phones. Peak periods of demand for service vary during the year. When school is in session, peak periods are 6:00 to 9:00 a.m. and 1:00 to 5:00 p.m. Fares are zonal based. Primary clients are St.

## MAP 5-2 4-COUNTY PLANNING AREA TAXI SERVICES



ID	Taxi Service
1	Boomerang Taxi
2	Van Wert Taxi
3	Celina Taxi
4	Grand Lake Transit
5	Black & White Cab
6	Trinity Cab
7	Bluffton Taxi Cab



August 2017



0 2 4 6 8 10  
Miles

### Route Type

— Interstate

— US Route

Rita's Medical Center, Jobs & Family Services, Allen County Children Services, and Lima City Schools.

#### **5.4.3 Boomerang Taxi**

Boomerang Taxi is located in northern Van Wert County near Scott, Ohio, and provides medical transport services to the ambulatory across all of the west central Ohio counties on a 24/7 basis. Services are provided using five vehicles - all sedans; no lift/ ramp accessibility is provided/available. Drivers are contacted by dispatchers using cell phones. Much of their scheduling is done in advance with clients referred by transportation brokers: LogistiCare Solutions, Access2Care, and Provide A Ride. The fare structure reflects \$2.00 per loaded mile plus a flat fee based on county of origin.

#### **5.4.4 Liberty Mobility Now**

Liberty Mobility Now is an on-demand, ride-sourcing service, which utilizes smartphone technology to bring customers transportation services. "Ride-sourcing" differs from "ridesharing" services, as customers do not share a destination with other passengers or the driver when ride-sourcing. Liberty Mobility Now operates much like a taxi service, except customers are able to hail, track, and pay for a ride from a single smartphone application. For users who do not have a smartphone, a call center is available. Unlike other ride-sourcing services, Liberty Mobility Now is focused on serving rural communities and is ideal for the West Central Ohio region. Currently, Van Wert County and Allen County is served by Liberty Mobility Now, and more expansion is expected to take place into other surrounding Counties.

Liberty Mobility Now began operation in Spring of 2017 in Van Wert County, and has completed over 500 rides in Van Wert County. In October of 2017, Liberty expanded the service into Allen County. All drivers are independent contractors and shuttle clients in personal vehicles. Currently, there is an average of two Liberty vehicles on the road, but the amount of drivers actively providing services varies depending on demand. Customers may request a ride 24/7 so long as a driver is available.

#### **5.4.5 Lyft**

Lyft is an on-demand, ride-sourcing service, originally serving urban centers. In the summer of 2017, Lyft expanded its Toledo and Dayton regions to include Allen County and the surrounding area. Customers use Lyft through a smartphone application, but they do not have a call center for non-smartphone users. Currently, three independent drivers are employed on a contractual basis and use their own vehicles. Transportation may be accessed whenever drivers are working. Lyft services are primarily being accessed by users in Lima.

#### **5.4.6 Smart Start Transportation**

The Smart Start Transportation service is located at 734 N. Main St., in the City of Lima. Their service area includes Allen, Auglaize and Van Wert counties. Their hours of operation reflect Monday- Friday from 5:00 am until 6:00 pm; Saturday service ranges from 5:00 am- 5:30 pm. Services are provided using 3 vans with all being wheelchair accessible. Drivers are contacted by dispatchers using cell phones. Much of their scheduling is done in advance with clients.

#### **5.4.7 Right at Home**

The Right at Home service is located 128 W. High St. in the City of Lima. Their primary service area is Allen County but will make long distance trips within the State of Ohio based on need and driver availability. The Agency provides 24 hour service including weekends. The Agency caregivers have their own vehicles that they use to provide transportation; none of the vehicles are utilized lift/ramp equipped but wheelchairs may be transported with the individual in the vehicle. Driver will load and unload wheelchair or walker. The fare structure reflects \$2.00 per loaded mile. Drivers are contacted by dispatchers using cell phones. Much of their scheduling is done in advance with clients.

#### **5.4.8 Trinity Cab**

Trinity Cab is locally owned and operated business with offices in the cities of Findlay and Lima. The service operates 24/7, 365 days of the year. Trinity Cab utilizes 2 vehicles and currently has 1 driver to provide services to the ambulatory. No lift-equipped accessible vehicles are utilized to transport clients at this time. Drivers are contacted by dispatchers using cell phones. Fares are zonal based on Findlay and Lima corporate limits (\$10.00) and \$2.00 per mile outside of Findlay and Lima. The fare structure reflects \$2.00 per loaded mile plus a flat fee based on county of origin. Much of their scheduling is done in advance with clients.

#### **5.4.9 Comfort Keepers**

Comfort Keepers is locally owned and operated business located on the outskirts of the City of Lima. The Agency provides 24 hours a day/7 days a week door thru door service. Comfort Keepers service area includes Allen,

Auglaize, Mercer and Van Wert counties. Comfort Keeper utilizes the care attendants vehicle or the clients vehicle to facilitate transportation services; no lift/ramp equipped vehicles are owned by the Agency. Fares reflect a 2- hour minimum for caregiver service at \$26/hour and \$.53/mile cost for use of caregiver's vehicle or no mileage cost for use of client vehicle.

#### **5.4.10 Seniors Helping Seniors (SHS)**

Located in the City of New Bremen SHS provides transportation services in Auglaize and Mercer counties. Fares reflect a 2- hour minimum for caregiver service at \$24/hour and \$.50/mile cost for use of caregiver's vehicle or no mileage cost for use of client vehicle.

#### **5.4.11 Destination Care Medical Transport, LLC**

Destination Care, located in southwest Allen County in the Village of Harrod, Ohio, provides demand response and non-emergency medical transport services to the ambulatory across all of the west central Ohio counties. Transport services operate on a regular basis between the hours of 6 a.m. and 7 p.m. with early/late services predicated upon driver availability. Services are provided using 6 vehicles - all sedans; no lift/ramp accessibility is provided/available. Drivers are contacted by dispatchers using cell phones. Much of their scheduling is done in advance with clients referred by transportation broker Access2Care. The fare structure reflects \$2.00 per loaded mile plus a flat fee based on county of origin.

### **5.5 Inter-City Commutes**

As identified in the introduction to this section, area residents can access the services provided by Greyhound and Baron's bus services to connect to State and National destinations.



Greyhound Lines provides traditional and express services for over 18,000 routes using over 1,200 motor coaches in the United States and Canada. Greyhound has partnered with many regional carriers to provide the largest and most dense network of inter-metropolitan services. Barons Bus Lines is a small regional purveyor of intercity commuting options serving 75 communities in Ohio and six nearby states. Go Ohio is a rural fixed route bus system intended to link smaller population centers with services in larger metropolitan areas.

#### **5.5.1 Greyhound Lines, Inc.**

In 2007, Greyhound was purchased by First Group located in the United Kingdom, and is one of five First Group divisions operating across the U.K., the U.S., and Canada. Greyhound is the largest provider of inter-city bus transportation, serving more than 3,800 destinations across North America across 5.5 billion miles in 1,229 vehicles. It provides safe, affordable travel to 18 million passengers each year. Greyhound is known for its regularly scheduled passenger service, but also provides a number of other services for its customers. The company's travel services unit also offers charter and tour packages at competitive rates. In addition, Greyhound has inter-line partnerships with a number of independent bus lines across the United States. These bus companies provide complementary service to Greyhound Lines' existing schedules and link to many of the smaller towns in Greyhound Lines' national route system. Locally, Greyhound is serviced out of the ACRTA Transfer Facility located at 218 E High Street in downtown Lima. Monday through Sunday services are provided two times daily at 10:00 a.m. and 3:20 p.m.

### **5.5.2 Barons Bus Lines**

Barons is a family-owned business operating out of Cleveland, Ohio, serving more than 250,000 passengers and covering more than 2.5 million miles in 2016. Barons vehicle fleet consists of 25 deluxe buses that can each accommodate 56 passengers. Barons offers an array of services including: the College Connection Service, I-RIDE 79, bus charters, local shuttling, airport transfer, tours, company outings, sporting events, and church retreats. Inter-city motor coach transportation services are provided by Barons to Lima twice daily with buses leaving for Columbus at 1:15 p.m. and Chicago at 4:50 p.m. with connections available to other cities. Fares vary by destination.

### **5.5.3 GO Bus**

GO Bus is an federally subsidized Rural Intercity Bus Program designed to address the intercity bus transportation needs of the entire state by supporting projects that provide transportation between non-urbanized areas and urbanized areas that result in connections of greater regional, statewide, and national significance. Daily fixed route service is available with prices dependent upon the distance of the trip. Much of the state is within the service area and stops in Delphos, Lima or Van Wert are serviced by routes serving hubs in Columbus and Ft. Wayne with further destinations including Cleveland and Cincinnati available.

## **5.6 Operational Profiles & LOS Assessments**

As part of the study design agency-specific promotional materials and survey data were solicited from the areas human/social service organizations in the 4-County west central Ohio region. Such information revealed the extent to which the agencies were

providing transportation services to members of the region's targeted populations. Follow-up meetings and phone calls were conducted with many of the transportation providers to further assess operational specifics. Such information was requested in order to accurately recognize the operational profile of the agencies and the extent to which transport services are being provided in the region.

Solicited data also proved helpful in attempts at identifying factors of transportation efficiency and productivity as well as funding sources. Borrowing methods and measures used by ODOT and others, an assessment of the Transit Authority and several select human service transportation providers was conducted and presented in hopes of establishing a baseline reference of existing transportation services.

Section 5.6 uses a level of service (LOS) indicator which reflects the extent to which the various transportation service agencies are able to meet the needs of the local population. Such assessments consider numerous indicators but most often focuses upon: the days and hours of service, the types of services, the service area and other performance factors including costs which are quantified and compared to accepted standards and specific expectations. The LOS assessment is similar to an academic grading scale in which a LOS A reflects optimal performance while a LOS F would reflect a failing service. Depending upon the specific factor assessed a LOS C and LOS D may reflect satisfactory service albeit leaving plenty of room for improvement.

#### **5.6.1 ACRTA Services & LOS**

The State of Ohio adopted a Public Transit Index (PTI) in 2004 to assess the performance of Ohio's transit systems and standardize operational assessments using accepted levels of service. The PTI assessments are

designed to examine the quantity of service provided, the quality of service provided, aspects of safety and reliability, the cost effectiveness and cost efficiency of the transit system. The Transit Authority's new accounting and financial capabilities allowed for a 2016 LOS assessment to be compiled providing a summation of current practices, needed improvements, and a guide for continued transit development.

Examining the quantity of services provided to the community by the ACRTA should be seen as a delicate balancing act. The propensity to use public transportation services is predicated upon: (1) the population size of the transportationally dependent; and, (2) the amount of public transportation services provided. Section 4 of this report identified the size, character and residency of dependent populations in the region and Allen County.

The amount of public transportation services provided is important from both ends of the customer base. The dependent population must use transit because they have no other choice. These "captive riders" depend upon public transportation for their work, education, and medical-related trips. But choice riders, those who have the means and ability to use alternative transportation services, will be much more likely to use public transportation when service is convenient, flexible, and dependable.

In examining the LOS provided to the community by the ACRTA, the PTI process uses several independent measures to establish a level of service. Included in the calculation are: the number of hours a system is "open"

for business, the system's service area coverage, and the miles-of-service provided on a per-capita basis.

In 2016, the ACRTA provided services across 257 weekdays and 51 Saturdays. The transit system operated between 5:45 a.m. to 10:15 p.m. or 16.5 hours Monday through Friday. On Saturdays the hours of service declined to only 9.5 hours with service starting at 7:45 a.m. until 5:15 p.m. The total number of hours provided in 2016 exceeded 4,940 hours. Based on the PTI standard for operational hours of service provided by the ACRTA in 2016, the LOS stood at a LOS C.

TABLE 5-1 SPAN-OF-SERVICE	
LOS	Performance
A	> 7,500 Hours (per year)
B	7,500 - 6,000 Hours
<b>C</b>	<b>5,999 - 4,500 Hours</b>
D	4,499 - 3,000 Hours
E	2,999 - 1,500 Hours
F	< 1,500 Hours

As presented in Section 5.2.1, the service area for fixed route (FR) transit service was largely restricted to the City of Lima with only major generators located outside the City serviced. However, the 2016 policy of providing demand response and ADA services beyond the urbanized area pushed services to the outskirts of the County. Service area coverage in 2016 was quantified at a LOS C.

TABLE 5-2 SERVICE AREA COVERAGE	
LOS	Performance
A	Seamless regional mobility
B	County wide plus out-of-county destinations
<b>C</b>	<b>County wide service</b>
D	Citywide plus limited outside the City
E	City limits only
F	Less than city limits

Examining the extent of service provided in 2016 in terms of per-capita, the ACRTA was found to have traversed a total of 681,123 miles when both FR, ADA complementary paratransit, and demand response (DR) services were included. The respective service area

population is estimated at 105,196 when considering the larger DR service area. Based on the total number of miles (681,123) traveled and the population (105,196), per-capita service of 6.47 miles-per-person is equal to a LOS C.

TABLE 5-3 MILES-PER-CAPITA	
LOS	Performance
A	>10 miles/capita
B	10 - 8 miles/capita
C	7.99 - 6 miles/capita
D	5.99 - 4 miles/capita
E	3.99 - 2 miles/capita
F	<2 miles/capita

Examining the larger LOS for the "Quantity of Service" measure, an average calculation is determined based on the independent measures where:

LOS A = 5 Point  
LOS B = 4 Points  
LOS C = 3 Points  
LOS D = 2 Points  
LOS E = 1 Point  
LOS F = 0 Points

Given the independent measures LOS established for ACRTA in 2016 the quantity of service provided equates to a LOS C.

Span-of-service = LOS C	3 Points
Service Area Coverage = LOS C	3 Points
Miles-per-capita = LOS C	<u>3 Points</u>
<b>Total</b>	<b>9 Points</b>
<b>Average</b>	<b>3 Points or LOS C</b>

In examining the "Quality of Service" provided, the PTI is heavily dependent upon the time it takes for public transportation service providers to respond to specific issues. And this "response time" is measured differently for the DR service and the FR service and therefore LOS analyses will be presented separately. The associated LOS for quality is calculated on an average of the different independent measures as was the quantity of service measure presented earlier.

Response time for DR service is an average of the following measures: average speed of system vehicles, type of service, and the percentage of general public trips.

TABLE 5-4 AVERAGE SPEED OF DR VEHICLES	
LOS	Performance
A	> 30 mph
B	25 - 30 mph
C	20 - 24.99 mph
D	15 - 19.99 mph
E	10 - 14.99 mph
F	<10 mph

Average speed of the DR service is calculated by dividing the number of revenue miles by the number of revenue hours. In 2016, the ACRTA incurred 269,531 miles during 19,310 hours of service resulting in a vehicle speed of 13.96 miles per revenue hours or a LOS E.

The PTI recognizes a variety of services that are largely dependent upon the needs of the passenger. ACRTA Board policy stipulates paratransit services are provided from curb to curb only. Therefore, the current service is classified as a LOS D.

TABLE 5-5 TYPE OF FR SERVICE	
LOS	Performance
A	Door-to-door plus call to inform passenger vehicle is on its way to pick them up
B	Door-to-door
C	Curb-to-curb, door-to-door upon request
D	Curb-to-curb
E	Stop-to-stop
F	Door-through-door

Subscription services reflect regularly scheduled trips for people who go to and from the same destinations at

TABLE 5-6 PERCENT GENERAL PUBLIC TRIPS - DR	
LOS	Performance
A	>80%
B	80% - 70%
C	69.99% - 60%
D	59.99% - 50%
E	49.99% - 25%
F	< 25%

the same time and on the same days of the week. ACRTA service to subscription riders currently makes up 97.6 percent of all DR services and 87.0 percent of ADA complementary paratransit. However, as documented in Section 3, until resources dedicated to UPLIFT reach capacity it will not need

to restrict services to the maximum 50 percent. In 2016, the percent of general public trips was only 13.0 percent or a LOS F.

Examining the larger LOS for the "Quality of Service" measure, an average calculation of the independent measures established for ACRTA's Paratransit Program equates to a LOS E in 2016.

Average Speed = LOS E	1 Point
Type of Service = LOS D	2 Points
Percent General Public = LOS F	<u>0 Points</u>
<b>Total</b>	<b>3 Points</b>
<b>Average 1.0 Point or LOS E</b>	

The PTI recognizes the specific differences between the FR and DR services. "Response Time" for FR service is an average of the ratings for the following measures: average headway, maximum headway, average speed of system vehicles, Percent Transfers, and Service Mix.

TABLE 5-7 AVERAGE HEADWAY - FR	
LOS	Performance
A	0 - 15 minutes
B	15.01 - 30 minutes
C	30.01 - 45 minutes
D	45.01 - 60 minutes
E	60.01 - 90 minutes
F	> 90 minutes

Headway refers to time intervals between vehicles moving in the same direction on a particular route. The current FR system used by the ACRTA is a paired loop design where all trips emanate and return to the transfer facility. As several routes are paired with other routes ranging

TABLE 5-8 MAXIMUM HEADWAY - FR	
LOS	Performance
A	< 30 minutes
B	30 - 45 minutes
C	45.01 - 60 minutes
D	60.01 - 90 minutes
E	90.01 - 120 minutes
F	> 120 minutes

from 30 to 60, the mean headway was found to reflect headway between 45.01 and 60 minutes; the measure was documented at a LOS D for 2016 operations. The



maximum headway was found to be 60 minutes during 2016 which generated a LOS C.

Average speed of the FR system in 2016 was calculated based on revenue miles and revenue hours. Dividing the revenue miles (411,592) by revenue hours (30,242) incurred in 2016 an average system speed of 13.61 miles-per-hour was calculated or a LOS D.

TABLE 5-9 AVERAGE SPEED - FR	
LOS	Performance
A	> 25 mph
B	20 - 25 mph
C	15 - 19.99 mph
D	10 - 14.99 mph
E	5 - 9.99 mph
F	< 5 mph

Transfers reflect the relationship between the existing route structure and the desired destinations of transit customers. The extent to which patrons must transfer busses reflects inconvenience in terms of connectivity time. The transfer rate experienced in 2016 was 24.00 percent; a LOS C.

TABLE 5-10 PERCENT TRANSFERS - FR	
LOS	Performance
A	0 - 10%
B	10.01% - 20%
C	20.01% - 30%
D	30.01% - 40%
E	40.01% - 50%
F	>50%

Public transportation services provided by the ACRTA in 2016 reflected FR and DR only. No express (EXP), neighborhood circulators (NC) or brokerage service (BRO) existed. The service mix provided by the ACRTA in 2016 equates to a LOS E.

TABLE 5-11 SERVICE MIX	
LOS	Services
A	Complete mobility management
B	FR + ADA + EXP + NC + BRO
C	FR + ADA + EXP + NC
D	FR + ADA + EXP
E	FR + ADA
F	FR only
EXP = Express Service NC = Neighborhood Circulator Service BRO = Brokerage Service	

Examining the larger LOS for the "Quality of Service" measure, an average calculation was derived from the independent measures of the FR service which resulted in an average 2.2 points or a LOS D in 2016.

Average Headway = LOS D	2 Points
Maximum Headway = LOS C	3 Points
Average Speed = LOS D	2 Points
Percent Transfers = LOS C	3 Points
Service Mix = LOS E	<u>1 Points</u>
Total	11 Points
Average 2.2 Points or LOS D	

Extending the review and rationale to reflect both FR and DR services one finds the quality of service provided in 2016 by the ACRTA reflecting 24 points accumulated over 11 measures resulting in a LOS of D with a 2.2 cumulative average.

"Infrastructure" is another important component of the PTI index. Infrastructure indices reflect the ability of the public transportation fleet to provide safe, accessible and reliable transportation services to the community. The PTI benchmark for infrastructure examines two independent measures and then collectively determines the fleets condition using an average of two LOS ratings predicated upon: (1) the percentage of the vehicle fleet beyond its useful life; and, (2) the percent of the vehicle fleet which is ADA accessible.

The age of the vehicle fleet varies by type of vehicle. Currently 15.4 percent of the FR transit vehicles are beyond their useful life of either 10 years or 12 years and 41.2 percent of the vans are beyond their useful life of 5 years. Overall, the ACRTA vehicle fleet beyond its

TABLE 5-12 VEHICLE FLEET BEYOND USEFUL LIFE	
LOS	Performance
A	<5%
B	5% - 19.9%
C	20% - 39.9%
D	40% - 59.9%
E	60% - 79.9%
F	>80%

useful life equates to 30.0 percent or a LOS C. Excluded from the analyses are vehicles not associated with passenger transportation including maintenance vehicles and administrative vehicles.

TABLE 5-13 ADA ACCESSIBLE VEHICLES	
LOS	Performance
A	100%
B	80% - 99.99%
C	60% - 79.99%
D	40% - 59.99%
E	20% - 39.99%
F	<20%

All 30 vehicles used to transport the general public are ADA accessible. Both the vans and buses are lift-equipped. Busses are also equipped with kneeling capabilities which drops the vehicle to the top of the curb to increase the ease of access through the transit style entry doors. ACRTA's efforts to address accessibility equate to a LOS A.

Examining the larger LOS for "Infrastructure", an average calculation is determined on the independent measures resulted in a LOS B in 2016.

Vehicle Fleet Life Expectancy = LOS C	3 Points
Non - ADA Accessibility = LOS A	<u>5 Points</u>
	Total 8 Points
	Average 4 Points or LOS B

"Safety and Reliability" are directly related to vehicle maintenance. Safety measures reflect both the human and vehicle components of a transit system. And while vehicle reliability is primarily maintenance related, pre-trip vehicle inspections conducted by the bus operators are important from both a preventive maintenance and reliability perspective. Of note maintenance tends to increase in terms of service requirements and costs as vehicles increase in age and as vehicles age, reliability becomes a factor.

"Safety" is analyzed by the number of accidents experienced per 100,000 miles of travel. Accidents include all occurrences regardless of how minor and who was determined at-fault. The ACRTA provided 681,123 revenue miles-of-service in 2016 and experienced sixteen (16) accidents. Examination reveals a crash rate of 2.35 per 100,000 miles traveled or LOS F.

The ACRTA provided 681,123 miles-of-service in 2016 and experienced 150 road calls. "Reliability" as expressed in road calls equate to 22.03 calls per 100,000 miles or a LOS F.

TABLE 5-14 SAFETY	
LOS	Performance
A	>.10
B	.10 - .24
C	.25 - .50
D	.51 - .75
E	.76 - 1.00
F	>1.00

TABLE 5-15 RELIABILITY	
LOS	Performance
A	<1 road call per 100,000 miles
B	1.00 to 2.00
C	2.01 - 3.00
D	3.01 - 4.00
E	4.01 - 5.00
F	>5.00

"Productivity" measures are expressed in terms of passengers per hour for both the FR and DR services. Data collected from system operating data spreadsheets and 2016 Certification of Data Request forms indicate that the ACRTA FR service delivered 11.57 passengers-per-hour; this productivity level reflects a LOS E. Examining the DR service, the ACRTA facilitated the transportation of 1.89 passengers-per-hour which equates to an operational LOS F.

TABLE 5-16 PASSENGERS-PER-HOUR FR SERVICE	
LOS	Performance
A	>18 passengers/hour
B	16.0 - 17.99 passengers/hour
C	14.0 - 15.99 passengers/hour
D	12.0 - 13.99 passengers/hour
E	10.0 - 11.99 passengers/hour
F	<10 passengers/hour

TABLE 5-17 PASSENGERS-PER-HOUR DR SERVICE	
LOS	Performance
A	>4.00 passengers/hour
B	3.50 - 3.99 passengers/hour
C	3.00 - 3.49 passengers/hour
D	2.50 - 2.99 passengers/hour
E	2.00 - 2.49 passengers/hour
F	<2.00 passengers/hour

"Measures of Efficiency" revolve around costs incurred. The costs-per-mile and cost per trip are standard measures used in the PTI. Additional measures were excluded from this assessment.

In 2016 the cost incurred per mile on the FR service was \$5.91; while costs experienced in the delivery of the DR service was \$1.80. Such findings reflect a LOS E on the FR system and a LOS C for the DR services provided.

TABLE 5-18 COSTS-PER-MILE FR SERVICE	
LOS	Performance
A	<\$3.00 per mile
B	\$2.01 - \$3.00 per mile
C	\$3.01 - \$4.00 per mile
D	\$4.01 - \$5.00 per mile
E	\$5.01 - \$6.00 per mile
F	>\$6.00 per mile

TABLE 5-19 COSTS-PER-MILE DR SERVICE	
LOS	Performance
A	<\$1.00 per mile
B	\$1.00 - \$1.49 per mile
C	\$1.50 - \$2.00 per mile
D	\$2.01 - \$2.49 per mile
E	\$2.50 - \$3.00 per mile
F	>\$3.00 per mile

Costs-per-passenger trip incurred on the FR service equated to \$6.95 during 2016; such costs reflected a LOS D. The costs of delivering passengers in the DR service was \$13.29 per passenger in 2016. That cost of delivering passengers equated to a LOS A.

TABLE 5-20 COSTS-PER-PASSENGER FR SERVICE	
LOS	Performance
A	<\$5.49
B	\$5.49 - \$5.99
C	\$6.00 - \$6.49
D	\$6.50 - \$6.99
E	\$7.00 - \$7.49
F	>\$7.49

TABLE 5-21 COSTS-PER-PASSENGER DR SERVICE	
LOS	Performance
A	< \$19.00
B	\$19.00 - \$19.49
C	\$19.50 - \$20.00
D	\$20.01 - \$20.49
E	\$20.50 - \$21.00
F	>\$21.00

The "Farebox Recovery Ratio," which examines the relationship between the fare charged and the actual cost incurred in the delivery of the service was calculated at 12.27 percent. The FR recovery ratio reflects a LOS E. The farebox recovery for the DR service was calculated at 62.64 percent. Such a ratio exceeds the established industry standards and results in a LOS A.

TABLE 5-22 FAREBOX RECOVERY RATIO FR SERVICE	
LOS	Performance
A	>16.00%
B	15.01% - 16.00%
C	14.01% - 15.00%
D	13.01% - 14.00%
E	12.01% - 13.00%
F	<12.00%

TABLE 5-23 FAREBOX RECOVERY RATIO DR SERVICE	
LOS	Performance
A	>21.00%
B	20.01% - 21.00%
C	19.01% - 20.00%
D	18.01% - 19.00%
E	17.01% - 18.00%
F	<17.00%

### 5.6.2 Human Service Agencies & LOS

The planning and reporting requirements for public transit operators and health and human service agencies are markedly different. Publicly funded transit agencies are required to provide ongoing operational and financial data to the FTA and MPOs in order to qualify for Federal and State funding. They are therefore, if not required, strongly recommended to participate in the MPO's mandated transportation planning processes. But all

health and human service agencies do not have the same Federal reporting requirements. As a result some agencies lack the data necessary to take decisive actions related to the provision of such transportation services.

For purposes of this Plan, a LOS assessment tool documenting the specialized transportation services provided by human service providers was adopted from scoring criteria used by ODOT in its PTI assessments and in criteria used in the evaluation of the FTA 5310 Program. Several of the area human and social service agencies are familiar with the Program which awards capital items to those Specialized Transportation Programs that support transportation services for the elderly and disabled. The assessment does not address the performance measures to the same extent or degree as those detailed in Section 5.6.1. This assessment tool is largely informational and developed only to provide a glimpse into local operations and the extent to which certain areas of operation could benefit from available strategies to enhance service and support improved coordination efforts.

Only specific agencies were selected for this LOS assessment. In fact, the only agencies included were those that received/operated FTA 5310 program vehicles e.g. Allen County Council on Aging, the Delphos Senior Citizens, Goodwill-Easter Seals, Marimor Industries, Lutheran Home Society, WOCAP, Auglaize County Council on Aging, Mercer County Council on Aging, and Van Wert County Council on Aging. These agencies were included because of agency experience in Federal funds management and experience in terms of data collection. As evidence, these agencies have operated FTA 5310

Program funded transportation vehicles and have participated in previous coordination activities. Other service providers operating within the region would benefit from understanding the data collection and self-assessment of their respective performance using similar measures.

Of note, the FTA 5310 Program Vehicle Monitoring Reports failed to provide enough financial information to assess operational efficiency based on costs per mile, costs per hour or costs per trip. Nor did the reports generate enough information to establish benchmarks related to safety/reliability using such measures as trip denials and percent of fleet beyond useful life. Available data reflects FTA 5310 Program vehicles only and does not include all of the vehicles in the agency fleet.

Tables 5-24 through 5-29 examine aspects of the transportation services provided by the targeted human service agencies. Tables examine criteria targeting the "quantity of service" provided, the "quality of service" provided, "infrastructure," and "service" as well as "cost effectiveness." This cursory assessment reflects

TABLE 5-24 ANNUAL TRIPS PROVIDED PER VEHICLE							
Agency	Trips	Level of Service					
		A	B	C	D	E	F
Allen COA	2,064						
Lutheran Home	1,870						
DSC	1,039						
Goodwill	1,090						
Marimor	2,051						
WOCAP	867						
Auglaize COA	4,737						
Mercer COA	1,213						
Van Wert COA	1,125						
<b>Legend:</b> LOS A = > 4,000 trips-per-vehicle LOS B = 3,000 to 3,999 trips-per-vehicle LOS C = 2,000 to 2,999 trips-per-vehicle LOS D = 1,000 to 1,999 trips-per-vehicle LOS E = 500 to 1,000 trips-per-vehicle LOS F = < 999 trips-per-vehicle							

the agencies 2015 productivity and performance. With respect to productivity, the number of trips being



provided by local human and social service agencies varied in terms of number as well as the clientele transported. The Allen County COA, Marimor and Auglaize County COA were the only agencies to provide at least a LOS C.

The age and condition of agency vehicles will affect the LOS scoring as will the character and length of trips which in effect limits the ability of rural providers to facilitate as many trips due to their proximity to activity centers.

Table 5-25 examines the average number of vehicle miles the fleet of each of the respective social service agency traversed in 2016. This measure, like that in Table 5-24, is also reflective of the age of the vehicle fleet and the character of the agency

TABLE 5-25 ANNUAL SERVICE MILES-PER-VEHICLE							
Agency	Miles	Level of Service					
		A	B	C	D	E	F
Allen COA	11,898						
Lutheran Home	7,558						
DSC	10,261						
Goodwill	16,610						
Marimor	18,600						
WOCAP	24,334						
Auglaize COA	54,231						
Mercer COA	20,210						
Van Wert COA	9,072						
<b>Legend:</b> LOS A = 17,000 plus annual miles-per-vehicle LOS B = 15,001 to 17,000 annual miles-per-vehicle LOS C = 12,501 to 15,000 annual miles-per-vehicle LOS D = 10,001 to 12,500 annual miles-per-vehicle LOS E = 5,000 to 10,000 annual miles-per-vehicle LOS F = 5,000 annual miles-per-vehicle							

providing transportation. As rural oriented services tend to acquire higher vehicle miles this factor provides a somewhat different perspective on the number of trips provided. All agencies provided at least a satisfactory level of service, to the extent that data was provided, except for Lutheran Home Society, and Van Wert COA.

Table 5-26 identifies the number of hours-per-day the transportation services were made available by the

respective agencies in 2016. This should not be misunderstood as the number of hours that the agencies actually provided transportation services over the course of the year. At some agencies such as Marimor Industries or Lutheran Homes, although the service was available to eligible riders, the agency may not have provided any trips because none were requested. These factors must be assessed against other factors such as total number of trips provided (Table 5-24) and total vehicle miles traveled (Table 5-25) to more accurately reflect the service. In fact, the agencies may have actually purchased the transportation services rather than provide the trips with their own vehicles/drivers.

Some agencies including the Delphos Senior Citizens provide all transports and purchased none. Marimor Industries purchased trips and will reimburse caregivers for mileage. Both Goodwill-Easter Seals and Marimor Industries provided trips and purchased trips from various providers.

TABLE 5-26 LOS ASSESSMENT SERVICE HOURS-PER-DAY							
Agency	Hours	Level of Service					
		A	B	C	D	E	F
Allen COA	10 Hrs						
Lutheran Home	8 Hrs						
DSC	9 Hrs						
Goodwill	19.25 Hrs						
Marimor	24 Hrs						
WOCAP	12 Hrs						
Auglaize COA	8 Hrs						
Mercer COA	8.5 Hrs						
Van Wert COA	9 Hrs						
<b>Legend:</b> LOS A = > 12 hours of service-per-day LOS B = 10 to 12 hours of service-per-day LOS C = 8 to 10 hours of service-per-day LOS D = 6 to 8 hours of service-per-day LOS E = 4 to 6 hours of service-per-day LOS F = < 4 hours of service-per-day							

Table 5-27 is seen as a compliment to Table 5-26 providing information on the days of the week each agency made transportation services available.

In 2016 only Marimor Industries provided transport services every day of the week barring certain weather conditions. Again, there is the caveat that the agencies may not have actually provided service each day.

Table 5-28 provides passenger trips-per-hour which is an often used measure of transport efficiency and productivity. This factor tends to penalize rural transportation providers because of density issues and the distance between destinations.

Table 5-29 documents the safety and appropriateness of

an agency's vehicles in meeting the demands of their specific clientele; it is a necessary concern in the

TABLE 5-27 LOS ASSESSMENT DAYS OF SERVICE-PER-WEEK							
Agency	Days	Level of Service					
		A	B	C	D	E	F
Allen COA	5 Days						
Lutheran Home	4 Days						
DSC	5 Days						
Goodwill	6 Days						
Marimor	7 Days						
WOCAP	6 Days						
Auglaize COA	5 Days						
Mercer COA	5 Days						
Van Wert COA	5 Days						
<b>Legend:</b> LOS A = 7 Days of available service-per-week LOS B = 6 Days of available service-per-week LOS C = 5 Days of available service-per-week LOS D = 4 Days of available service-per-week LOS E = 3 Days of available service-per-week LOS F = < 3 Days of available service-per-week							

TABLE 5-28 LOS ASSESSMENT PASSENGER TRIPS-PER-HOUR							
Agency	Trips	Level of Service					
		A	B	C	D	E	F
Allen COA	1.36						
Lutheran Home	3.10						
DSC	1.64						
Goodwill	2.00						
Marimor	3.12						
WOCAP	6.64						
Auglaize COA	2.31						
Mercer COA	0.92						
Van Wert COA	1.76						
<b>Legend:</b> LOS A = > 4.0 passenger trips-per-hour LOS B = 3.5 to 3.99 passenger trips-per-hour LOS C = 3.00 to 3.49 passenger trips-per-hour LOS D = 2.50 to 2.99 passenger trips-per-hour LOS E = 2.00 to 2.49 passengers trips-per-hour LOS F = < 1.99 passenger trips-per-hour							

delivery of special needs clients. In 2016, all of the agencies reported an average to above average vehicle accessibility.

Table 5-30 shows the service ratings for cost-per-trip. This factor also tends to penalize more rural providers. Despite a more rural region, the majority of providers had an acceptable LOS.

Assuming that these non-wheelchair equipped vehicles are appropriate for the clientele being transported, agencies may want to consider the incorporation of such vehicles within their fleets as the costs to operate and maintain standard vehicles is typically much lower than maintaining lift-equipped vehicles. Although agencies lose

TABLE 5-29 LOS ASSESSMENT PERCENT VEHICLES ACCESSIBLE							
Agency	Percent	Level of Service					
		A	B	C	D	E	F
Allen COA	100.0%						
Lutheran Home	100.0%						
DSC	100.0%						
Goodwill	80.0%						
Marimor	55.5%						
WOCAP	37.5%						
Auglaize COA	100.0%						
Mercer COA	80.0%						
Van Wert COA	75.0%						
<b>Legend:</b> LOS A = 100.0% of vehicle fleet LOS B = 80.0% to 99.9% of vehicle fleet LOS C = 60.0% to 79.9% of vehicle fleet LOS D = 40.0% to 59.9% of vehicle fleet LOS E = 20.0% to 39.9% of vehicle fleet LOS F = < 20.0% of vehicle fleet							

TABLE 5-30 LOS ASSESSMENT COST-PER-TRIP							
Agency	Cost	Level of Service					
		A	B	C	D	E	F
Allen COA	\$18.72						
Lutheran Home	\$31.43						
DSC	\$17.53						
Goodwill	\$29.99						
Marimor	\$9.81						
WOCAP	\$18.01						
Auglaize COA	\$19.32						
Mercer COA	\$39.66						
Van Wert COA	\$16.75						
<b>Legend:</b> LOS A = < \$8.00 per trip LOS B = \$8.01 to \$11.00 per trip LOS C = \$11.01 to \$15.00 per trip LOS D = \$15.01 to \$20.00 per trip LOS E = \$20.01 to \$25.00 per trip LOS F = < \$25.00 per trip							

the lift-equipped vehicles utility value, there is a considerable savings in terms of gas mileage, vehicle acquisition and maintenance. Matching the appropriate vehicles to the clientele served provides increased comfort to the passenger and increased savings to the operator.

## **5.7 Gap Analysis**

Earlier in Section 5 operational data about the various entities providing transportation within Allen County was presented. Much of the information came from agency-specific promotional materials and survey data provided by the area human/social service organizations. Such information revealed the extent to which the agencies were providing transportation services to members of regions targeted populations.

Agencies provided organizational insights as to the services offered, including: staffing levels, job descriptions, productivity, and funding sources. Follow-up meetings and phone calls were conducted with many of the transportation providers to further assess operational specifics.

Section 5.7 provides a detailed LOS assessment of the ACRTA and targeted human service providers using independent measures of performance. Such an assessment was compiled in order to accurately reflect the operational profile of the agencies and to complete a Plan mandate which was to identify gaps in services and identify potential strategies to address such gaps.

Gaps in service were identified based on the completed surveys and the follow-up discussions. Such gaps were identified as to when transport services were not available in terms of hours of the day as well as geographic locations where such services were

largely absent or unavailable. Also of concern were gaps in service resulting from capacity constraints where the demand for transportation services exceeded the ability of local agencies to provide transportation either because of an insufficient number of vehicles, unavailable or not enough available drivers, funding limitations, or a combination of all the aforementioned factors.

#### **5.7.1 Temporal Gaps**

Chart 5-1 is offered as an insight on the availability and use of local transportation service providers by agency. The Chart attempts to identify the availability of specific service providers by type of provider, by day and hour of available service and by the clientele they serve. The Chart was prepared to reflect availability of services in June 2017, a hypothetical start date for the Coordination Plan.

The Chart reflects the hours of service an agency makes transportation services available by day in 2-hour blocks of time, whereby each day is broken down into 12 time periods. The legend reveals the hours of service by day. The pattern that emerges reflects the availability of services.

Data indicates that the transportation provided varies by the nature of the service provider. For example inter-city transportation services, pertinent for longer commutes, are available just once or twice per day. No social service agency, with the exception of Marimor Industries, provides transportation 24/7.

In fact, most social service agencies that provided transportation to their specific clientele in their own vehicles operated primarily Monday through Friday and

between the hours of 7:00 A.M. and 5:00 P.M. with limited exceptions. As presented earlier, Marimor Industries will provide transportation services around the clock to their clientele (or contract the trip) but only when they have a client to transport. The availability of transportation services by Marimor should not be misunderstood as actual operational hours or trips provided.

Data regarding ACRTA services, the only public transit agency, reveals availability of service limited to 61.4 percent of the available hours over the course of the month, with no services on Sundays. Nursing homes and residential care centers varied in the extent of transportation services provided and the times such service were made available. The for-profit providers including taxi and medical transport service providers were available almost the entire length of time over the month's span.

Chart 5-1 is a useful construct in analyzing the temporal gaps in available transportation services provided by public transportation and/or human and social service agencies. Gaps in available service appear during the early morning hours, late evening hours, on holidays and on weekends. Only those human/social service agencies that contract for services with for-profit entities actually provide around the clock transportation services to their clientele.

#### **5.7.2 Geographic Gaps**

Due to the demand response nature of the transportation services that human service agencies provide, coupled with their limited hours of operation, the restrictions



CHART 5-1 SERVICE BY TIME, DAY, MONTH & TRANSPORTATION CLIENTELE JUNE 2017																																	
PROVIDER	CLIENTELE	1 - Thurs	2 - Fri	3 - Sat	4 - Sun	5 - Mon	6 - Tue	7 - Wed	8 - Thu	9 - Fri	10 - Sat	11 - Sun	12 - Mon	13 - Tue	14 - Wed	15 - Thu	16 - Fri	17 - Sat	18 - Sun	19 - Mon	20 - Tue	21 - Wed	22 - Thu	23 - Fri	24 - Sat	25 - Sun	26 - Mon	27 - Tue	28 - Wed	29 - Thu	30 - Fri	% of availability by provider	
PRIMARYLY TRANSPORTS CLIENTELE ON AGENCY OWNED VEHICLES																																	
Delphos Senior Citizens Center																																27.5%	
Allen County Council on Aging																																30.6%	
West Ohio Community Action Partnership (WOCAP)																																43.3%	
Morimor Industries																																100.0%	
Goodwill-Easter Seals (Allen County)																																67.7%	
Thomas Edison Center (Van Wert County)																																27.5%	
Van Wert County Council on Aging																																27.5%	
Westwood Behavioral Health Center																																27.5%	
Auglaize County Council on Aging																																24.4%	
Foundations Behavioral Health Services (Mercer County)																																24.2%	
Mercer County Council on Aging																																26.0%	
Mercer Residential Services																																62.5%	
Daily Availability by Provider Type		50.1%	50.1%	24.2%	13.5%	50.1%	50.1%	50.1%	50.1%	50.1%	24.2%	13.5%	50.1%	50.1%	50.1%	50.1%	50.1%	24.2%	13.5%	50.1%	50.1%	50.1%	50.1%	50.1%	24.2%	13.5%	50.1%	50.1%	50.1%	50.1%	50.1%		

Approximate Hours of Service Availability

12:00 - 2:00 am	6:00 - 8:00 am	12:00 - 2:00 pm	6:00 - 8:00 pm
2:00 - 4:00 am	8:00 - 10:00 am	2:00 - 4:00 pm	8:00 - 10:00 pm
4:00 - 6:00 am	10:00 am - 12:00 pm	4:00 - 6:00 pm	10:00 pm - 12:00 am

Service Availability

Transportation Service Available

No Service

Clientele Restrictions

No Clientele Restrictions

Agency and/or Medicaid clientele only

Senior Citizen (as defined by OAA)

Type of Transportation Provider

Non-profit Social Service Provider

Governmental - Social Service Provider

Medical Transport & Emergency Medical Services

Medical Transports Only

General Transportation & Specialized Service



CHART 5-1 (cont.) SERVICE BY TIME, DAY, MONTH & TRANSPORTATION CLIENTELE JUNE 2017																																
PROVIDER	CLIENTELE	1 - Thurs	2 - Fri	3 - Sat	4 - Sun	5 - Mon	6 - Tue	7 - Wed	8 - Thu	9 - Fri	10 - Sat	11 - Sun	12 - Mon	13 - Tue	14 - Wed	15 - Thu	16 - Fri	17 - Sat	18 - Sun	19 - Mon	20 - Tue	21 - Wed	22 - Thu	23 - Fri	24 - Sat	25 - Sun	26 - Mon	27 - Tue	28 - Wed	29 - Thu	30 - Fri	% of availability by provider
PRIMARYLY TRANSPORTS CLIENTELE THROUGH CONTRACTS																																
Allen County Job and Family Services																																19.9%
Daily Availability by Provider Type		27%	27.1%	0.0%	0.0%	27.1%	27.1%	27.1%	27.1%	27.1%	0.0%	0.0%	27.1%	27.1%	27.1%	27.1%	27.1%	0.0%	0.0%	27.1%	27.1%	27.1%	27.1%	27.1%	0.0%	0.0%	27.1%	27.1%	27.1%	27.1%	27.1%	
PUBLIC TRANSIT																																
Allen County Regional Transit Authority																																61.4%
Daily Availability by Provider Type		71%	70.8%	70.8%	0.0%	70.8%	70.8%	70.8%	70.8%	70.8%	70.8%	0.0%	70.8%	70.8%	70.8%	70.8%	70.8%	70.8%	0.0%	70.8%	70.8%	70.8%	70.8%	70.8%	70.8%	0.0%	70.8%	70.8%	70.8%	70.8%	70.8%	
FOR-PROFIT TRANSPORTATION PROVIDER																																
Clymer Medical Transportation																																33.3%
Lima Allen County Paramedics																																86.7%
Integrity																																100.0%
Black and White Cab																																100.0%
Liberty Mobility Now																																100.0%
Daily Availability by Provider Type		86.7%	86.7%	86.7%	60.0%	86.7%	86.7%	86.7%	86.7%	86.7%	86.7%	60.0%	86.7%	86.7%	86.7%	86.7%	86.7%	86.7%	60.0%	86.7%	86.7%	86.7%	86.7%	86.7%	86.7%	60.0%	86.7%	86.7%	86.7%	86.7%	86.7%	
INTER-CITY TRANSPORTATION PROVIDER																																
Greyhound Lines, Inc.																																28.1%
Baron's Bus Lines																																8.3%
GoBus																																8.3%
Daily Availability by Provider Type		14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	
TOTAL PERCENT DAILY AVAILABILITY		53.5%	53.5%	38.2%	23.1%	53.5%	53.5%	53.5%	53.5%	53.5%	38.2%	23.1%	53.5%	53.5%	53.5%	53.5%	53.5%	38.2%	23.1%	53.5%	53.5%	53.5%	53.5%	53.5%	38.2%	23.1%	53.5%	53.5%	53.5%	53.5%	53.5%	

Approximate Hours of Service Availability

12:00 - 2:00 am	6:00 - 8:00 am	12:00 - 2:00 pm	6:00 - 8:00 pm
2:00 - 4:00 am	8:00 - 10:00 am	2:00 - 4:00 pm	8:00 - 10:00 pm
4:00 - 6:00 am	10:00 am - 12:00 pm	4:00 - 6:00 pm	10:00 pm - 12:00 am

Service Availability

Transportation Service Available
No Service

Clientele Restrictions

No Clientele Restrictions
Agency and/or Medicaid clientele only
Senior Citizen (as defined by OAA)

Type of Transportation Provider

Non-profit Social Service Provider
Governmental - Social Service Provider
Medical Transport & Emergency Medical Services
Medical Transports Only
General Transportation & Specialized Services

placed on usage by trip purpose and the various eligibility constraints (age, client-only, etc.) residents of the west central region can argue that there are real geographic gaps in service area coverage.

Based on survey responses most government-based agencies restrict their services to the county of jurisdiction. While for profit providers are more readily available across the region. Chart 5-2 reveals the agencies that serve each of the 4 counties in the region. The Chart also reveals the extent to which each of the counties received transportation services from the various service providers.

Origin-Destination data was compiled and analyzed from ACRTA, Black & White Cab Company, and Find-A-Ride for June and July of 2017 (Map 5-3). Trips from ACRTA and Black & White were contracted by ACJFS, and were mainly occupational and medical trips respectively, while Find-A-Ride varied by trip purpose. The trip destinations spanned across the State of Ohio, with popular destinations outside of the 4-County region being Columbus, Cleveland, Dayton, and Toledo.

### **5.7.3 Capacity Constraints**

The survey requested data on the number of trips requested but not provided by local agencies. The ACRTA reported delivering 5,345 ADA complementary trips with zero trips denied in 2016.

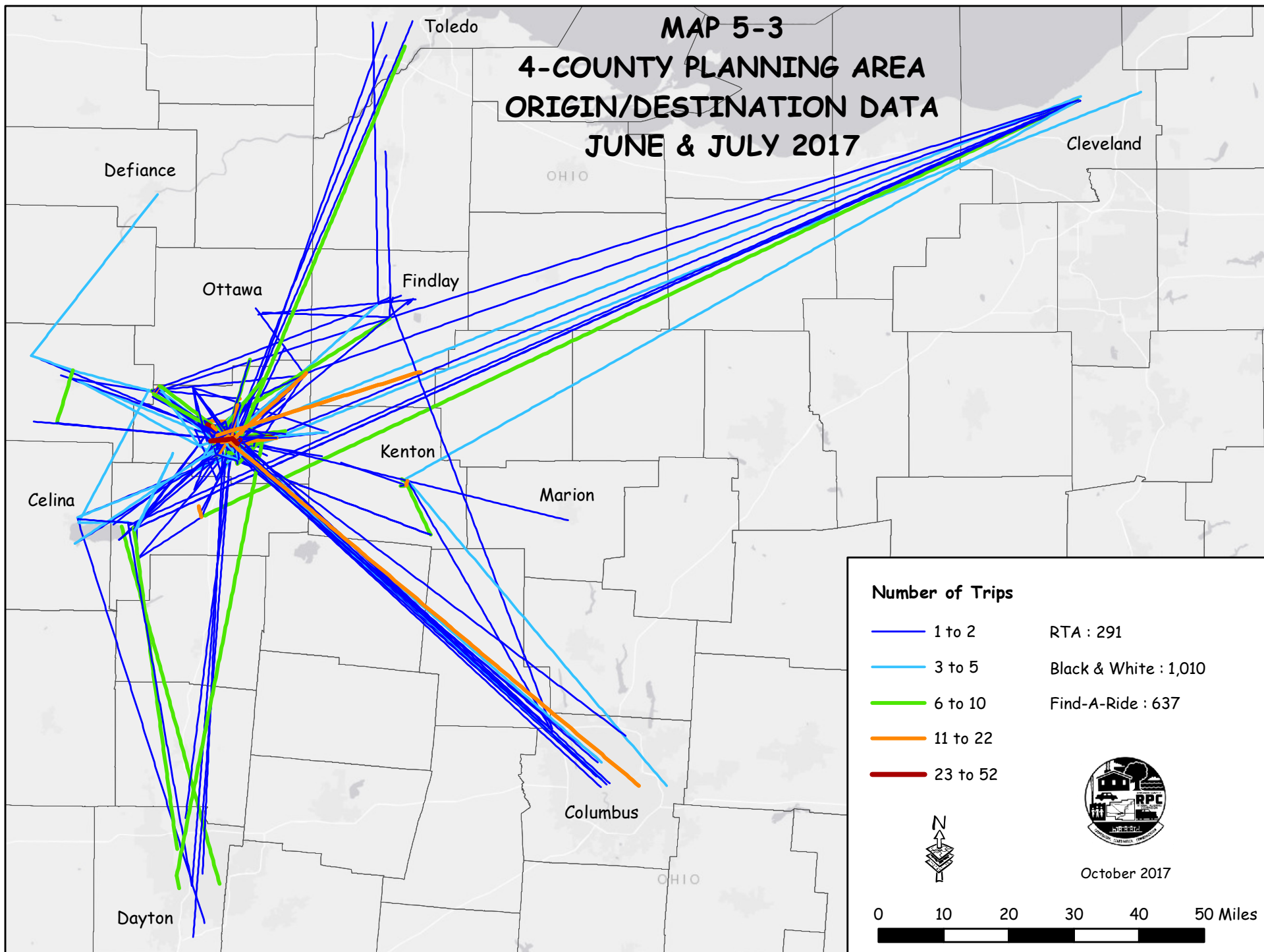
Most often current demand for services is limited by the hours and days of service currently being made available or by trip purpose. However, even when a client's trip purpose is eligible and the trip occurs during available



**CHART 5-2**  
**GEOGRAPHIC SERVICE AREA BY PROVIDER & COMMUNITY**

Agencies	Allen County									Auglaize County								Mercer County								Van Wert County											
	Beaverdam	Bluffton	Cairo	Delphos	Elida	Harrod	Lafayette	Lima	Spencerville	Buckland	Cridersville	Minster	New Bremen	New Knoxville	St. Mary's	Uniopolis	Wapakoneta	Waynesfield	Burkettsville	Celina	Chickasaw	Coldwater	Fort Recovery	Mendon	Montezuma	Rockford	St. Henry	Convoy	Delphos	Elgin	Middle Point	Ohio City	Scott	Van Wert	Venedocia	Willshire	Wren
Accurate Cab																																					
Allen County COA																																					
Allen County JFS																																					
ACRTA																																					
Allen County Veteran's Service																																					
AAA <sup>3</sup>																																					
Auglaize County COA																																					
Auglaize County Veteran's Service																																					
Black & White Cab																																					
Boomerang Taxi																																					
Celina Manor																																					
Clymer Medical																																					
Comfort Keepers																																					
Delphos Senior Center																																					
Foundations Behavioral Health Services																																					
Goodwill-Easter Seals																																					
Integrity Ambulance Services																																					
Liberty Mobility Now																																					
Lima Allen County Paramedics																																					
Lutheran Homes Society																																					
Lyft																																					
Marimor Industries																																					
Mercer County Board of DD																																					
Mercer County COA																																					
Mercer County JFS																																					
Mercer Residential Services																																					
Right at Home																																					
Right-Way Medical																																					
Seniors Helping Seniors																																					
Smart Start Taxi																																					
Thomas Edison (Van Wert DD)																																					
Trinity Cab																																					
Van Wert County COA																																					
Van Wert County JFS																																					
Van Wert County Veterans Services																																					
WOCAP																																					
Westwood Behavioral Helath Center																																					

# **MAP 5-3** **4-COUNTY PLANNING AREA** **ORIGIN/DESTINATION DATA** **JUNE & JULY 2017**



service hours and within geographic service areas, vehicles may not be available at the times requested.

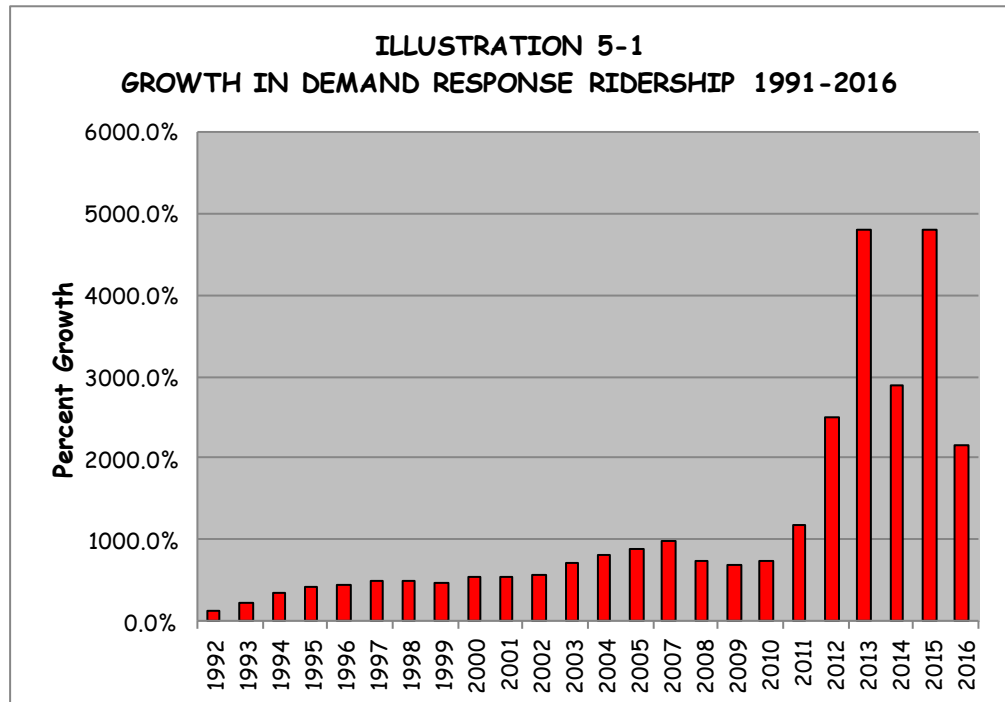
The Councils on Aging in Allen County (73), Auglaize County (20), Mercer County (10), and Van Wert County (22) all reported that they were forced to deny requests for transport services in 2016. Likewise, Delphos Senior Citizens reported that in 2016 they were unable to provide 33 trips requested by clients; and, WOCAP was forced to deny some 520 trips. All cited reasons dealing with the lack of funding, lack of vehicles and/or lack of qualified drivers.

Because of the limited funding available to the Delphos Senior Citizens (DSC) the agency has restricted transportation services outside of the community to only those clients needing medical services. As most of the medical facilities are located in the cities of Lima or Van Wert the average trip length experienced by DSC is longer than for most social service agencies. The net result of the longer trips is the elimination of both vehicles and drivers for extended periods of time. Such trips when compared to shorter trips, limit the agency's ability to provide additional transport services.

Discussions with the Councils on Aging suggest that clients or area client advocates recognize the limitations of their respective transportation services and simply explore other alternatives when capacity has been reached. However, each of agencies reported that if vehicles, trained drivers and funding were made available the number of trips requested would definitely increase.

Such a statement is not lost on the ACRTA which has had to address an increasing demand for complementary

paratransit and demand response services since developing such services in the mid-1980s. Illustration 5-1 depicts the growth in paratransit trips provided by ACRTA. Data suggests an increase of nearly 5,000 percent over the trips provided in 1991 when the American with Disabilities Act became effective.





## **SECTION 6**

### **DEMAND, NEEDS & STRATEGIES**

The previous section identified a myriad of local, regional and national entities that provide transportation services to area communities. Section 5 also identified operational characteristics of the local agencies, providing insights into the cost of service, and the gaps in service that currently exist.

Section 6 builds upon the LOS assessments presented in Section 5, by identifying the current and projected demand for public and specialized transportation services across the region. Section 6 attempts to qualify this demand based on survey respondent input. The Section concludes by offering a series of strategies to improve services and possible service options to address current and projected transportation needs within the community.

#### **6.1 Demand for Public & Specialized Transportation Services**

For an increasing proportion of residents in the region, the need for publicly assisted transportation services has grown. To some extent, area governments and social service agencies have responded to the demands of seniors and the disabled. As a result, an array of transportation services, most publicly supported, have developed to provide public and specialized transportation services.

The demand for public transportation and paratransit service is determined by a number of competing factors including cost, convenience, speed, and comfort. However, for a growing segment of the population, the demand for such services will be driven by not only their awareness of such services, but also their accessibility to relative information and their access to service, as well as the appropriateness of the service and the personal security perceived/realized in the delivery of such service. In

effect, collectively these factors will play a critical role in determining the demand for transportation services.

In this Plan, estimated demand for local public and paratransit services is largely dependent upon three interrelated factors, including: (1) the individual needs of the client passenger, (2) the level of service being provided by local transportation providers, and (3) the availability of alternative transportation options/services. The remainder of Section 6.1 attempts to quantify the transportation needs of those who depend upon or choose to use demand response services and fixed route public transportation services to meet their travel needs. It should be noted that only Allen County is served by a Regional Transit Authority and that while FR services were restricted to the Lima Urbanized Area in 2016, DR services were provided across all of the various communities across the 4-County West Central Ohio region.

#### **6.1.1 Demand for Paratransit Services**

In most cases, local paratransit services are being provided on a somewhat restricted basis and to specific clientele who utilized the service of a particular agency based on need and availability. Such need is often times determined by a specific funding source, but most often predicated on a physical, cognitive, or economic condition which precludes the individual from utilizing their personally-owned vehicles.

It is difficult to estimate the demand for all paratransit services because of the various types of services provided and the passenger eligibility criteria used by the various agencies across the region. However, those eligible for public transit's complementary paratransit services under the ADA have specific eligibility criteria. This group of individuals has been documented as to



population size and geographic residency by the Census. Perhaps more importantly for purposes herein, the FTA established an estimated demand for individuals eligible for complementary paratransit services under ADA guidelines which seems reasonable and locally applicable.

#### 6.1.1.1 Current Demand Estimate

The FTA demand estimate methodology uses a number of demographic and socioeconomic indicators, as well as, operational information, including service mix, service area, and fares to determine expected demand of ADA eligible persons. The demand estimates for paratransit usage vary by geography and population group. Factors such as age and weather conditions have strong implications on the demand for services as well.

Table 6-1 depicts usage rates of the primary providers of senior transportation currently servicing the 4-County region where the agencies respective numbers of clients were used to calculate the average number of trips provided in 2016.

TABLE 6-1 2016 TRIPS & CLIENTS BY SENIOR SERVICE PROVIDER					
Agency	Trips Per-		Clients	Client Trips	
	Annum	Month		Annum	Month
Allen COA	22,699	1,892	618	36.7	3.1
Delphos Senior Citizens	5,196	433	400	13.0	1.1
Auglaize COA	23,687	1,974	447	53.0	4.4
Mercer COA	6,064	505	382	15.9	1.3
Van Wert COA	5,623	469	484	11.6	1.0
<b>Total</b>	<b>63,269</b>	<b>5,272</b>	<b>2,331</b>	<b>27.1</b>	<b>2.3</b>

Based on survey data provided by the respective agencies, client services ranged

from a high of nearly 5 trips-per-month to a low of just 1 trip-per-month. The collective average of agencies serving senior citizens across the region reached 2.3 trips per month per client in 2016.

Following a similar format to Table 6-1, Table 6-2 reviews those local agencies transporting the mobility impaired in the 4-County region. Table 6-2 reflects the usage rates of agencies' respective transport services by the number of clients served. The statistics reflect a cross section of agencies serving the broadest populations of mobility impaired persons.

TABLE 6-2 2016 TRIPS & CLIENTS BY SERVICE PROVIDER					
Agency	Trips per-		2016 Clients	Client Trips	
	Annum	Month		Annum	Month
Allen COA	22,699	1,892	618	36.7	3.1
Auglaize COA	23,687	1,974	447	53.0	4.4
Mercer COA	6,064	505	382	15.9	1.3
Van Wert COA	5,623	469	484	11.6	1.0
RTA-ADA	5,345	445	105	50.9	4.2
Delphos Senior Citizens	5,196	433	400	13.0	1.1
Lutheran Home	1,870	156	86	21.7	1.8
Goodwill	5,450	454	184	29.6	2.5
Marimor	41,022	3,419	280	146.5	12.2
Mercer Residential	1,572	131	95	16.5	1.4
Thomas Edison	26,000	2,167	74	351.4	29.3
<b>Total</b>	<b>144,528</b>	<b>12,044</b>	<b>3,155</b>	<b>45.8</b>	<b>3.8</b>

A cursory review of Tables 6-1 and 6-2 reflect variations existing by agency and by agency type. Based on population characteristics, the extent of services will vary by county.

While Table 6-1 suggests trip rates for senior clients averaging 2.3 trips per month across the region, Table 6-2 suggests that a broader spectrum of clientele is receiving 3.8 trips per client per month in across the region. However, trip productivity reflected in Table 6-1 is based both on senior eligibility criteria that can restrict the clientele served, and the hours of available service. Trip productivity data in Table 6-2 more closely supports FTA guidance establishing the paratransit demand estimates of 4.4 trips per month for the mobility impaired.

Using the FTA recommended estimates of demand for planning one-way trips (4.4 trips) and the rates established in the region (3.8 trips) the number of trips expected to be needed across the region vary from 54,389 trips per month to 62,977 trips per month. Such numbers translated into a demand for services across the region range from 653,000 to 756,000 passenger trips per annum. Table 6-3 provides the range of demand estimates by county for the respective mobility impaired population.

<b>TABLE 6-3</b> <b>2015 CLIENTS &amp; MONTHLY TRIP ESTIMATIONS</b> <b>BY COUNTY</b>					
Political Subdivision	Total Elderly*	Total Poverty*	Mobility Impaired*	Low End Trips (3.8)	High End Trips (4.4)
Allen County	10,253	13,125	7,098	26,972	31,231
Auglaize County	4,755	2,829	2,756	10,473	12,126
Mercer County	4,193	2,521	2,317	8,805	10,195
Van Wert County	3,104	2,142	2,142	8,140	9,425
<b>Total</b>	<b>22,305</b>	<b>20,887</b>	<b>14,313</b>	<b>54,389</b>	<b>62,977</b>
*ACS 2015 5-Year Estimates					

Area social service agencies have expressed concerns over increasing difficulties associated with needing/delivering the necessary transportation services. Based on the size of specific populations identified in Table 6-3, the extent to which local social service agencies can meet current demands for transportation services without increased resources and efficiencies is questionable.

Albeit considerable, some of the discrepancy is thought to be offset by the artificial boundaries of political subdivisions and the services provided by more than a dozen agencies already documented to be providing specialized transportation services to such individuals irrespective of boundaries. Planners and community stakeholders would be well served by establishing a more comprehensive listing of the private and public agencies serving the transportation needs of the mobility impaired.

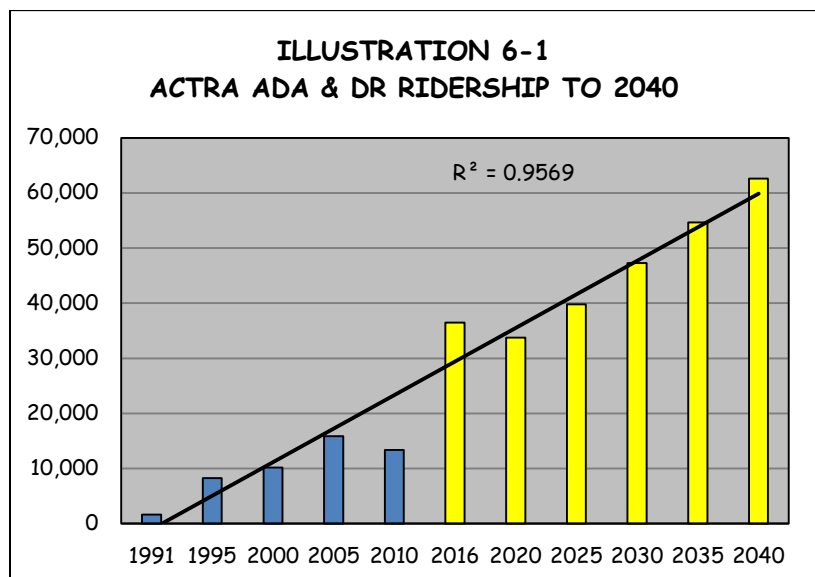
To simplify demand estimates for current planning purposes, a weighted average reflecting a 4.1 trip rate per month per person is used to build the demand estimate for Demand Response services in the region.

#### **6.1.1.2 Projected Demand**

Recognizing earlier population projections, the region's 2040 population reveals an additional 622 individuals suffering from mobility limitations; an increase of 4.3 percent over 2015 population data (See Tables 4-3 and 4-

12). Built on the ADA based methodology, this increased population would result in a demand for an additional 2,364 to 2,737 specialized transportation trips-per-month, or 28,000 to 33,000 trips-per-annum, equaling an estimated 749,700 trips-per-annum on the low end and 789,000 trips-per-annum on the high end for the region. Using the weighted 4.1 trip rate, the number of trips required by 2040 was estimated at 734,802 passenger trips. Table 6-4 identifies the demand for DR services.

This estimate was somewhat supported by ACRTA projections identifying the need for another 26,152 ADA/DR trips over the 2040 period. These trips were additional trips over and above the 36,459 trips provided in 2016; or, an increase of 71.7 percent over the passenger trips provided in 2016. Illustration 6-1 identifies the rise in the ADA/DR trips projected to be needed by 2040.



### **6.1.2 Demand for Public Transportation Services – FR**

The demand for public transportation services in small urban and rural communities is difficult to predict. According to the American Public Transit Association, transit ridership increased at an average rate of 1.0 percent annually between 2000 and 2013. FTA publications (2005) cited public transportation ridership projections increasing over the next 20 years with a base forecast of 1.57 percent-per-annum.

The future growth of transit ridership locally, however, is dependent upon a number of factors difficult to forecast, including: changing fuel prices, the distribution of new housing and employment centers, and the level of funding for transit services. Ridership growth has been found to be heavily influenced by the pace of investment in existing system services. Gaps or lapses in funding were found to result in declining service levels and the quality of services provided with an overall effect of declining ridership. Of note is the fact that the ridership base of public transit is segmented.

The national transit industry has long classified its ridership as captive riders and choice riders. Those classified as "choice riders" have a car available to them, but choose to use public transportation. They are also customers who can afford a car, but may choose not to own one because of convenient access to public transportation services. "Captive riders" comprise that segment of the ridership that simply have no other alternatives available to them to meet their commuting needs. Choice ridership is significantly more fluid. Choice riders expect on-time and dependable public transit service, that is clean, comfortable, and safe.

#### **6.1.2.1 Current Demand for FR Service**

In 2016, the ACRTA provided 340,040 fixed route passenger trips. This ridership level was a significant increase (68.4%) over 2006 productivity which facilitated 201,932 passenger trips. And, while transit ridership has experienced growth nationally, the ACRTA fixed route system ridership has fluctuated due to funding constraints and all too often cut-backs in service.

Cuts undertaken in 2007, resulted in a ridership drop of nearly 22 percent (21.9%) falling from the 227,837 passengers transported in 2000 to 177,935 in 2007 before bouncing back up in 2009 and 2010.

Based on the transportationally disadvantaged population within the Lima Urbanized area (30,363 persons) and 2016 FR ridership (340,040 passenger trips), FR demand is estimated at 11.2 trips-per-person, per-annum. This estimated demand reflects a pent-up demand of almost 90 percent (89.3%), or 155,262 additional passenger trips over those FR trips provided in 2012. Therefore, this Plan argues that the current demand for FR services within the current service area (urbanized area) is 340,040 passenger trips-per-year. Table 6-4 identifies demand by type of service and year based on FR demand by political subdivision, along with the transportation dependent in the 4-County region.

Of note, this demand would increase if the service area changed. For example, based on an extension of FR service to residents/sites across Allen County, the existing demand for service would approach 428,155 trips-per-year.

#### **6.1.2.2 Projected Demand for FR Service**

Table 6-4 identifies the size of the 2040 transportationally disadvantaged population by type, service, and service area. Of note, due to the expected total population in Allen County declining through 2040, the transportation dependent was projected to decline in size by 1,635, resulting in a -4.3 percent decline over the period.

Projections for FR services within the Lima Urbanized Area, and 2016 usage rates, resulted in a demand for 325,496 FR passenger trips in 2040; a decrease of 14,544 passenger trips, or -4.3 percent over current (2016) ridership levels. The decline in ridership does not compare favorably with transit's national growth rate (1.0%). If applied locally, the national growth rate would result in a 2040 ridership of 343,440, or approximately 3.3 percent higher than the methodology employed herein. This ridership projection is based on the existing service area, any increased area would result in increased ridership. Table 6-4 identifies the associated demand for both FR and DR by service areas in 2040.



**TABLE 6-4  
2015 & 2040 TRANSPORTATION CHALLENGED  
BY COUNTY**

Political Subdivision	Elderly <sup>2,3</sup>	Disabled <sup>3,4</sup>	Poverty <sup>4</sup>	Transportation Dependent <sup>4</sup>	FR <sup>5</sup> Demand	Mobility Impaired	DR <sup>6</sup> Demand
<b>2015</b>							
Allen County	10,253	7,755	13,125	38,231	428,155	7,098	349,222
Lima Urbanized Area <sup>1</sup>	7,590	6,030	15,337	37,389	340,040	4,801	236,209
Auglaize County	4,755	2,657	2,829	12,997	NA	2,756	135,595
Mercer County	4,193	2,110	2,521	11,141	NA	2,317	113,996
Van Wert County	3,104	1,940	2,142	9,616	NA	2,142	105,386
<b>2040</b>							
Allen County	9,814	7,423	12,564	36,596	409,841	6,794	334,284
Lima Urbanized Area <sup>1</sup>	7,265	5,772	10,774	29,064	325,496	5,253	258,461
Auglaize County	4,596	2,568	2,734	12,561	NA	2,664	131,052
Mercer County	4,995	2,514	3,003	13,272	NA	2,760	135,799
Van Wert County	3,210	2,006	2,215	9,646	NA	2,215	108,982

<sup>1</sup> Part of Lima Urbanized Area inclusive of Lima, Village of Elida & four surrounding Townships.

<sup>2</sup> Elderly reflect 65+ population and are excluded from client loading and demand estimates.

<sup>3</sup> Disabled include mobility limited population and are included in client load, but not DR estimates.

<sup>4</sup> Population reflects non-institutionalized persons.

<sup>5</sup> FR demand based on client load and 11.2 trips-per-annum.

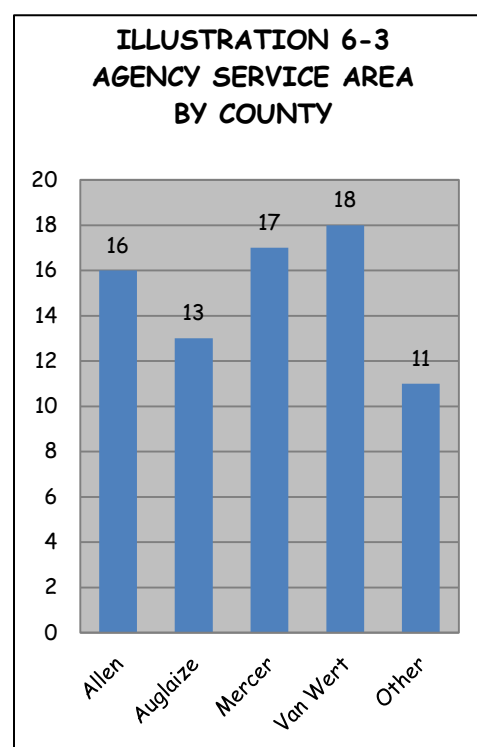
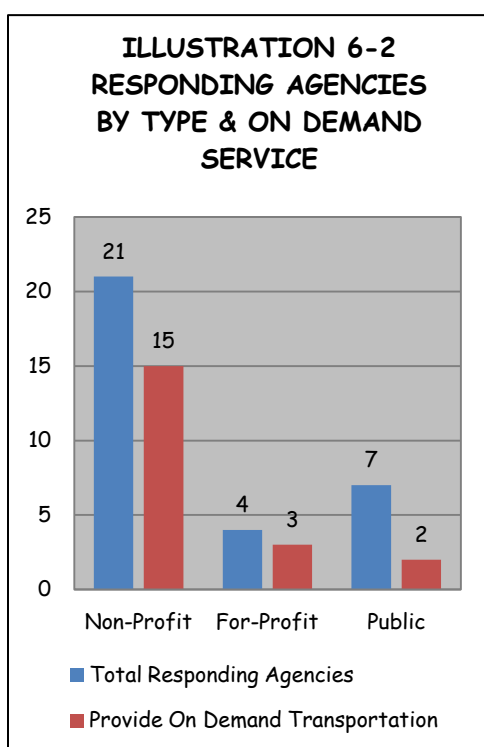
<sup>6</sup> DR demand based on Mobility Impaired population and 4.1 trips-per-month, per-annum.

## 6.2 Needs Assessment

In an attempt to qualify the aforementioned demands for service, it was also important to consider the current LOS (see Section 5) being provided and the needs of the local community as expressed in the community surveys. As mentioned earlier, surveys targeting both service providers and the general public were incorporated into the Plan methodology. Providing this additional information facilitated further discussion of the necessary operational profiles, capital needs, and funding required to further coordination planning efforts.

### 6.2.1 Assessment of Transportation Service Providers

Service provider surveys indicated that most were private not for profit agencies (65.6%); only 4 responding agencies classified themselves as private for profit corporations (Table 6-2). Service areas were largely restricted to just Allen, Auglaize, Mercer and Van Wert counties; although 11 agencies served counties outside the 4-County planning region (Table 6-3).



Agency services were largely restricted to weekdays during normal business hours spanning 8 AM and 5 PM (68.9%). Roughly two thirds of the agencies (20) are able to accommodate on-demand services with 13 agencies requiring at least a 24 hour notice (Table 6-2).

Of reporting agencies roughly 40 percent (42.8%) provide transportation to their clients only. Only 4 agencies transport clients of another agency on their vehicles; with 14 agencies purchasing transportation for their clients through other agencies (Illustration 6-4).

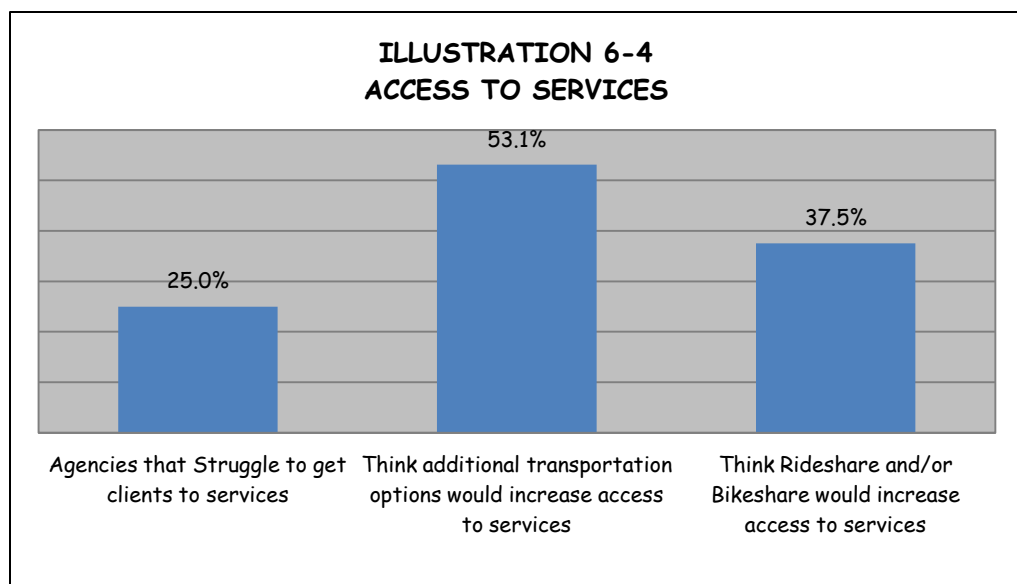
Excluding ACRTA clients, roughly 62% of all transports require additional assistance and vehicle accommodations either due to age, frailty or disability. Most agencies had eligibility requirements tied to either age or a disability status (68.8%) (Table 6-5).

TABLE 6-5 ELIGIBILITY REQUIREMENTS		
	Agencies	Percent
No Eligibility Requirements	10	31.3
Eligibility Requirements	22	68.8
Age	12	37.5
Disability	11	34.4
Physical Health	5	15.6
Mental Health	8	25.0
Income	6	18.8

Passenger fares for transport are charged by a third of respondents (35%) another 15% recommend a donation. Excluding RTA, the aggregate of reported unduplicated clients served within each agency numbered 67,900 individuals. Twelve of the reporting agencies reported facilitating 155,280 one-way trips collectively, over 60,626 hours and traversing 1.7 million miles of travel. Of the surveyed agencies 15 of them reported leveraging

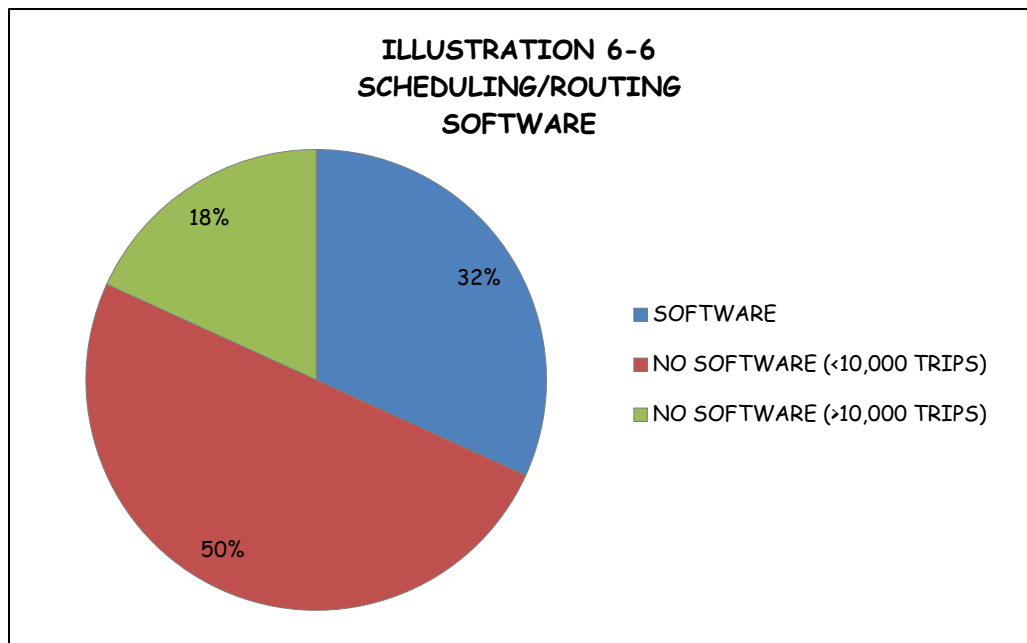
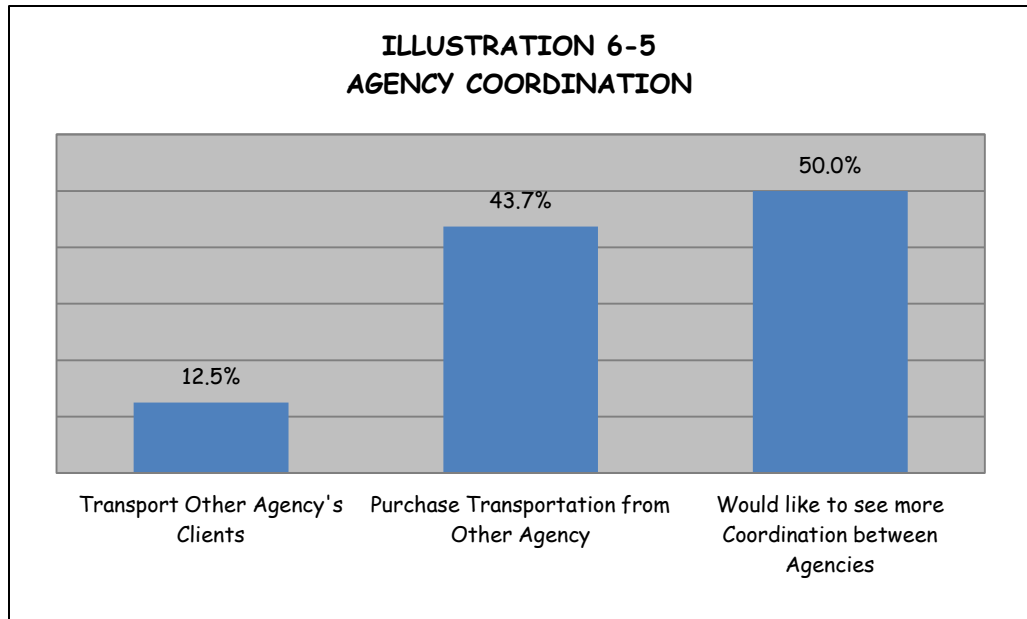
some \$8.8 million for operating and capital costs. Federal and local funding sources used by at least two reporting agencies are listed in Table 6-6.

TABLE 6-6 FUNDING SOURCES USED BY AT LEAST 2 REPORTING AGENCIES			
Federal		Local	
Source	Agencies	Source	Agencies
Passport	6	Donations	7
Medicaid	5	Levies	5
Federal Capital Maintenance	3	Corporate Sponsorship	3
FTA 5310	3	United Way	4
TANF	3	Contract Services	2
Federal Capital	2	Advertisement	2
Title IIIB	2	Fares/Revenue	3
Vocational Rehabilitation	2		



Half of respondents reported experiencing trouble getting clients to their site for service (52%). And half the agencies (53%) reported the need for additional transport services in their communities (Illustration 6-4). Yet, respondents suggest that less than 1% of all trips requested were not able to be accommodated. WOCAP was the only agency to have a waiting list for service due to lack of available transportation services.

Most agencies (78.7%) agree that there is no duplication of services and only 50.0% report wanting to see more coordination amongst the various providers (Illustration 6-5).



Software systems used to schedule trips and plan routes can increase efficiency of transportation services provided locally and regionally. Only 32 percent of

reporting agencies reported using a software system to schedule, route or track service provided. The other 68 percent did not use any software including 4 agencies that provide over 10,000 trips per year. Not only does using a software system increase efficiency but also allows for accurate and up to date tracking of services provided, allowing for better coordination of services.

### 6.2.2 Client Survey Assessments

Survey instruments were posted with participating Coalition member agency websites and with specific members requesting hard copy surveys to distribute to member clients. The short surveys were intended to provide additional insights as to the nature of transportation needs and resident client's perceptions of existing and needed transportation services in the region.

Based on the total sample size of 561 respondents, just over half (52.8%) of respondents were found to reside in Allen County. Given the size of the Allen County population in relation to the region and the familiarity with the overall concept of the coordination planning process the response should not be considered surprising. Collectively, the counties represented by the COLT Coalition accounted for approximately 1 of 5 of survey respondents; while Van Wert County respondents represented 26.5 percent of survey participants.

TABLE 6-7 RESPONDENTS BY COUNTY		
County	Survey Responses	Percent
Allen	291	52.8
Auglaize	79	14.3
Mercer	35	6.4
Van Wert	146	26.5
<b>Total</b>	<b>551</b>	<b>100.0</b>

Collectively, Tables 6-8 and 6-9 reflect the overall character and age of survey respondents. Survey

respondents were overwhelming more female in their orientation and older. Respondents in Allen County reflected a somewhat more natural gender bias. A broader base of both FR and DR services providers in the county is thought to have helped generate the slightly younger audience as survey participation was not skewed by stakeholder eligibility criteria.

TABLE 6-8 RESPONDENTS BY GENDER				
County	Male	Female	No Response	Total
Allen	29.6	70.1	0.3	100.0
Auglaize	22.8	77.2	0.0	100.0
Mercer	31.4	68.6	0.0	100.0
Van Wert	23.3	65.8	11.0	100.0
<b>Total</b>	<b>27.0</b>	<b>69.9</b>	<b>3.1</b>	<b>100.0</b>

TABLE 6-9 SURVEY RESPONDENTS BY AGE						
County	Under 15	15-24	25-59	60+	No Response	Total
Allen	0.3	4.8	50.2	41.6	3.1	100.0
Auglaize	0.0	1.3	16.5	79.7	2.5	100.0
Mercer	0.0	2.9	31.4	62.9	2.9	100.0
Van Wert	0.0	0.7	18.2	72.3	8.8	100.0
<b>Total</b>	<b>0.2</b>	<b>3.0</b>	<b>35.3</b>	<b>54.6</b>	<b>6.9</b>	<b>100.0</b>

Respondents were requested to help identify their current personal life status in an attempt to provide a wider perspective on the individuals being served. The number and proportion of retired individuals is testament to the various community stakeholders' eligibility criteria. Table 6-10 also works to reflect the dependency that the retired and disabled place on available publicly assisted transportation services.

TABLE 6-10 RESPONDENTS CURRENT STATUS BY PERCENT									
County	Work Outside Home	Work from Home	Homemaker	Not Employed	Disabled	Student	Retired	No Response	Total
Allen	27.1	0.3	2.1	10.0	37.8	1.0	21.0	0.7	100.0
Auglaize	13.9	1.3	8.9	6.3	16.5	1.3	50.6	1.3	100.0
Mercer	17.1	0.0	11.4	8.6	28.6	0.0	34.3	0.0	100.0
Van Wert	17.1	0.0	2.7	1.4	18.5	0.7	58.2	1.4	100.0
<b>Total</b>	<b>22.0</b>	<b>0.4</b>	<b>3.8</b>	<b>7.1</b>	<b>29.0</b>	<b>0.9</b>	<b>35.9</b>	<b>0.9</b>	<b>100.0</b>

Table 6-11 attempts to identify the principal transportation providers of respondents by county. The classification of responses looks to identify sole providers of transportation service using the nebulous classification of multiple modes when respondents indicated more than a single source of transportation. An analysis of survey respondent's dependency or reliance upon a primary means of transportation revealed that roughly one (1) in four (4) used a privately owned vehicle (POV) to satisfy their needs.

TABLE 6-11 PRIMARY MEANS OF TRANSPORTATION BY SOURCE & COUNTY BY PERCENT												
County	Personal Vehicle	Ride with a Friend/Family Member	Carpool/Vanpool	Human Services/Senior Agency Vans	RTA	Private Inter-city Bus	Private Taxi	Faith-based Organization	Bicycle/Walk	Volunteer Transportation	Other	Total
Allen	17.1	24.5	2.4	17.5	12.3	2.1	8.4	1.3	8.0	2.4	3.9	100.0
Auglaize	27.1	27.1	2.4	21.8	0.6	1.2	1.2	2.9	8.2	4.1	3.5	100.0
Mercer	25.4	32.4	5.6	18.3	0.0	0.0	0.0	1.4	5.6	1.4	9.9	100.0
Van Wert	39.2	30.6	2.1	12.5	0.3	0.3	1.4	0.7	9.0	2.1	1.7	100.0
<b>Total</b>	<b>24.1</b>	<b>26.7</b>	<b>2.5</b>	<b>17.0</b>	<b>7.2</b>	<b>1.5</b>	<b>5.3</b>	<b>1.4</b>	<b>8.1</b>	<b>2.5</b>	<b>3.7</b>	<b>100.0</b>

Friends and family members provided the strongest source of support for those in Allen (24.5%), Auglaize (27.1%) and Mercer (32.4%) while such support was also well represented in Van Wert County (30.6%) respondents. Personal vehicles accounted for 17.1 percent



of respondents in Allen, 27.1 percent in Auglaize, 25.4 percent in Mercer and 39.2 percent in Van Wert. Dependence on human services/senior agencies was also evident in the survey data with 17.5 percent of respondents in Allen, 21.8 percent in Auglaize, 18.3 percent in Mercer and 12.5 percent in Van Wert relying on their services. This should not come as a surprise as this often stems from the extent of their dependency.

Examining the extent of dependency, Table 6-12 examines the number of persons in the respondents' immediate household that hold a valid driver license. Almost half (46.8%) respondent households have at least one licensed driver in the home to facilitate transportation.

TABLE 6-12 SURVEY RESPONDENTS BY LICENSED DRIVERS IN HOUSEHOLD						
County	0	1	2	3+	No Response	Total
Allen	49.8	29.6	11.7	4.5	4.5	100.0
Auglaize	55.7	16.5	20.3	1.3	6.3	100.0
Mercer	48.6	31.4	14.3	2.9	2.9	100.0
Van Wert	39.7	41.1	9.6	2.7	6.8	100.0
<b>Total</b>	<b>47.9</b>	<b>30.9</b>	<b>12.5</b>	<b>3.4</b>	<b>5.3</b>	<b>100.0</b>

Similarly Table 6-13 attempts to provide some insights as to the number of vehicles available in the respondents' homes. The proxy measure for wealth reveals that a third (33.6%) of all households failed to have access to a vehicle to support their mobility needs. The highest dependency ratio was found in Allen County where 4 in 10 households lacked access to a privately owned vehicle.

TABLE 6-13 PERCENT RESPONDENTS BY NUMBER OF VEHICLES AVAILABLE						
County	0	1	2	3+	No Response	Total
Allen	43.0	36.1	13.4	4.8	2.7	100.0
Auglaize	30.4	46.8	19.0	2.5	1.3	100.0
Mercer	28.6	42.9	22.9	5.7	0.0	100.0
Van Wert	17.8	42.5	31.5	6.8	1.4	100.0
<b>Total</b>	<b>33.6</b>	<b>39.7</b>	<b>19.6</b>	<b>5.1</b>	<b>2.0</b>	<b>100.0</b>

The destination of respondents was also of importance. Examining the trip purpose provided some insights and helped to qualify the data submitted by those stakeholders providing transportation services. While medical and social service agency appointments as well as employment based trips are fairly self-explanatory, shopping reflected those trips usually associated with ongoing household needs including groceries, prescriptions and other household consumables. The nebulous category of other included education, religious services, volunteer activities and other social and recreational activities (See Table 6-14).

TABLE 6-14 PURPOSE OF TRIP BY COUNTY & PERCENT						
County	Employment	Medical Appt	Shopping	Senior Program/Human Service Agency	Other	Total
Allen	9.6	43.7	17.0	4.5	25.2	100.0
Auglaize	4.6	33.1	19.6	15.0	27.7	100.0
Mercer	5.3	24.5	18.1	17.0	35.2	100.0
Van Wert	5.8	30.6	24.1	3.6	35.9	100.0
<b>Total</b>	<b>7.7</b>	<b>37.8</b>	<b>19.2</b>	<b>6.6</b>	<b>28.6</b>	<b>100.0</b>

Requested changes that could be made to transportation services from the respondents perspective shows a wide range of opinions with cost, Saturday service, Sunday service and more reliable on-time performance being of the most concern. Some respondents would also like earlier and later service (See Table 6-15).

TABLE 6-15 CHANGES THAT COULD BE MADE TO TRANSPORTATION SERVICES BY PERCENT														
County	Wheelchair Accessible Vehicles	Lower Cost	Start Earlier	End Later	Saturday Service	Sunday Service	No Shared Rides	Fixed Route/Schedule	Smaller Vehicles	Larger Vehicles	More Reliable/On- Time	Ride to Other Parts of State	Other	Total
Allen	4.6	14.0	7.0	8.1	12.0	13.1	3.5	3.1	3.9	3.7	12.2	9.6	5.2	100.0
Auglaize	11.3	9.3	9.3	9.3	8.2	6.2	5.2	5.2	7.2	4.1	14.4	8.2	2.1	100.0
Mercer	8.7	17.4	4.3	7.2	11.6	8.7	2.9	5.8	2.9	4.3	13.0	11.6	1.4	100.0
Van Wert	12.6	12.6	5.8	10.7	18.4	10.7	1.0	4.9	1.9	2.9	5.8	9.7	2.9	100.0
Total	7.0	13.5	6.9	8.5	12.4	11.4	3.3	3.9	4.0	3.7	11.7	9.6	4.1	100.0

TABLE 6-16 DISABILITY REQUIRING USE OF A CANE, WALKER, WHEELCHAIR AND/OR ANOTHER MOBILITY DEVICE BY PERCENT				
County	Yes	No	No Response	Total
Allen	41.6	56.7	1.7	100.0
Auglaize	41.8	55.7	2.5	100.0
Mercer	31.4	65.7	2.9	100.0
Van Wert	21.2	38.4	40.4	100.0
<b>Total</b>	<b>35.6</b>	<b>52.3</b>	<b>12.2</b>	<b>100.0</b>

TABLE 6-17 VALID DRIVER'S LICENSE BY PERCENT				
County	Yes	No	No Response	Total
Allen	53.6	44.3	2.1	100.0
Auglaize	69.6	24.1	6.3	100.0
Mercer	57.1	42.9	0.0	100.0
Van Wert	75.3	17.1	7.5	100.0
<b>Total</b>	<b>61.9</b>	<b>34.1</b>	<b>4.0</b>	<b>100.0</b>

### 6.2.3 Employer Survey Assessment

In early September a sampling (97) of the major employers in the region were targeted and received a brief survey and requested to respond within 5-days. Respondents totaled just 10 a rate of just 10.3 percent. Employers responding reflected: Manufacturing (NAICS 31-33), Transportation & Warehousing (NAICS 48-49), Employment Services (NAICS 56), and Health Care &

Social Assistance (NAICS 62). Table 6-18 provides an in depth look at Employer Survey results.

TABLE 6-18 EMPLOYER SURVEY BY SELECT CHARACTERISTICS					
Sector	Firms	Multiple Shifts	Predictable Hours/ Shifts	2016 Average Turnover Rate	Wanting to Review Options
Manufacturing	6	6	5	41%	4
Transportation/ Warehousing	1	1	1	18%	1
Employment Services	2	1	1	40%	2
Health Care & Social Assistance	1	1	1	42%	1
<b>Total</b>	<b>10</b>	<b>9</b>	<b>8</b>	<b>38.6%</b>	<b>8</b>

Respondents with multiple shifts (9) and reporting employees subject to unpredictable changes in their shifts were most likely to have employee recruiting/retention problems (8) and willing to meet with chamber or local economic development professionals regarding transportation options (7). While limited, such data provides some insights and suggests opportunities to discuss various transportation programs/services based on the sector, wages and characteristics of the shift work.

#### 6.2.4 Assessment of ACRTA FR Service

Data for 2016 suggests the FR services provided by ACRTA were found to be too slow in terms of time and average headway when compared to the PTI Index. The speed and frequency of service are measures of the convenience across the overall service. The FR service was also found limited in terms of the area of service and the type of services provided. In terms of productivity and efficiency the RTA was found to be at a LOS D as measured by passenger trips-per-hour, LOS E for costs-

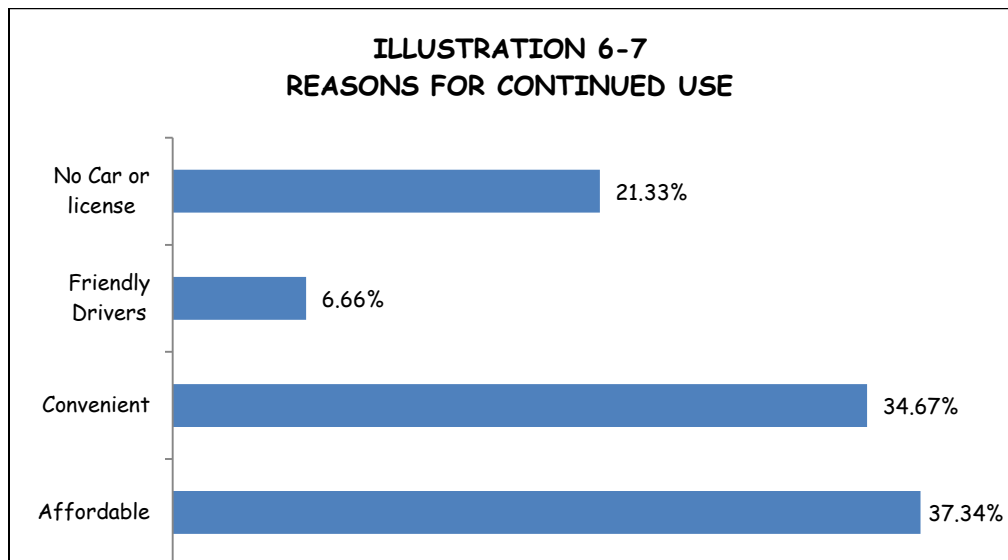
per-mile, and a LOS F in regards to fare-box recovery ratio and reliability. When looking at cost-per-passenger the RTA was found to be a LOS A.

Survey data suggests differing opinions on a few points identified in the PTI when comparing the 2016 LOS assessment to that of community opinion. For example, approximately a third (32.4%) of respondents rated the time it takes to get to your destination as excellent; 30.4 percent rated the length of time as good. A similar contradiction stemmed from the PTI assessment when asking patrons about the reliability of service. Slightly more than a third (35.0%) rated the on-time performance as excellent, while 28.0 percent rated the reliability of the service as good. Another third (35.0%) of respondents rated "time it takes to reach your destination" as excellent and 30.4 percent rated the service as good.

Examining the rationale which respondents identified for purpose for using public transportation services, surveys indicated that 25.06 percent of the survey respondents used transit to get to and from work. Analysis further revealed that 17.23 percent of respondents stated that their main use for the ACRTA was for medical purposes while 9.69 percent used the services for educational trips and 25.53 percent used the services for shopping. In comparison, nationally, 59.20 percent of riders used transit for work purposes, 3.00 percent use transit services for medical purposes, while 10.60 percent use it for educational trips and 8.50 percent use it for shopping (See Table 6-19).

TABLE 6-19 MAIN PURPOSE OF TRIP			
Purpose	National Percentage	Local	
		Respondents	Percentage
Work	59.20	106	25.06
School	10.60	41	9.69
Shopping	8.50	108	25.53
Nutritional	N/A	6	1.42
Medical	3.00	73	17.23
Recreational	6.80	28	6.62
Social/Family	6.20	37	8.75
Other	5.70	24	5.67
<b>Total</b>	<b>100.00</b>	<b>423</b>	<b>100.00</b>

When asked about the likelihood that they would continue to use ACRTA services, 87.55 percent of respondents said that in the future they would likely continue transit use.



#### 6.2.5 Assessment of ACRTA DR Service

In 2016, UPLIFT/Paratransit Services, as provided by the ACRTA, was documented as LOS E, based on relatively slow travel time and with availability restricted by 24-hour advance scheduling notification and potential subscription service restraints. The LOS assessment of DR service found productivity and efficiency both

satisfactory in terms of passenger trips-per-hour (LOS A), cost-per-passenger (LOS A) and fare-box recovery (LOS A), however, found productivity and efficiency unsatisfactory in terms of costs-per-mile (LOS E).

However, noting such deficiencies, the ACRTA did meet a portion of the service criteria as regulated by the ADA including: service area (LOS C), response time/window (LOS B), and passenger trips-per-hour (LOS A).

Examining survey results pertaining to Uplift/paratransit services, of those that responded to the survey, 30.8 percent were employed (7.7% full time, 23.1 part time). Disabled patrons make up over half, (51.3%) of the respondents, while 5.1 percent of respondents were retired, and 7.7 percent were unemployed.

When asked to rate the performance of the paratransit services, the majority of patrons (94.1%) felt the on-time performance was satisfactory or better. In terms of accessibility, almost one quarter (21.6%) of those surveyed stated they could use the fixed route system because all buses are lift-equipped. Also, 35.1 percent of respondents noted that they were not able to use the transit system as they lived too far from one of the available routes (See Table 6-20).

TABLE 6-20 ABILITY TO USE FIXED ROUTE SYSTEM		
Reason	# of Survey Respondents	% of Survey Respondents
No, there are no sidewalks to get to route	4	10.81
No, I need an assistant to help me	7	18.92
No, I don't live near a fixed bus route	13	35.14
No, other	5	13.51
Yes	8	21.62
<b>Total</b>	<b>37</b>	<b>100.00</b>

Community survey data, regarding the DR service and trip use, indicated that Uplift/paratransit was their only means of transportation (48.8%), and cheaper than a taxi or other service (32.6%) trips accounted for the vast majority (80.4%) of all current specialized transportation program trips. This data is contrary to 2007 ridership data which suggested that medical (23.2%), work (21.6%), and shopping (19.6%) trips accounted for the vast majority (64.4%) of all specialized transportation program trips.

Respondents comments also targeted the development of a system where same hour scheduling or immediate pick up was made available. Respondents also suggested that services cost less, that there was more room between seats, longer seat belts, and that service be made available 24 hours-per-day, 7 days-per-week.

### **6.3 Coordination Strategies**

Coordination provisions mandated by SAFETEA-LU and integrated into MAP-21 require public transportation and human/social service agencies engaged in transportation to optimize efficiency and effectiveness by ensuring that communities coordinate transportation services provided under the auspices of Federal programs. Such coordination encompass a vast array of strategies, including complementary service planning, joint equipment and vehicle procurements, maintenance and facilities sharing arrangements, coordinated service delivery, and consolidated services operation. The underlying goal is to accomplish a higher level of transportation service to selected constituent groups by maximizing existing resources. However, history has proven organizational, institutional, jurisdictional, and financial barriers have impede, such coordination.



Barriers to coordination exist and include the following:

- Turf issues have prevented full coordination.
- Unreliable and limited funding from Federal and State government is a hindrance to coordination.
- A continuing challenge is finding local match funds for State and Federal funding sources.

In most cases, barriers have been institutionalized within the actual language of legislation, enabling statutes, regulations, etc. Such language was inserted to assure program funding was spent specifically on targeted groups, or within specific political boundaries. But, avenues for increased coordination do exist and efforts are underway at National and State levels to minimize such barriers. To prepare locally for pending legislative changes local stakeholders must acknowledge existing barriers, but identify and consider viable strategies for coordination, recognizing them as opportunities for a future course of action.

Because partnerships are critical to both the establishment of a coordinated system and long-term sustainability, this Plan recognizes the scope of service providers and the nature of the clientele they serve. Chart 6-1 identifies the extent to which coordination activities already exists between agencies within the region. The MPO and local leaders acknowledge the extent to which local agencies have worked together, but ask for more collaborative efforts in the hope of improving access to services.

Based in part on the transit and paratransit assessments, the needs assessment surveys, and general discussion with area stakeholders, various operational shortcomings and unmet needs were identified (see Appendix K). Such issues may be addressed employing specific targeted strategies. The following strategies are offered as possible points for further consideration and potential collaboration to advance transportation coordination across the 4-County west central Ohio region.

CHART 6-1 CURRENT COORDINATION ACTIVITIES																			
PROVIDERS	Delphos Senior Citizen Center	Allen County Council on Aging	Auglaize County COA	Mercer COA	Van Wert COA	Allen County Veterans' Service Commission	WOCAP	Marimor Industries	Coleman Professional Services	Luther Pines	Goodwill	Children's Development Center	Allen County Health Partners	Allen County Job and Family Service	Ohio Rehabilitation Services Commission	PSA 3 Agency on Aging	Allen County Children Services	Allen County Regional Transit Authority	Other
PRIMARILY TRANSPORTS CLIENTELE ON AGENCY OWNED VEHICLES																			
Delphos Senior Citizens Center		1, 2, 3, 7, 8, 10, 12, 13	3	3	1, 2, 3, 7, 10	3	3	1			3, 7			1, 2, 3, 10		1, 2, 3, 7, 10, 12, 13		3, 6, 7	1, 2, 3, 7, 10
Allen County Council on Aging	1, 2, 3, 7, 8, 10, 12, 13						1	1			1	1		1, 3		2, 3, 7, 12, 13		6	1, 2, 10
Auglaize County COA																			1
Mercer COA																			1
Van Wert COA																			1
Allen County Veterans Service Commission																			1
WOCAP	1	1						1			1	1		1, 3, 10				1	1
Marimor Industries	1	1					1				1	1		1, 3, 7, 10				1, 3, 5, 6, 9	1
Coleman Professional Services																			1
Luther Pines																			1
Goodwill	1	1					1	1				1		1, 3, 10				1 5, 6, 7, 10	1
Children's Developmental Center of Lima	1	1					1	1, 10			1		1	1				1	1
PRIMARILY TRANSPORTS CLIENTELE THROUGH CONTRACTS WITH OTHER PROVIDERS																			
Allen County Helath Partners																		10	1
Allen County Job and Family Services	1	1					1	1, 2, 3, 7, 10			1	1						1, 2, 3, 10	1
Ohio Rehabilitation Services Commission								10			10								1
PSA 3 Agency on Aging	1, 2, 3, 7, 10, 12, 13	1, 2, 3, 7, 10, 12, 13				3, 15	1, 2, 3, 5, 7, 10	1, 2, 3, 7, 10, 14	10	1, 3, 10	10		3					1, 2, 3, 4, 11	1, 3, 7, 10, 14
Allen County Children Services						1												10	1
PUBLIC TRANSIT																			
ACRTA	1, 3, 7, 9, 12, 13	1, 3, 5, 6, 7, 9, 10, 12, 13				5, 10	1	1, 3, 5, 6, 9		12	1 5, 6, 7, 10	1	3, 10	1	Discounted Bus Passes	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13	10 Discounted Bus Passes		1, 2, 5, 6, 7, 11, 12, 13
OTHER - MPO, GOVERNMENT AGENCIES, OTHER COUNTIES, FOR-PROFIT ENTITIES, etc																			
Other	1, 2, 3, 10	1, 2, 3, 5, 7, 9, 10, 13	1, 2, 3, 7, 10	1, 2, 3, 7, 10	1, 2, 3, 5, 7, 10	1	1, 2, 10	1, 2, 3, 10	1	1		1, 2	1	1	1	1, 12, 13	1	1, 2, 5, 6, 7, 13	

KEY	
Activities by Level of Coordination	
Cooperation	
1	Coordination Planning
2	Grant Preparation
3	Information / Referral
4	Rideshare Programming
Joint Use Arrangements	
5	Purchase Bulk Fuel
6	Shared Maintenance
7	Joint Training
8	Group Insurance
9	Joint Vehicle Storage
10	Mutual-aid Contract for Services
11	Building Co-occupancy
12	Joint Public Service Announcements
13	Joint Service Information Publications
Consolidation	
14	Centralized Scheduling & Dispatch
15	Brokerage Services

### **6.3.1 Expansion of Service Hours**

Increased hours of service was requested by local survey respondents and supported by the PTI assessment. The limited service hours provided in 2016 by the ACRTA and many of the DR service providers eliminates their ability to effectively serve medical and employment-related trips. Requests for earlier AM services and extended hours of PM Saturday and Sunday services were noted. Of concern however is the ability to ensure adequate ridership on such early and late evening routes. The frequency of service on specific FRs was documented as unsatisfactory with a system wide LOS that has resulted in the loss of choice ridership. Surveys indicated a general satisfaction in the quality of services but requested increased services - in terms of frequency. Hours of public transportation services should be implemented based on demand with productivity assessed across the entire FR system.

In like manner, respondents in all 4 counties requested area human/social service agencies extend their service hours. The provision of early morning and evening hours should be considered to reflect the nature of medical-oriented services utilized by their clientele. Service to dialysis patients was a common problem being experienced by local health care advocates and transportation providers.

While any new service should be reviewed in earnest, any expansion of service hours should be coordinated with those agencies currently providing evening and early morning services to advance access and ensure truly coordinated service delivery.

Focus group meetings with local business organizations and employment agencies in Allen and to a lesser degree Van Wert counties suggested the need for transportation to support 2<sup>nd</sup> and 3<sup>rd</sup> shift operations especially those served by an unskilled labor pool. Contract services, in-plant ridesharing programs and ride sourcing options could facilitate such collaboration.

### **6.3.2 Expansion of Service Area**

An expansion of existing services into area not currently serviced should be considered to reflect non-emergency medical transportation services to regional medical facilities, and demand response services to larger employment sites and educational service centers beyond current service areas.

Many respondents complained of their inability to travel beyond county limits. Medical facilities in Columbus, Dayton, Findlay, Ft. Wayne, Lima and Toledo were cited as end point destinations of medical service providers and to which local residents were unable to secure transportation services.

Workforce development initiatives were a concern of some area employers and economic development officials. Services utilizing DR, ride sourcing services, ridesharing and special shuttle services to outlying communities including sites at Delphos, Kalida, Ottawa, St Mary's and Wapakoneta should be examined with local employment professionals for opportunities.

Transportation services advancing and supporting technical training program opportunities at facilities such as Rhodes State and Wright State University as well as

Apollo Career Center, Joint Vocation Center, Tri-Star Career Center, and Vantage Career Center need to be assessed for service needs across the region. Sheltered workshops also need to be considered for their contributions and needs. Area 5310 providers and ride sourcing agencies could work to feed FR services provided by either public transit or sheltered workshops in cost effective manner.

### **6.3.3 Eliminate Trip Restrictions**

Many of the current public and not-for-profit service providers place restrictions on transportation services as a result of funding criteria or fiscal limitations. As documented in Section 5.7 such travel restrictions result in temporal, and/or geographic limitations. Because of government accounting procedures, these restrictions artificially hamper the delivery of necessary transportation services to those individuals most in need of such services.

Real coordination, predicated upon furthering the development of partnerships between the various government and social service agencies, could support a mix of local residents on available transport services, especially those limited services in the rural communities, and be seen as a wise use of public tax dollars. The joint identification of client needs would also allow agencies to establish cost sharing arrangements, as well as, the lending/sharing of planning and technical resources based on the clients' needs rather than the agencies'. This level of coordination would facilitate individual case plans that not only further the clients' needs, but also meet the original intentions of the respective funding streams.

Maximizing the available funding for transportation services is necessary to meet public expectations and diminishing fiscal resources. The ability to deliver coordinated transportation services across the community, based on a fiscal allocation model premised on need and performance rather than on political/economic constituencies, would facilitate a broader economic and political base for transportation services and result in long term cost savings and increased levels of service.

#### **6.3.4 Operational Efficiencies & Technology**

Operational efficiency is the result of employing specific strategies to accomplish the primary goal - that of delivering quality services in the most cost-effective and timely manner. In transportation, all too often increased operational efficiencies are typically expressed as reductions in costs-per-mile, costs-per-hour, costs per trip, and unfortunately reductions in service. Real operational efficiencies can also come from improving travel time and travel time reliability as such issues also impact the costs of providing service and good performance is important to attracting new ridership.

As in most industries cutting costs and meeting customer's expectations has resulted from the infusion of new technologies. Technological enhancements are critical to operational efficiency and enhancing current coordination efforts. The ability to identify those technologies and software associated with advancing inter-agency data collection, trip scheduling, routing, dispatching and communications is important and is a required Plan component. On board technologies supporting GPS, mobile data terminals and GPS enabled cellphones allow for program managers to monitor on-time performance, dwell time and refine schedules and

improve services. Electronic fare payment systems have already had a transformative impact on transit services. Such systems provide customers with common payment instruments such as a smart card that can be used across a region and on services offered by different providers. More recently, emerging fare payment technologies using mobile devices and third-party contactless media are gaining acceptance as multiagency fare media.

Technologies that enhance customer satisfaction with the trip making process are also very important. And, current technologies will further customer demands for:

- the capability of easily identifying available transportation providers with a single click that supports scheduling/booking services;
- the ability to track the present and future location of vehicles at any given moment;
- real time information relative to service changes, disruptions in service, cancelled trips, detour, etc.;
- and,
- fully integrated on-board systems to support client needs.

Society has become accustomed to demanding information and receiving high quality services. Such demands are already being expected of our transportation service providers.

Ride sourcing services will present new opportunities and challenges to some of the traditional providers. But ride sourcing services may also prove a boon to public transit and social/human service providers. Technology enabled mobility services need to be explored. As part of this effort, it is essential that providers learn from, build upon, and interface with these new modes.

### **6.3.5 Vehicle Safety, Maintenance & Replacement**

In order to provide safe, efficient and appropriate transportation services, passenger needs will dictate the type of service and the respective vehicle/equipment needed. Understanding the client's physical transport needs will allow for a safe transport irrespective of the entity providing the trip.

However, passenger safety rests not only with the appropriateness of the vehicle but the safety of the vehicle - its condition and operating characteristics. Preventative maintenance, scheduled maintenance and vehicle replacement practices are requisites of an effective transportation service.

Regular vehicle replacement schedules are essential to support the delivery of transportation services. Vehicle replacement schedules based on FTA vehicle life definitions should be reflected in capital improvement schedules based on client/trip loading factors. Expansion of service areas or hours will increase the burden on existing vehicle fleets and require the purchase of new vehicles or increasing the frequency of vehicle turnover due to excessive mileage, wear and tear.

Introducing aspects of preventative maintenance and emergency response training to drivers is a cost-effective measure that will prolong vehicle life. Strategies including joint purchasing agreements, joint maintenance agreements, joint vehicle storage, bulk fuel purchasing agreements and State purchasing programs are also effective cost-cutting strategies that should be employed in an attempt to maintain the fleets of available vehicles across the region.



#### **6.3.6 Mobility Management**

The definition of transportation coordination has evolved over time. Building community mobility is based on partnerships and growing new more dynamic strategies is essential to providing better mobility. Engaging mobility managers to address technological solutions, enhanced customer service and operational improvements are essential to transportation coordination.

With shared modes expected to continue to grow in significance, public entities should identify opportunities to engage with them to ensure that benefits are widely and equitably shared across the region. Given the ever growing demand for transportation services it should not be a surprise that both public sector interests and private mobility operators are eager to collaborate to improve paratransit using emerging approaches and technology. A mobility manager is essential to review and implement the most appropriate of the various business models now emerging that reflect new public-private partnerships for provision of mobility and related information services.

#### **6.3.7 Fiscal Constraint**

Issues related to fiscal constraint should be built and assessed upon reporting requirements based on new technology, including software, operational efficiencies, and cost accounting. Regional efforts should lay the groundwork for strong public-private partnerships and targeted investments in the "mobility system" including public transit, paratransit and shared modes. Future efforts to map local mobility assets and needs should be undertaken to ensure that new or improved services, policies, and investments are directed to where they will have the greatest impact.

New funding for operational improvements and capital expenses will be required. Sources for such new services/capital items include FTA Section 5307, 5310 5311 and 5339 monies, as well as, MPO/STP funds. Such funding should be targeted with services/items prioritized based on community needs rather than solely on individual agency needs. Such needs must then be considered and documented in the planning process and subsequent amendments to this Plan.

## **SECTION 7**

### **RECOMMENDED TRANSPORTATION COORDINATION PLAN**

This final section seeks to establish the parameters of the 4-county West Central Ohio Region's Public Transit Human Service Transportation Coordination Plan. This Coordination Plan, considered to be compliant with Federal and State directives, can be accomplished within the local political framework and fiscal environment. The Plan builds on the premise that significant leadership capabilities exist when considering the participation and technical support of the largest stakeholders including the AAA<sup>3</sup>, the ACRTA and the LACRPC and that further coordination with independent social service agencies will only improve the delivery of such publicly assisted transportation services.

The AAA<sup>3</sup> offers both fiscal and technical support on a regional basis. Agency personnel support grant writing initiatives, facilitate transportation coordination efforts of the FACTS, COLT and the Van Wert Transportation Coalitions, staff Dial-A-Ride services, and maintain a strong relationship with the Ohio Department of Aging. The ACRTA provides the professional transportation staff necessary to address FTA and ADA requirements, as well as, support a broader understanding of transportation maintenance, training and software issues. The Regional Planning Commission offers census data, statistical and mapping capabilities, and enjoys a well-established relationship with both ODOT and FTA.

Moreover, given the regions diversity of character, the charge of the local government agencies in each of the 4-counties, the interests of regional non-profits, the federal regulatory controls and similar reporting requirements of available DOT/DOA/DOE grant programs - transportation coordination seems not only possible but inevitable. As a case in point, data indicates certain levels of coordination already exist between 31 agencies and further collaboration will only expand availability of regional transport services.

To that end, Section 7 works to identify some common perspectives and measures for assessing coordination in the larger context and re-examines the vision statements and goals identified in Section 1. This assessment is followed by specific strategies to support the implementation of the West Central Ohio Public Transit Human Services Transportation Coordination Plan. The Section concludes with remarks regarding the planning process and future directions.

## **7.1 Evaluating Coordination**

The extent of coordination among local transportation providers, as documented in Chart 6-1, argues extensive coordination currently exists among local transportation providers in Allen County, Ohio and to a lesser extent, across the region. However, during the planning process some concerns were identified with respect to the limited service areas, the limited service hours, and the costs associated with transportation. Public input helped identify potential opportunities to further existing coordination, especially as it relates to the delivery of services in the more rural areas of the region outside of the Lima Urbanized Area.

Based on the extent of social/human service agencies serving the disadvantaged and the dependency many agencies have on the ability to transport or secure transport from others, to receive and/or deliver such services, as well as, the costs associated with the delivery of such services/clients, it was important to reflect on the various aspects of coordination and the impact such activities could have upon regional actors, including: the client actually receiving transport services, the level of transportation service provided and the efficiency in which delivered, and fiscal accountability to the public and/or operational funding sources. At the client level, coordination should be assessed in terms of satisfaction and the degree to which coordination:

- ❑ Creates a more positive perception of transport services;
- ❑ Supports increased personal independence;

- ❑ Increases personal mobility; and,
- ❑ Decreases isolation;

To further assess coordination efforts, from a public policy perspective, efficiency measures are necessary. Performance measures are important to develop critical management insights and useful to justify the wise use of public subsidies, while simultaneously able to bolster public support and confidence when used appropriately. The standardization of specific measures is critical to developing shared values and higher standards of service. The degree to which efficiency can be assessed via successful coordination can be quantified by:

- ❑ Total hours of daily transportation services extended;
- ❑ Days of service that are expanded;
- ❑ The extent to which the service area increases;
- ❑ The comfort, safety and reliability of the vehicle fleet;
- ❑ A growing total of eligible clients served;
- ❑ Number of people trips increased; and,
- ❑ The quality/extent of driver training provided.

From a fiscal perspective, transportation efficiency, effectiveness and costs must be identified and constrained to meet available budgets. The degree to which efficiency and effectiveness can be assessed can be measured by establishing, monitoring and improving:

- ❑ Passengers by Eligibility Type;
- ❑ Costs per Mile;
- ❑ Costs per Trip;
- ❑ Cost per Passenger;
- ❑ Passengers per Trip;
- ❑ Fuel Efficiency & Costs;
- ❑ Vehicle Maintenance Costs;

- ❑ Driver Training Costs; and,
- ❑ Administrative Overhead.

Furthering the level of coordination to reflect consolidation and/or brokered services will be difficult and tedious. It will take hard work to disassemble barriers built over the last 40 years including, legislative barriers built by politicians, funding sources that narrowly target special-needs populations, and non-profit Boards. And, although patience is mandatory, nothing can be built without mutual trust and respect. Compromise for the sake of clients' interests and community benefits are the bell weather of coordination. But the goal of coordination is operational efficiency. Attempts to improve operational efficiencies under a coordinated system must necessarily focus upon the extent to which the cooperating entities can:

- ❑ Co-locate human service agencies and functions ("one stop, one-click shop");
- ❑ Consolidate scheduling and dispatching functions ("one call, one-click" for customers);
- ❑ Coordinate capital equipment needs;
- ❑ Allocate resources based on need, costs, and performance;
- ❑ Cooperate with respect to lending/sharing technical staff's expertise regarding training, maintenance, human resources management, grants writing, and capital planning, etc., among participating agencies; and,
- ❑ Data sharing.

Coordination requires full disclosure of financial resources, and in some cases, agencies agree to share fiscal resources in order to accomplish the safe and appropriate transportation of clients. As many of the stakeholders are either nonprofits or governmental agencies the regional partnership's acknowledgement of grant funded, or federally subsidized, fiscal controls are very

important. From a fiscal accounting perspective, coordination needs to incorporate:

- ❑ Uniform standards and definitions;
- ❑ Quality-controlled data collection and reporting functions;
- ❑ Uniform accounting systems; and,
- ❑ Quantification of needs based on standardized performance measures.

## **7.2 Performance Goals, Indicators & Measures**

- ❑ Federal legislation created a performance-based system that focuses on goals, increased accountability, and improved transparency. The legislation intended to improve the decision-making process using better data and forcing smarter policy and programming decisions.
- ❑ FTA explains that performance goals are meant to define a targeted level of performance expressed as a tangible, measurable objective, against which actual achievement can be compared, including a goal expressed as a quantitative standard, value, or rate. Performance indicators are measures that reflect the relative output or outcomes of particular quantitative value or characteristic of the performance goal. Performance indicators are measures that demonstrate the effectiveness or efficiency of achieving intended goal. The annual outputs must contribute to the desired long-term outcomes and should produce a measurable effect or impact of the respective performance goal.
- ❑ FTA communiques have referenced a number of reporting criteria as possible performance measures. Largely absent from these discussions has been the minimum standard to which FTA recipients must meet. Measures offered as possible standards have included:
  - Increased geographic service area;
  - Increased hours of service number of customers served;

- Types of projects funded,;
  - Increased ridership;
  - Increased capacity;
  - Number of trips;
  - Increased service via expanded or additional routes;
  - Number of accessible vehicles;
  - Expanded personal mobility defined as individuals being able to get to more activities and/or additional support to customers.
- Relative to performance measures, little concrete guidance was identified in ODOTs Coordinated Plan Template or Plan Guidance. However, in anticipation of FTA/ODOT guidance this document utilized proxy performance indicators as measures of providing levels of service for specific aspects of fixed route transit, demand response, and paratransit operations. These measures are thought to provide insights into the safety, security, effectiveness and efficiency of those agencies currently utilizing FTA funding.

### **7.3 Recommended Coordination Strategies**

Coordination provisions previously mandated by SAFETEA-LU and integrated into existing MAP-21/FAST Act regulations require public transportation and human services transportation providers to optimize efficiency and effectiveness by ensuring that communities coordinate transportation services provided under the auspices of FTA programs. The underlying goal is to accomplish a higher level of transportation service to selected constituent groups by maximizing existing resources. However, there are organizational, institutional, jurisdictional, and financial barriers that prevent, or impede, such coordination. In some cases, barriers were in place to assure program funding was spent on specifically identified constituent groups or were dictated by political boundaries, or jurisdictional limits. Such conflicts have hindered the ability of delivering truly coordinated transportation services.



To identify viable strategies for coordination, barriers, as well as, opportunities were considered, and a course of action established. Because partnerships are critical to both the establishment of a coordinated system and long-term sustainability, a team of transportation providers, advocacy groups and consumers worked to identify goals, strategies, and action steps that were realistic projects that could be implemented as well as evaluated.

The identified strategies were developed through a consensus building process undertaken by the CAAC and the three transportation coalitions. The planning process reflected data collected and distributed by local stakeholders; call center data, CHORE data, vehicle manifests, trip logs, Find-A-Ride records, and invoices. It also involved a number of focus group meetings held with interested stakeholders across the region. Focus groups identified concerns of those protected by the Older American's Act and/or the American's With Disabilities Act. Care was also taken to ensure that environmental justice concerns were considered integrating the interests of minority populations, the impoverished and the working poor as well as their advocates. This Plan recognizes the scope of service providers and the nature of the clientele, as well as, the need for a variety of levels of transportation services. This Plan accepts the roles of each agency in the delivery of services to specific clients and acknowledges that not all strategies and recommendations will be equally applicable to every agency.

Viable transportation coordination strategies were considered based on several criteria that when taken together lead to a transportation system that is accessible, affordable, appropriate, safe, and dependable. The criteria included:

- ❑ Developing effective partnerships with regional stakeholders;
- ❑ Identifying the tools necessary to support coordination;

- ❑ Addressing gaps in service;
- ❑ Reducing expenses while increasing funding;
- ❑ Increasing public awareness; and,
- ❑ Implementing customer care standards.

In addition, the ability to implement selected strategies was considered with respect to the time necessary to coordinate and accomplish the tasks. Temporal parameters were defined as short-term, mid-term and long-term strategies.

#### **7.4 Plan Implementation**

This Plan was intended to serve as a template for transportation coordination efforts across 4-counties and through a 2040 planning horizon. The Plan will be supported with other public documents including ODOT's Transit Needs Assessment, the LACRPC 2040 Regional Transportation Plan (RTP) and Transportation Improvement Programs (TIP), and the ACRTA's Comprehensive Operations Analysis & Transit Development Plan (COA/TDP). This Plan is intended to support the implementation steps necessary to achieve regional coordination including vehicle replacement schedules. This Plan will be revisited and updated on a yearly cycle or as required but will support the FTA 5310 Program, the MPO's RTP and TIP as well as the ACRTA's COA/TDP.

The implementation of this Plan and its various strategies were based on several grounded principles, including: that coordination is a relatively long-term process and that coordination should be systematically phased in over time. In order to secure Federal funding, this Plan should be updated bi-annually and timed with the development and publication of the MPO's TIP and the ACRTA's COA/TDP. Plan flexibility is required for the CAAC to assess the ever changing dynamics and further define implementation steps.

The following action steps were identified as short-term (1-2 years), mid-term (2-4 years), and long-term (5+ years). Chart 7-1 identifies action items by year. Each of the actions were further clustered to reflect issues raised earlier in the Plan and focus on building partnerships, technological tools, efficiency, gaps in service, public awareness, and customer care.

#### **7.4.1 Short-Term Action Steps (2018-2019)**

##### **Partnership Coordination**

- ❑ Mobility management services, provided by a person or organization with in-depth knowledge of all available passenger transportation options within the community, should be secured and utilized to arrange transportation from a menu of services available in the service area, capturing the best fit between the client needs and the service provider. This plan recognizes mobility management as an important strategy in coordination.
- ❑ The CAAC should continue to work to facilitate further coordination across the region. The CAAC should seek to ensure that each of the transportation coalitions work effectively within their service areas and together within the region to solve regional transportation problems and address FTA mandates. The CAAC should be cognizant of the need to expand its membership and ensure sufficient representation of regional interests.
- ❑ The CAAC should work with the mobility manager to attract new stakeholders and identify Plan Champions for the targeted populations in each county. Work groups should be established to accomplish proposed tasks targeting: the identification of advocacy groups willing to support transportation programming with vouchers; funding constraints/restrictions by

type/agency, training needs, and technology applications, including software and communications.

- ❑ FTA recipients are required to maintain the condition of capital assets, including equipment, rolling stock, infrastructure, and facilities in good repair. All FTA grantees and their subrecipients are required to adopt policy or develop asset management policy. These plans must include, at a minimum, capital asset inventories, condition assessments, and investment prioritization. The CAAC and a mobility manager will need to identify and monitor the existing inventories of FTA recipient assets on an annual basis in order to address performance measures, and progress towards meeting regional targets.
- ❑ Federal legislation requires all recipients of FTA funding to develop agency safety plans that include performance targets, strategies, and staff training. The CAAC will look to ODOT for guidance before it develops safety performance measures to be tracked as part of this Coordination Plan inclusive of tracking crashes by type and severity, establishing effective driver training programs, integrating drug testing for drivers and other safety sensitive personnel. The CAAC and mobility managers will work with regional stakeholders to adopt and incorporate safety measures into each agency's operations manuals and capital replacement schedules and document stakeholder compliance annually in Plan updates.
- ❑ Interested stakeholders should undertake a Joint Client Identification Process among coordinating agencies to examine the potential for establishing new services based on a many-to-one trip basis with costs borne by new operational efficiencies. Data relative to

client addresses, destinations and times/frequency of service will provide the basis for such an analysis.

- ❑ Attend annual ODOT Public Transportation Conference to maintain contacts and support system.
- ❑ Develop training to help train staff at area hospital and healthcare facilities to: integrate mobility management as part of the discharge process; act as mobility managers for clients who need follow-up care.

### **Coordination Tools**

- ❑ Expand and maintain the web-based directory of service providers specifying locations served, days and hours of operation, types of available service, rates and other information necessary for effective coordination. .
- ❑ Identify communications technology between and amongst the local stakeholders to assess needs.
- ❑ Assess scheduling and dispatching software capabilities and hardware requirements currently being used across the various agencies in the region to identify capabilities, as well as, shortcomings and opportunities to expand such services to other agencies.
- ❑ Begin to identify new communication and software technologies with regional stakeholders to assess possible improvements to scheduling and dispatching efficiencies as well as passenger safety.
- ❑ Integrate Gohio Program as ride-matching service.

### **Increase Funding - Reduce Operating Expenses**

- ❑ The CAAC and mobility managers must work to standardize performance measures, accounting software, and FTA reporting requirements. Identify accounting practices and software requirements to establish uniform standards and reporting criteria

amongst stakeholders. Stakeholders must agree to uniform practices and fully allocated costs to support performance measure monitoring.

- ❑ Explore avenues to more effectively use existing funding and equipment including co-location of space, services and procurements such as joint fuel purchases, vehicle maintenance, insurance, etc.
- ❑ The Plan recognizes volunteer driver programs as being cost effective and acknowledges the services provided across the region by the American Cancer Society. The CAAC will need to assess feasibility of volunteer transportation programs in other adjacent communities to look for synergies and "best practices."
- ❑ Providers in other jurisdictions should be inventoried and coordination efforts researched to discover "best practices" for effective transportation coordination.
- ❑ Exploit Federal & State funding opportunities to meet operational and capital needs.
- ❑ Develop joint grant writing committee to chase available Federal, State and philanthropic funds.
- ❑ Develop/adopt revised Transit Development Plan to support vehicle acquisitions with Federal/State funds.

### **Address Gaps in Service**

- ❑ As American Community Survey data is somewhat limited, the CAAC should continue regular data collection and assessments aimed to determine the extent of target populations not being served, or underserved.
- ❑ Research gaps in transportation service especially those where political boundaries impose geographic service limitations and propose remediation for observed gaps.

- ❑ The CAAC will actively search for opportunities to establish effective public-private partnerships. The CAAC will work to remove disparities in transportation services and support innovative transportation service for workforce development.
- ❑ Work with area employers, regional employment service agencies, representatives of the various County Jobs and Family Services and other work force development agencies to coordinate effective use of available transportation services and new cost effective shuttle services to ensure employment opportunities are provided and satisfied.
- ❑ Implement rideshare programming as a cost-effective, voluntary alternative commuting option.
- ❑ Identify employer based rideshare options. Investigate vanpool operations for longer distance, many-to-one based trips. The CAAC and mobility managers will work to identify and foster private providers of vanpool and intracity transit services with employers and interested stakeholders.
- ❑ Conduct a Boarding & Alighting Study to ensure an effective fixed route (FR) and demand response (DR) public transit system and the potential for regional hubs to support transfer between demand response, paratransit and FR services.
- ❑ Assess potential for public transit services hours of service and service area to be extended across the region.
- ❑ Assess feasibility of introducing additional intracity bus services to outlying communities on a limited schedule and upon a trial basis.

#### **Increase Public Awareness**

- ❑ Host public meetings to discuss transportation issues coordination efforts, strategies and success stories.

- ❑ Work to ensure that 211 System transportation is current and information distributed over a broader swath of government social service and human service agencies.
- ❑ Examine social media opportunities that support information sharing.
- ❑ Place transportation issues on the agenda of regular meeting of individual coalition member meetings to raise the internal level of understanding within each agency. Invite elected officials and community leaders to discuss transportation problems at public forums.
- ❑ Develop the circuit of service organizations across the 4-county region and develop a cadre of knowledgeable stakeholders willing to talk to such organizations about the transportation needs within the community in order to raise their awareness of the issues.
- ❑ Create brochures that summarize the available transportation services integrating agency eligibility requirements, service area, service hours, and cost to the rider.
- ❑ Effectively utilize social media to raise awareness and affect public opinion regarding available, accessible and appropriate transportation services.
- ❑ Develop full blown Marketing Plan to address available paratransit services as well as public FR and DR services. Work with local universities to develop an appropriate marketing campaign with an effective social media based messaging sensitive to both seniors and "millennium" populations.
- ❑ Ensure that newsletters and annual reports address the transportation needs of the community and the coordination efforts, strategies and success stories accomplished.



### **Customer Care Standards**

- ❑ Develop customer care standards to be accepted by all providers.
- ❑ Begin education process regarding driver training for all transportation providers, including private for-profit providers.
- ❑ Encourage the use of transit, paratransit and ridesharing services by providing travel training services.

## **7.4.2 Mid-Term Action Steps (2018-2022)**

### **Partnership Coordination**

- ❑ The CAAC should continue to work with the transportation coalitions. Private non-profit and for-profit senior and elder care/transportation providers should be identified and integrated amongst the existing stakeholders to better coordinate trips across the region. The working groups should be sustained and reenergized with new persons and standardized reporting, using agreed upon performance measures.
- ❑ Develop pilot volunteer transportation program.
- ❑ Identify existing fleet characteristics of private non-profit and for-profit senior care/transportation providers to assess trip coordination capabilities.
- ❑ Identify existing fleet characteristics and trip characteristics of individual County Veteran Services transports to assess trip coordination possibilities.
- ❑ Continue to assess progress in other adjacent regional coordination programs to look for synergies and "best practices."
- ❑ Attend annual ODOT Public Transportation Conference to maintain contacts and support system.
- ❑ Reach out to the private taxi and limousine services for possible coordination.

### **Coordination Tools**

- ❑ Identify new communication and software technologies with regional stakeholders to assess possible improvements to scheduling and dispatching efficiencies as well as passenger safety. Identify the need and interest in such items as automated vehicle locators, interior and exterior cameras, electronic fare boxes, and possible standardization of equipment.
- ❑ Acquire and implement scheduling and dispatching software across coordination partners to assist with subscription trips and increased efficiencies.
- ❑ Identify new communication technologies and software to allow clients to plan their own trips using multiple transportation providers.
- ❑ Promote ridesharing and ride sourcing services with local employers and business organizations.
- ❑ Investigate development of "smart demand response" platforms/services dependent upon new communication technologies and automatic vehicle locators to support real time dispatching and transports. Assess voice communications and data transmissions. Establish communications standards for those agencies interested in developing real-time dispatching.
- ❑ Implement a web-based tool to allow users/providers the ability to upload anticipated routes or post information about available seats on scheduled trips.
- ❑ Mobility Manager will work to establish a 1 call/1 click service center.

### **Increase Funding - Reduce Operating Expenses**

- ❑ Research and inventory current funding streams used to support successful transportation services elsewhere and compare and contrast same with local efforts.

- ❑ Encourage state and local leadership to develop programmatic policy that eliminates funding silos and provides more local flexibility in accommodating transportation services with currently available funding.
- ❑ Encourage area governance to be more creative when developing the local funding needed to offset match requirements for warranted public transportation services.
- ❑ Assess brokerage and service contracting to control costs and potentially eliminate the duplication of services and down time.
- ❑ Assess vehicle mix, capabilities, and cost effectiveness of vehicle fleet participating in coordination effort and remedy deficiencies to better coordinate the delivery of economically feasible trips across the region.
- ❑ Investigate/implement fuel efficient and cost effective electrified and alternative fuel vehicles to support intraregional travel and employment shuttles.
- ❑ Investigate, document and implement new technologies that advance a more efficient, economical, accommodating and customizable fare solution for transit patrons. The Transit Authority will work with stakeholders to introduce new, secure, reliable and highly flexible technologies to reflect more responsive electronic fare collection systems, mobile payment and ticketing solutions that allow patrons payment flexibility options.
- ❑ Investigate feasibility of developing "smart cards" for better integrating intraregional workforce commutes between coordinating partners/agencies across the 4-county area.

- ❑ Develop capital needs and capital improvement schedule and submit to MPO/ODOT for consideration.

### **Address Gaps in Service**

- ❑ Assess feasibility of attracting and coordinating intercity bus services thru region using strategic hubs.
- ❑ Correlate gaps-in-service with trip generators, especially for employment and medical transportation needs.
- ❑ Secure permanent support for intercity FR services and employment shuttles with strategically located park and ride lots.
- ❑ Assess the feasibility of establishing smart paratransit services to park and ride lots.
- ❑ Increase hours of FR & DR services to support employment based trips based on available funding.
- ❑ Assess feasibility of extending FR service area to serve additional employment sites.
- ❑ Assess feasibility of extending demand response and paratransit services to evening and weekend hours to accommodate employment and medical based trips.

### **Increase Public Awareness**

- ❑ Coordinate efforts with workforce development agencies to develop and distribute localized "Transportation Options" booklet for target population.
- ❑ Develop regular monthly public service announcements for social media, radio and television to raise awareness.
- ❑ Increase public awareness through public speaking venues at service clubs, area churches, hospitals, medical facilities, etc.

- ❑ Undertake passenger surveys to assess perception and quality of services.
- ❑ Release an annual report documenting program accomplishments.

#### **Customer Care Standards**

- ❑ Implement Customer Care Standards.
- ❑ Begin training all drivers to proficiency to meet Passenger Assistance Technique (PAT) Training, Sensitivity Training, First Aid, CPR (infant/adult), and Blood Borne Pathogen Training.
- ❑ Establish emergency evacuation training with local emergency services personnel.

### **7.4.3 Long-Term Action Steps (2022-2040)**

#### **Partnership Coordination**

- ❑ The CAAC should continue to work to facilitate further coordination. Findings and recommendations should be forwarded directly to local county commissioners and ODOT in hopes of eliminating legislative obstacles to local coordination efforts.
- ❑ The CAAC should work with local and state governments to advance the availability of small personal automobiles, shared-use vehicles (bikes/cars), FR/DR services and "smart demand response" options.

#### **Coordination Tools**

- ❑ Integrate real-time passenger information technologies to support information-based transportation decisions.
- ❑ Create a centralized transportation information center to fully coordinate trips, including schools.

#### **Increase Funding - Reduce Operating Expenses**

- ❑ Implement new accounting standards and software.

- ❑ Assess alternative fuels/vehicles to reduce transportation costs.
- ❑ Assess applicability of program waivers.

### **Address Gaps in Service**

- ❑ Implement increased hours of FR & DR public transit services based on LOS criteria and available funding.
- ❑ Increase demand response and paratransit services to include increased hours and days of service.
- ❑ Integrate car and bike share programs, with park and ride shuttle services near major employment centers.
- ❑ Implement a fully integrated transport system reflective of demand response, paratransit, public transit and intracity bus services across the region.

### **Increase Public Awareness**

- ❑ Host an advertised workshop for regional transportation providers interested in furthering discussion on aspects of coordination, obstacles to coordination, funding and success stories.
- ❑ Develop public service announcements for radio and television to raise awareness.
- ❑ Continue to increase public awareness through public speaking venues at service clubs, area churches, hospitals, medical facilities, etc.

### **Customer Care Standards**

- ❑ Evaluate effectiveness of Customer Care Standards.
- ❑ Assess whether all agencies' drivers have been trained to proficiency to meet Sensitivity Training, First-Aid, CPR (infant/child) Passenger Assistance Technique (PAT) training, and Blood-Borne Pathogen Training and whether additional training opportunities are necessary.

## 7.5 Plan Priorities

The previous section identified a number of action items that are necessary to accomplish in order to advance transportation services across west central Ohio. The action times identified in Chart 7-1 reflects the CAAC collective efforts of the regional transportation coalitions to identify specific issues that needed to be addressed within their local communities.

This Plan recognizes several priorities including: securing and increasing professional staffing, acquiring and integrating new technology, acquiring warranted vehicle replacements, and extending the operational characteristics of transportation service providers especially in the outlying rural communities.

Integrating web-based platforms, acquisition of appropriate scheduling and dispatching software, accounting software, and communications equipment are identified as increasingly important tools to furthering personal transportation at a regional level thru coordination efforts. Federal funding available thru the FTA Section 5307, 5310 and 5339 programs are logical sources but local match requirements will likely prove beyond the resources of the CAAC and transportation coalitions. The requisite costs associated with securing, integrating and training employees in such technology across the region also remains a real concern and considered a corollary of the strategy.

Securing and retaining a qualified mobility manager responsible for local, coordination efforts will remain an important priority. A mobility manager is needed to manage the public planning process now in place and target the following areas:

- developing positive relationships with transportation providers and maintenance of operational profiles of each;

CHART 7-1 PLAN IMPLEMENTATION SCHEDULE BY SELECTED ACTIVITIES									
COORDINATION ACTIVITIES	2018	2019	2020	2021	2022	2025	2030	2035	2040
<b>Partnership Coordination:</b>									
The CAAC should work to acquire and integrate mobility management across all aspects of transportation service delivery.									
The CAAC should ensure that each of the coalitions work effectively to advance seamless regional transportation services.									
Plan Champions in each county need to be identified and work groups established to advance coordination efforts.									
The Mobility Manager will inventory existing driver/travel training programs and institute opportunities for upgrading same.									
Existing assets of FTA recipients must be identified and monitored annually pursuant to Asset Management Plans.									
With ODOT guidance the MPO will develop Safety Plan templates for adoption by the transportation coalition partners.									
Existing transportation providers Operations Manual should reflect BMPs for vehicle safety, maintenance and replacement.									
A joint client identification processes should be undertaken with coalition members to standardize delivery of client's needs.									
Develop training to integrate mobility management into medical/health care offices to improve outcomes and access.									
The MPO, RTA and CAAC should work with local and state governments to advance the availability of mid-size passenger cars, shared-use vehicles (bikes/cars), autonomous/electronic vehicles, and "smart demand response" options.									
<b>Coordination Tools:</b>									
The Mobility Manager will maintain and expand the existing web-based directory of transportation service providers. Service by area, hours, level of service, fleet characteristics, communication assets and rates.									
The Mobility Manager and the CAAC will assess scheduling and dispatching software capabilities and hardware requirements currently being used across the various agencies in the region to identify capabilities, as well as, shortcomings and opportunities to expand such services to other agencies.									
The RTA will identify new communication and software technologies with regional stakeholders to assess possible improvements to scheduling and dispatching efficiencies as well as passenger safety. Identify the need and interest in such items as automated vehicle locators, interior and exterior cameras, electronic fare boxes, mobile payment and ticketing solutions and possible standardization of equipment.									
The Mobility Manager and CAAC will work to integrate not for profit and for profit, senior service agencies, County Veteran Services Commission taxis, Managed Care Providers, NEMTS, and ride sourcing transports into wider use within the coalitions and across the region.									
The RTA and CAAC will support full access to available transportation services implementing web-based tools to allow users/providers to post trip requests, or upload available trip information and available seats.									
The CAAC and Mobility Manager will integrate real time scheduling and dispatching service capabilities based on the interest regional stakeholders expressed to the adoption of new communication and software technologies.									
The CAAC and Mobility Manager will develop 1 call/1 click regional call center capabilities. Call Center capabilities will be able to implement a fully integrated transportation system reflective of demand response, paratransit, public transit and intracity bus services across the region.									
The Mobility Manager will work with OARC members to advance the Gohio Program/RideAmigos platform.									
The RTA and RPC will work to integrate various modes within the Gohio Program and mine Program participant trip characteristics to advance public awareness and recruitment opportunities.									
<b>Increase Funding - Reduce Operating Expenses:</b>									
The Mobility Manager must inventory current accounting practices and software across each of the agencies in the region.									
The Mobility Manager and CAAC must research and inventory current funding streams used to support successful transportation services elsewhere in the United States and compare and contrast same with local efforts.									
The CAAC and Mobility Manager must work with ODOT/FTA to standardize FTA reporting requirements, performance measures, and accounting software requirements.									



CHART 7-1 PLAN IMPLEMENTATION SCHEDULE BY SELECTED ACTIVITIES (Continued)										
COORDINATION ACTIVITIES	2018	2019	2020	2021	2022	2025	2030	2035	2040	
<b>Increase Funding - Reduce Operating Expenses: (Continued)</b>										
Members of the Transportation Coalitions should explore avenues to more effectively use existing funding and equipment including co-location of space, services and procurements such as: fleet vehicle bidding/acquisition, joint fuel purchases, vehicle maintenance, insurance, etc.										
The MPO will identify BMP examples such as: volunteer driver programs, ride sourcing opportunities, shared use vehicles, ridesharing, etc.										
The MPO and RTA will work to develop/adopt updated Transportation Improvement Program to support vehicle acquisitions, program planning and other capital items with Federal/State funds.										
The RTA and MPO will work to develop/adopt revised Transit Development Plan to support vehicle acquisitions and other capital needs with Federal/State funds.										
The CAAC, Transportation Coalition members and Mobility Manager will work to develop/adopt updated Transportation Coordination Plan to support vehicle acquisitions and other capital needs with Federal/State funds.										
The CAAC and Transportation Coalition members will exploit Federal & State funding opportunities to meet operational and capital needs.										
The Mobility Manager and RTA will assess vehicle mix, capabilities, and cost effectiveness of vehicles supporting coordination effort and remedy deficiencies to better coordinate the delivery of economically feasible trips across the region.										
The Transit Authority will review reliable and highly flexible technologies to reflect more responsive mobile payment and ticketing solutions including smart cards that allow patrons payment flexibility options and better integration for better integrating intraregional workforce commutes between coordinating partners/agencies across the 4-county area.										
The CAAC and Transportation Coalition members will encourage local jurisdictional leaders to consider developing local funding to support public transportation services - such as property tax, sales tax, or other funding mechanism.										
The Mobility Manager will assess brokerage and service contracting to control costs and potentially eliminate the duplication of services and down time.										
The MPO, RTA and CAAC will work with ODOT to assess the use and implementation of alternative fuel and autonomous vehicles with local governments.										
<b>Address Gaps in Service:</b>										
The MPO, transportation coalitions and regional stakeholders should continue regular data collection and assessments aimed to determine the extent of target populations not being served, or underserved. Identification of, and outreach to advocacy groups representing targeted populations should be a major focus of the Mobility Manager and transportation coalitions.										
The Mobility Manager should continue to monitor underserved communities to identify opportunities for nontraditional, alternative transportation services including managed care and NEMTS providers. The CAAC will actively search for opportunities to establish effective public-private partnerships.										
The Mobility Manager will work with regional employment service agencies, representatives of the various county business organizations and work force development agencies to coordinate effective use of nontraditional, cost effective, voluntary transportation options to advance employment opportunities. The Mobility Manager will work with local employers to implement similar options within their workforce to enhance recruitment and retention of employees.										
Encourage local jurisdictional leaders to consider developing local funding to support public transportation services.										
The RTA and MPO will conduct a Boarding & Alighting study to ensure an effective fixed route (FR) and demand response (DR) public transit system and assess the potential for regional hubs to support transfer between demand response, paratransit and FR services.										
The MPO, RTA and transportation coalitions will work with local advocacy groups to identify missing or impassable sidewalks that serve as barriers to pedestrians. The Mobility Manager will forward concerns to local governments of jurisdiction.										

CHART 7-1 PLAN IMPLEMENTATION SCHEDULE BY SELECTED ACTIVITIES (Continued)										
COORDINATION ACTIVITIES	2018	2019	2020	2021	2022	2025	2030	2035	2040	
<b>Address Gaps in Service: (Continued)</b>										
The RTA and MPO will work to secure permanent support for intercity FR services and employment shuttles with strategically located park and ride lots.										
The MPO will work with local governments to support the adoption and integration of ADA Transition Plans and projects within specific parameters of local communities.										
The RTA and MPO will work with ODOT and local governments to increase hours of FR & DR services to support employment based trips based on available funding. The RTA will assess the feasibility of establishing smart paratransit services to park and ride lots and the feasibility of extending FR service area to serve additional employment using such park and ride sites.										
The CAAC and transportation coalitions will work with ODOT and local governments to increase hours and days of DR services to support nonemergency medical transportation services.										
The Mobility Manager and MPO will work to integrate carpool, vanpool, car/bike share programs and park and ride shuttle services near major employment centers.										
<b>Increase Public Awareness:</b>										
The Mobility Manager will continue to facilitate quarterly meetings of the transportation coalitions and provide minutes of same to the CAAC; spring and fall electronic newsletters would be developed focusing on pending activities, new services, success stories, pending legislation, etc.; an annual report shall be provided to each of the transportation coalitions and the CAAC.										
The transportation coalitions will work to identify social media opportunities that support information sharing between and amongst transportation providers, consumers and advocacy groups. The focus of the effort is to raise awareness and affect public opinion regarding available, accessible and appropriate transportation services as being critical to the target populations.										
The CAAC and Mobility Manager will develop a full blown Marketing Plan to address available transit and paratransit services. A marketing campaign shall be developed effectively using social media based messaging sensitive to both senior and "millennial" populations and should capitalize upon existing newsletters, websites and social media outlets. Internships with local colleges should be identified to support such efforts.										
The Mobility Manager and each of the transportation coalitions will host public meetings to discuss transportation issues coordination efforts, strategies and success stories semi-annually.										
The Mobility Manager will work to ensure that the 211 System services reflect current transportation service information and work to expand the awareness of available services across a broader swath of government social service and human service agencies.										
The Mobility Manager will work with local business organizations and workforce development agencies to develop and distribute localized "Transportation Options" information for distribution to target populations; including ride-matching services to support Gohio Program.										
The Mobility Manager and CAAC will develop marketing opportunities with online health management tools and other health-related websites and annually host an advertised workshop for regional transportation providers interested in furthering discussion on aspects of coordination, obstacles to coordination, funding and success stories.										
<b>Customer Care Standards:</b>										
A joint client identification processes should be undertaken with coalition members to standardize delivery of client's needs.										
The Mobility Manager will work with transportation coalition stakeholders to review, develop and implement customer care standards to be accepted by all providers.										
The Mobility Manager will advance an education process regarding the scheduling of driver training for all transportation providers, including private for-profit providers.										
The RTA and MPO will work to establish emergency evacuation training with transportation coalition and first responders.										

- ❑ maintaining positive relationships with the Ohio Department of Transportation, Ohio Department of Aging, Ohio Department of Disabilities and Ohio Department of Education and an acute awareness of available funding for transportation services;
- ❑ developing a joint client identification process and ensuring that customer care standards are developed to ensure appropriate transportation services are provided;
- ❑ maintenance of the Call Center, Find-A-Ride-Program and brokering trip requests;
- ❑ implementing a positive public awareness campaign to identify the customers and transportation services needed and developing marketing relationships with destination entities;
- ❑ monitoring Federal and State policy and providing uniform training standards; and,
- ❑ breaking down the institutional and geo-political barriers to local coordination.

Vehicle acquisitions are important as several agencies continue to operate vehicles past their useful life, threatening the ability of the agencies to continue to provide safe, reliable and efficient services. Table 7-1 identifies the near-term vehicle needs of local agencies committed to coordination and supporting this plan. The MPO endorses their collective intent to work to secure FTA Section 5310 and 5339 as well as Ohio Transit Public Partnership Program (OTPPP) monies to support vehicle acquisition, and transport services.

The MPO endorses the aforementioned agencies intent to secure FTA funding to help defray operating costs stemming from the acquisition of new more fuel efficient vehicles, new technologies to produce cost-savings and increase transportation efficiencies and the provision of expanded high quality transport services to the elderly, disabled, low income and underemployed.

**Vehicle Type:**

1. Acquisition reflects heavy duty, 30'-35' ADA accessible fixed route bus.
2. Acquisition reflects DR Low Floor 25' vehicle.
3. Acquisition of LTV-12-2 lift equipped 12 passenger plus 2 wheelchair capacity.
4. Acquisition of LTN-8-2: lift-equipped; 8 ambulatory plus 2 wheelchair capacity.
5. Acquisition of Modified Minivan (MMV) w/ low floor ramp accommodating up to 2 wheelchairs.
6. Acquisition reflects mid-size model 5-passenger automobile.
7. Acquisition of Accessible Van (AV).

**Supplemental Equipment**

8. Electronic Fare Boxes.
9. Fixed Route Stop Signage.
10. Fixed Route Stop Shelters.
11. Software and/or tablet computers-GPS enabled.
12. Vehicle Safety Cameras.
13. Maintenance Equipment and Parking/Garage Project.

**FAST ACT & Funding Flexibility:**

14. Operations funding (including capitalized maintenance requested) by ACRTA, WOCAP, AAA<sup>3</sup>.
15. Mobility Management funding requested by AAA<sup>3</sup>.

**Notes:**

<sup>1</sup> Vehicle prices were estimated based on 2017 Vehicle Guide and reflect 3.0% inflation per year.

<sup>2</sup> ODOT eligibility criteria excludes midsize passenger vehicles but are portrayed to exhibit client/agency needs capacity issues.

## **7.6 Conclusion & General Recommendations**

After considerable review this study determined that the demand for appropriate, accessible, and affordable transportation services exceeds the delivery capability of any one social service program, transit or human service agency. programmatic eligibility requirements, geographic boundaries, disparate services, and hours-of-service have all acquiesced over time to compromise the delivery of cohesive public transportation services.

Survey data suggests that available public transit, social services, and human service transportation providers alike suffer from inadequate operational funding and an aging vehicle fleet. Concerns regarding the long-term viability of the public transit service have been called into question as local funding has stagnated, vehicles age, and services have been reduced. And, while continued support for local levies has remained strong, programmatic funding that serves specific population groups is always suspect in tax adverse environments.

Concerns regarding the adequacy of funding provided a powerful stimulus to participation in development of this Plan and the potential for further collaboration. Only thru further coordination can local agencies expect to cope with this demand. The following points are offered for clarification and as recommendations for further action by specific actors.

### **7.6.1 Allen County Regional Transit Authority**

The ACRTA is faced with several issues challenging the organization's ability to continue to serve the community. First and foremost, the ACRTA has significantly increased its days and hours of service, increased its service area and increased services provided over the last 5 year period. As a result ridership has also

increased significantly. The increase in service has resulted in increasing pressure to maintain and replace the vehicles currently in the fleet. While the Transit Authority has been able to maintain an appropriate vehicle spare ratio, because of costs and vehicle breakdowns, older vehicles have been used more sparingly resulting in the younger vehicles acquiring greater mileage - negatively impacting a regular vehicle replacement schedule. The Transit Authority's fleet of vehicles is rapidly approaching the end of its collective useful life. The ACRTA is in need of additional local monies to match federal monies to ensure safe and efficient services.

In order to begin to address some of these issues, the Transit Authority needs to develop a dialog with local elected officials and community stakeholders interested in preserving and enhancing available services. Of concern is the equity of local funding where the Transit Authority provides nearly 400,000 trips per year with 41% of those trips provided to locations/residents outside the City of Lima corporation limits and yet no funding is provided by area governments other than the City of Lima. The Transit Authority must champion the needs of the disadvantaged, while ensuring that it is able to account for all public subsidies and quantify the benefits derived from such subsidies.

As a matter of priority, the Transit Authority should, in partnership with local health and human service agencies, and local political subdivisions, undertake an assessment to assess and perhaps redesign the existing FR system and services using a segmented market analysis designed to identify the potential for attracting new riders to a redesigned and coordinated system. The segmented

market analysis should target current non-users of transit amidst the general public, focusing on the identification of positive transit travel behaviors. The analysis should target the identification of characteristics of convenience required to make transit an attractive alternative, including greater frequency and additional days and hours of FR and DR operation. The FR system speed should be targeted for improvement; delays associated with the current flag stop basis are inherently ineffective and a safety concern for both motorists and transit patrons. Fixed stops and street amenities along the FR system will enhance the presence of transit services and the quality of services provided to ACRTA ridership.

A second target audience would be those health and human service agencies currently participating in the coordination process with a focus as to what it would take to see their clients ride FR public transit. The analysis should focus on developing services to meet the demands and needs of specialized client groups. Based on a re-engineered system and greater coordination with local agencies, the transit agency should be able to increase its ridership by attracting a broader client base, while providing a cost-effective transportation alternative to health and human service agencies. The objective of redesigning the transit system would be to reflect more recent residential and commercial developments, as well as, geographic changes in targeted populations. Doing so would broaden its customer base, expand services, and provide transportation options to health and human service agencies. The "utility" value of a new system should result in increased services, increased ridership, and increased public satisfaction

with lower overall costs to agency customers and the general public.

Sustaining public transit services in small urban areas is a difficult task. Once the system is reengineered, the Transit Authority should develop and implement a marketing plan and outreach programming that re-establishes the connections and values that transit held with previous generations. A marketing plan needs to be developed that eliminates the negative perceptions and biases of transit emphasizing all of the positive aspects of public transit, including increased mobility, increased productivity, and the ability to accumulate wealth. Any new marketing plan needs to address the unique experiences derived from using transit, appealing to both the youth and the seniors.

To ensure increased funding levels and maintain contractual relationships with their governmental, private sector employers and public service clients the ACRTA will apply for FTA Section 5307 5310 and 5339 Program monies as well as Ohio Transit Public Partnership Program (OTPPP) in order to address necessary rolling stock and support the operational services and coordination required. The ACRTA will look to expand limited public transit services across the 4-county region. Such efforts will be coordinated with other local social service agencies. The MPO supports the ACRTA's attempts to secure funding to increase access and the level of service provided by the ACRTA.

#### **7.6.2 Local Human Service Agencies**

Transportation costs are directly attributable to vehicle costs and service reliability. Non-profit agencies need to develop capital improvement schedules based on FTA life



cycles, regular preventative maintenance inspections and detailed maintenance, and operational records. Participating agencies need to recognize the level of vehicle maintenance required to sustain sound operations and the provision of reliable services. Vehicle acquisitions and/or replacements should be undertaken based on acquisition costs, operating costs, the vehicle's utility value and overall fleet characteristics. Client needs and population mix should also be considered as important variables in the vehicle acquisition process.

The Plan currently recognized certain performance measures used in the State's PTI. Unfortunately, many of the agencies failed to track operational data to the extent to effectively utilize benchmarking within and across the agency. Data collection is an important aspect of effective transportation service management. Performance measures for existing services should be developed as the basis for comparison in a coordinated system. Performance measures related to costs, productivity and efficiency need to be developed that adequately reflect the varied nature of the social/human service agencies. Measures need to be included in such a coordinated system in order to better assess the differing types of services to be provided and ensure an adequate representation of such services in any assessment, such as level of staff training, on-time performance, number of passenger trips per hour, vehicle maintenance, cleanliness, hours of operation, etc. Agencies interested in coordination and access to State/Federal funds must be able to identify such costs and develop the means to adequately track and report such costs on a regular routine basis. The MPO supports the efforts of local social service agencies who can

support an extension of hours and/service area and or work with the ACRTA to develop feeder services in outlying communities. Table 7-1 identifies the near term vehicle acquisitions supported by the MPO.

### **7.6.3 Regional Planning Commission (RPC & MPO)**

As the MPO, the Regional Planning Commission should remain an active advocate for increasing the availability of, and access to, public transportation services within Allen County. The MPO should work to identify and include transit options in all capacity projects and support the full integration of necessary infrastructure to support the transition of public transportation services into suburban and exurban areas. The MPO should continue to work to integrate transit as an integral mode within its travel demand model in order to effectively assess the propensity to use transit services and support transit friendly development/behaviors.

Using information generated from the reporting of routine performance measures, consultant services should be retained to identify needed scheduling and dispatching software and possible financial models to develop and sustain a fully coordinated transportation system across the 4-county region. The MPO should employ its travel demand model to assess the impact of route modifications and service improvements on fixed route ridership, as well as, to determine non-monetary benefits, including air quality improvements resulting from modal shifts. The MPO should look to support local rideshare programming to assist in low-cost commuting options. The MPO should monitor compliance with this Plan during development of its Biennial Transportation Improvement Program to ensure fiscal support of those agencies actively engaged in delivering/supporting

strategies of the Coordination Plan. The MPO should secure the political support necessary to allocate MPO/STP, and MPO/CMAQ funds for capital acquisitions, operational planning, and consultant services.

#### **7.6.4 Area Transportation Providers**

Local health and human service agencies should work with other stakeholders to develop a better understanding and broader base of support within the community to secure additional funding for necessary transportation services provided by public transit and human service agencies. To pursue discussions of the current transportation challenges and solicit stakeholder input, the agencies should cooperatively seek to establish stakeholder meetings with area neighborhood associations, local businesses, service organizations, special interest groups and elected officials.

The following entities should be targeted: County Commissioners, Township Trustees, Mayors, Agency Directors of - county departments of Jobs & Family Services and Veteran Services, United Way, Chambers of Commerce, Private Industry Council, Health Departments and Medical Centers. Also to be included should be employee representatives of the transit system and social service agencies, persons from within the disabled community, local businesses, Ohio State University, Rhodes State College, Wright State University, Apollo Career Center and religious organizations, as well as, the Regional Planning Commission and the Ohio Department of Transportation. Meetings should be honest, frank, and straight forward in order to adequately address all aspects of the transportation issues, including Medicaid transportation and Workforce Development initiatives. Such meetings could provide the ongoing input and

feedback required to further develop a coordinated system, including different service alternatives and fiscal models.

#### **7.6.5 Workforce Development Initiatives**

The last recession took a toll on the region's overall population numbers, its housing values, number of employers, working wages, and local tax rolls. Collectively, the region suffers from a higher unemployment rate, a higher poverty rate, a lower college graduation rate and a higher rate of incarceration. And now that the economy seems to be rebounding we find ourselves in a changing labor market. The changing economic dynamics demand that we educate and train individuals to meet the needs of current and future business and industry in order to maintain a sustainable and competitive economic environment. In sum, our remaining employers need trained applicants and we need local residents to retool, retrain and reengage!

Effective workforce development initiatives are essentially those public-private relationships where social service agencies look at the economic security of the individual, communities look toward that which benefits the sustainable economic growth of the community, and employers focus on the skill sets needed for their business or industry to remain competitive in the global marketplace. Leadership at the MPO, the ACRTA, and within the transportation coalitions recognize that workforce readiness and workforce development are of an ever increasing importance to low income clients and our area employers. The Coalitions recognize that in this new and ever changing economic climate that the disadvantaged will need a broad array of housing, childcare, mental health and drug and alcohol

rehabilitation services in addition to education and training. But they also recognize that perhaps the largest roadblock to the training and education needed is transportation; especially as the bulk of the long-term unemployed or underemployed in this region suffer from nonexistent, unaffordable or inaccessible transportation services.

To help jump-start the region's economy and turn the aforementioned numbers around, the West Central Ohio Transportation Coordination Plan suggests a collaborative, comprehensive initiative focused on providing those transportation services that afford access to those low- and moderate income individuals to the job training, and employment sites across the region. The Plan looks to integrate multimodal connectivity and accessibility across the region using existing stakeholders and available resources. The Plan proposes to address the development of the region's workforce by tapping the resources of the Ohio Department of Jobs and Family Services (ODJFS), the regional departments of Jobs and Family Services, Wright State, Rhode State, Vantage Career Center, Apollo Career Center and existing transportation stakeholders and others to support the advanced manufacturing needs in the region. The Plan targets FTA program monies and looks to attract matching non-DOT financial support from the ODJFS, the Ohio Department of Education, the Ohio Department of Aging, Private Industry Councils, and others.

#### **7.6.6 Transportation Coalitions & Mobility Manager**

The 4-county region is somewhat unique in that it is largely rural in orientation, lacks a large metropolitan

area and is serviced by three existing transportation coalitions. The FACTS, COLT and Van Wert transportation coalitions offer strong leadership roles in the coordination and delivery of transportation services based on separate and distinct roles. The FACTS coalition is more urban in orientation and represents a mixture of some 30 agencies from four counties and includes the only MPO and Transit Authority in the region. COLT is serving Auglaize and Mercer counties and receives multiple levels of support from county and regional service providers. The Van Wert coalition is a recent development with leadership provided by the VW Council on Aging, County Agency heads and the Van Wert hospital. Formal discussions amongst all of the stakeholders, including local governments, need to ensure region-wide services and reporting and a coalition - developed to speak to/for the 4-county region.

The mobility manager and the transportation coalitions perform critical functions to the development of transportation services and the implementation of the Plan. The mobility manager will work collaboratively with ODOT, ODA, ODDD and the staff of the MPO and RTA to implement the strategies and objectives identified in the 4-County Regional Transportation Coordination Plan. Based on the overall design of the Plan the mobility manager, the MPO and the RTA will collectively provide annual status reports of the accomplishments made over each CY. The status reports will be forwarded to ODOT for its review and added to the original Plan as individual appendices in order to provide regional stakeholders, elected officials and the general public insights into the availability of transportation services, local successes, as well as, remaining obstacles being faced over the 4-county region.