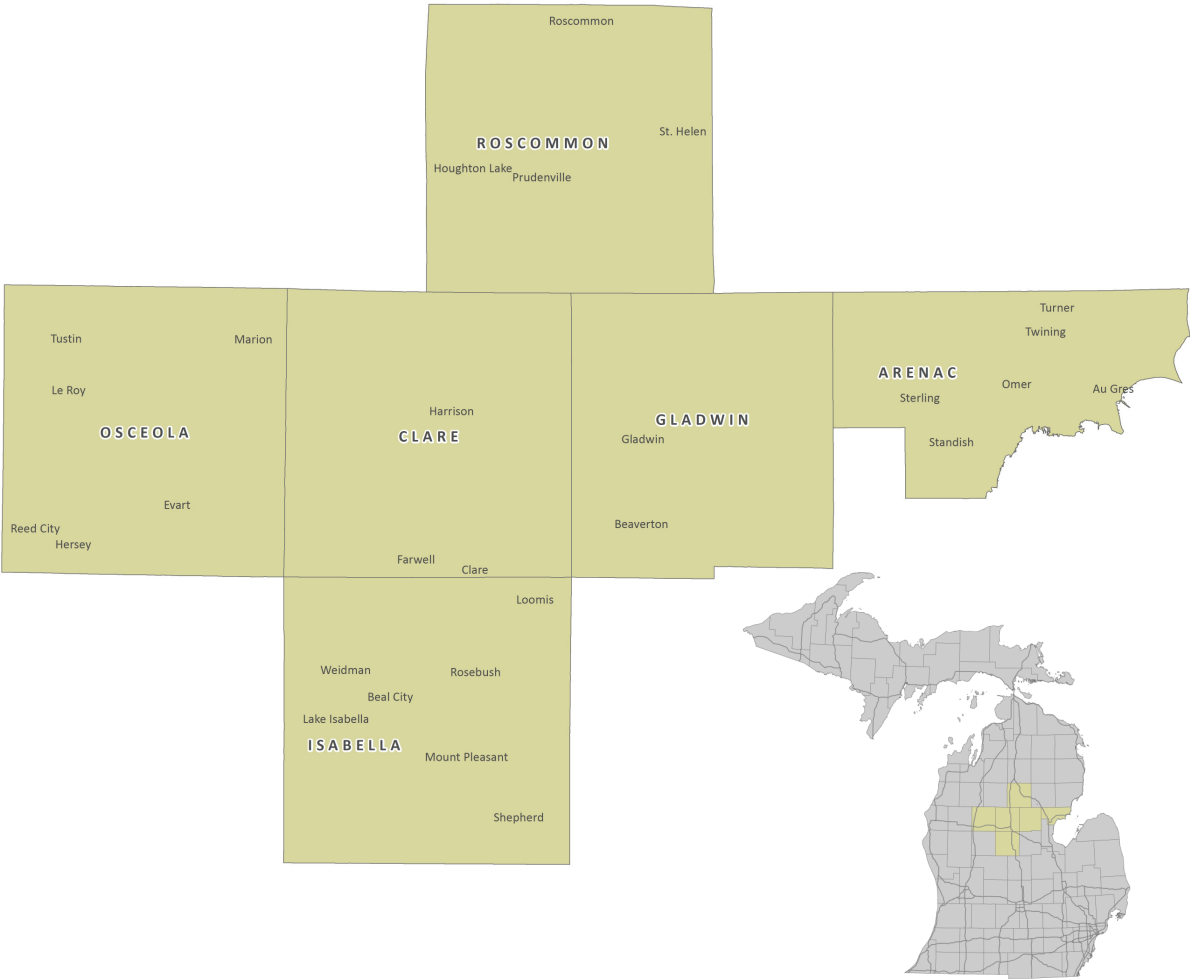


KFH GROUP, INC.

Central Michigan Coordinated Transportation Plan



Draft Final Report, November 2013

**Prepared for:
The Community Transportation Association of America**

Table of Contents

Chapter 1 - Introduction/Background

Introduction	1-1
Background	1-3
Planning Process.....	1-5
Plan Contents	1-6

Chapter 2 - Existing Transportation Services

Introduction	2-1
Background/Current Issues.....	2-2
Transit Provider Profiles.....	2-4
Other Transportation Services.....	2-23
Issues and Opportunities.....	2-23
Mobility Management Considerations.....	2-27

Chapter 3 - Unmet Transportation Needs

Introduction	3-1
Population Profile.....	3-1
Land Use Profile.....	3-15
Assessment of Unmet Transportation Needs and Gaps.....	3-17
Review of Previous Studies and Plans	3-18
Chapter Summary	3-19

Chapter 4 - Potential Strategies

Introduction	4-1
Potential Strategies	4-1
Strategy Descriptions	4-2

Chapter 5 – Regional Mobility Management Program

Introduction 5-1
Guiding Principles 5-1
Mobility Management Goals and Objectives..... 5-2
Michigan Transportation Connection..... 5-4
Mobility Management Program Considerations 5-6
Summary of Alternatives and Possible Phasing 5-11

Chapter 6 – Adoption Process and On-Going Arrangements

Coordinated Transportation Plan Summary 6-2

Appendix A – FTA Guidance on Coordinated Planning Requirements

Appendix B – Federal Programs Available for Use in Coordinated Transportation

Appendix C – Other Transportation Providers

Appendix D – Trip Generators

Appendix E – CTAA Mobility Planning Workshop

Chapter 1

Introduction/Background

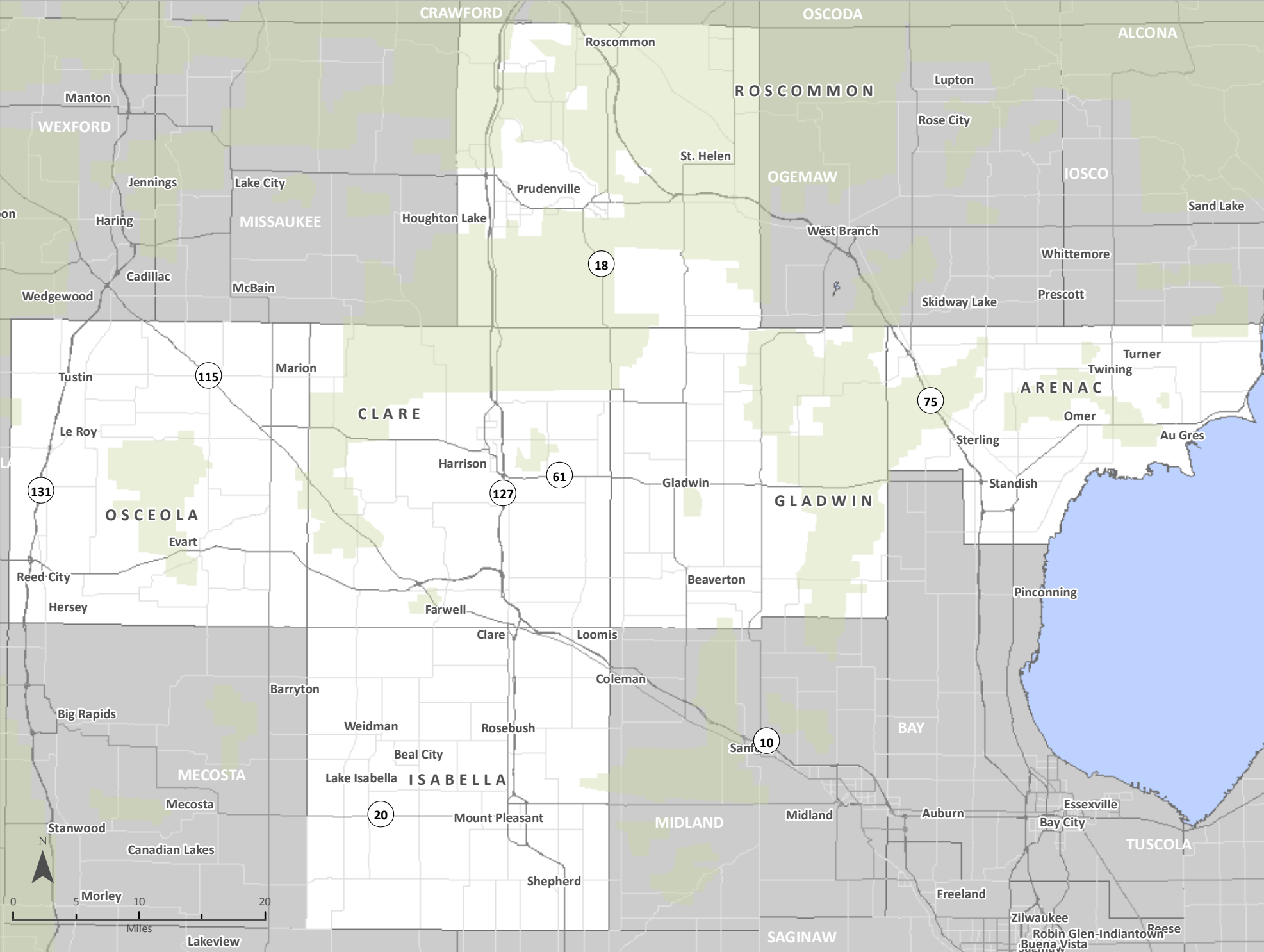
INTRODUCTION

In January 2013 the Community Transportation Association of America (CTAA) conducted a Mobility Visioning Workshop in Harrison, Michigan. This event attracted over 30 local stakeholders representing various agencies and organizations. The group identified unmet transportation needs, key issues impacting mobility, and opportunities to improve mobility in the region.

As a follow-up to the Mobility Visioning Workshop, CTAA issued a Request for Proposal (RFP) seeking assistance to the Clare County Transit Corporation (CCTC) and regional stakeholders with their efforts to improve transportation, in particular transportation for medical needs. Subsequent discussions determined that this assistance would include the region of Central Michigan that includes Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon Counties. Figure 1-1 provides a map of this region. CTAA and regional stakeholders subsequently selected KFH Group to provide the requested technical assistance.

CTAA, CCTC, and other stakeholders determined that the primary outcome from the technical assistance would be this coordinated public transit-human services transportation plan. This coordinated transportation plan serves as a guide for expanding mobility options -- especially for medical transportation needs -- in the region, and serves to initiate additional coordination opportunities between transportation providers. This plan is also tailored to meet federal planning requirements for the Section 5310 (Enhanced Mobility for Seniors and Individuals with Disabilities) Program so that the region can consider future applications for funding through this program.

Figure 1-1: Central Michigan Six County Region



BACKGROUND

On July 6, 2012, President Obama signed into law *Moving Ahead for Progress in the 21st Century (MAP-21)* that went into effect on October 1, 2012. The program changes in this legislation included the repeal of the Federal Transit Administration's (FTA) Section 5316 (Job Access and Reverse Commute - JARC Program) and Section 5317 (New Freedom Program) and the establishment of an enhanced Section 5310 Program that serves as a single formula program to support the mobility of seniors and individuals with disabilities.

Coordinated Planning Requirements

This legislation continued the coordinated transportation planning requirements established in previous law. Specifically, the legislation notes that the projects selected for funding through the Section 5310 Program must be "included in a locally developed, coordinated public transit-human services transportation plan." The coordinated planning requirements from the proposed circular for the revised Section 5310 Program are included in Appendix A. It should be noted that final FTA guidance on the revised Section 5310 Program had not been released prior to issuance of this plan.

Coordinated Transportation Plan Elements

Currently effective FTA guidance defines a coordinated public transit-human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements:

- An assessment of available services that identifies current providers (public, private, and non-profit); and,
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes.
- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and,
- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

Note: FTA's proposed Section 5310 circular, published in July 2013, modifies coordinated plan elements. Modifications include removing specific reference to people with low incomes and using the term "seniors" in place of the term "older adults." See Appendix A for further details.

Section 5310 Program (Enhanced Mobility for Seniors and Individuals with Disabilities)

As noted above, the MAP-21 legislation established a modified FTA Section 5310 Program that consolidates the previous New Freedom and Elderly and Disabled Programs. The purpose of the Section 5310 Program is to enhance mobility for seniors and persons with disabilities by providing funds for programs to serve the special needs of transit-dependent populations beyond traditional public transportation services and Americans with Disabilities Act (ADA) complementary paratransit services. Section 5310 Program recipients must continue to certify that projects selected are included in a locally developed, coordinated public transit-human services transportation plan. The plan must undergo a development and approval process that includes seniors, people with disabilities, and transportation providers, among others. It must be coordinated to the maximum extent possible with transportation services assisted by other federal departments and agencies.

Funding

Funds through the Section 5310 Program are apportioned for urbanized and rural areas based on the number of seniors and individuals with disabilities, with 60 percent of the funds apportioned to designated recipients in urbanized areas of 200,000 persons or more, 20 percent to states for use in urbanized areas of fewer than 200,000 persons, and 20 percent to states for use in rural areas. The federal share is 80 percent for capital projects and 50 percent for operating grants. For the rural areas of Michigan that include the six county region represented by this plan, the Michigan Department of Transportation (MDOT) serve as the designated recipient and administers the Section 5310 Program funds.

The local share for Section 5310 Program projects can be derived from other federal non-DOT transportation sources. Examples of programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF). More information on these programs is available in Appendix B, and on the United We Ride Website at <http://www.unitedweride.gov>. United We Ride is the federal initiative to improve the coordination of human services transportation.

Eligible Subrecipients

Under MAP-21, eligible subrecipients for the Section 5310 Program include states or local government authorities, private non-profit organizations, or operators of public transportation services that receive a grant indirectly through a recipient.

Eligible Activities

MAP-21 also modified eligible activities under the Section 5310 Program:

- At least 55% of program funds must be used on capital projects that are:
 - Public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable.
- The remaining 45% may be used for purposes including:
 - Public transportation projects that exceed ADA requirements,
 - Public transportation projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit,
 - Alternatives to public transportation that assist seniors and individuals with disabilities.

PLANNING PROCESS

FTA guidance notes that communities may approach the development of a coordinated transportation plan in different ways, and that the amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. For Central Michigan, a stakeholder list was developed based on the CTAA Visioning Workshop that included over 85 organizations and individuals in the region. While all stakeholders on this list were invited to each subsequent meeting, a core group surfaced and served as the coordinated transportation planning committee that guided the process. This committee included participation from a wide variety of regional stakeholders, including:

- Local transit operators
- Private transportation providers
- Human service agencies (including those that provide transportation)

- Medical health providers
- Area Agency on Aging
- State transit association

The committee provided continuous input and guidance throughout the planning process, and met as a committee four times:

- The first meeting provided the opportunity to discuss current issues, to confirm goals for the technical assistance effort and planning process, and to review an initial assessment of demographics in the region.
- A second meeting offered the opportunity to review an inventory of current transportation services and an assessment of transportation needs.
- A third meeting focused on discussion of potential strategies and possible mobility management efforts.
- A fourth meeting involved a review of the draft final plan.

PLAN CONTENTS

This coordinated transportation plan is presented in the following order:

- Chapter 2 provides an inventory of current transportation services in the region. Particular focus is on the public transit providers in the area, who were key participants in the coordinated transportation planning process.
- Chapter 3 provides an assessment of transportation needs in the region in relation to existing transit services. It includes both quantitative data (U.S. Census and American Community Survey) as well as qualitative data (input on needs from key stakeholders).
- Chapter 4 presents potential strategies and possible mobility management efforts to improve transportation services in the region.
- Chapter 5 provides additional details on possible mobility management services and considerations.

- Chapter 6 provides a suggested approach for building upon current regional coordination efforts and development of this plan going forward.
- Various documents referenced through the report in the included in the Appendices.

Chapter 2

Existing Transportation Services

INTRODUCTION

This chapter provides an overview of existing transportation services in the region that includes Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon Counties. Particular focus is on the public transit providers in the area who were involved in the CTAA technical assistance project. Each transit system is individually profiled using current operational and financial data. Connectivity to other providers in the region is also discussed. After the provider profiles this chapter summarizes various issues and considerations going forward, especially those related to a regional mobility management approach.

Information and data documented in this technical memorandum involved:

- Input from planning committee members,
- Discussions with key stakeholders in the region,
- Follow-up with local transit providers to gain information on their systems and on regional connectivity,
- On-line research, including operating data and other information from MDOT,
- Follow-up with MDOT staff,
- The study team's knowledge of mobility management efforts and one-stop transportation centers across the country,
- Resources on mobility management efforts and establishing one-stop transportation centers available through national technical assistance centers, including the CTAA One Call-One Click Toolkit.

The chapter, along with the unmet transportation needs assessment detailed in the next chapter, serves as the foundation for the potential strategies detailed later in this plan.

BACKGROUND/CURRENT ISSUES

A key component of the coordinated transportation planning process is an assessment of existing transportation services within the six counties. The region currently has seven public transit providers:

- Arenac Dial-a-Ride
- Bay Metropolitan Transportation Authority (BMTA)
- Clare County Transit Corporation (CCTC)
- Gladwin County Transit (GCCT)
- Isabella County Transportation Commission (ICTC)
- Mecosta Osceola Transit Authority (MOTA)
- Roscommon County Transportation Authority (RCTA)

The seven transit systems in the region provide a variety of transportation services, but they operate separately other than some limited connectivity. While each system is detailed later in this chapter, Table 2-1 provides an overview that includes information on services provided.

Table 2-1: Overview of Transit Systems

System	Service Overview	General Service Area	Fares	Total Expenses (FY12)	# of Trips (FY12)	Regional Connectivity
Arenac Dial-a-Ride	Component of Arenac Opportunities, Inc.	Arenac County, based in Standish	Unknown	\$548,996	51,595	Transfers to BMTA Route #1 and to GCCT
Bay Metropolitan Transportation Authority (BMTA)	Fixed route and Bay DART service	Bay County, plus cross-county Routes #1 and #4	\$1.00	\$7,919,381	620,342	Transfers to Arenac Dial-a-Ride, Midland Dial-a-Ride, and STARS
Clare County Transit Corporation (CCTC)	Demand response service. Monday – Friday, 6:00 a.m. to 10:00 p.m.; Saturday 8:00 a.m. to 5:00 p.m.	Clare County, based in Harrison	\$2.00; \$3.00 fare to outlying areas	\$1,582,330	127,828	Transfers to RCTA, GCCT, and ICTC
Gladwin County Transit (GCCT)	Demand response service. Monday – Friday, 7:00 a.m. to 6:00 p.m.	Gladwin County; Cities of Gladwin and Beaverton	\$3.00	\$1,552,546	103,422	Transfers to CCTC and Arenac Dial-a-Ride
Isabella County Transportation Commission (ICTC)	Dial-a-ride service (Monday – Saturday, 6:30 a.m. to 12:00 a.m., Sunday 8:00 a.m. to 5:00 p.m.) and fixed route I-Ride service (during CMU semesters; Monday – Friday, 7 a.m. to 7 p.m.)	Isabella County and City of Mt. Pleasant	\$2.00 dial-a-ride fare; \$4.00 out of county fare. I-Ride fare \$1.00 or pre-paid	\$4,701,776	613,098	Transfers to MOTA, Midland County Connection, and CCTC
Mecosta Osceola Transit Authority (MOTA)	Scheduled and demand response service. Monday – Friday, 5:00 a.m. to 6:00 p.m.	Mecosta and Osceola Counties, excluding City of Big Rapids	\$4.00 for county service; \$2.00 in city dial-a-ride fare	\$795,543	68,217	Transfers to Big Rapids Dial-a-Ride, Ferris State shuttle, ICTC, CCTC, Cadillac Wexford Transit Authority, and Yates Dial-a-Ride
Roscommon County Transportation Authority (RCTA)	Dial-a-ride. Monday – Friday, 6:00 a.m. to 7:00 p.m.; Saturday 9:00 a.m. to 4:00 p.m.	Roscommon County	Fare range from \$.75 to \$3.00	\$1,824,241	129,112	Transfers to CCTC and other adjacent counties

Medical Transportation

Local stakeholders indicated that a lack of transportation remains a barrier for many residents in the region, and access to medical care is a huge concern for the transit systems and the community as a whole. For instance, Clare and Isabella rank at the bottom of Michigan's livability/health index. The Central Michigan District Health Department (CMDHD) that serves the six county area noted the need for expanded transportation as part of its health improvement plan. The transit providers also see the need for greater coordination with medical providers, addressing issues like patient release times outside of transit hours of operation.

Currently each transit system in the region provides Medicaid-funded Non-Emergency Medical Transportation (NEMT) that is reimbursed by the local County Departments of Human Services. However, this reimbursement is only for public transit fare, and not for the full cost to provide the trip. No formal contracts are in place.

During the initial planning meeting, the committee noted that the Michigan Legislature is considering a statewide NEMT brokerage. The committee would like to see the region serve as a possible model for other areas of the state and as part of any application through a statewide brokerage Request for Proposal. Therefore, the following public transit profiles include information on facilities that could potentially house a regional mobility manager. Chapter 5 of this plan provides more information on current NEMT efforts related to mobility management.

TRANSIT PROVIDER PROFILES

As noted earlier, data on each of the transit providers in the region was collected from MDOT and is detailed in this section. Information on expenses, revenues, and passenger trips was drawn from FY 2012 statistical reports in MDOT's Public Transportation Management System (www.michigan.gov/mdot/0,4616,7-151-9625_21607_54940_61135---,00.html). Systems were also contacted individually to obtain additional information, especially from a regional perspective. Overall, the following information was requested:

Services:

- Major out of county trip destinations
- Schedules for these services (if applicable)
- How often these locations are served
- Current connections with other transit services in the region

- Where and when these connections are made, how they are arranged, and how fares are handled (if applicable)
- Information on any formal arrangements in place with other transit providers or human service agencies
- Maps of current services

Governance/ Administration:

- Organizational chart
- Number of employees by category

Funding:

- Local millage support
- Millage rate
- If no millage, how local funding is obtained

Vehicles:

- Current vehicle inventory
- Type of technology used

Facilities:

- Available space to serve as a regional call center or mobility management location
- Interest in serving in this capacity

Arenac Dial-A-Ride

Arenac Dial-A-Ride is a component of Arenac Opportunities, Inc., a non-profit agency providing employment assistance to individuals with disabilities. Arenac Opportunities is located on Airpark Drive in Standish. The study team was unable to confirm service details with Arenac Dial-A-Ride staff. However, the following information is a snapshot of the service.

Arenac Dial-A-Ride provided 51,595 passenger trips in FY 2012. Riders can transfer to the regularly scheduled Bay Metropolitan Transportation Authority (BMTA) Route #1 at the Glen's Market stop. BMTA also acts as a pass through for funding for Arenac Dial-A-Ride and does its reporting to MDOT. Total eligible expenses for service in FY 2012 were \$548,996.

Arenac Dial-A-Ride's FY 2012 revenues were as follows:

Source	Revenue
Federal	\$ 98,205
State	\$ 192,349
Local	\$ 6,412
Farebox	\$ 174,609

In FY 2012, Arenac Dial-A-Ride operated at the following levels:

Cost per Trip	Cost per Mile	Cost per Hour	Trips per Hour
\$ 10.64	\$ 1.66	\$ 41.58	3.91

Bay Metropolitan Transportation Authority (BMTA)

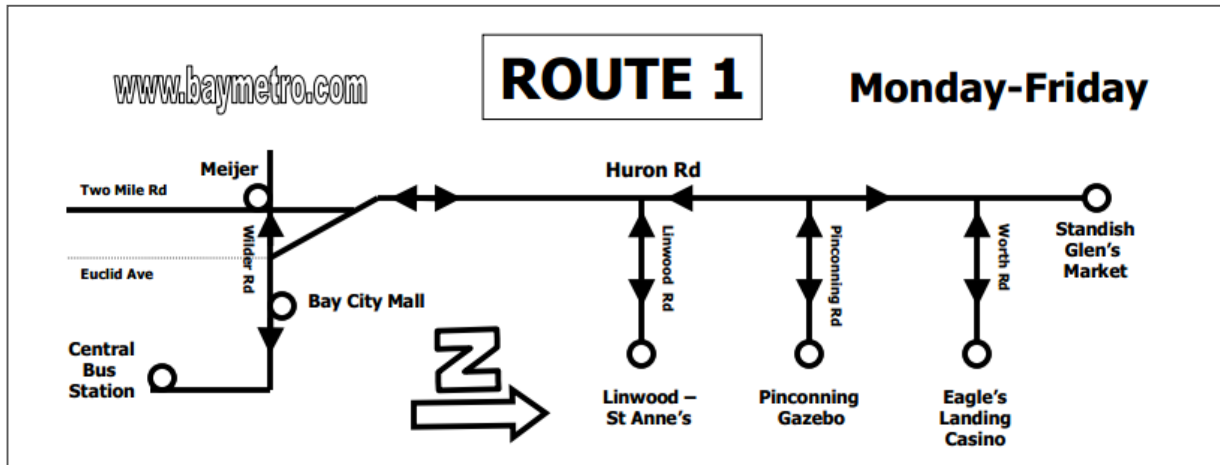
Services, Fares, and Reservation Policies

BMTA operates eleven fixed routes throughout Bay County, as well as the curb-to-curb Bay DART service for those who are unable to use the fixed route system.

BMTA's cross-county services include Route #1 (to Arenac County) and Route #4 (to Midland and Saginaw Counties). As depicted below, Route #1 runs to Standish via Pinconning several times during the day Monday through Friday. The first trip leaves the Bay City Central Bus Station at 6:00 a.m. and the last trip leaves at 5:10 p.m. In Arenac County, Route #1 serves Glen's Market in Standish and the Saganing Eagles Landing Casino. Route #1 allows for flag stops, as do BMTA's other routes.

BMTA's service is broken into urban and non-urban for reporting/funding purposes. BMTA provided a total of 620,342 passenger trips in FY 2012 (395,896 urban and 224,446 non-urban).

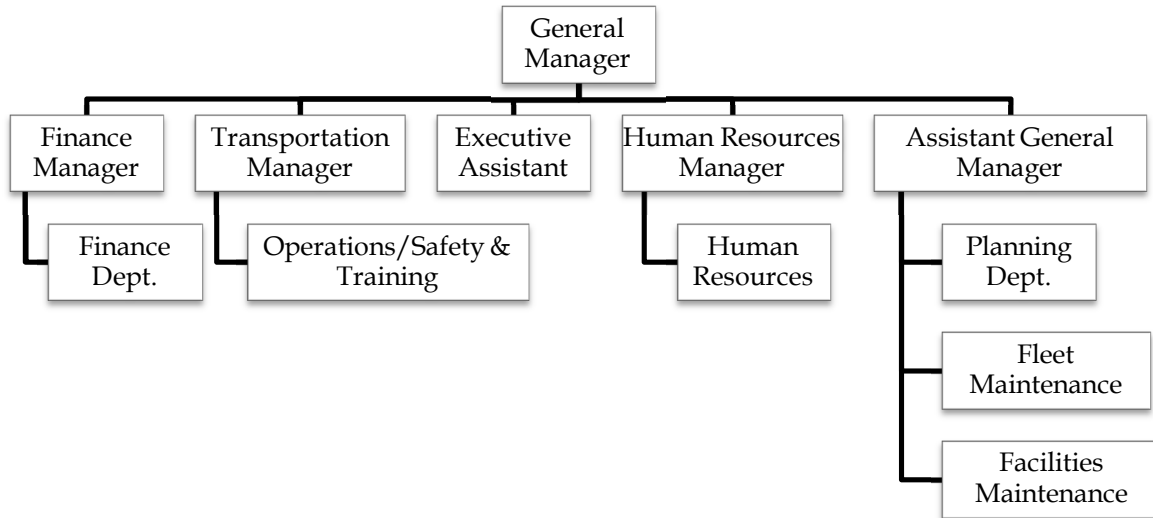
Route #1 fares are \$1.00 one way, \$.75 for students, or \$.50 for seniors and individuals with disabilities. Individual tickets and 20 ride passes are sold at the BMTA main office on N. Johnson Street and at the Central Bus Station. Riders can also purchase tickets online.



Source: http://www.baymetro.com/wp-content/uploads/Routes1_M-F.pdf

Operations

BMTA reorganized as a transportation authority in 1992.¹ The system currently employs 100 individuals: 5 in management, 16 staff/supervisors, 7 transportation support personnel, 8 mechanics, 63 drivers, and 1 part-time sampler. A simplified organizational chart is depicted below. BMTA dispatchers use PCTrans software for ride scheduling/dispatch.



¹ The Michigan Public Transportation Authority Act (196) of 1986 authorized the formation of public transportation authorities with the ability to levy property taxes for public transit service and purposes.

Revenues and Expenses

Total eligible expenses for BMTA in FY 2012 were \$7,919,381.

BMTA is supported by a county millage (.75 mills). BMTA's FY 2012 total revenues were as follows:

Source	Revenue (Non-Urban)	Revenue (Urban)
Federal	\$ 733,217	\$1,300,431
State	\$ 1,436,311	\$1,433,673
Local	\$ 1,274,594	\$901,318
Farebox	\$ 323,460	\$477,800

Trip Characteristics

About 43 percent of BMTA's riders are individuals with disabilities, and about 13 percent are seniors. Within Bay County, BMTA contracts with both local non-profits and private companies to operate its specialized transportation and JARC services.

Productivity

In FY 2012, Bay Metro's Arenac service operated at the following levels:

	Cost per Trip	Cost per Mile	Cost per Hour	Trips per Hour
Urban	\$ 9.99	\$ 5.52	\$ 81.64	8.17
Non-Urban	\$17.66	\$4.51	\$106.41	6.03

Vehicle Inventory

BMTA operates a total of 65 vehicles. The fleet is primarily composed of 10-year medium heavy duty buses and 4-year vans. The fleet is equipped with radio-mounted GPS devices and on-board cameras.

Connectivity to Other Transit Providers

Customers needing to travel beyond the BMTA service area using the Arenac or Midland County demand response systems are responsible for arranging their own transfers according to the BMTA schedule. These transfers take place at Glen's Market in Standish and at Midland Plaza in Midland. In Saginaw County, BMTA shares a bus stop with Saginaw Transit Authority Regional Services (STARS) at Saginaw Valley State University. However, the schedules of the two fixed route systems are not coordinated.

Clare County Transit Corporation (CCTC)

Services, Fares, and Reservation Policies

CCTC provides demand response service to the general public in Clare County, with transfers to surrounding counties. The service operates Monday through Friday, 6:00 a.m. to 10:00 p.m., and Saturday 8:00 a.m. to 5:00 p.m. Evening service requires 24 hour advanced notice, and weekend service requires 48 hour advanced notice. Same day service is contingent on vehicle availability.

CCTC began operations in 1981. In addition to demand response, CCTC also runs regularly scheduled trips between Harrison and Clare (six round trips per day) and between Clare and Lake Township (four round trips per day); the exact routing depends on customer calls. CCTC also offers prescription/package delivery for \$3.00. CCTC provided 127,828 passenger trips in FY 2012.

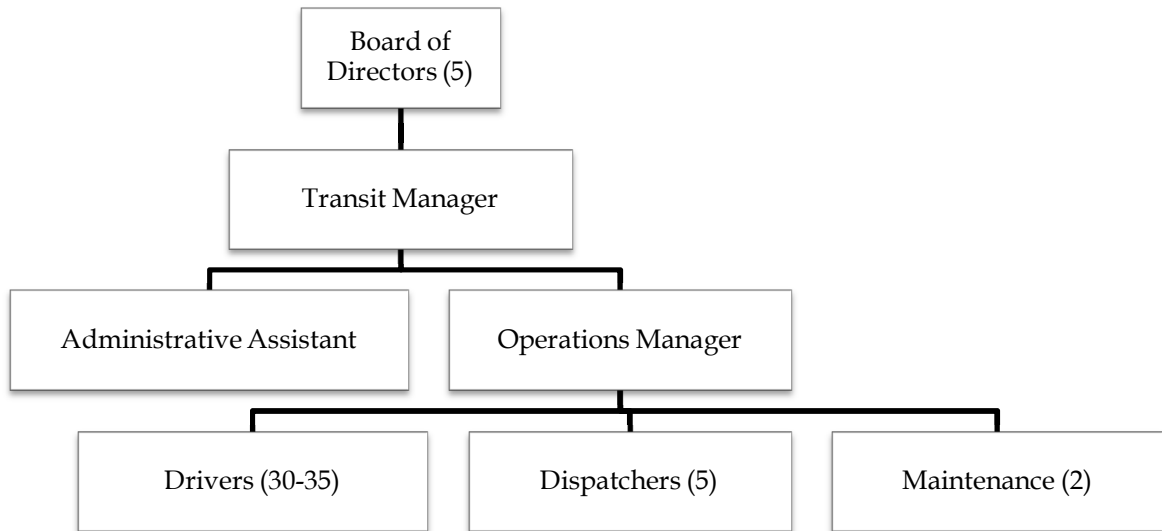
Regular on-way fare within the city limits of Clare, Harrison, and Farwell is \$2.00. Fare to outlying areas is \$3.00. Seniors and individuals with disabilities pay a reduced fare of \$1.00.

Schedule and Dispatch Procedures

Riders call to schedule rides with dispatchers at the Harrison facility and can also set up reoccurring reservations. CCTC dispatchers use PCTrans software for ride scheduling.

Operations Policies and Procedures

CCTC is governed by a five member board of directors. An organizational chart is depicted below.



Revenues and Expenses

Total eligible expenses for CCTC in FY 2012 were \$1,582,330. Approximately 75 percent were operations, 13 percent maintenance, and 11 percent administration.

CCTC is supported by a county millage of .3 mills (to expire in 2016). Other support comes from fares, contract fares, a limited amount of donations, and interest income. CCTC FY 2012 revenues were as follows:

Source	Revenue
Federal	\$ 210,063
State	\$ 543,308
Local	\$ 317,815
Farebox	\$ 386,878

Trip Characteristics

About thirty-five percent of CCTC riders are individuals with disabilities, and about five percent are seniors.

Productivity

In FY 2012, CCTC operated at the following levels:

Cost per Trip	Cost per Mile	Cost per Hour	Trips per Hour
\$ 12.38	\$ 2.35	\$ 43.60	3.52

Vehicle Inventory

CCTC operates a fleet of 33 vehicles, 20 of which are lift-equipped. This includes medium duty buses, cutaways, a 14-passenger van, and 8-passenger vehicles. Approximately ten of the vehicles have on-board cameras.

Maintenance and storage takes place at CCTC's Harrison facility. Completed in 2010, the new facility was funded with \$2.5 million in American Recovery and Reinvestment Act (ARRA) federal grants and \$1.2 million in S. 5309 Capital Discretionary Program federal grants. The facility is approximately 44,000 square feet and includes solar panels to augment its electricity.



CCTC facility in Harrison (Source: KFH Group)

Connectivity to Other Transit Providers

Out of county service is limited to a few miles from the Clare County borders, mostly for medical or shopping trips. If customers want to travel out of county, it is their responsibility to call the neighboring transit system and arrange for a pickup. Riders would then call CCTC and let the dispatcher know what time they needed to be at the transfer site. CCTC estimates that it does 2-3 of these arrangements per day. CCTC has several predetermined transfer sites: Jonesy's Store at Route 61 and Bard Road in Gladwin; the intersection of Beaverton Road and Hoover Road in Clare, and a pull-off at the Clare-Roscommon border.

The only formal arrangements CCTC has are interlocal agreements with its adjacent counties. It does not have any agreements with human service agencies.

Gladwin County Transit (GCCT)

Services, Fares, and Reservation Policies

GCCT provides demand response service within the cities of Beaverton and Gladwin and the surrounding area. The service operates Monday through Friday, 7:00 a.m. to 6:00 p.m. In addition, a relatively fixed route operates hourly between Gladwin and Beaverton on M-18. Other scheduled "out-county" service (outside of Beaverton and Gladwin limits but within Gladwin County) occurs multiple times a day, leaving Gladwin at 8:30 a.m., 10:45 a.m., 1:30 p.m., and 4:30 p.m. The exact route depends on rider requests. GCCT began providing service to the City of Gladwin in 1975 and expanded through an inter-local agreement to Gladwin County in 1981. GCCT provided 103,422 passenger trips in FY 2012.

Regular one way fare is \$3.00; reduced fare is \$1.50. Rides within the city limits of Gladwin and Beaverton are only \$1.00 between 9:00 a.m. and 2:00 p.m. Ticket cards are also available at a discount of \$15.00 for \$20.00 worth of rides.

Operations

Riders call the GCCT facility on Weaver Court in Gladwin to schedule rides for both the demand response and the fixed schedule service. They can also request a lift equipped vehicle when calling. Response times for pickups are based on a zone system. Riders in Gladwin and Beaverton can call for a trip within about a half an hour, while those outside the city limits (Zones 1 and 2) should expect an hour or more for pickup. GCCT dispatchers use PCTrans software for ride scheduling.

Administrative control of GCCT falls under the Gladwin City Housing Commission, with the Gladwin County Treasurer acting as the system's fiscal agent. The Housing Commission Board is also GCCT's board. Approximately 40 to 45 employees work specifically for GCCT; about 30 are drivers (all part time) and the rest are dispatchers and other administrative staff.

Revenues and Expenses

Total eligible expenses for GCCT in FY 2012 were \$1,552,546. GCCT is supported by the County's millage (.5 mills). GCCT FY 2012 revenues were as follows:

Source	Revenue
Federal	\$ 291,188
State	\$ 553,246
Local	\$ 472,739
Farebox	\$ 218,167

Trip Characteristics

About forty-two percent of GCCT riders are individuals with disabilities, and about five percent are seniors. Many of GCCT's trips are medical related, especially for dialysis. Dialysis was a major out of county destination prior to a center opening in Gladwin. Now long distance transportation needs are for a mix of work and family purposes.

Major travel corridors for GCCT include Routes 61, 30, and 18. GCCT has tried to establish fixed route services in the past. However, these attempts were abandoned for the current system due to factors like population density, a high level of wheelchair riders, and general rider preference for demand response.

Productivity

In FY 2012, GCCT operated at the following levels:

Cost per Trip	Cost per Mile	Cost per Hour	Trips per Hour
\$ 15.01	\$ 2.92	\$ 46.38	3.09

Vehicle Inventory

GCCT operates a fleet of 23 vehicles, 19 of which are lift-equipped. The vehicles do not have automatic vehicle locators (AVLs) or other tracking technologies.

Connectivity to Other Transit Providers

GCCT coordinates its services primarily east-west with CCTC in Clare County, as well as some with Arenac County Dial-A-Ride. The coordination is handled between the systems' dispatchers, with transfer points occurring along Route 61. On the Arenac-Gladwin border, for example, drivers will wait to make transfers at an informal pull off spot. Transfers also occur at the Clare-Gladwin border, especially for Gladwin residents whose destination is the Mid-Michigan Community College in Harrison.

GCCT also crosses county lines to transport dialysis patients, since most are not in a condition to make transfers. This can occur if a person lives in Clare County but needs to come into Gladwin for treatment. Under an agreement with Clare County, CCTC would then be responsible for picking up the patient after the appointment.

Isabella County Transportation Commission (ICTC)

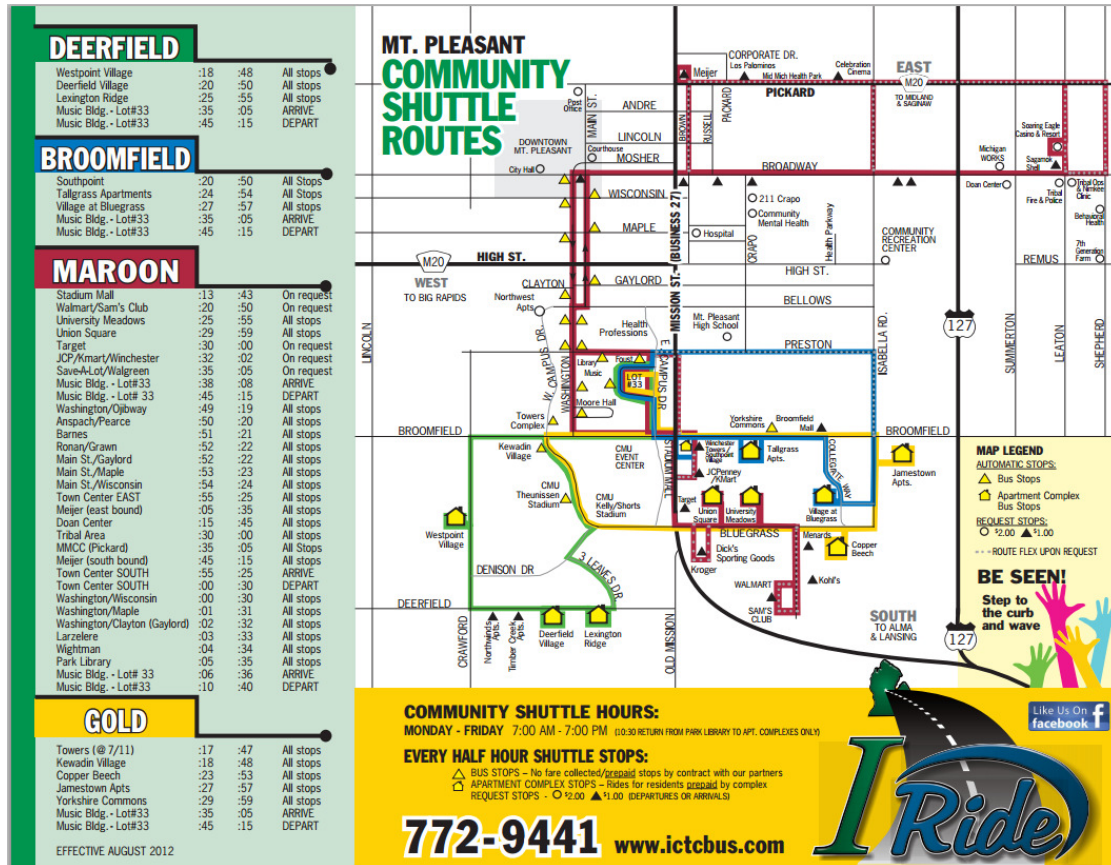
Services, Fares, and Reservation Policies

Established in 1977, ICTC provides dial-a-ride and fixed route community shuttle (I-Ride) service in Isabella County and the City of Mt. Pleasant. ICTC provided 613,098 passenger trips in FY 2012.

Dial-a-ride service operates Monday through Saturday, 6:30 a.m. to 12:00 a.m., and Sunday 8:00 a.m. to 5:00 p.m. Regular one way dial-a-ride fares are \$2.00, \$1.50 for those under 18, and \$1.00 for seniors and individuals with disabilities. ICTC will travel out of county to Clare, Remus, and Oil City; these trips have a regular one way fare of \$4.00. ICTC also offers 44 and 22 ride punch passes at discounted prices. ICTC has noted that, from the perspective of long term riders, service quality has seemed to decline. Increased demand over the years has led to longer wait times for dial-a-ride service.

During the Central Michigan University (CMU) fall and spring semesters, the I-Ride service operates on half hour headways, Monday through Friday from 7:00 a.m. until 7:00 p.m. It includes four routes (Deerfield, Broomfield, Maroon, and Gold: see route map below) serving CMU, downtown Mt. Pleasant, and nearby shopping centers and apartment complexes. The shuttles begin and end their routes at CMU Lot #33. I-

Ride fare is \$1.00 one way for riders boarding at all stops that are not prepaid (e.g. certain apartment complexes). CMU students, faculty and staff also ride for free.

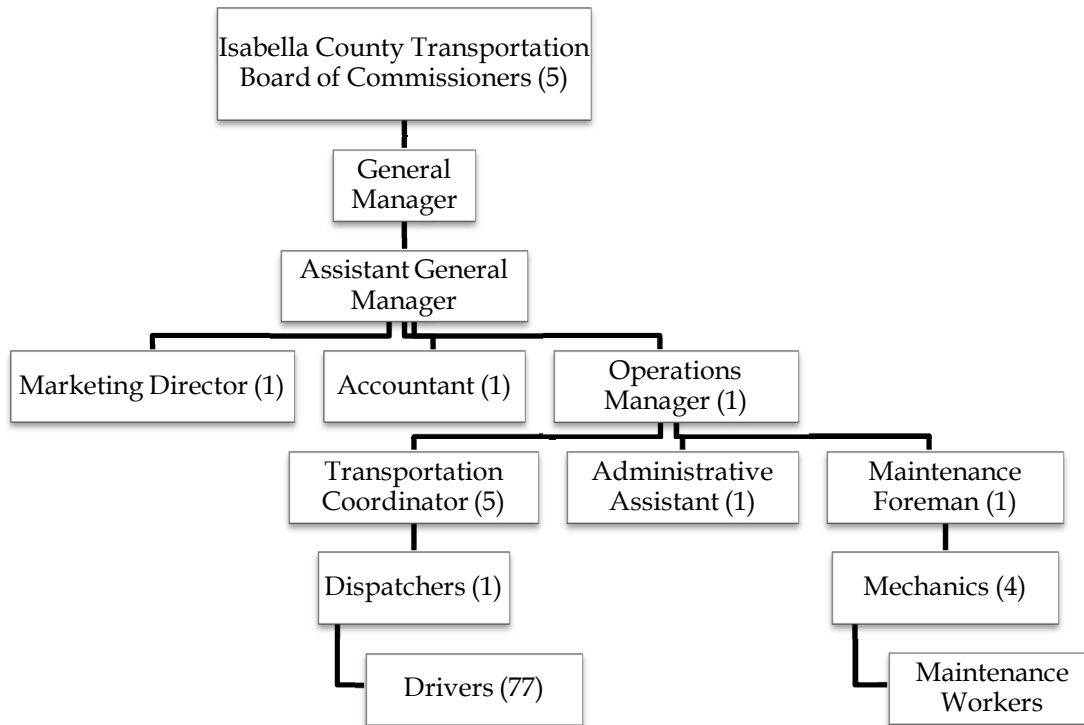


Source: www.ictbus.com/campusshuttle/IRIDE%20Shuttle%20Map%20Jul%202012.pdf

Operations

Completed in 2001, the ICTC facility is located at 2100 E. Transportation Drive on the western edge of Mt. Pleasant. ICTC is currently using a test version of PCTrans software. Riders are asked to identify themselves by their last name when calling, as repeat riders and their addresses are stored in the system. For dial-a-ride service, riders call to schedule trips at least an hour before service hours end. ICTC requests that time sensitive trip requests are made 24 hours in advance. Marketing for ICTC includes a Facebook page and a 30 second I-Ride video advertisement.

As shown in the organizational chart below, ICTC is governed by a five member Board of Commissioners. The system currently employs over 90 individuals, the majority of which are drivers.



Revenues and Expenses

ICTC is supported by a millage (up to 1 mill) that is reviewed annually by the Isabella County Board of Commissioners. The Board levies up to that authorized amount depending on the budget submitted by ICTC. The county-wide millage has been in place since 1980 and is voted on by the general public every four years.

In addition to fares, local funding is generated through contractual arrangements with 11 apartment complexes and CMU. ICTC also has contracts in place with Mid-Michigan Industries and the Morey Charter School.

Total eligible expenses for ICTC in FY 2012 were \$4,701,776. ICTC FY 2012 revenues were as follows:

Source	Revenue
Federal	\$ 880,304
State	\$ 1,703,689
Local	\$ 1,503,001
Farebox	\$ 709,170

Trip Characteristics

A major source of riders for the ICTC system is CMU students and staff. ICTC also accommodates the broader Mt. Pleasant and Isabella County community; about twenty percent of ICTC riders are individuals with disabilities, and about five percent are seniors. Major trip origins include multiple apartment complexes in the southern portion of Mt. Pleasant. Major destinations include retail areas like the Walmart/Indian Hills Plaza shopping complex off of E. Bluegrass Road, and Meijer off of E. Pickard Road.

Productivity

In FY 2012, ICTC operated at the following levels:

Cost per Trip	Cost per Mile	Cost per Hour	Trips per Hour
\$ 7.67	\$ 3.60	\$ 46.49	6.06

Vehicle Inventory

ICTC operates a fleet of 46 vehicles ranging in size from 15-passenger vans to a 45-passenger transit coach. Eleven are low-floor vehicles and all are lift-equipped. All vehicles have two-way FM radios and AVLs. In-house mechanics maintain ICTC's fleet at the Transportation Drive facility.

Connectivity to Other Transit Providers

Outside of Mt. Pleasant, major travel corridors include M-20 running east-west and I-127 running north-south. Out of county trips are exclusively to facilitate transfers with other transit systems. As noted above, locations include Remus to facilitate transfers to MOTA, Oil City to facilitate transfers to the Midland County Connection service, and Clare to facilitate transfers to CCTC. ICTC serves these transfer points approximately 8 times a day between 6 a.m. and 10 p.m., usually no more than two to three hours apart. Transfer arrangements are the responsibility of the rider, contacting each agency separately and often requiring multiple calls. Each system is responsible for collecting its own fare from the rider.

Mecosta Osceola Transit Authority (MOTA)

Services, Fares, and Reservation Policies

MOTA provides scheduled (deviated fixed route) and demand response service in Mecosta and Osceola Counties, excluding the City of Big Rapids. The service operates Monday through Friday, 5:00 a.m. to 6:00 p.m. In-city dial-a-ride service operates from 9:00 a.m. to 3:00 p.m. MOTA provided 68,217 passenger trips in FY 2012.

MOTA's history has multiple phases. It began as the Country Express in 1976, serving Mecosta, Oseola, Lake, and Newaygo Counties. Operations ended after a year but the system reorganized as Mecosta Rural Transit. This service was initially only for Mecosta County seniors and individuals with disabilities, but it expanded to serve the general public. Service in Osceola County was added in 1983 under the name Mecosta-Osceola County Area Transit. Finally, in 2005 the system moved to its current form as the Mecosta Osceola Transit Authority.

MOTA provides scheduled service twice daily through Mecosta and Osceola Counties. The exact route depends on rider requests, but can cover the entire two-county area. Many of these trips are a result of a contract with the non-profit Hope Network. Dial-a-ride service (offered since 2009) is available along US-10 and south to Big Rapids, including Evart, Hersey, Reed City, and Paris. Fares for the countywide deviated service are \$4 one way, or \$2.00 for seniors, children, and those with disabilities. Fares for in-city dial-a-ride service are \$2.00 one way, or \$1.00 reduced. MOTA also offers free employment transportation for clients referred by Michigan Works!, the Mecosta-Osceola Department of Human Services, or Community Mental Health for Central Michigan.

Operations

MOTA dispatchers use PCTrans software for ride scheduling. Riders are asked to call at least one hour in advance for both the dial-a-ride and scheduled service. 24-hour advance scheduling is preferred. Dispatchers will also set up recurring trip service. MOTA has a strict policy for those who fail to show up or cancel their rides less than an hour before. Passengers must pay MOTA for the no-show before riding again.

MOTA is governed by a Board of Directors and is advised by a Local Advisory Council. Currently, the Board of Directors meets monthly and the Local Advisory Council meets annually. The six-member Board of Directors is composed of government representatives from both counties. The eleven-member Council includes representatives from Michigan Works!, county departments, the Mecosta Osceola

Intermediate School District, Big Rapids Dial-a-Ride, and the Mecosta County Medical Center.

MOTA has a staff of 18, including an executive director, fourteen drivers, an operations supervisor, and two dispatchers. Since 2010, MOTA has shared the services of a mechanic and an assistant under an agreement with the Mecosta Osceola Intermediate School District (MOISD). The MOISD Transportation Department also shares the MOTA facility in Big Rapids.

Revenues and Expenses

Total eligible expenses for MOTA in FY 2012 were \$795,543.

MOTA does not have a millage; operations are supported by federal and state funding, contract fares, and farebox revenue. MOTA FY 2012 revenues were as follows:

Source	Revenue
Federal	\$ 149,149
State	\$ 316,429
Local	\$ 4,121
Farebox	\$ 284,959

Trip Characteristics

Almost seventy-five percent of MOTA riders are individuals with disabilities, and about five percent are seniors. Outside of the two-county service area, Cadillac is the most frequent trip request. Key travel corridors include US-10 between Reed City and Evart, and south along 131 to Big Rapids. Stops in villages like Le Roy and Tustin are also common.

Productivity

In FY 2012, MOTA operated at the following levels:

Cost per Trip	Cost per Mile	Cost per Hour	Trips per Hour
\$ 11.66	\$ 2.50	\$ 59.68	5.12

Vehicle Inventory

MOTA operates a fleet of 10 vehicles, 9 of which are lift-equipped. The vehicles range in capacity from 16 to 30 passengers and include four medium-heavy duty buses, five medium duty buses, and one small bus. Maintenance takes place at its Big Rapids facility.

Connectivity to Other Transit Providers

MOTA will connect to surrounding systems, including Dial-a-Ride within the City of Big Rapids, the Ferris State University shuttle (The Rapid), Cadillac Wexford Transit Authority, and Yates Township Dial-a-Ride. Coordination with Clare County is infrequent, but would most likely occur near the village of Marion. More frequent are transfers with ICTC in Remus.

MOTA markets its service through both traditional means and through technologies like Facebook and Twitter. In the future, MOTA would like to expand its dial-a-ride service, as well as improve connections with neighboring transit systems.

Roscommon County Transportation Authority (RCTA)

Services, Fares, and Reservation Policies

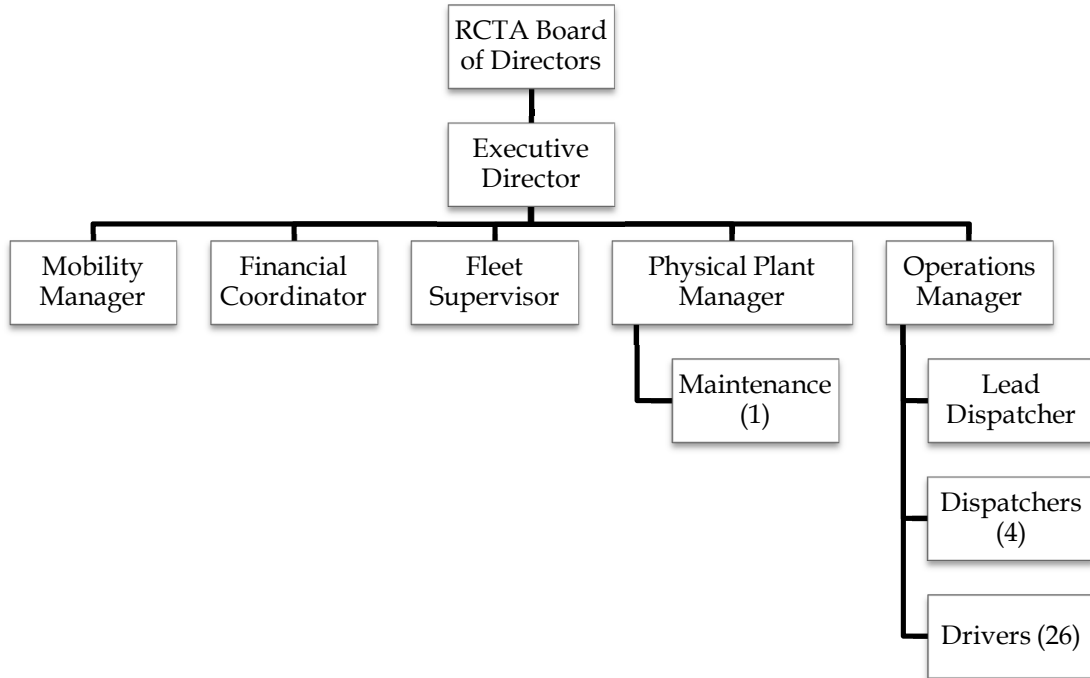
In operation since 1980, RCTA provides demand response service to the general public. RCTA accommodates both in-county and out of county trips to the best of its ability. The service operates Monday through Friday, 6:00 a.m. to 7:00 p.m., and Saturday 9:00 a.m. to 4:00 p.m. Though technically a dial-a-ride, 24 hour advanced notice is preferred. RCTA provided 129,112 passenger trips in FY 2012.

RCTA fares are based on zones, with a maximum one-way out of county fare of \$3.00. In-county fares range from \$.75 to \$1.50, and the senior/disabled fare is \$.75. Riders can also purchase tokens at a discount of 12 for the price of 10.

Operations

Riders call to schedule rides by speaking with an administrative staff person in the one-person office space located in Roscommon Township. The requests are then forwarded to dispatchers in RCTA's main Prudenville facility. Riders can indicate if they have any special needs or if they are first time riders. They are then given approximate pick up times depending on their location. RCTA dispatchers use PCTrans software for ride scheduling. RCTA estimates that it receives about 650 calls per day.

An organizational chart for RCTA is depicted below. The director of RCTA also acts as the director of the Ogemaw County Public Transportation system.



Revenues and Expenses

Total eligible expenses for RCTA in FY 2012 were \$1,824,241. RCTA is supported by a local millage (.5 mills); however, its senior services (specialized trips) are funded through other local sources. RCTA FY 2012 revenues were as follows:

Source	Revenue
Federal	\$ 343,466
State	\$ 660,977
Local	\$ 763,895
Farebox	\$ 182,457

Trip Characteristics

About thirty percent of RCTA riders are individuals with disabilities, and about 15 percent are seniors. Within the County, major trip generators include Michigan Works! and Walmart in Prudenville. Adult education and children’s after school

activities are also common trip purposes. Key travel corridors include M-55 running east-west around Houghton Lake, M -18 running north-south through the center of the County, I-75, and County Highway F-97.

Major destinations outside of Roscommon County are primarily medical, and requests can be as frequent as three times per week for one individual. RCTA tries to accommodate out of county trips (and connections with surrounding transit systems), but this type of long distance, non-emergency medical transportation is still an outstanding need. Taking a vehicle out of service for a substantial period of time in order to meet one request often cannot be justified. Longer hours of service and Sunday service are additional needs.

RCTA also does out of county senior trips to events and other shopping and entertainment destinations. However, unlike medical requests, these types of trips only occur once or twice a month and include many riders on one vehicle.



RCTA facility near Prudenville (Source: KFH Group)

Productivity

In FY 2012, RCTA operated at the following levels:

Cost per Trip	Cost per Mile	Cost per Hour	Trips per Hour
\$ 14.13	\$ 2.65	\$ 56.12	3.97

Vehicle Inventory

RCTA operates a fleet of 23 vehicles, 21 of which are lift-equipped. All vehicles have video surveillance, AVLs, and mobile data terminals (MDTs). Most also have destination signs.

Connectivity to Other Transit Providers

When RCTA connects with adjacent systems, riders are responsible for paying both fares and contacting both systems to coordinate times. The only formal arrangements RCTA has in place with other transit providers are interlocal agreements; these agreements allow RCTA to transport Roscommon residents across county boundaries.

OTHER TRANSPORTATION SERVICES

Various specialized transportation programs are offered by non-profit and human service transportation providers in the region. This transportation is typically only for agency clients or specific trip purposes, generally either medical or to access agency locations. In addition, private transportation services are operated in the region. A list of these services, identified through research and discussions during project kick-off activities, is included in Appendix C.

ISSUES AND OPPORTUNITIES

The current arrangement in the region, with county based transit systems focused primarily on their jurisdiction, is not uncommon. As noted in the individual profiles, connections exist between the different transit providers to allow some cross-county trips, but these connections are fairly informal. In addition, there is no central location to obtain information on existing services.

Through input from with the planning committee and a review of the provider profiles, a variety of issues and opportunities relevant to a regional approach were identified. These issues and opportunities are presented in this section, and were discussed with the committee as part of developing alternatives and recommendations. Since this project does not involve a transit service plan specific to one system, it is presented from a regional perspective. It highlights areas that are most conducive to a regional approach and areas to improve connections between services. The next section discusses specific considerations relevant to a mobility management effort as part of the regional approach.

Regional Connectivity

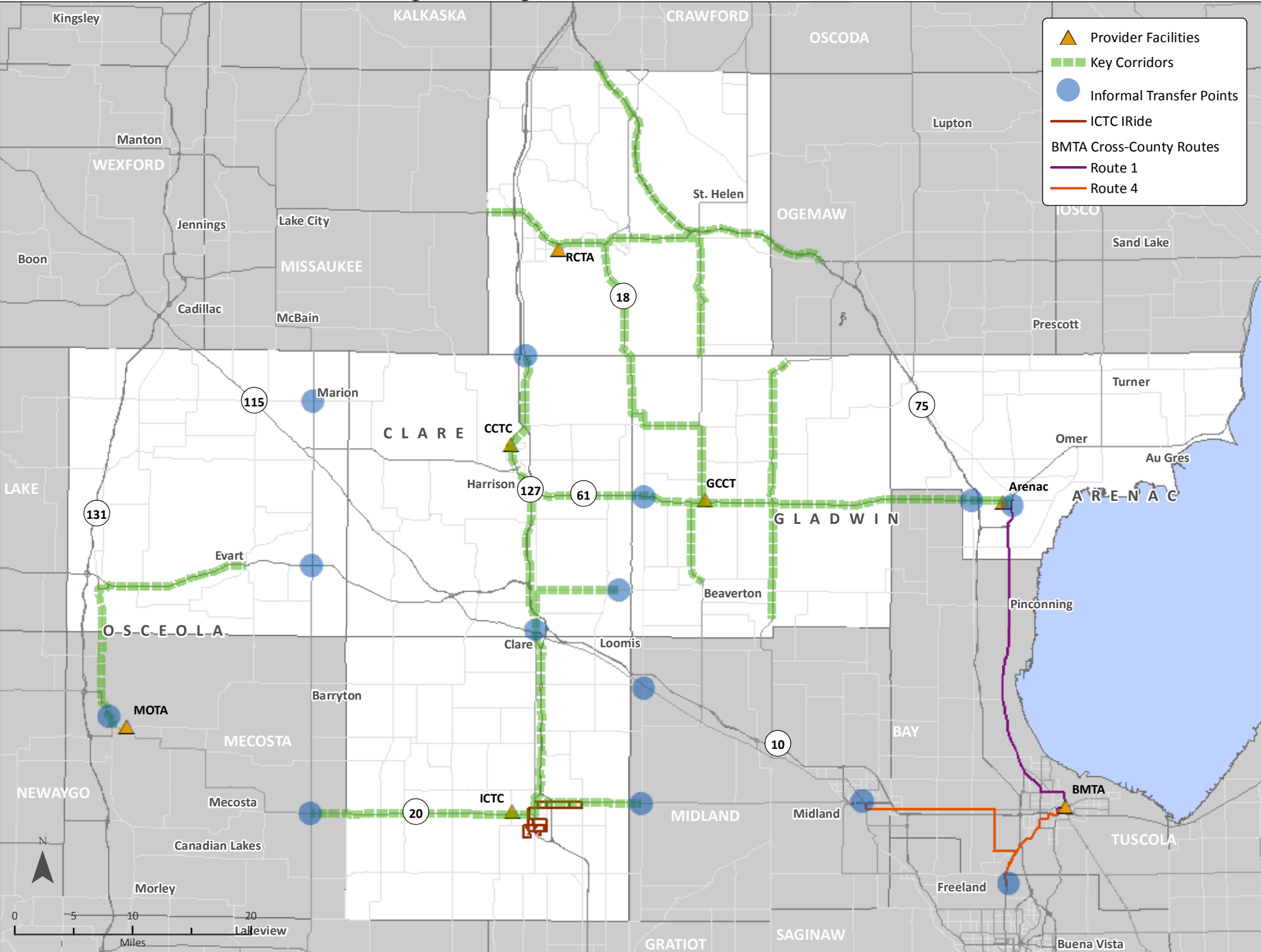
While each system serves its own county, cross-county trips to access medical and other key destinations are limited. As noted in the individual profiles, they are also informal in nature. Figure 2-1 provides a visual representation of current regional connectivity between the various transit systems.

While some discussion occurs between the different transit providers, routes and services are for the most part planned separately. As a result, travel needs that cross county lines are often unaddressed. A regional approach to service planning could help ensure greater connectivity between the various transit systems to provide customers with the ability to travel throughout the region in a seamless manner. Services can be rationalized and planned as one.

Operations

Each of the transit systems in the region operate as separate entities. Possible transfers are mostly the responsibility of riders to arrange, and they must know they can do this and be proactive. None of the systems coordinate fare collection and all charge varying amounts.

Figure 2-1: Regional Transit Providers and Patterns



One possible advantage when considering greater connectivity between the various providers in the region is that all six counties use the PCTrans software system. According to the providers, PCTrans has the capability to link scheduling among the systems.

Marketing/Outreach

Each provider markets its own service, and each has its own website. Despite the fact that many travel needs cross county lines, there is little outreach to let customers know that the ability to transfer between systems does exist. In addition, there is no one central location to obtain information on overall services in the region. The 2-1-1 Northeast Michigan call center and website is one resource for general community information and referrals, but its utility in terms of transit is largely untapped (www.refersoftware.com/uwmc/).

Recognizing that each system will continue to have its own identity in the future, there are still opportunities to implement regional marketing and outreach. These activities could include creating a regional ride guide, building on existing 2-1-1 services, and/or having a single regional point of contact to promote intercounty connections.

Funding

As noted in the transit provider profiles, each system is funded separately. While there is a need for greater cross-county transit services, the challenge is getting multiple jurisdictions to agree on a funding plan for operating these routes. Ensuring that all participating jurisdictions receive equitable service for a regional route is a complicated issue, and one that can quickly halt any discussion of these services. These issues can be addressed through a cost allocation formula based on vehicle service hours and miles. This formula helps to allocate local share costs and to assure local stakeholders that the various revenues supporting transit services in the region are being allocated in an equitable manner.

One possible federal funding program that the region is not currently utilizing is the FTA Section 5310 Program. According to the MDOT Section 5310 administrator, no agencies or organizations in the region currently receive Section 5310 Program funds. While final FTA guidance on the Section 5310 Program is still pending, under the current transportation legislation eligible subrecipients include local government authorities and operators of public transportation services. Operating costs are now an eligible expense under the Section 5310 Program, and while funding in rural areas will be competitive, it is one possible source that can be explored to support cross-county services.

MOBILITY MANAGEMENT CONSIDERATIONS

While a review of existing transportation resources is important, input from local stakeholders centered on the need for a mobility management approach. The following section provides the variety of mobility management criteria items that were considered by the coordinated transportation planning committee, with particular focus on a possible one-stop transportation center. Many of these areas impact each other, but they are segmented by the following categories:

- Organizational Structure
- Mobility Management Functions
- Staffing
- Technology
- Funding
- Monitoring and Evaluation

These mobility management considerations were discussed with the committee, and specific alternatives and options related to a regional mobility management program are included in Chapter 5. The alternatives and options take into account recent developments in the region and across the state.

Organization Structure

A vital component in the implementation of a mobility management program and a possible one-call transportation center is identifying a lead agency with the availability, willingness, and organizational structure to manage and oversee the program and house the call center. A variety of entities can be the lead agency; no one institutional home or organizational model is required to achieve success. Across the country a variety of organizational arrangements can be found leading mobility management programs and one call-transportation services, including:

- Non-profit agencies (either as a function within a multipurpose non-profit or as a stand-alone agency)
- Public transit agencies
- Local or county governments
- Regional planning agencies

Typically communities need to go through a process to determine which local agency will lead a one-call transportation center effort. Through the follow-up with the

transit providers in the region several expressed interest and or the capability to lead such an effort.

Mobility Management Functions

Initially, the primary function of a mobility management program would involve a one-call transportation referral center. The call center would serve as a telephone one-stop for information on transportation services in the region. Services would be marketed to individual customers, staff of agencies and organizations who work with people with limited mobility options, employers, and other key community stakeholders.

Additional functions for consideration (based on staffing and funding) include:

- Implementing a “one-click” option to a call center that allows customers to access information 24/7.
- Serving as transportation brokerage with the ability to schedule and dispatch trips, i.e. NEMT trips.
- Working with transit providers to assess and implement possible fare integration opportunities so that customers can easily transfer between services, or to determine an appropriate system for providers to pay one another for shared rides.
- Assessing human service agency transportation services in the region and identifying coordination opportunities.
- Conducting coordinated transportation planning efforts.
- Engaging in land use issues that impact transit services and overall mobility in the region.
- Streamlining eligibility processes so that customers can complete a common form for services that require an application process.

Staffing

The staffing of the mobility management program and of a transportation call center needs to be evaluated based on call volume, and the involvement of the staff beyond the call center in other activities. Many regional mobility management programs begin with just one or two positions, and then expand as customer demand

grows and a regional one-call transportation center requires additional staff. Expanded responsibilities might include coordinated planning efforts, land use issues, and the development of one-click services.

Technology

As noted by CTAA, scalability and interoperability are important considerations when evaluating technologies for a one call center. Scalability refers to the ability to easily increase the number of users of a particular technology. Interoperability refers to the ability of different technologies to work together or talk to one another. Technology components for the operations of the one call center need to be taken into account so the technology can accommodate future expansion. These items can be further addressed as part of the determination for where the call center would be housed.

In terms of technology related to scheduling trips, each of the transit systems use the same software program. This system can serve as the foundation for shared scheduling and/or a one-call center that handles the scheduling of trips.

Funding

A recent survey conducted by CTAA found that one-call centers are using a wide range of funding sources. Figure 2-2 provides information on the results of this survey and the various funding programs.

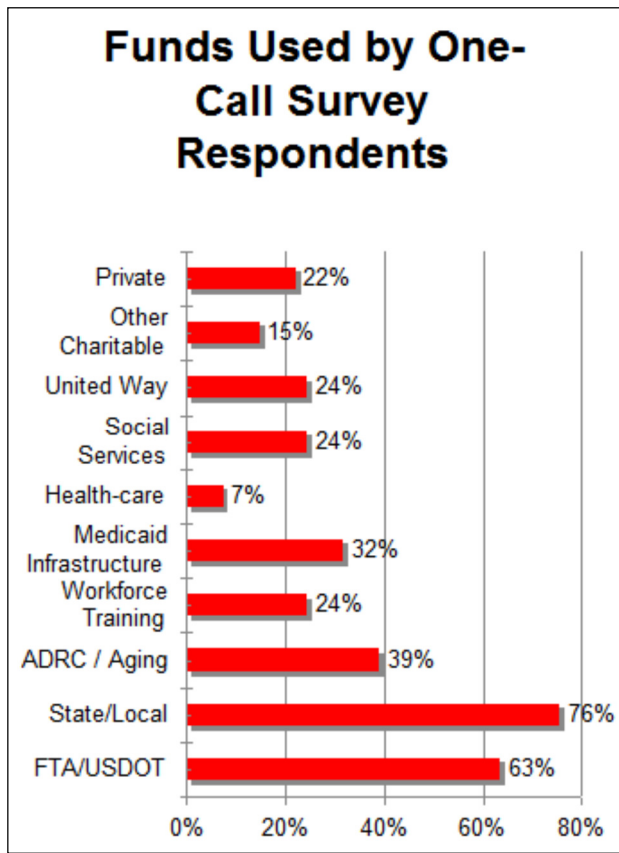
Through this survey, mobility management programs also provided guidance on obtaining funding to initiate and sustain a one-call transportation center. This guidance is consistent with the possible implementation of alternatives by:

- Developing funding for one-call services one step at a time.
- Building operations as funding is obtained.
- Showing the value of services, in terms of quality of life or livability measures and/or how the services are enabling greater access to community resources.
- Talking with partners and state staff from transportation, health and human services, housing, or other departments to learn what options exist for funding both interim activities and actual services.

Monitoring and Evaluation

Monitoring and evaluation will be important considerations for a one-call transportation center going forward, especially as funding continues to be constrained. It will be critical to assess the effectiveness of the program, make modifications as

Figure 2-2



Source: CTAA Guide to Beginning ONE CALL-ONE CLICK Transportation Services, http://web1.ctaa.org/webmodules/webarticles/articlefiles/Guidebook_Chap7.pdf.

needed, and report outcomes to partners and current and potential funders. Some considerations for this process include:

- Assessing current conditions by identifying the level of awareness and information that customers and agency staff have about transportation services. This will help to identify the most critical issues around which marketing efforts should be focused and also provide a baseline to measure the effectiveness of the one-call transportation center. Typically, this assessment is conducted through a survey or through discussions with partner agency staff to discuss their knowledge base and where they think assistance is needed. CTAA recommends a brown bag lunch to gain this information from agency staff members who work with customers who may need transportation services.
- Call volumes are likely to increase over time as a result of outreach and marketing. It will be important to clearly demonstrate these results—

particularly showing that more people are using available transportation services to access jobs, shopping, and other community locations that they otherwise would not be able to reach. A process will be needed to capture calls facilitated through the center or website hits through a one-click program, and then communicated to current and future funders in a clear and concise manner.

- Linking one-call transportation center activities to real life situations through human interest stories. The activities can be framed as having regional impact as part of the “community infrastructure” when discussing the program with local partners.
- Reporting outcomes of the one-call transportation center by determining the impact in regard to:
 - Providing direct benefits for users through increased access to jobs, services, and activities,
 - Producing cost savings through support for public services by allowing access to medical services, helping reduce welfare dependency and unemployment, and providing the ability to live independently and therefore reducing care facility costs, and
 - Increasing economic opportunities in the region.

Chapter 3

Unmet Transportation Needs

INTRODUCTION

This chapter presents an assessment of transportation needs in the region in relation to existing transit services. It includes both quantitative data (U.S. Census and American Community Survey) as well as qualitative data (input on needs from key stakeholders). In addition, the chapter considers unmet transportation needs in light of possible mobility management and connectivity initiatives.

The needs assessment first focuses on population growth, density, and groups that are typically transit dependent. These data are mapped to determine geographic distribution, helping to identify areas with high densities and high percentages of persons who are likely to need transit and/or mobility management services. The assessment then reviews existing land uses, including major travel corridors and key origins and destinations.

POPULATION PROFILE

Population Growth

The six-county region experienced population growth over the past two decades, with some counties and cities growing much more rapidly than others (see Table 3-1). While the growth rate between 2000 and 2010 (2.3%) slowed significantly in comparison to 1990 and 2000 (19.4%), the region's population still increased from 156,300 residents in 1990 to 190,805 in 2010. Of the six counties, only Isabella and Osceola had population increases between 2000 and 2010. Isabella County has by far the most residents (70,311), followed by Clare County (30,926).

Table 3-1: Population Characteristics

Place	1990 Population	2000 Population	2010 Population	1990-2000 % Change	2000-2010 % Change	1990-2010 % Change
Arenac County	14,906	17,269	15,899	15.9%	-7.9%	6.7%
Au Gres	838	1,028	889	22.7%	-13.5%	6.1%
Omer	385	337	313	-12.5%	-7.1%	-18.7%
Standish	1,377	1,581	1,509	14.8%	-4.6%	9.6%
Clare County	24,952	31,252	30,926	25.2%	-1.0%	23.9%
Clare	3,013	3,173	3,118	5.3%	-1.7%	3.5%
Harrison	1,835	2,108	2,114	14.9%	0.3%	15.2%
Gladwin County	21,896	26,023	25,692	18.8%	-1.3%	17.3%
Beaverton	1,150	1,106	1,071	-3.8%	-3.2%	-6.9%
Gladwin	2,682	3,001	2,933	11.9%	-2.3%	9.4%
Isabella County	54,624	63,351	70,311	16.0%	11.0%	28.7%
Mt. Pleasant	23,285	25,946	26,016	11.4%	0.3%	11.7%
Osceola County	20,146	23,197	23,528	15.1%	1.4%	16.8%
Ewart	1,744	1,738	1,903	-0.3%	9.5%	9.1%
Reed City	2,379	2,430	2,425	2.1%	-0.2%	1.9%
Roscommon County	19,776	25,469	24,449	28.8%	-4.0%	23.6%
Six County Total	156,300	186,561	190,805	19.4%	2.3%	22.1%

Source: United States Census Bureau, American FactFinder.

As shown in Table 3-2, the six-county region has a greater share of adults 65 and over compared to Michigan overall (17% vs. 14%). However, age structure varies within the region; the senior population ranges from 28 percent in Roscommon County to only 10 percent in Isabella County. In addition, projections developed by researchers at the University of Michigan show different outcomes within the region during the next thirty years. Population is likely to grow in Arenac, Clare, and Isabella but decline in Gladwin, Osceola, and Roscommon. Employment forecasts to 2040 mirror these population trends. Though all the counties will have employment growth, the growth will likely be greater than the state average in Arenac, Clare, and Isabella. Isabella County in particular is projected to have employment growth at greater than 150 percent of the statewide average.

Table 3-2: Age Divisions and Growth Forecasts

Place	2010	2010	2010	Growth Forecast, 2010-40*	
	Pop. (#)	Pop. (%)	Median Age	Pop.	Employment
State of Michigan	9,883,640		39		
0-19 yrs	2,648,885	27%			
20-64 yrs	5,873,225	59%			
65+	1,361,530	14%			
Arenac County	15,899		47	> State Ave.	> State Ave.
0-19 yrs	3,585	23%			
20-64 yrs	9,087	57%			
65+	3,227	20%			
Clare County	30,926		45	> State Ave.	> State Ave.
0-19 yrs	7,242	23%			
20-64 yrs	17,517	57%			
65+	6,167	20%			
Gladwin County	25,692		48	Decline	< State Ave.
0-19 yrs	5,761	22%			
20-64 yrs	14,078	55%			
65+	5,853	23%			
Isabella County	70,311		25	> State Ave.	> State Ave.
0-19 yrs	19,649	28%			
20-64 yrs	43,835	62%			
65+	6,827	10%			
Osceola County	23,528		42	Decline	< State Ave.
0-19 yrs	6413	27%			
20-64 yrs	13,107	56%			
65+	4,008	17%			
Roscommon Co.	24,449		53	Decline	< State Ave.
0-19 yrs	4386	18%			
20-64 yrs	13,214	54%			
65+	6,849	28%			

Sources: United States Census Bureau, American FactFinder.

*Grimes, D. and G. Fulton, *The Economic and Demographic Outlook for Michigan through 2040*. University of Michigan. March 2012.

Additional data collected by the Michigan Office of Services to the Aging highlights that transportation is an issue for the state’s aging population.¹ A survey sampling those 60 and over found that about 19 percent sometimes have trouble getting places they want to go. The most common reason for lack of transportation is not having a person to drive them (35%), and public transportation does not meet their needs (25%).

Individuals with disabilities also face transportation challenges. Table 3-3 displays demographic information for the region from the Disability Network of Mid-Michigan (information from Isabella and Arenac Counties was unavailable).

Table 3-3: Persons with Disabilities (PWD)

County	2010 Pop.	PWD	PWD %	Working Age Persons (18-64)	Working Age PWD	PWD %
Clare	30,926	7,207	23.7%	17,948	4,205	23.4%
Gladwin	25,692	4,768	18.7%	14,570	2,748	17.0%
Osceola	23,528	4,018	17.3%	13,556	2,162	15.9%
Roscommon	24,449	5,669	23.4%	13,618	2,750	20.2%

Source: Disability Network of Mid-Michigan

Population Density

Population density is often an effective indicator of the types of transportation services that are most feasible within an area. For instance, while exceptions exist, an area with a density of 2,000 persons per square mile will generally be able to sustain a frequent, daily fixed-route service. Conversely, an area with a population density below this threshold may be better suited for dial-a-ride/demand-response or deviated fixed-route types of transportation services.

The six county region is primarily rural in nature, which adds to the complexity of providing transportation services. As shown in Figure 3-1, the vast majority of the

¹ Michigan Office of Services to the Aging Needs Assessment (2012). http://www.co.monroe.mi.us/government/departments_offices/commission_on_aging/docs/The_2012_Michigan_Office_of_Services_to_the_Aging_Needs_Assessment_.pdf.

region has population densities of less than 100 persons per square mile. The highest density area occurs in Mt. Pleasant, related to the presence of CMU. Multiple block groups surrounding Mt. Pleasant have population densities of 5,000 persons per square mile and above. Other areas of density in the region include Houghton Lake and Clare, both of which have block groups with about 1,500 persons per square mile.

Transit Dependence Index (TDI)

Transportation needs are defined in part by identifying the relative size and location of those segments within the general population that are most likely to be dependent on transit services. Determining the location of these transit dependent populations allows for an evaluation of current transit services and the extent to which they meet community needs.

The TDI is an aggregate measure that utilizes recent data from the U.S. Census and the American Community Survey to display relative concentrations of transit dependent populations. Five factors make up the TDI calculation, as shown in the following formula:

$$TDI = PD * (AVNV + AVE + AVY + AVBP)$$

PD: population per square mile

AVNV: amount of vulnerability based on no vehicle households

AVE: amount of vulnerability based on elderly populations

AVY: amount of vulnerability based on youth populations

AVBP: amount of vulnerability based on below-poverty populations

In addition to population density, the factors above represent specific socioeconomic characteristics of residents. For each factor, individual Census block groups are classified according to the prevalence of the vulnerable population relative to the region average. The factors are then plugged into the TDI equation to determine the relative transit dependence of each block group (very low, low, moderate, high, or very high).

Figure 3-2 displays the overall TDI rankings for the region. Somewhat similar to the population density analysis, the block groups with a TDI classification of very high are primarily clustered around Mt. Pleasant, Clare, St. Helen, and Reed City. Other places with high TDI classifications include Houghton Lake and Standish.

Transit Dependence Index Percent (TDIP)

The TDIP provides a complementary analysis to the TDI measure. It is nearly identical to the TDI measure with the exception of the population density factor. The TDIP for each block group in the study area is calculated with the following formula:

$$TDIP = DVNV + DVE + DVY + DVBP$$

DVNV: degree of vulnerability based on autoless households

DVE: degree of vulnerability based on elderly populations

DVY: degree of vulnerability based on youth populations

DVBP: degree of vulnerability based on below-poverty populations

By removing the population per square mile factor, the TDIP measures degree rather than amount of vulnerability. The TDIP represents the percentage of the population within the block group with the above socioeconomic characteristics, and it follows the TDI's five-tiered categorization of very low to very high. However, it differs in that it does not highlight the block groups that are likely to have higher concentrations of vulnerable populations only because of their population density. As shown in Figure 3-3, the block groups with the highest need are spread throughout the region. Areas of note include Prudenville, St. Helen, and the southeastern corner of Clare County.

Autoless Households

Households without at least one personal vehicle are more likely to depend on the mobility offered by public transit than those households with access to a car. Figure 3-4 displays the relative number of autoless households for the region.² Block groups with a classification of very high include areas near Reed City, Ewart, Harrison, Clare, Gladwin, Beaverton, Standish, Prudenville, and Mt. Pleasant.

Senior Adult Population

Individuals 65 years and older may scale back their use of personal vehicles as they age, leading to greater reliance on public transportation compared to those in other age brackets. Figure 3-5 displays the relative concentration of senior adults in the six

² The classification scheme of "very low" to "very high" (for autoless households, senior adults, and individuals with disabilities) depicts each block group relative to the region average. It is important to note that a block group classified as "very low" can still have a significant number of potentially transit dependent persons; "very low" in this scheme only means below the region average. At the other end of the spectrum, "very high" means a number greater than twice the region average.

county region. The block groups classified as very high are located in Roscommon and Gladwin Counties. Additional areas with high need occur in Clare County.

Individuals with Disabilities

Due to changes in Census and ACS reporting, the 2000 Census currently provides the most recent data available to analyze the prevalence and geographic distribution of individuals with disabilities. Though this information is dated, it is still important to consider; those with disabilities may be unable to operate a vehicle and thus be more likely to rely on public transportation. The block groups in the region classified as having the highest number of individuals with disabilities are located in the southwestern portions of both Roscommon and Clare Counties (Figure 3-6).

Low-Income Population

Those who earn less than the federal poverty level may face financial hardships that make the ownership and maintenance of a car difficult. Figure 3-7 depicts the percentage of below-poverty individuals per block group. Areas with a classification of very high include Clare, Harrison, Reed City, Mt. Pleasant, the northwestern corner of Isabella County, Prudenville, and the southwestern portion of Roscommon County.

Figure 3-2: Transit Dependence Index

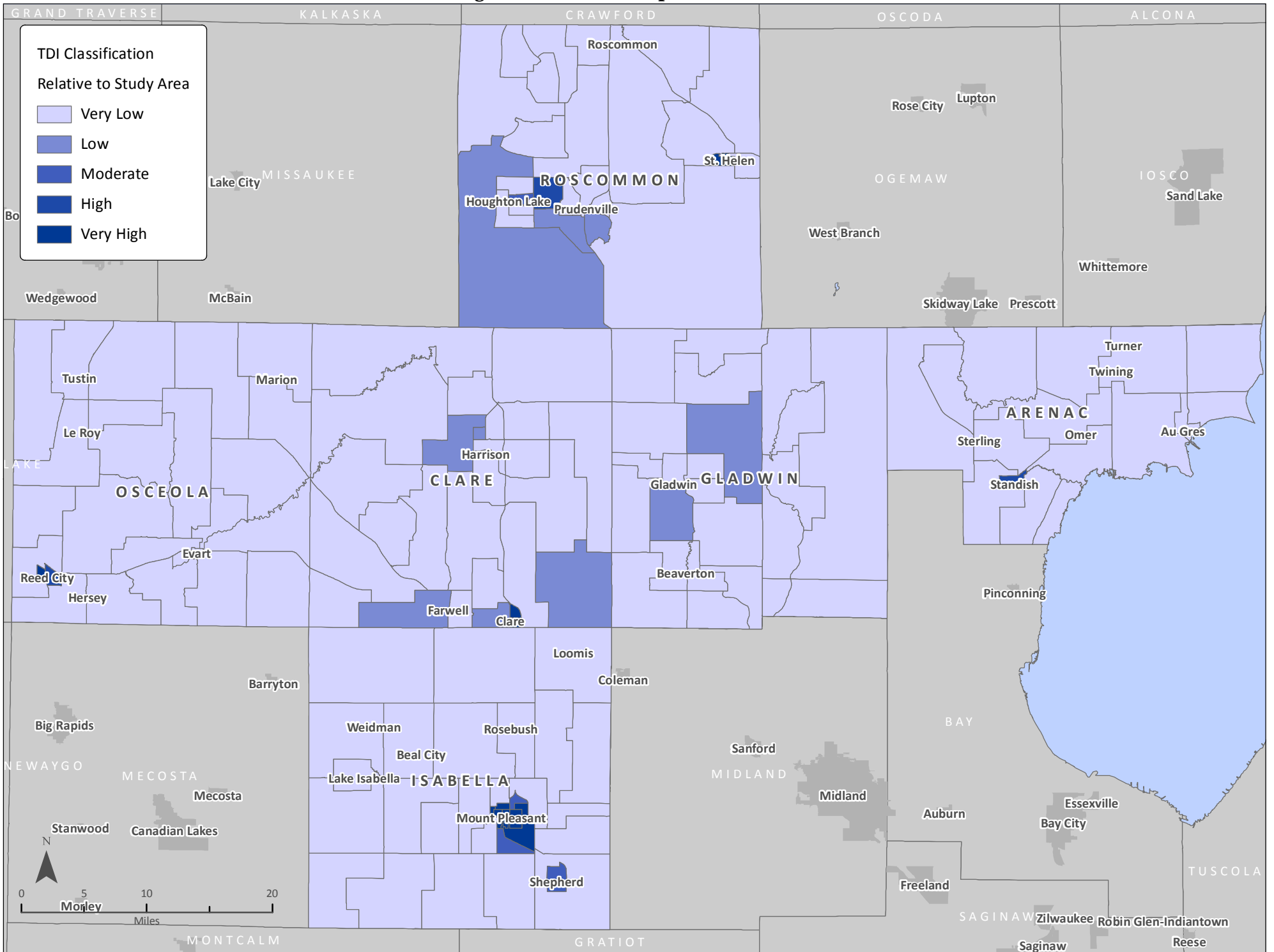


Figure 3-3: Transit Dependence Index Percentage

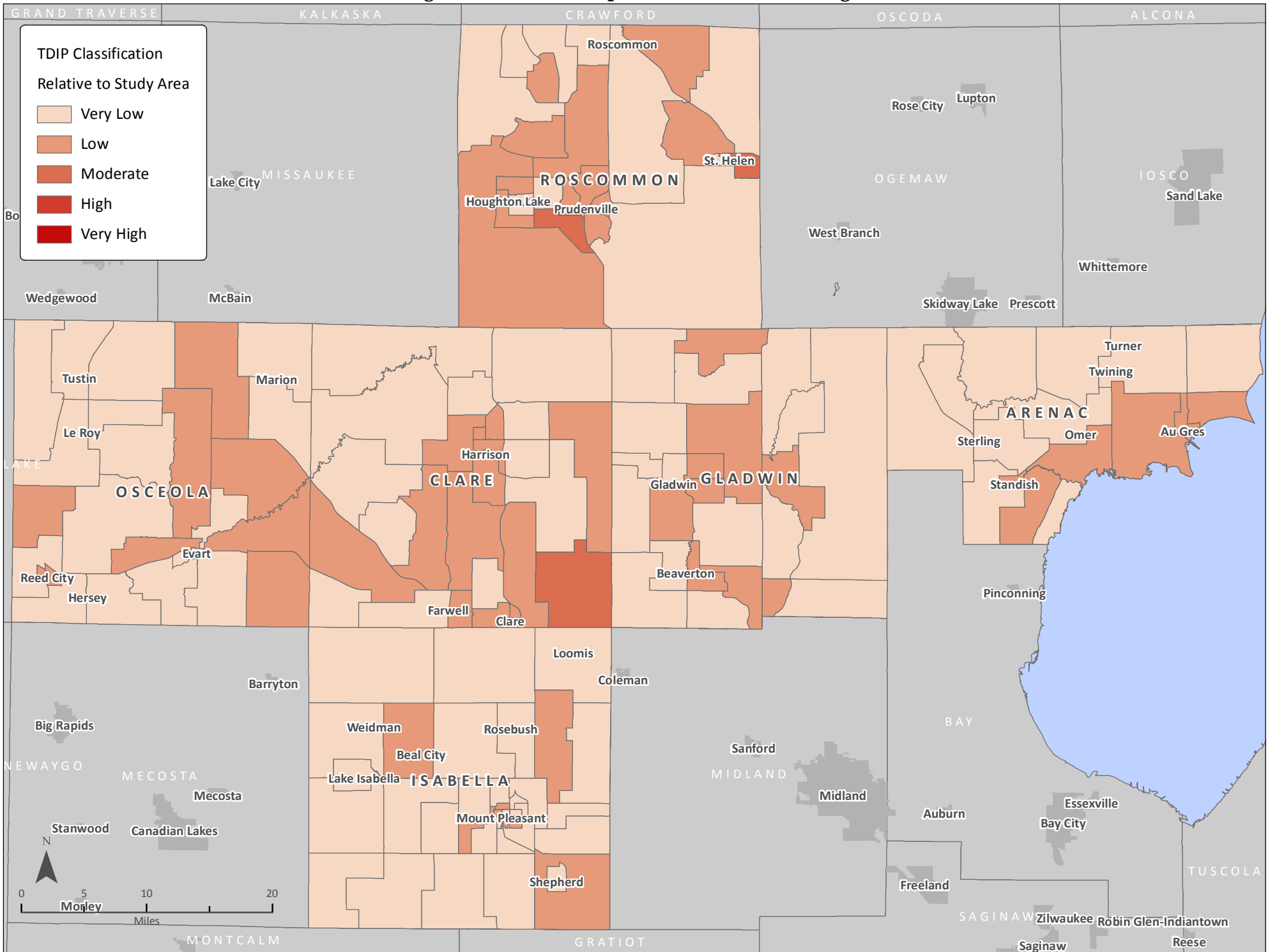


Figure 3-4: Relative Number of Autoless Households

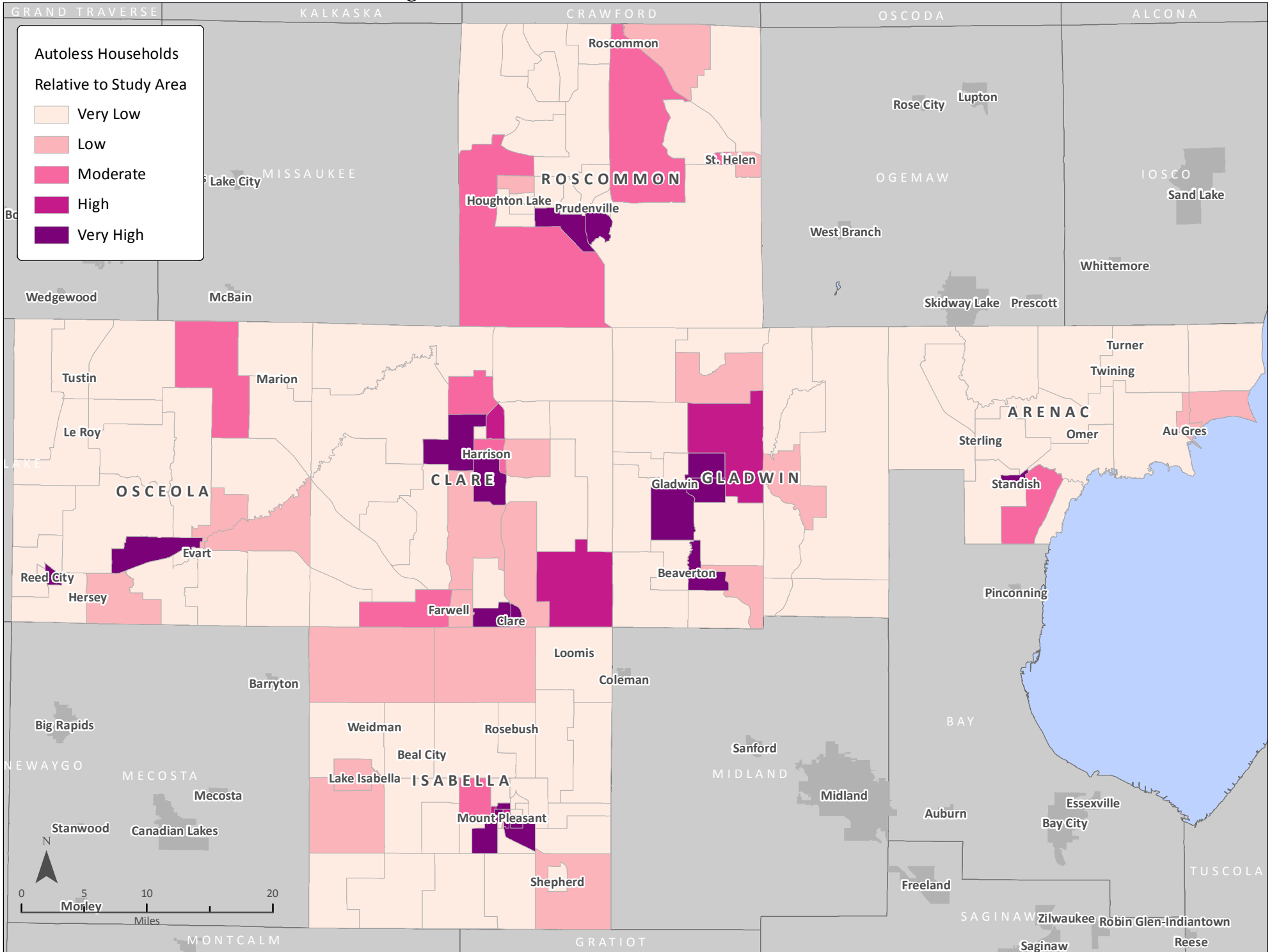


Figure 3-5: Relative Number of Seniors (65+)

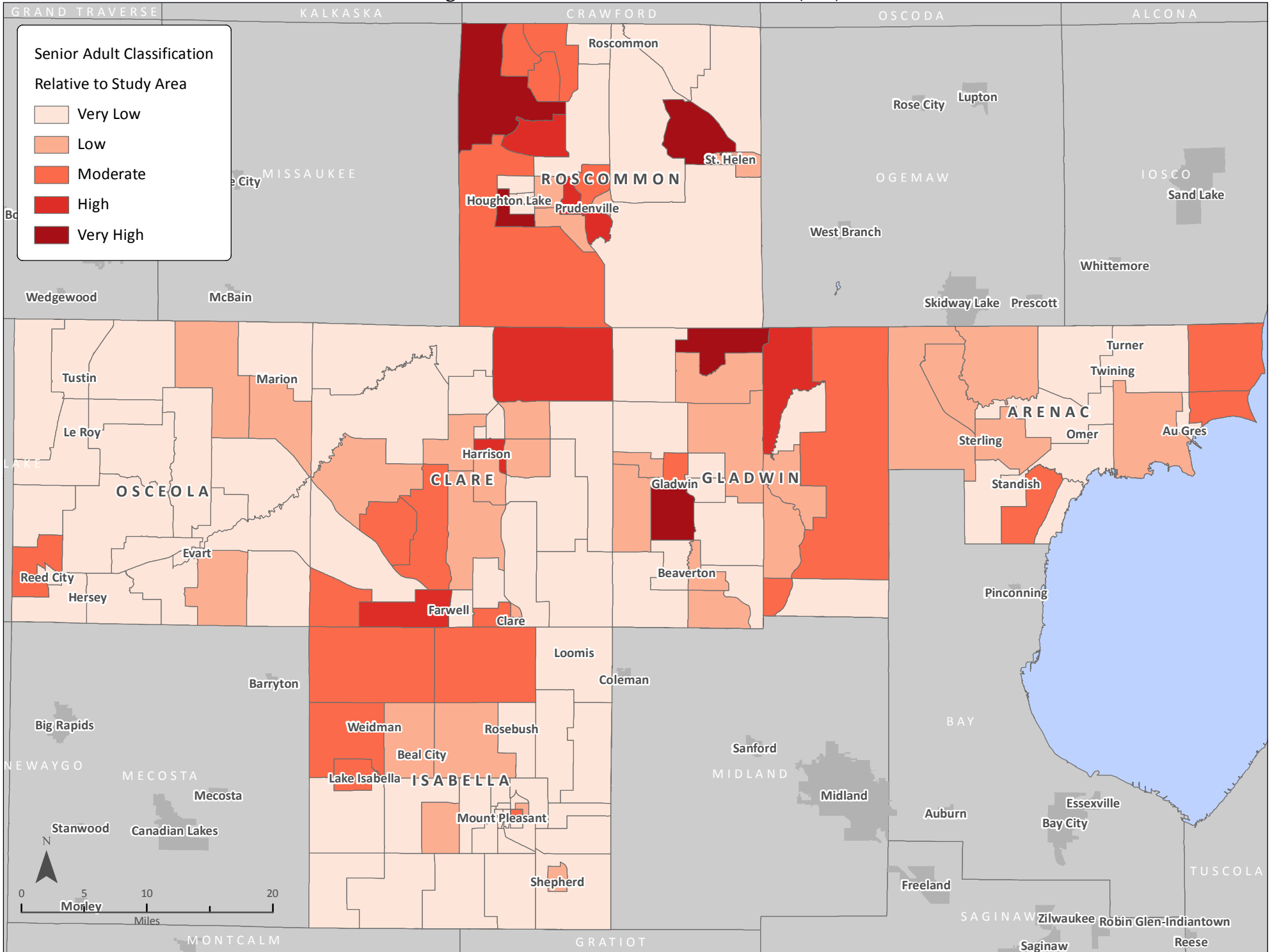


Figure 3-6: Relative Number of Individuals with Disabilities

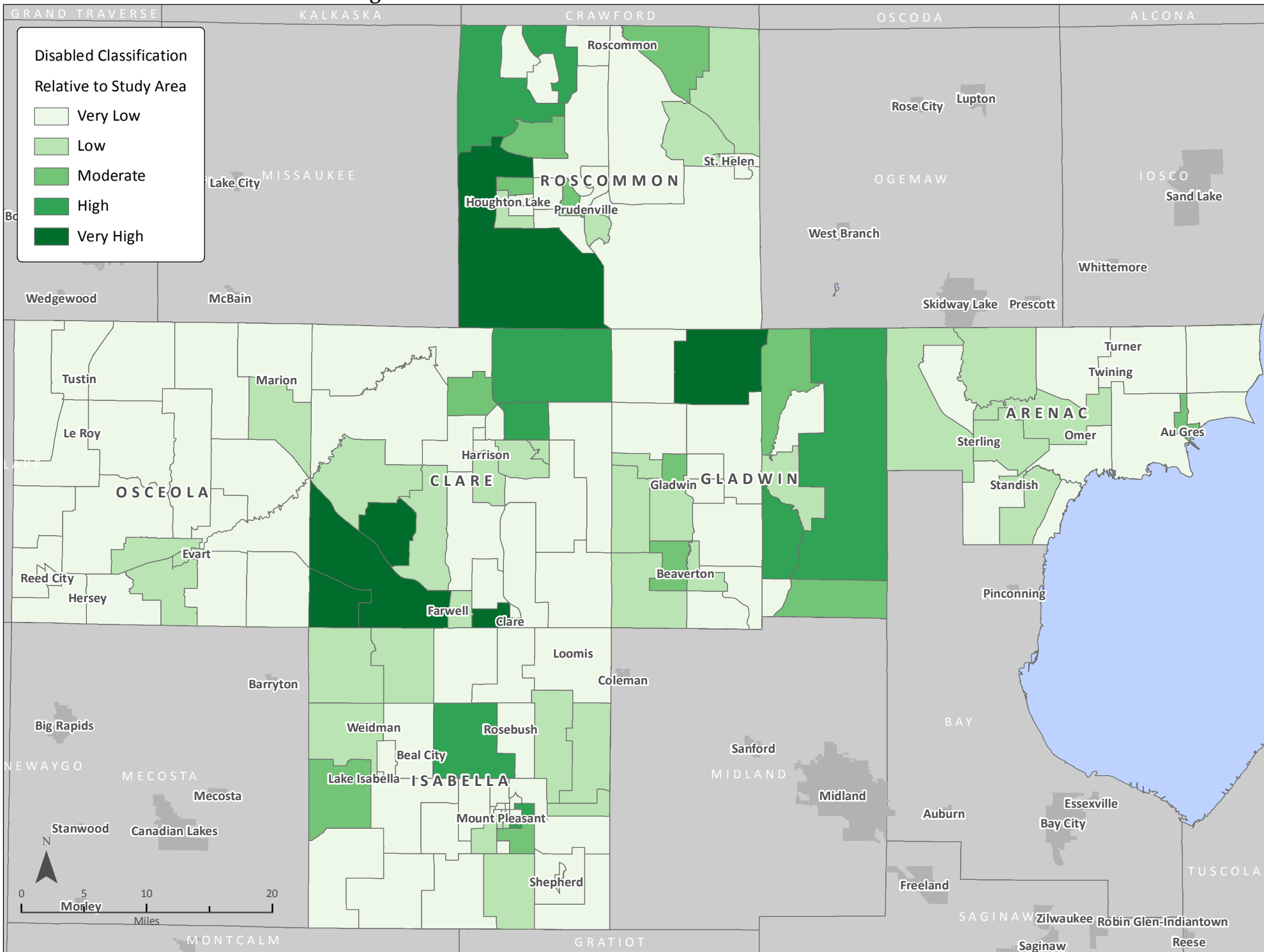
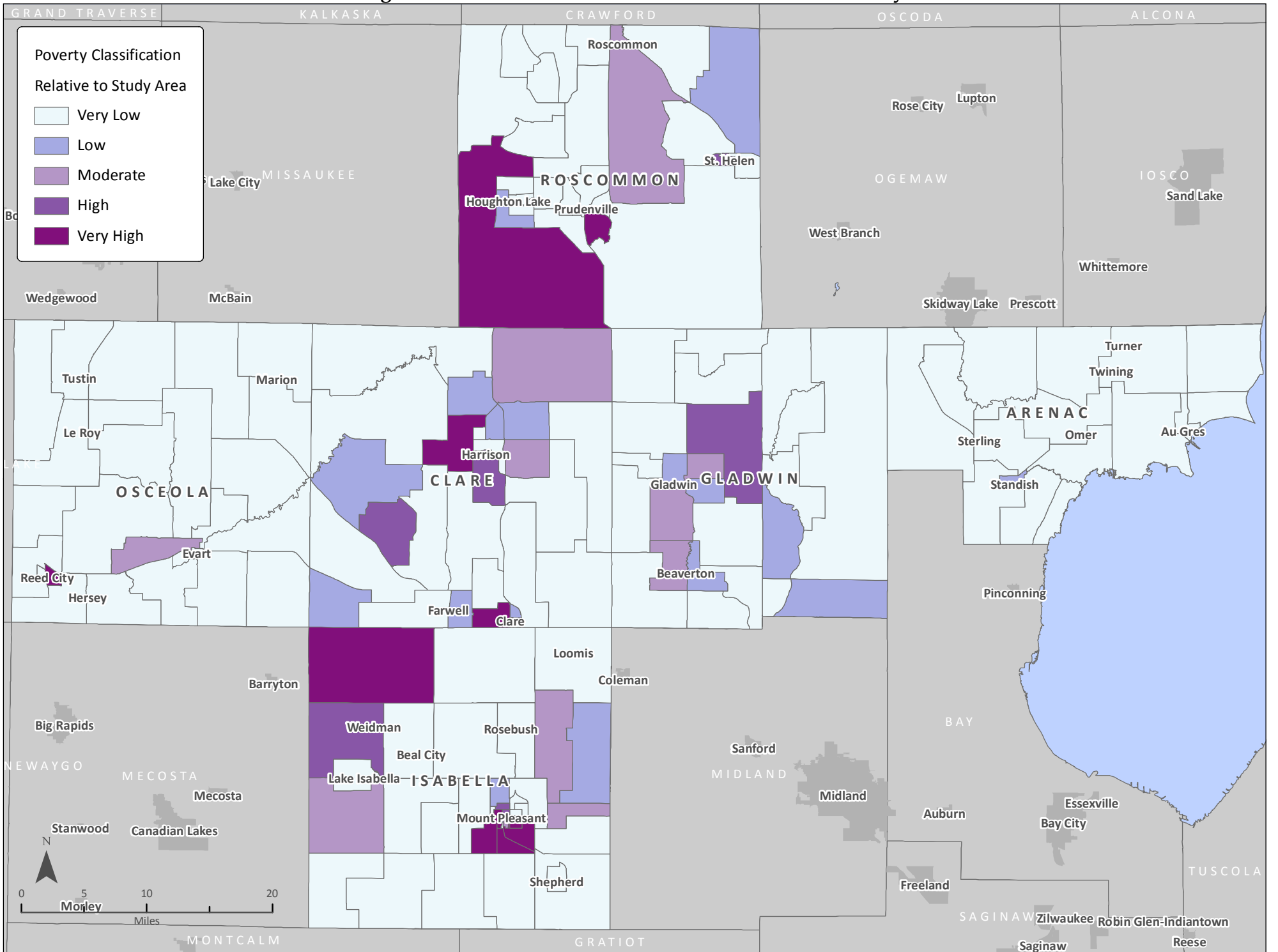


Figure 3-7: Relative Number of Individuals Below Poverty



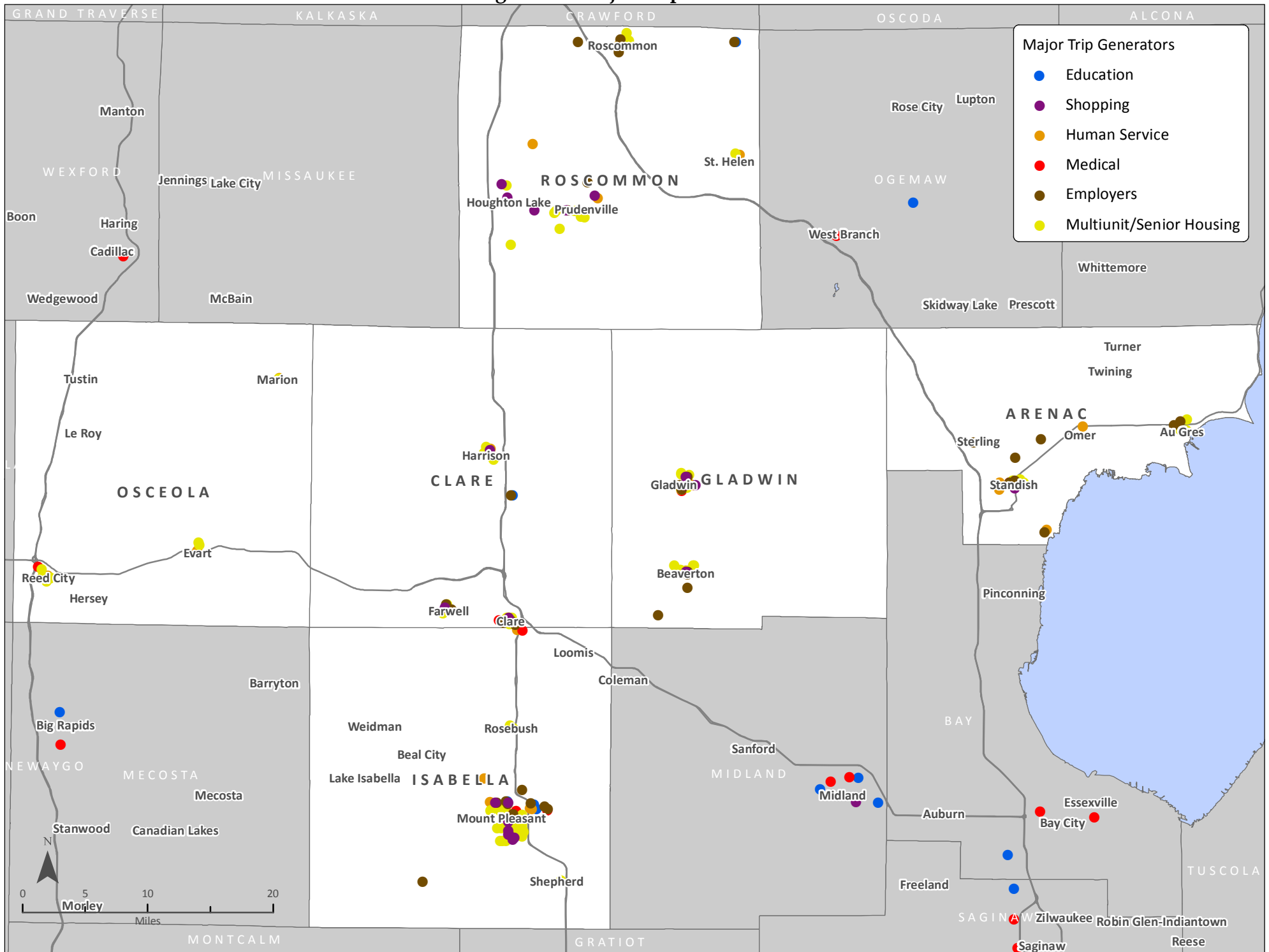
LAND USE PROFILE

Identifying land uses and major trip generators in the six county region complements the above population profile by indicating where transit services may be most needed. Trip generators attract transit demand and include common origins and destinations like multi-unit, subsidized, and senior housing, major employers, medical facilities, educational facilities, non-profit and governmental agencies, and shopping centers. Trip generators are mapped in Figure 3-8 and listed by type in Appendix D.

The majority of trip generators in the region correspond to the areas of highest population density. Most are clustered in Mt. Pleasant, with others located in communities like Clare and Gladwin. Many of the trip generators occur along the major travel corridors of I-75; US 131, 127, 23 and 10; and M-18 and 55. Given their broad geographic draw, educational and medical facilities outside of the six county region are also depicted in Figure 3-8. These are primarily located to the southeast in Midland, Bay City, and Saginaw.

Mapping common origins and destinations highlights regional land uses at a glance. However, it does not fully convey the need residents may have for inter-county trips, or the degree to which current transit services link inter-county origins and destinations. Further analysis and stakeholder feedback will supplement the above information on regional travel patterns.

Figure 3-8: Major Trip Generators



ASSESSMENT OF UNMET TRANSPORTATION NEEDS AND GAPS

While an analysis of demographic data is important for understanding the overall mobility needs in the region, it is vital to gain the insight of local stakeholders who are acutely aware of the transportation challenges faced by residents. Much of this work took place before this project was initiated, though some additional qualitative data on unmet transportation needs, gaps in services, and overall objectives were obtained during initial meetings with local stakeholders. This section provides a review of this information.

CTAA Mobility Visioning Workshop

As noted in Chapter 1, in January 2013 CTAA conducted a Mobility Visioning Workshop in the region. This event was attended by over 30 local stakeholders representing various agencies and organizations. The workshop was designed to obtain the following outcomes:

- Unmet mobility needs in the region
- Where people using transportation are going to/coming from
- When/how often people need to travel
- The purpose of their travel
- Problems with current services
- Possible solutions
- Priorities

While a full summary of the CTAA Mobility Planning Workshop is included in Appendix E, a review of the results provides the following information:

Key Mobility Needs

- Transportation to medical appointments, including out of county medical appointments
- Expanded early morning, evening, and weekend services
- Transportation to employment/job training
- Seamless service between counties
- Transportation to access shopping and other community locations

Key Issues

- Long trips
- Lack of information/education on current services
- Cost of transportation

- Resistance to coordination (“turf” issues)

Identified Opportunities

- Improved coordination/connectivity
- Improved public transportation
- Greater focus on mobility management
- Additional partnerships

Planning Kick-off Activities

In May 2013 the planning team spent several days in the region meeting with key stakeholders and conducting a project kick-off meeting. Issues identified during the CTAA Visioning Workshop were reconfirmed during initial project activities. Local stakeholders highlighted the need for greater outreach on existing services, improved connectivity and cross-county services, and greater emphasis on a regional mobility management approach. They also confirmed that current intercounty connections are informal, with calls between the systems to schedule as needed. Local stakeholders noted that county boundaries hinder regional connections and even considerations of studies related to regional transportation.

During the project kick-off meeting there was an extensive discussion of Medicaid-funded Non-Emergency Medical Transportation (NEMT). As noted in Chapter 2, the Michigan Legislature is considering a statewide brokerage model. This could have a significant impact on medical transportation services in the region, and the group wants to consider a regional NEMT/mobility manager.

Overall, local stakeholders noted the need for implementable solutions resulting from the technical assistance provided through this project. There is a desire for the results from this project to serve as a model to be applied regionally across the state.

REVIEW OF PREVIOUS STUDIES AND PLANS

This section of the needs analysis includes a review and synopsis of existing plans and studies that have discussed regional transit needs. The plans address broad health, economic, and land issues in the region. The portions of the plans that articulate regional public transportation needs and recommend specific projects are highlighted.

- *Central Michigan District Health Department (CMDHD) Community Health Assessment and Health Improvement Plan*

In 2010 the CMDHD initiated an effort to improve the overall health of the residents in the six county region. The original plan that resulted from this effort was updated in early 2013. Priorities from the Health Improvement Plan included a variety of topic areas, including access to health services. This topic area highlighted a lack of intercounty transportation services, especially for medical trips.

- ***East Michigan Council of Governments Comprehensive Economic Development Strategy (CEDS)***

In its 2013 Supplement Report to the 2010 CEDS, the East Michigan Council of Governments detailed a variety of economic growth strategies for the region. One of these strategies was the need to maintain and responsibly expand infrastructure necessary for both economic and community development. One of the objectives under this strategy involved improving transportation systems and encouraging more transportation choices, including regional transit systems.

- ***Michigan's Senior Transportation Network: An Analysis of Transportation Services for Older Adults in Michigan***

Completed by the State's Office of Services to the Aging, this 2005 report analyzed transportation services for older adults in Michigan. The report included a region-by-region review of transportation options and also offered recommendations by region. The recommendations for the region covering the six counties included increasing transportation coordination and connections, and increasing rural transportation service availability for out of county trips.

SUMMARY

This chapter analyzed the demographic characteristics of the six county region, with an emphasis on transit-dependent populations. The greatest concentrations of transit-dependent persons are located near Mt. Pleasant, Clare, St. Helen, and Reed City. In addition, the Prudenville area also has a high relative proportion of transit-dependent persons. The assessment of land uses found that important origins and destinations are generally located in the areas with the highest population densities. These areas roughly correspond to those having transit service coverage.

However, this analysis does not fully take into account that some transportation needs go beyond one county; for example, a resident of Clare County may need to access a medical facility in Midland. In addition, as highlighted in the qualitative data provided by local stakeholders, there is a need for a mobility management approach that conducts outreach to ensure customers are aware of their transportation options.

Chapter 4

Potential Strategies

INTRODUCTION

This chapter presents a variety of strategies discussed and endorsed by regional stakeholders. These strategies are based on the assessment of transportation resources and unmet needs detailed in earlier chapters.

As noted in Chapter 1, the strategies presented in this chapter are also designed to meet federal coordinated transportation planning requirements so that the region can consider applications for funding through the FTA Section 5310 Program. The potential strategies included in this chapter have also been designed to seek funding through other programs and sources.

A preliminary list of strategies was discussed with the coordinated transportation planning committee. Following this discussion the potential strategies were incorporated into a survey that was distributed to the committee for prioritization. The ranking of the strategies from 1 to 12 (with 1 as the highest priority) reflects these results.

POTENTIAL STRATEGIES

Based on regional stakeholder input, the potential strategies focus on possible mobility management efforts and improved regional connectivity. Other strategies to improve mobility and transportation options in the region are also provided for consideration.

The strategies listed below are intended to broadly describe how needs and gaps could be addressed, and are often interrelated with other strategies to improve mobility in the region. Specific project proposals would require the identification of agency sponsors, specific expenditures, etc., detailed through the application process for appropriate funding.

1. Improve and expand regional public transit connectivity.
2. Bring new funding partners to public transit/human service transportation.
3. Expand availability of demand-response services, dial-a-ride, and specialized transportation services to provide additional trips, especially for older adults, people with disabilities, veterans, and people with lower incomes.
4. Implement a regional mobility management program.
5. Expand outreach and information on available transportation options in the region, including establishment of a central/single point of access.
6. Continue to support and maintain capital needs of coordinated human service/public transportation providers.
7. Implement new public transportation services or operate existing public transit services on a more frequent basis.
8. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
9. Build coordination among existing public, private, and human service transportation providers.
10. Provide targeted shuttle services to access employment and educational opportunities.
11. Establish a ride-sharing program for long distance medical transportation and other trip purposes.
12. Provide flexible transportation options and more specialized transportation services or one-to-one services through the expanded use of volunteers.

STRATEGY DESCRIPTIONS

Improve and Expand Regional Public Transit Connectivity

As noted in the review of existing transportation services, regional connectivity between providers is limited and informal in nature. While some discussion occurs between the different transit providers, routes and services are for the most part planned separately. As a result, travel needs that cross county lines are often unaddressed. Trips that do occur are difficult to coordinate and time-consuming for

riders. Regional stakeholders noted the need for seamless transportation services between counties during the CTAA Mobility Visioning Workshop.

This strategy would involve a regional approach to service planning and the implementation of new services. The effort would help to provide customers with the ability to travel throughout the region in a seamless manner. Some considerations include:

- Regular regional transit planning meetings where providers could discuss current connections and plan possible improvements. These meetings could be facilitated through a mobility management program.
- Regional routes that allow customers to cross county lines without transferring between providers and paying two fares. The regional travel patterns and informal connections between providers noted in Chapter 2 could be used to establish scheduled services between counties. However, these routes would require agreement between different counties on which system would operate the service, how operating costs would be allocated, and how fares would be divided.
- A regional transit development plan that builds off this project. A regional planning process would further review and assess current transit services and develop a more detailed course of action to address regional objectives in the short-range future, typically a five-year horizon. A completed regional transit plan would then serve as a guide for regional transit services, providing a roadmap for implementing service and/or organizational changes, improvements, and/or potential expansions. Any regional plan should be conducted in consultation with MDOT to ensure its use in preparing annual grant applications for future transit funding.

Bring New Funding Partners to Public Transit/Human Service Transportation

The demand for public transit and human service transportation is growing daily, and how to pay for additional services is a key obstacle. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets, and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting those riders to their sites. This approach is applicable to both medical and retail establishments already served, as well as new businesses. Community colleges in the region are also possible funding partners.

Considerations through this strategy could involve:

- Employer funding support programs, either directly for services and/or for local share.
- Employer sponsored transit pass programs that allow employees to ride at reduced rates.
- Partnerships with private industry, i.e. retailers and medical centers.

Expand Availability of Demand-Response Service, Dial-a-Ride, and Specialized Transportation Services to Provide Additional Trips, Especially for Older Adults, People with Disabilities, Veterans, and People with Lower Incomes

In some areas the use of fixed route or scheduled transit services may not be feasible. Therefore, the expansion of current demand-response and specialized transportation services would meet multiple unmet needs and issues while taking advantage of existing organizational structures. Operating costs -- driver salaries, fuel, vehicle maintenance, etc. -- would be the primary expense for expanding services, though additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

Potential considerations through this strategy include:

- Expanding current demand-response systems to serve additional trips.
- Expanding hours and days of current demand response systems to meet additional service needs.
- Expanding availability of same day service.

Implement a Regional Mobility Management Program

Throughout this technical assistance project, input from local stakeholders has centered on a regional mobility management approach. A regional mobility management program could address many transportation challenges, such as the need for greater outreach in existing services and for improved intercounty connectivity between transportation providers. Given the emphasis by local stakeholders on a mobility management program, Chapter 5 provides additional details on this strategy along with recent considerations and recommendations for implementation.

Expand Outreach and Information on Available Transportation Options in the Region, Including Establishment of a Central/Single Point of Access

During the initial CTAA Mobility Visioning Workshop, participants expressed that education and information on existing transportation services is lacking. This strategy emphasizes outreach and information sharing to ensure that people in the region -- especially those with limited mobility options -- are aware of the transportation services available to them. It would involve increased promotion of intercounty connections between different transit providers in the region, beyond the informal nature of current arrangements. As noted in Chapter 2, customers can connect between different transit systems at various informal transfer points; however, it appears these possible transfers are not fully publicized.

It is anticipated that this strategy would be implemented in conjunction with a mobility manager program that includes the promotion of available transportation services. The effort could include the establishment of a central or single point of access to serve as an information clearinghouse on available public transit and human services transportation in region.

Expanded outreach and information efforts should target the general public as well as those with limited mobility options. A varied approach is necessary to address the complications of reaching rural populations. It could involve updating transit provider websites and creating new maps, schedules, and other resources that better explain current connections. It could also involve new or expanded outreach programs that provide customers and human service agency staff with training and assistance in the use of current transportation services, as well as the implementation of marketing campaigns targeting specific audiences and services.

Continue to Support and Maintain Capital Needs of Coordinated Human Service/ Public Transportation Providers

Maintaining and building upon current capital infrastructure is crucial to expanding mobility options, especially for older adults, people with disabilities, veterans, and people with lower incomes in the region. This strategy involves appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles to support the development of a more coordinated community transportation network.

Implement New Public Transportation Services or Operate Existing Public Transit Services on a More Frequent Basis

Participants of the CTAA Mobility Planning Workshop noted the need for expanded early morning, evening, and weekend transportation services. In addition, they identified the need for greater transportation to access shopping and community locations.

This strategy involves operating new or expanded public transit services in order to increase mobility options in the region. In addition, services that allow access to key destinations outside the region are an important need. This strategy should be implemented in conjunction with any recent transit planning efforts in the region, or with the regional plan suggested above, as these plans contain specific service improvement recommendations.

Another consideration through this strategy is to expand availability of public transit services by converting more expensive dial-a-ride and demand response services to fixed schedule or deviated fixed-route services as possible. This effort can expand mobility options in the region while at the same time improve productivity.

Establish or Expand Programs that Train Customers, Human Service Agency Staff, Medical Facility Personnel, and Others in the Use and Availability of Transportation Services

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure people helping others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

Considerations through this strategy include:

- Implementing or expanding outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implementing mentor/advocate programs to connect current riders with potential customers for training in the use of services.

Build Coordination Among Existing Public, Private, and Human Service Transportation Providers

In addition to public transit services, a variety of private and human service transportation providers operate in the region. One of the opportunities identified during the CTAA Mobility Visioning Workshop was improved coordination of these various transportation services. This strategy presents opportunities to improve connections between providers. It could also be implemented in partnership with a regional mobility management effort.

Possible coordination activities include:

- Helping establish inter-agency agreements for connecting services or sharing rides.
- Coordinating services among providers with wheelchair accessible vans so that these resources can be better accessed throughout the community.
- Using human service agency transportation providers as feeder services to fixed routes.
- Implementing voucher programs through which human service agencies are reimbursed for trips provided for other agencies based on pre-determined rates or contractual arrangements.
- Engaging private-sector providers.

Provide Targeted Shuttle Services to Access Employment and Educational Opportunities

Limited transportation services to employment and educational opportunities could be addressed through the implementation of shuttle services designed around concentrated job and learning centers. Locating a critical mass of workers/students is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships. Potential projects would center on operating and capital assistance to fund specifically-defined, targeted shuttle services. MOTA's employment transportation for referred clients could act as a model.

Establish a Ride-Sharing Program for Long Distance Medical Transportation and Other Trip Purposes

This strategy involves using the commuter-oriented model as a basis for developing a ride-sharing program for long distance medical trips. A database of potential drivers and riders could be kept by a mobility manager who would match the

trip needs with the available participating drivers. The riders would share the expenses with the drivers on a per-mile basis (i.e. similar to mileage reimbursement).

This strategy could be a cost-effective way to provide long-distance medical trips without sending a human service or public transit vehicle out of the region for a day. Potential projects through this strategy include the development of a ride-share matching database and the development of volunteer driver programs. MDOT's statewide rideshare and vanpool program could serve as a starting point.

Provide Flexible Transportation Options and More Specialized or One-To-One Services through New or Expanded Use of Volunteers

While much of the focus on this project has been on public transit services, a variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, veterans, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, especially in rural portions of the region. The use of volunteers may offer transportation options that are difficult to otherwise provide. Volunteers can also offer a more personal and one-to-one transportation service for customers who may require additional assistance.

This strategy would involve the development of new or expanded volunteer driver programs to meet specific geographic or trip purpose needs, or new or expanded volunteer driver programs to provide same day transportation. It could be implemented in conjunction with the preceding strategy on long distance medical trips. Volunteer recruitment efforts could include providing various incentives and recognition for drivers. Other recruitment ideas can be found in resources like the Beverly Foundation's *Volunteer Driver Recruitment: An Idea Book for Action*.

Chapter 5

Regional Mobility Management Program

INTRODUCTION

The previous chapter presented a variety of strategies to improve mobility in the region, including a potential mobility management program. The possible use of this strategy was based on the assessment of transportation resources and unmet needs detailed in earlier chapters. In addition, during the development of this coordinated transportation plan the Michigan Public Transit Association (MPTA) was working with its members to help ensure that public transit providers across Michigan were appropriately involved in the anticipated increase in transportation funding through the federal Affordable Health Care Act, and in possible modifications to the state's Non-Emergency Medical Transportation (NEMT) program.

Therefore, this chapter incorporates discussions with the committee regarding a possible regional mobility management program along with information on the current MPTA initiative. Together, it provides a guide for implementing a mobility management program to better meet regional mobility needs, especially transportation to access medical facilities and services.

GUIDING PRINCIPLES

Through the coordinated transportation planning process, regional stakeholders discussed a variety of factors relevant to a regional mobility management effort. The implementation of a regional program requires consensus and agreement from a variety of regional representatives from various counties and organizations. Therefore, the regional group that led the development of this plan determined that it was important to have the following guiding principles in place to help steer efforts going forward:

- There is a recognition that transportation needs go beyond county lines and a regional approach is necessary; however regional mobility management efforts should cause no harm to local funding or local services.

- While any transportation service expansion could have a medical trip focus, services should be open door with access to other locations in the region.
- Regional transit services are needed; however the identity of each existing county-based system should be maintained. The formation of a new and separate regional identity may also be advantageous for marketing and funding purposes.
- While one entity in the region may lead mobility management efforts and serve as a recipient of state and federal funds, the program will include a steering committee with appropriate representation from local transit systems, regional agencies, and other stakeholders.
- The mobility management project should respond to medical transportation needs and work in coordination with current MPTA efforts regarding NEMT.

MOBILITY MANAGEMENT GOALS AND OBJECTIVES

A critical part in the development of a regional mobility management effort is agreement on overall program goals and objectives. Therefore, Table 5-1 provides a series of goals and objectives to guide mobility management efforts going forward. These goals and objectives were adapted from a general list developed by the Texas Transportation Institute as part of its “Performance Measures for Public Transit Mobility Management” report.

These goals and objectives can be used to develop performance measures for the region’s mobility management program. Occasionally these measures should be discussed and updated as mobility management services are implemented, especially in regard to MPTA’s NEMT efforts.

**Table 5-1: Mobility Management Program
Proposed Goals and Objectives**

Goals	Objectives
Focus on the Individual	<ul style="list-style-type: none"> • Provide information through a one-call transportation center on available transportation resources and refer customers to appropriate providers. When appropriate, expand center functions to serve as a transportation brokerage with the ability to schedule and dispatch trips. • Implement a “one-click” option to the call center that allows customers to access information 24/7 via electronic media. • Provide public information on transportation service options, including offering materials for those with language barriers and/or disabilities. Target multiple groups (e.g. seniors, referral agencies) through multiple formats (e.g. social media). • Identify and facilitate new services to meet individuals’ needs and fill mobility gaps, i.e. travel training services or volunteer driver programs.
Improve Coordination	<ul style="list-style-type: none"> • Work with individual transit systems to assess and implement fare integration policies that allow customers to easily transfer between services. • Assess human service agency transportation services in the region and facilitate coordination projects and planning. • Identify opportunities to coordinate service delivery to close gaps or eliminate overlaps. • Work with appropriate providers to streamline eligibility processes and implement shared ride opportunities. • Lead updates of coordinated transportation plans. • Lead local and regional transportation coordination committee meetings, forums, workshops, etc.
Promote Accessibility and Livability	<ul style="list-style-type: none"> • Monitor services to ensure they are accessible, lead to livable communities, and improve quality of life. • Engage in land use issues to help ensure the impact on transit and transportation design for mobility and accessibility is considered. • Promote travel training services that work with individual customers and the customer’s community to identify -- and work to eliminate -- obstacles that prevent the person from using available public transit services.

Goals	Objectives
Ensure Diversity in Products and Services	<ul style="list-style-type: none"> • Ensure meaningful access to transportation service for older adults, people with disabilities, veterans, children and youth, individuals with lower incomes, and people with language barriers. • Connect with outreach workers and others to join individuals with limited English speaking skills to available transit services.
Foster Education and Awareness	<ul style="list-style-type: none"> • Educate health and human agency staff, workforce agency staff, policymakers, elected officials, and other stakeholders on the availability and need for transportation choices. • Work with caregivers and family members to inform and educate individuals on the various transit and transit related resources available in the region.
Promote Financial Sustainability	<ul style="list-style-type: none"> • Leverage funding and resources through partnerships. • Build a strong foundation for mobility management programs through funding and resource support. • Explore the feasibility of establishing a regional or local consortium made up of human service agencies and public and private transportation providers in order to minimize expenses and secure more resources at less cost (more “bang for the buck”).

MICHIGAN TRANSPORTATION CONNECTION¹

As noted in the introduction for this chapter, MPTA is leading a statewide effort to ensure that public transit providers in Michigan are appropriately involved in medical transportation services, and in particular in the delivery of NEMT services. Currently in Michigan NEMT is managed by the state’s Medicaid Administration through the Department of Human Services (DHS). Decision-making is left up to each individual county except in Wayne, Oakland, and Macomb Counties, where the state has implemented a demonstration project. LogistiCare has the current contract for this demonstration project, though the contract was recently re-bid by the state.

During the past several years MPTA has evaluated the NEMT issue to ensure that public transit providers were included as resources for providing NEMT rides. In many

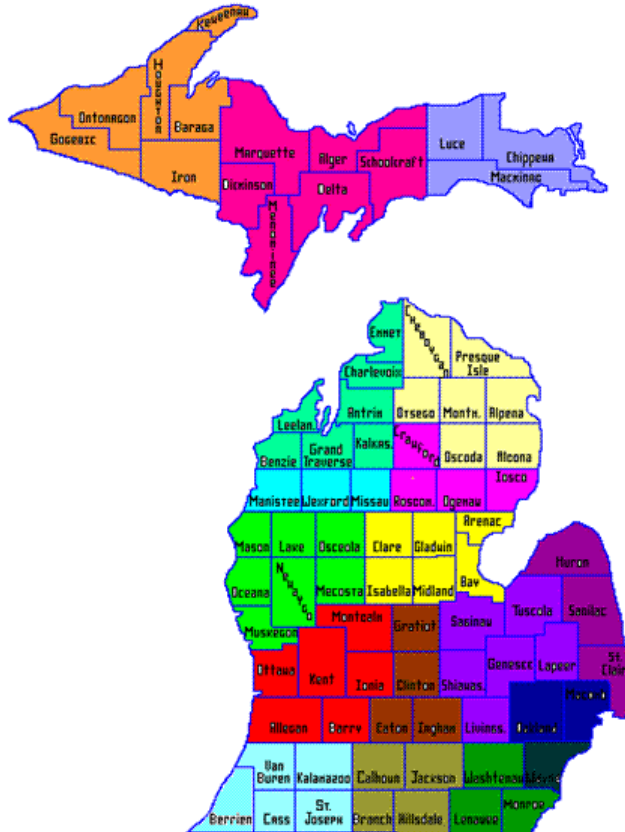
¹ Information from “Michigan Transportation Connection: MPTA’s Michigan Model Solution for Non-Emergency Medical Transportation Management Statewide.”
http://www.mptaonline.org/sites/default/files/MPTA_NEMT_Webinar.pdf.

areas of the state the local transit providers have been excluded. Recently MPTA has ramped up its efforts toward building a statewide network of both public agencies and private providers to compete competitively and secure a statewide management contract to administer (or “broker”) NEMT rides. This effort has included the creation of a separate 501(c)(3) non-profit organization called the Michigan Transportation Connection (MTC) to oversee further development of the MPTA plan.

MTC Network and Functions

According to MPTA, the MTC will be comprised of public transit providers and private providers. All administration will be handled from a central office. Mobility managers will be placed in key regional locations throughout the state (where possible existing mobility managers will be utilized), and the existing statewide 2-1-1 call centers and Area Agencies on Aging (AAA) call centers will be incorporated into the network. People needing rides will contact a call center and the calls will be routed through the mobility managers and assigned to the appropriate provider. Direct service requests through transit providers will be coordinated with the MTC to guarantee agencies receive equitable reimbursement.

The proposed MTC network showing mobility management regions is below.



A vital component in the implementation and operation of a mobility management program is identifying a lead agency with the availability, willingness, and organizational structure to manage and oversee the program. Regional stakeholders discussed a variety of possible organizational structures through the development of this plan. Ultimately, with the recent progress of the MPTA effort and the formation of the MTC, the stakeholders determined that the mobility management efforts should follow MTC's structure and lead. Therefore the mobility management program considerations below are based on the MTC organizational structure.

MOBILITY MANAGEMENT PROGRAM CONSIDERATIONS

This section provides additional details on the criteria and considerations for implementing a regional mobility management program based on stakeholder input and the current MTC effort. The proposed program is segmented by the following categories that were introduced in Chapter 2:

- Organizational Structure
- Functions
- Staffing
- Technology
- Funding
- Monitoring and Evaluation

Organizational Structure

With the agreement for the regional mobility management program to correspond with the MTC initiative, a proposed organizational structure will be established. Regional stakeholders will need to work with MPTA through this process, discussing several issues. For instance, the six county region represented in this coordinated transportation plan will be in three different regions through the proposed MTC network. Other issues that will need to be finalized include:

- How representatives of the transit and mobility providers in the region will be represented in the MTC program,
- How the region could use the mobility management structure to apply for and administer other funding sources to support mobility management services,
- How appropriate interagency or other agreements for administration or operation will be handled,

- How the regional mobility management program will be involved with efforts to reduce duplication and to improve regional coordination of services, including facilitating the implementation of regional services,
- How the MTC initiative will include opportunities to expand mobility management functions, i.e. one-call, one-click services, and
- How the MTC program will be involved with regional marketing efforts.

Functions

According to the MTC plan, customers needing rides will contact a central call center, and the calls will be routed through the appropriate regional mobility manager and assigned to the appropriate provider. Direct service requests through transit providers will be coordinated with the MTC to guarantee agencies receive equitable reimbursement. Once the mobility managers originate or receive a referral from a call center, they will determine how best to transport the client and which public transit providers and/or private providers can best serve the need. They will contact the appropriate agencies and process all paperwork, assigning the ride and notifying the client of the provider and the arrangements. The only responsibility of the service provider will be to pick up and deliver the client to and from their destination at the assigned time. MTC's central office will coordinate all necessary billing and administrative paperwork.

While it is anticipated that the core function of the regional mobility manager will be serving as the point of contact for the MTC program, there are other potential responsibilities that include the following.

Information and Referral

The regional mobility management program could provide general information on transportation and transportation-related services, referring customers to the appropriate provider. Through a telephone one-stop center, information on transportation services in the region would be marketed to individual customers, agency staff, employers, and other key community stakeholders. The regional mobility management program would also implement regional marketing efforts to help ensure customers are aware of their various transportation options.

One-Click Options

Many mobility management programs include a one-click option that allows customers to access on-line information 24/7. Therefore, one of the roles of the potential mobility management program would be to facilitate a website that included

information on available transportation services. Both the website and the information and referral programs should be coordinated with current 2-1-1 services in the region that are also a component of the MTC model.

Coordinating Services

A key role for the mobility management program could be leading coordination efforts in the region. Possible functions include:

- Facilitating regular regional transit planning meetings where providers could discuss current connections and plan possible improvements.
- Helping establish inter-agency agreements for connecting services or sharing rides.
- Streamlining eligibility by working with partnering agencies so that customers can complete a common application for services. A more long-term approach could involve a call center handling eligibility screening for partnering agencies.
- Working with partnering agencies to develop a system for paying each other for shared rides. A more long-term function could involve providing centralized billing for partnering agencies.

Staffing

Obviously, an important component of any future mobility management program will be how the program will be staffed. While the implementation of the MTC will dictate a future staffing plan, the following outcomes from the planning process are provided for consideration as part of this process:

- RCTA expressed the ability and willingness to house a regional call center at its Roscommon Township location.
- Assuming the core function of the region's mobility management program will be responding to customer travel needs and helping with trip planning, typical operating hours for a one-stop transportation center would be from 8:30 a.m. to 4:30 p.m., Monday through Friday. However, these hours could potentially extend later into the evening/night. Initial staffing of the region's mobility management center would require at least one full-time position to

- serve as the main contact, with appropriate staffing to fill in for hours and days when that position is not available.
- The staffing of the region's mobility management center will need to be evaluated based on call volume, and the involvement of the staff beyond the center in other mobility management activities. It is anticipated that customer demand will grow and the center will require additional staff. One-stop transportation centers in similar regions have progressed from one position to three over a three to five year time period.
 - Mobility management responsibilities beyond the mobility management center will impact staffing and require further analysis by regional stakeholders.

Technology

Typically, mobility management programs have to conduct an extensive technology upgrade before implementing a one-stop transportation center. However, the needed infrastructure to house the region's mobility management center appears to be in place at the proposed RCTA location. Still, there are some considerations moving forward through this transition in regard to proposed staffing expansions and implementation of the center or one-click services:

- The mobility management center will likely use a combination of automated and human response to phone calls that will allow call demand to be handled through existing personnel and then adjusted as time goes on for more positions or call takers. Stakeholders should confirm that the RCTA location can provide this option. Confirmation is also needed to ensure that the call center would offer several incoming lines to wired or wireless phones, and would feature voicemail, teleconferencing, call forwarding, remote programming, on-hold music, speakerphone capabilities, and basic data-processing capability to compile call history logs and other information.
- In regard to the possible one-click component related to the call center, a variety of options are available. This could include simply adding information to a current website, setting up a separate website for the mobility management program, or implementing a sophisticated site that offers information on providers and a trip planning function.
- The lead for the mobility management program should also facilitate possible connections of the PCTrans scheduling software currently in use by the different transit providers in the region.

Funding

Beyond any funding available through the MTC initiative, it is anticipated that funding through the Section 5310 Program administered by MDOT would be the primary source of funding for the region's mobility management program. This funding, though, is through a competitive grant process and is not guaranteed. As such, funding sustainability will need to be explored to both maintain and grow the program. In addition, new program stakeholders and partners may translate into additional funding streams in the future.

The funding process for mobility management programs developed by CTAA and discussed in Chapter 2 will serve as an appropriate guide for the region:

- Developing funding for services one step at a time.
- Building operations as funding is obtained.
- Showing the value of services, in terms of quality of life or livability measures and/or greater access to community resources.
- Talking with partners and state staff from the departments of transportation, health and human services, housing, or other departments to learn what options exist for funding both interim activities and actual services.
- Identifying private-public partnerships used by other mobility management programs that may help with sustainability.
- Identifying other private donors or foundations that may support transportation programs for older adults, people with disabilities, veterans, and other transit dependent populations.

Monitoring and Evaluation

As discussed in Chapter 2, monitoring and evaluation will be an important consideration for the mobility management program. It will be critical to assess the effectiveness of the program, make modifications as needed, and report outcomes to partners and current and potential funders. It is anticipated that the overall monitoring and evaluation will be conducted under the auspices of an ongoing advisory committee that appropriately represents transportation providers and other stakeholders in the region.

For consideration by regional stakeholders, Table 5-2 takes some of the proposed objectives for the mobility management program and connects them to possible quantitative and qualitative measures for evaluating efforts.

SUMMARY OF ALTERNATIVES AND POSSIBLE PHASING

A summary of the various alternatives is provided in Table 5-3. While the progress of the MTC initiative, as well as funding and other factors, will ultimately determine when each alternative can be considered for implementation, they are presented by short-term (1-2 years), mid-term (3-5 years), and long-term (over 5 years) time periods. The phasing is designed to indicate approximate timing and priority. Implementation of any one element is a function of funding availability. The annual budget process and the MDOT grant application process will allow for public input and revisions to the anticipated project phasing based on need and funding.

Table 5-2: Proposed Objectives and Possible Performance Measures

Objectives	Possible Performance Measures
Information Sharing	
Provide information through a one-call transportation center on available transportation resources and refer customers to appropriate providers. When appropriate, expand center functions to serve as a transportation brokerage with the ability to schedule and dispatch trips.	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Increase in the range of transportation options and service providers available to current and new customers. • Expanded service area to include destinations where individuals need to go. • Expanded options for same day service. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Increase in calls to one-stop call center. • Increase in total passenger trips on available transportation services.
Implement a “one-click” option to the call center that allows customers to access information 24/7 via electronic media.	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Effective website that provides access to information. • Use social media and other efforts to ensure knowledge of one-click option. • Increase in the range of transportation options and service providers available to current and new customers. • Expanded service area to include destinations where individuals need to go. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Increase in website hits. • Increase in total passenger trips on available transportation services.

Objectives	Possible Performance Measures
<p>Provide public information on transportation service options, including offering materials for those with language barriers and/or disabilities. Target multiple groups (e.g. seniors, referral agencies) through multiple formats (e.g. social media).</p>	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Public information and transit customer information available in variety of formats, including published in other languages and consistent with Title VI Plans. • Education programs provided to stakeholders, including elected officials, community organizations, health and human service agencies, and workforce programs. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Expanded use of one call or one click services. • Increase in number of passenger trips on services through targeted market areas for individuals with LEP or other language barriers.
<p>Ensure meaningful access to transportation service for older adults, people with disabilities, veterans, children and youth, individuals with lower incomes, and people with language barriers.</p>	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Assessment of individual needs for specific target markets based on research and community outreach. • Approved service plans that are responsive to individual needs identified in the assessment. • Increase in the range of transportation options and service providers available to current and new customers. • Services provided to ensure access for specific target markets. • Expanded transit service area to include destinations where individuals need to go for retail, health, and other services. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Greater percent of households within ¾ mile of scheduled routes. • Expanded demand-response transit service level (miles, hours) per capita. • Increase in passenger trips on services in targeted market areas.

Objectives	Possible Performance Measures
<p>Educate health and human agency staff, workforce agency staff, policymakers, elected officials, and other stakeholders on the availability and need for transportation choices.</p>	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Targeted marketing campaigns to promote mobility management services and need for mobility options. • Coordination with transportation providers on branding and marketing campaigns. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Number of presentations to agencies. • Number of community events attended. • Support for mobility management and a variety of transportation options based on public opinion surveys. • Increase in total regional passenger trips.
Service Oriented	
<p>Identify and facilitate new services to meet individuals' needs and fill mobility gaps, i.e. travel training services or volunteer driver programs.</p>	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Increase in the range of transportation options and service providers available to current and new customers. • Expanded opportunity for residents to access key destinations. • Increased partnerships with public and private transportation providers. • Establishment of new programs to meet unmet transportation needs and fill gaps in current transportation options. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Expanded span through new services. • Increased days per week through new services. • Increase in total number of trips provided in region through new services.

Objectives	Possible Performance Measures
<p>Identify opportunities to coordinate service delivery to close gaps or eliminate overlaps.</p>	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Integrated service agreements between providers to minimize duplication of service and expand opportunities for customers to transfer between services or access multiple providers. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Increase in number of connections between transportation providers. • Increase in number of shared passenger facilities. • Increase in number of passenger transfers between service providers. • Increase in total regional passenger trips.
<p>Monitor services to ensure they are accessible, lead to livable communities and improve quality of life.</p>	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Increase in travel training services for older adults, individuals with disabilities, children, and youth. • Increase in the range of transportation options and service providers available to current and new customers. • Expanded service area to include destinations where individuals need to go for retail, health, and other services. • Increased options for same day service. • Increased options for safe walking and bicycling. • Increased opportunities for carpooling and vanpools. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Greater percent of households within ¼ mile of fixed-route or flexible-route transit service. • Increased number of trips on available transportation services.

Objectives	Possible Performance Measures
<p>Partnerships</p> <p>Explore the feasibility of establishing a regional or local consortium made up of human service agencies and public and private transportation providers in order to minimize expenses and secure more resources at less cost (more “bang for the buck”).</p>	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Active leadership of regional coordinated planning efforts. • Improved connectivity between transportation providers for more seamless service. • Greater customer access to additional transportation services. • Integrated fare programs for more seamless service. • Regional driver training programs. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Increase in number of connections either between routes, modes, or service providers that maximize the trip-making options available to individuals. • Increase in number of purchase of service agreements. • Increase in passenger trips on coordinated transportation services.
<p>Consider the effect of land use design and development on the provision of transportation mobility and accessibility.</p>	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Cooperative land use planning that includes transportation providers in the location of health and human service facilities, shopping centers, housing complexes, and other developments that impact need for expanded mobility options. • New residential or commercial/retail developments built within ¾ mile of existing transit services. • Adopted city ordinances setting standards to provide sidewalks for pedestrians to access transit stops. • Safe Routes to Schools program to encourage children to walk/bike to school. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Number of MOUs between providers and communities on land use or design.

Objectives	Possible Performance Measures
<p>Leverage limited funding and resources through partnerships.</p>	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Initiatives to encourage local government investment in transit programs. • Shared funding agreements between agencies and/or stakeholders for new service implementation. • Applications for new sources of funding. • Partnerships with private industry for funding support. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Increase in funding sources and amounts to support mobility management activities. • Increase in funding as compared to previous year. • Increase in local funding or through sources other than federal and state funds.
<p>Build a strong foundation for mobility management programs through funding and resource support.</p>	<p>Qualitative Measures</p> <ul style="list-style-type: none"> • Education programs provided to stakeholders, including elected officials, community organizations, health and human service agencies, and workforce programs. <p>Quantitative Measures</p> <ul style="list-style-type: none"> • Increase in stakeholder involvement in regional coordinated planning efforts. • Increase in number of purchase of service agreements.

Table 5-3: Summary of Mobility Management Program Alternatives

	Short-Term	Mid-Term	Long-Term
Organizational Structure	A structure will be organized to meet the MTC program and to work with regional stakeholders.	Continue similar arrangement unless conditions warrant change.	Continue similar arrangement unless conditions warrant change.
Functions	<p>Serve as the regional mobility manager for the MTC.</p> <p>Serve as a telephone one-stop for information on transportation services in the region.</p> <p>Implement a regional marketing program, with services marketed to individual customers, agency staff, employers, and other key community stakeholders.</p> <p>Coordinate efforts with regional 2-1-1 and other information-sharing programs.</p> <p>Facilitate regular regional transit planning meetings.</p> <p>Identify opportunities for improved coordination between public transit, human services transportation, and private transportation providers.</p>	<p>Continue to serve as regional mobility manager for MTC.</p> <p>Continue to serve as a one-stop for information on transportation services in the region.</p> <p>Continue and expand as appropriate regional marketing activities.</p> <p>Develop plans and apply for funding to implement a one-click option for the program.</p> <p>Work with transit systems in the region to implement more regional routes and services.</p> <p>Lead implementation of coordination opportunities identified through work with regional transportation providers.</p> <p>Lead updates of the region’s coordinated public transit-human services transportation plan.</p>	<p>Continue to serve as regional mobility manager for MTC.</p> <p>Continue to serve as telephone one-stop for information on transportation services in the region.</p> <p>Continue and expand as appropriate regional marketing activities.</p> <p>Implement a one-click component.</p> <p>Continue implementation of coordination opportunities identified through work with regional transportation providers.</p>

	Short-Term	Mid-Term	Long-Term
Staffing	<p>To be determined based on MTC needs.</p> <p>Assume at least one full-time position to respond to MTC trip requests and to customer calls and one full-time or part-time position to focus on outreach and marketing and to serve as backup for call center staff person. Possible support from school co-ops, where available.</p>	<p>Based on MTC need and call volumes, add appropriate positions.</p>	<p>Evaluate call volume and involvement of existing call center staff in other mobility management activities, and add staff as needed.</p>
Technology	<p>Utilize existing infrastructure at RCTA location.</p> <p>Assess need for expanded phone system capabilities.</p> <p>Facilitate possible connections of PCTrans scheduling software.</p>	<p>Continue similar arrangement unless a more advanced telephone system is needed.</p> <p>Identify website needs for establishing stand-alone website for the one-click option.</p>	<p>Continue similar arrangement unless a more advanced telephone system is needed.</p> <p>Implement one click component that offers information on providers and trip planning functions.</p>
Funding	<p>Assess funding opportunities through MTC efforts.</p> <p>Apply for funding through the Section 5310 Program.</p> <p>Conduct discussion with regional stakeholders to identify other funding opportunities.</p> <p>Identify possible public-private partnerships to support the program.</p>	<p>Continue to assess funding opportunities through MTC efforts.</p> <p>Continue to apply for Section 5310 funding to support and expand the program.</p> <p>Continue to pursue partnership opportunities and explore a variety of funding programs.</p>	<p>Continue to assess funding opportunities through MTC efforts.</p> <p>Continue to apply for funding through Section 5310 to support and expand program.</p> <p>Continue to pursue partnership opportunities and explore a variety of funding programs.</p>

Chapter 6

Adoption Process and On-Going Arrangements

Current FTA guidance for development of a coordinated transportation plan notes that the lead agency, in consultation with planning participants, should identify the process for adoption of the plan. Regional stakeholders determined that through their involvement in the development of this plan and their opportunity to review and comment on a draft version and to agree on identified strategies, this consensus serves as the adoption process.

While the CTAA technical assistance project and the development of this coordinated transportation plan provided a forum for discussions between local stakeholders, there is an opportunity to further build upon current regional coordination efforts by establishing an ongoing steering committee structure. This committee would include current planning participants, other appropriate representatives from organizations and agencies throughout the region, and the general public. This committee could meet two to three times a year, and, at a minimum, would:

- Work with MPTA in the implementation of the MTC initiative.
- Provide input on public transit and human service transportation needs and establishing priorities with regard to transportation services.
- Discuss possible applications for funding through the Section 5310 Program and other sources.
- Review and discuss coordination strategies in the region and provide recommendations for possible improvements to help expand mobility options.
- Determine a process for updates of this plan to meet current federal requirements (at least every six years), or more frequently as regional stakeholders deem appropriate.

COORDINATED TRANSPORTATION PLAN SUMMARY

This coordinated public transit-human services transportation plan aims to expand mobility options and address medical transportation needs in the six county region. Stakeholder input led to a focus on a mobility management approach, one that compliments and builds upon current coordination among transportation providers and draws on existing transportation resources. The plan is tailored to meet federal planning requirements for the Section 5310 Program, and thus opens the door for potential program funding. Implementing a regional mobility management program along with the other coordination strategies prioritized in this plan will ultimately enhance connectivity across county borders and improve mobility for residents throughout the Central Michigan region.

Appendix A:

FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the Federal Transit Administration (FTA) draft guidance for the Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) Program. The draft was released in July 2013. Final FTA guidance had not been released prior to issuance of this report.

Proposed Circulars: http://www.fta.dot.gov/legislation_law/12349_5607.html

Final Circulars: http://www.fta.dot.gov/laws/leg_reg_circulars_guidance.html

Federal Register Notices: http://www.fta.dot.gov/laws/leg_reg_federal_register.html

COORDINATED PLANNING

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES

TRANSPORTATION PLAN. Federal transit law, as amended by MAP-21, requires that projects selected for funding under the Section 5310, program be “included in a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers and other members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310 program. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5310.

2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.

- a. **Overview.** A locally developed, coordinated public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, seniors, and people with low incomes, provides

strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient, and the MPO, where applicable. The agency leading the planning process is decided locally and does not have to be the State or designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be developed through a process that includes participation by seniors, individuals with disabilities, representatives of public and private and non-profit transportation and human services transportation providers, and other members of the public. While the plan is only required in communities seeking funding under the Section 5310 program, a coordinated plan should incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

b. **Required Elements.** Projects selected for funding shall be included in a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

- (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
- (2) An assessment of transportation needs for individuals with disabilities and seniors. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service;
- (3) Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery; and
- (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

c. **Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan.** The decision for determining which agency has the lead for the development and coordination of the planning

process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning process may be different from the State or the agency that will serve as the designated recipient for the Section 5310 program. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities and seniors. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans, and action items. As new Federal requirements must be met, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under four other FTA programs – the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), Formula Grants for Rural Areas (Section 5311), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All “planning” activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

d. **Tools and Strategies for Developing a Coordinated Plan.** States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration:

- (1) **Community planning session.** A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for

implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation, or coordination, with the applicable metropolitan or statewide planning process.

- (2) **Self-assessment tool.** *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at www.unitedweride.gov, helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.
- (3) **Focus groups.** A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
- (4) **Survey.** The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the Internet, literacy levels, and limited English proficiency.
- (5) **Detailed study and analysis.** A community may decide to conduct a complex analysis using inventories, interviews, Geographic Information Systems (GIS) mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.

3. **PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS.** Recipients shall certify that the coordinated plan was developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of “participation.” Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. **Adequate Outreach to Allow for Participation.** Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. **Participants in the Planning Process.** Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g. private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 program must be “included in a locally developed, coordinated public transit-human services transportation plan” that was “developed through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers and participation by other members of the public.” The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities and seniors. Therefore, individuals, groups, and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including ADA paratransit providers and agencies administering the projects funded under FTA urbanized and rural programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers, including volunteer programs;
- (e) Past or current organizations funded under the Section 5310, JARC, and/or the New Freedom programs; and
- (f) Human service agencies funding, operating, and/or providing access to transportation services.

(2) Passengers and advocates:

- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities and seniors);
- (b) Protection and advocacy organizations;
- (c) Representatives from independent living centers; and

(d) Advocacy organizations working on behalf of targeted populations.

(3) Human service partners:

- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services, Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
- (b) Non-profit human service provider organizations that serve the targeted populations;
- (c) Job training and placement agencies;
- (d) Housing agencies;
- (e) Health care facilities; and
- (f) Mental health agencies.

(4) Other:

- (a) Security and emergency management agencies;
- (b) Tribes and tribal representatives;
- (c) Economic development organizations;
- (d) Faith-based and community-based organizations;
- (e) Representatives of the business community (e.g., employers);
- (f) Appropriate local or State officials and elected officials;
- (g) School districts; and
- (h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the project selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the common grant rule (49 CFR part 18).

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- c. **Levels of Participation.** The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. FTA expects that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

- d. **Adoption of a Plan.** As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the State's State Management Plan (SMP) and the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve coordinated plans. The recipient's grant application (see Appendix A) will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

- a. **Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes.** The coordinated plan may either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should ensure coordination and consistency between the coordinated planning process and metropolitan or

statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding must be incorporated into both the TIP and STIP in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for rural areas under 50,000 in population. In some areas, where the coordinated plan or project selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

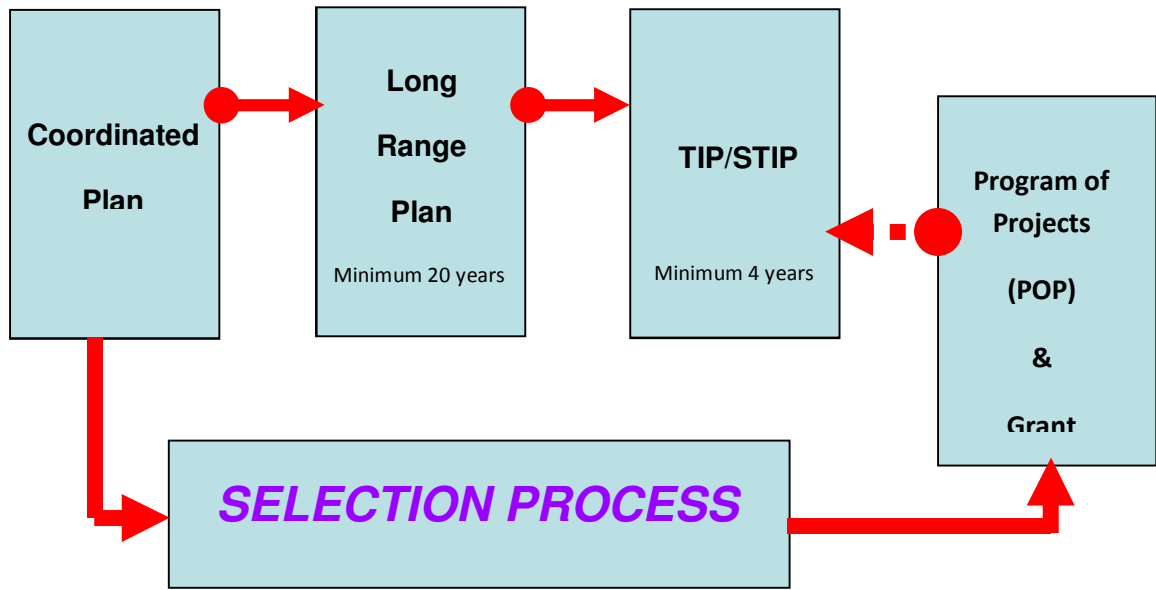
Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing, and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

- b. **Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning.** Title 49 U.S.C. 5303(i)(6) and 5304(f)(3), as amended by MAP-21, require MPOs and States to engage interested parties in preparing transportation plans, TIPs, and STIPs. “Interested parties” include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

- c. **Cycle and Duration of the Coordinated Plan.** At a minimum, the coordinated plan should follow the update cycles for MTPs (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
- d. **Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Rural Area Formula Grant Programs in the Coordinated Planning Process.** Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(b)(5), as amended by MAP-21, requires that, “Each recipient of a grant shall ensure that the proposed POP provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of DOT to determine that a State’s Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

The schematic below illustrates the relationship between the coordinated plan and the metropolitan and statewide planning processes.



Appendix B - Federal Programs Available for Use in Coordinated Transportation Arrangements

FEDERAL PROGRAMS AVAILABLE FOR USE IN COORDINATED TRANSPORTATION ARRANGEMENTS

In its 2003 report, the Government Accountability Office (GAO) identified 62 federal programs as having the greatest extent or potential for being used in partnership with Federal Transit Administration programs for serving “transportation disadvantaged” populations. In 2011, GAO revisited this question, and identified 80 such programs in that year’s report and testimony to Congress. On the following pages is a table summarizing salient information about these programs as of FY 2010, plus a dozen others, including the following elements:

- Agency and program name, and web site for additional program information
- Outlays of federal funds in FY 2010, as reported by the Office of Management and Budget, and the amount of federal funds spent specifically on transportation in FY 2009, if known, as reported by GAO.
- Indications as to primary target populations (key: “D” = individuals with disabilities, “E” = elderly persons, “L” = low-income persons or households, “V” = veterans, “Y” = children or youth)
- Indication as to whether the program has a planning mechanism at either a state or metropolitan level
- Indication as to whether the program’s funds can be used for mobility management activities as defined at 49 USC 5302(3)(K)
- Indication as to whether the program’s funds can be used to support call centers or one-call services
- Indication as to whether the program’s funds can be used to purchase transit fares, vouchers, or similar media
- Indication as to whether the program’s funds can be used to help purchase vans, buses or other vehicles

In reviewing and updating this table, these points emerge:

- The GAO 2003 methodology may not be perfect (for instance, it excludes a few agencies and programs, such as Indian Health Service, Indian Reservation Roads and other FHWA programs, that have documented histories of coordinated transit-human services partnerships), but has become a widely referenced basis of discussion.
- Most of the programs identified in 2003 by GAO are still in place (four have dropped, the United We Ride initiative identified two programs that have been added, and the 2011 GAO study identified 18 additional programs which have been added to this inventory).
- Aside from FTA programs, all others are restricted in the populations to be served, such as: persons at poverty or in low-income households (9 programs), youth and children (9

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES
APPENDIX, PAGE 2**

programs), clientele of specific public health programs (7 programs), persons with disabilities (6 programs), veterans (4 programs), elderly individuals (3 programs), Native Americans (3 programs), and adult job-seekers (3 programs).

- Most of these programs are administered by states, with varying degrees of decision-making at local level. Some programs have planning structures that could, in theory, mesh with DOT statewide transportation planning (18 programs, not including DOT programs), and only 3 non-DOT programs have planning structures that could theoretically mesh with DOT metropolitan planning processes and DOT coordinated human services transportation plans.
- Mobility management activities are at least theoretically allowable under 40 of these programs.
- The establishment and provision of “one-call” coordinated service delivery is allowable under 34 of these programs.
- Transit passes, vouchers, or other forms of fare payment are allowed uses of 35 of these programs’ federal funds.
- Vehicles or other transit-related capital assets can be purchased with 18 of these programs’ federal funds.

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
U.S. DEPARTMENT OF AGRICULTURE								
<i>Food and Nutrition Service</i>								
SNAP Employment and Training Program (formerly Food Stamp Employment and Training Program) http://www.fns.usda.gov/snap/rules/Memo/Support/employment-training.htm State nutrition agencies may receive grants from USDA to provide employment and training services for participants in their Supplemental Nutrition Assistance Program (formerly known as “Food Stamps”). Transportation services connected with participants’ job search, job training and job retention can be eligible uses of these funds, at a state’s discretion.	\$344m	L	States	N	N	N	N	N
Hunger-Free Communities http://www.fns.usda.gov/outreach/grants/hfc_grants.htm The Hunger-Free Communities grants are a one-time opportunity for funds aimed at helping communities increase food access by promoting coordination and partnerships between public, private and non-profit partners.	\$5m	L	Local entities	N	N	Y	Y	Y
<i>USDA Rural Development</i>								
Community Facilities Loans and Grants http://www.rurdev.usda.gov/HCF_CF.html Community Facilities Programs provide loans and grants and loan guarantees for water and environmental projects, as well as community	\$490m (in lending authority)	Other	Local entities	N	N	N	N	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 3

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
facilities projects. Community facilities projects develop essential community facilities for public use in rural areas and may include hospitals, fire protection, safety, as well as many other community-based initiatives, including rural transit facilities.								
DEPARTMENT OF EDUCATION								
<i>Office of Elementary and Secondary Education</i>								
21 st Century Community Learning Centers http://www2.ed.gov/programs/21stcccl/index.html This program supports the creation of community learning centers that provide academic enrichment opportunities during non-school hours for children, particularly students who attend high-poverty and low-performing schools. The program helps students meet state and local student standards in core academic subjects, such as reading and math; offers students a broad array of enrichment activities that can complement their regular academic programs, including transportation services related to these activities; and offers literacy and other educational services to the families of participating children.	\$1.2b	Y	States	N	N	N	N	N
<i>Office of Innovation and Improvement</i>								
Voluntary Public School Choice http://www2.ed.gov/programs/choice/index.html This program supports efforts to establish or expand intradistrict, interdistrict, and open enrollment public school choice programs to provide parents, particularly parents whose children attend low-performing public schools, with expanded education options. Programs and projects assisted are required to use a portion of the grant funds to provide the students selected to participate in the program with transportation services, or the cost of transportation, to and from the public elementary schools and secondary schools, including charter schools, which the students choose to attend under the program. The nature of how funds may be spent on transportation services will hinge, in large part, on each state's unique requirements concerning school bus transportation.	\$26m	Y	States, local entities	N	N	N	N	N
<i>Office of Special Education and Rehabilitative Services</i>								
Special Education State Grants (Assistance for Education of All Children with Disabilities) Special Education Pre-School Grants Special Education Grants for Infants and Families http://www2.ed.gov/about/offices/list/osers/osep/programs.html The Office of Special Education Programs (OSEP) supports a comprehensive array of	\$11.5b	Y	States	State	N	N	N	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 4

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
<p>programs and projects authorized by the <i>Individuals with Disabilities Education Act (IDEA)</i> that improve results for infants, toddlers, children and youth with disabilities. Transportation is a critical element to these programs' success, but the nature of how these funds may be spent on transportation services will hinge, in large part, on each state's unique requirements concerning school bus transportation.</p>								
<p>Centers for Independent Living Independent Living State Grants http://www.rsa.ed.gov/programs.cfm?pc=CIL&ub=purpose Independent Living Services for Older Individuals Who Are Blind http://www2.ed.gov/programs/rsailob/index.html Supported Employment Services for Individuals with Most Significant Disabilities http://www.rsa.ed.gov/programs.cfm?pc=SE&ub=purpose Through a combination of formula-based grants to states' independent living councils, grants to individual centers for independent living, grants to states to provide independent living for older persons who are blind, and grants to help support employment opportunities for individuals with significant disabilities, persons with disabilities receive training, counseling, advocacy and supportive services that enable them to be more fully integrated into the mainstream of American society.</p>	\$255m	D	States	N	Y	Y	Y	Y
<p>Vocational Rehabilitation Grants http://www.rsa.ed.gov/programs.cfm?pc=BASIC-VR&sub=purpose Vocational rehabilitation grants are distributed to state rehabilitation agencies on a formula basis to provide a full range of rehabilitative services. Funds may be used for transportation to these services.</p>	\$3.1b Transport: \$79.4m	D	States	State	Y	N	Y	N
<p>Vocational Rehabilitation Projects for American Indians with Disabilities http://www2.ed.gov/programs/vramerind/index.html The purpose of this program is to assist tribal governments to develop or to increase their capacity to provide a program of vocational rehabilitation services, in a culturally relevant manner, to American Indians with disabilities residing on or near federal or state reservations. Funds may be used for transportation to these services.</p>	\$43m	D	Tribes	N	Y	N	Y	N
DEPARTMENT OF HEALTH AND HUMAN SERVICES								
<i>Administration for Children and Families</i>								
<p>Social Services Block Grant http://www.acf.hhs.gov/programs/ocs/ssbg/index.html Also known as Title XX, this program provides formula funds to state welfare agencies for the provision of social services, often including</p>	\$1.7b	L	States	State	Y	Y	Y	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 5

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
transportation, that help individuals reduce welfare dependency, achieve economic self-sufficiency, or forestall unnecessary use of institutional care. Many states rely of this program to fill programmatic gaps that cannot be addressed through TANF (see below).								
Child Care and Development Fund http://www.acf.hhs.gov/programs/ccbf/ The CCDF program is authorized by the Child Care and Development Block Grant Act and Section 418 of the Social Security Act and assists low-income families in obtaining child care so that they can work or attend training and/or education activities. The program also improves the quality of child care and promotes coordination among early childhood development and afterschool programs.	\$2.1b	Y	States	State	Y	N	Y	N
Head Start http://www.acf.hhs.gov/programs/ohs/ Head Start is a program of comprehensive services for economically disadvantaged preschool children. Funds are distributed to tribes and local public and nonprofit agencies to provide child development and education services, as well as supportive services such as transportation. Head Start funds are used to provide transportation services, acquire vehicles and provide technical assistance to local Head Start centers.	\$7.2b	Y	Local entities	N	Y	N	Y	Y
Refugee and Entrant Assistance Programs http://www.acf.hhs.gov/programs/orr/ This is a family of programs that distribute funds on reimbursement, formula and discretionary bases for cash medical assistance and social services to refugees. A leading program goal is to help refugees quickly achieve economic self-sufficiency. Transportation is supported when provided as a component of these services.	\$563m	other	States	N	Y	Y	Y	N
Developmental Disabilities Basic Support and Advocacy Grants (State Councils on Developmental Disabilities and Protection and Advocacy Grants) http://www.acf.hhs.gov/programs/add/addprogram.html Developmental Disabilities Projects of National Significance http://www.acf.hhs.gov/programs/add/pns/pns.html The Administration on Developmental Disabilities (ADD) provides formula-based grants to state agencies serving the developmentally disabled, and also awards discretionary grants for demonstrations and special projects that address the unique needs of persons with developmental disabilities. Among the activities supported through these various grants are employment-, training- and housing-related services. Transportation often figures into ADD-funded projects and services.	\$130m	D	States	State	Y	Y	N	N
Temporary Assistance to Needy Families http://www.acf.hhs.gov/programs/ofa/tanf/index.html	\$16.5b Trans-	L	States	State	Y	N	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 6

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
States receive these formula grants, known as TANF, to provide cash assistance, work opportunities, and necessary support services for needy families with children. States may choose to spend some of their TANF funds on transportation and related services needed by program beneficiaries.	port: \$355.3m							
Community Services Block Grant http://www.acf.hhs.gov/programs/ocs/csbq/index.html Under this family of programs, states and tribes receive funding to provide a broad range of services for low-income persons. Most of the funds in this set of programs are awarded as formula-based grants to states, which pass them on to local community action programs. An important component of these community services programs is the Job Opportunities for Low-income Individuals (JOLI) program, through which the federal Office of Community Services awards discretionary grants to local non-profits who are creating employment and business opportunities for welfare recipients and other low-income individuals. Transportation services are commonly provided in both the block grant and JOLI programs.	\$700m	L	States	N	Y	Y	Y	Y
Transitional Living Program for Older Homeless Youth http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/tlpfactsheet.htm The Transitional Living Program provides competitive grants to support projects that provide long-term residential services to homeless youth ages 16-21. The services offered are designed to help young people who are homeless make a successful transition to self-sufficient living. Transitional living programs are required to provide youth with stable, safe living accommodations, and services – sometimes including transportation – that help them develop the skills necessary to become independent.	\$39m	Y	Local entities	N	N	N	Y	N
Native American Programs http://transition.acf.hhs.gov/programs/ana/programs The Administration for Native Americans promotes social and economic self-sufficiency in communities through its Social and Economic Development Services (SEDS) grants. These competitive financial assistance grants support locally determined projects designed to reduce or eliminate community problems and achieve community goals, which can include strategies for addressing transportation and mobility goals.	\$22m	Other	Tribes	N	Y	Y	Y	Y
Native Employment Works (Tribal Work Grants) http://www.acf.hhs.gov/programs/ofa/programs/new The purpose of the Native Employment Works (NEW) program is to make work activities available to Native Americans. Allowable activities include educational activities, training	\$8m	L	Tribes	N	N	N	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 7

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
and job readiness activities, employment activities, and supportive and job retention services such as transportation; child care; items such as uniforms, clothing, tools, and eyeglasses that are needed for employment or training; medical services; counseling, et al.								
Chafee Foster Care Independence Program http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee.htm The John H. Chafee Foster Care Independence Program offers assistance to help current and former foster care youths achieve self-sufficiency. Grants are offered to States and Tribes who submit a plan to assist youth in a wide variety of areas designed to support a successful transition to adulthood. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care. The program is intended to serve youth who are likely to remain in foster care until age 18, youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption, and young adults ages 18-21 who have "aged out" of the foster care system.	\$140m	Y	States Tribes	State Tribal	Y	N	Y	N
Administration on Aging								
Supportive Services and Senior Centers http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/supportive_services/index.aspx Through this program, authorized under Title III-B of the Older Americans Act, funds are awarded by formula to state units on aging for the purpose of providing supportive services to older persons, including the operation of multi-purpose senior centers. In turn, states award funds to area agencies on aging, most of whom use a portion of their funding allocations to help meet the transportation needs of older persons.	\$368m Transport: \$72.3m	E	States	State Metro	Y	Y	Y	Y
Services for Native American Elders (Program for American Indian, Alaskan Native and Native Hawaiian Elders) http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Native_Americans/index.aspx Authorized by Title VI of the Older Americans Act, this program supports nutrition, information and referral, multi-purpose senior centers and other supportive services for American Indian Alaskan Natives and Native Hawaiian elders. Transportation is among the supportive services provided through this program. Federally recognized tribes, Alaska native corporations and Native Hawaiian organizations are the only eligible grant recipients.	\$28m	E	Tribes	N	Y	Y	Y	Y
Centers for Disease Control and Prevention								
Communities Putting Prevention to Work http://www.cdc.gov/communitiesputtingpreventiononwork/	\$5m	Other	Local entities	N	Y	N	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 8

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
First established under the American Recovery and Reinvestment Act, and then continued under the Affordable Care Act, Communities Putting Prevention to Work (CPPW) is a locally driven initiative supporting 50 communities to tackle obesity and tobacco use. Through CPPW, these communities are implementing environmental changes to make healthy living easier, such as improving means for safe active transportation for pedestrians, bicyclists and transit users; ensuring provision of healthy food and beverage options in schools; limiting exposure to secondhand smoke; and increasing available tobacco cessation resources.								
Centers for Medicare and Medicaid Services								
Medicaid http://www.cms.gov/home/medicaid.asp Medicaid is a state-federal partnership that ensures medical assistance to qualified low-income persons and persons with disabilities. States are mandated to provide certain categories of health care, and some choose to expand these benefits as appropriate for their beneficiary population. There is a federal mandate for states to arrange the provision of transportation when necessary for accessing health care, but each state may set their own guidelines, payment mechanisms, and participation guidelines for these transportation services. Over the past dozen years, federal legislation has expanded the scope of mandated Medicaid coverage: the 1999 Ticket to Work and Work Incentives Improvement Act required a Medicaid safety net of continued health coverage and related services for qualified persons with disabilities who are entering the workforce. The 2010 Affordable Care Act requires states to extend Medicaid eligibility to all persons at or below 133 percent of the federal poverty line.	\$286.2b Transport: \$704.0m	L	States	State	Y	Y	Y	N
Children's Health Insurance Program (State Children's Health Insurance Program) http://www.cms.gov/home/chip.asp States receive formula-based funds under this program to initiate and expand child health assistance for uninsured, low-income children. States may accomplish this goal either by providing health insurance benefits to eligible children, or by expanding the coverage of their Medicaid program (see above) to include these children under those benefits. In either case, state may choose to include transportation as a covered benefit.	\$10.7b Transport: \$4.5m	Y	States	State	Y	Y	Y	N
Health Resources and Services Administration								
Health Centers Program (Community Health Centers) http://bphc.hrsa.gov/ Federal funds are allocated to community-based health centers in medically underserved	\$2.1b Transport: \$24.3m	L	Local entities	N	N	N	N	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 9

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
areas, migrant and seasonal farmworker communities, public housing sites, and at locations provide medical care to homeless persons. Funds may be used to provide transportation services as necessary for the delivery of primary health care services. A few community health centers provide transportation services directly, and some others contract with other providers to meet their transportation needs.								
State Health Access Program (Healthy Communities Access Program) http://www.hrsa.gov/statehealthaccess/index.html This program of competitive grants builds on existing models of health care service integration to help health care providers develop integrated, community-wide health systems that serve the uninsured and underinsured. Grants are designed to increase access to health care by eliminating fragmented service delivery, improving efficiencies among safety net providers, and by encouraging greater private sector investment. To the extent that participating networks choose to include transportation services as part of their funded health care "safety net," such services can be supported with these funds.	\$75.0m	L	States	N	N	Y	N	N
HIV Care ("Ryan White") Formula Grants http://hab.hrsa.gov/ Authorized under the Ryan White AIDS CARE Act, these comprise a set of programs that help communities provide emergency assistance, comprehensive HIV/AIDS care, early intervention, dental services, education and outreach, training, and pediatric services to children with HIV/AIDS. Some of these funds are awarded on a formula basis to state public health agencies, others are awarded directly to health agencies in communities disproportionately affected by HIV/AIDS, and some funds are available for competitive, discretionary grants. In many communities, health agencies use a small portion of these funds to contract for, or reimburse, necessary transportation services.	\$2.3b	Other	States	State	Y	Y	N	Y
Maternal and Child Health Block Grant (Maternal and Child Services Grants) http://mchb.hrsa.gov/programs/default.htm Most of these funds are distributed to states as formula-based block grants to help provide health services to mothers, infants and children. There are particular emphases on caring for children with special health care needs and children in low-income families. Some of these funds are reserved to help support competitive grants for special projects of regional or national significance. Both formula and discretionary grants' funds may be used to support transportation that is part of these grants' services.	\$661m	Other	States	N	N	Y	N	N
Rural Health Program Grants	\$107m	Other	States	N	Y	Y	N	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 10

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
(Rural Health Care, Rural Health Network, and Small Health Care Provider Grants). http://www.hrsa.gov/ruralhealth/grants/index.html Through this initiative, state offices of rural health receive funds for discretionary grants to rural hospitals that then form integrated networks to address community health needs, such as the formation of rural health maintenance organizations, co-located health and social services, telemedicine, or transportation services as needed for rural residents' health care. A portion of these programs' funds are reserved for federally awarded demonstration grants to expand or enhance the availability of health services in rural areas.	Transport: \$187K							
Healthy Start Initiative http://mchb.hrsa.gov/healthystart/phase1report/ This initiative supports a community-oriented approach to reducing infant mortality. A total of 94 Healthy Start communities have been designated to demonstrate this program. There are no funds for replication or for additional sites. Transportation services that help link pregnant women and new mothers to necessary health care and related services are provided in some of the initiative's locations.	\$105m	Y	Local entities	N	N	N	Y	Y
Indian Health Service								
Urban Indian Health Program http://www.ihs.gov/nonmedicalprograms/urban/UJHP.asp The Indian Health Service addresses the health care needs of urban American Indian and Alaska Native populations by funding 34 urban Indian health organizations operating at 41 sites located in cities throughout the United States. These health organizations engage in a variety of activities, ranging from the provision of outreach and referral services to the delivery of comprehensive ambulatory health care. Services currently include medical services, dental services, community services, alcohol and drug abuse prevention, education and treatment, AIDS and sexually transmitted disease education and prevention services, mental health services, nutrition education and counseling services, pharmacy services, health education, optometry services, social services (including transportation), and home health care.	\$43m Transport: \$27K	Other	Local entities	N	N	N	Y	N
Community Health Representatives http://www.ihs.gov/NonMedicalPrograms/chr/ The Indian Health Service typically does not provide direct transportation services. Instead, it relies on its network of Community Health Representatives (CHRs) to provide not only health outreach and health promotion services, but also to provide transportation as needed for American Indians and Alaska Natives to access the medical services at IHS facilities.	n/a	Other	IHS-employed CHRs	N	N	N	N	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 11

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Special Diabetes Program for Indians http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPI This is a program to treat and prevent diabetes among American Indians and Alaska Natives. Grants are provided on a discretionary basis to IHS, tribal and urban Indian Health programs to provide community-based diabetes treatment and prevention services, including the transportation aspects of diabetes countermeasures such as physical fitness and access to nutrition	\$112m Transport: \$359K	Other	IHS facilities and programs	N	Y	N	Y	N
Substance Abuse and Mental Health Services Administration								
Community Mental Health Services Block Grant http://www.samhsa.gov/about/cmhs.aspx The Community Mental Health Services Block Grant is a formula grant awarded to states and territories to improve access (including transportation, if necessary) to community-based health care delivery systems for adults with serious mental illnesses and children with serious emotional disturbances.	\$400m	Other	States	State	Y	Y	N	N
Substance Abuse Prevention and Treatment Block Grants http://www.samhsa.gov/grants/blockgrant/ States receive these formula-based grants to address substance abuse prevention, treatment, recovery supports and other services (sometimes including transportation) that will supplement services covered by Medicaid, Medicare and private insurance.	\$1.8b	Other	States	N	Y	Y	N	N
Comprehensive Community Mental Health Services Program for Children and Their Families http://www.samhsa.gov/grants/ Under this program, competitively selected communities provide coordinated mental health services to children and families through a system of care that is not limited to traditional mental health services, but may also offer services such as respite care, tutoring, vocational counseling, legal services, peer-to-peer and family-to-family support systems, and therapeutic recreation, along with the possibility of necessary transportation for these services.	\$85m	Other	Local entities	N	N	N	Y	N
Access to Recovery http://www.atr.samhsa.gov/ Access To Recovery (ATR) is a program of three-year competitive grants program funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. ATR provides vouchers to clients for purchase of substance abuse clinical treatment and recovery support services. The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community based providers for clinical treatment and recovery support services, including transportation.	\$95m Transport: \$3.0m	Other	Local entities	N	N	N	Y	N
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT								

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 12

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
Office of Community Planning and Development								
Community Development Block Grant http://www.hud.gov/offices/cpd/communitydevelopment/programs/ The Community Development Block Grant (CDBG) program supports a wide variety of community and economic development activities, with priorities determined at the local level. Some communities have used CDBG funds to assist in the construction of transportation facilities or for operating expenses and vehicle acquisition for community transportation services. Most CDBG funds are distributed on a formula basis to entitled cities, states and urban counties, but some funds are retained for national community development initiatives.	\$3.9b Transport: \$4m	L	States, local entities	State Metro	Y	Y	Y	Y
Emergency Solutions Grants (formerly Emergency Shelter Grants) http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless/programs/esg The purpose of the Emergency Solutions Grant (ESG) program is to assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG funds are available for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and data collection through the Homeless Management Information System. Transportation costs related to emergency shelter services are eligible under this program.	\$250m	Other	States, local entities	N	N	N	Y	N
Housing Opportunities for Persons with AIDS http://www.hud.gov/offices/cpd/aidshousing/index.cfm The Housing Opportunities for Persons with AIDS (HOPWA) program provides grants for housing and supportive services for low-income persons with HIV/AIDS and their families. Grants may be used to provide transportation services to assist clients in accessing health care and other services. Most of this program's funding is awarded on a formula basis to state and city governments, who then may contract with local providers of transportation and other services.	\$314m Transport: \$2.6m	Other	States, local entities	State Metro	Y	Y	Y	N
Supportive Housing and Related Programs for the Homeless http://www.hud.gov/offices/cpd/homeless/programs/shp/ Through programs authorized by the McKinney-Vento Act, HUD helps local governments and private nonprofits provide housing and supportive services to homeless persons. Transportation is among the services many of these local housing providers seek to furnish for their residents. Most McKinney Act	\$1.7b Transport: \$43.0m	Other	States, local entities	N	Y	Y	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 13

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funds are awarded by formula to states and localities, but some are available for competitive grants from HUD's headquarters offices. Another aspect of the McKinney-Vento Act is that it requires federally owned facilities or property that no longer is needed for federal purposes to be considered first for use to serve the needs of the homeless before being considered for sale or transfer to non-federal entities.								
Office of Public and Indian Housing								
HOPE VI (Revitalization of Severely Distressed Public Housing) http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm These grants allow public housing authorities to improve the living environments for residents of severely distressed public housing through demolition, revitalization or replacement of housing units. This program's funds also may be used to promote sustainable community development and supportive services, including transportation. HOPE VI funds may be used as matching funds for Federal Transit Administration programs.	\$120m	L	Local entities	N	Y	Y	Y	Y
Moving to Work http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/mtw Moving to Work (MTW) is a demonstration program for public housing authorities (PHAs) that provides them the opportunity to design and test innovative, locally-designed strategies that use Federal dollars more efficiently, help residents find employment and become self-sufficient, and increase housing choices for low-income families. MTW gives PHAs exemptions from many existing public housing and voucher rules and more flexibility with how they use their Federal funds, including some opportunities to include transportation services as appropriate to local priorities.	\$3.8b	L	Local entities	N	Y	N	Y	N
Resident Opportunities and Self Sufficiency Service Coordinators (ROSS) http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/ross/about The purpose of the ROSS Service Coordinator program is to provide funding to hire and maintain Service Coordinators who will assess the needs of residents of conventional Public Housing or Indian housing and coordinate available resources in the community to meet those needs. This program works to promote the development of local strategies to coordinate the use of assistance under the Public Housing program with public and private resources, for supportive services and resident empowerment activities. These services should enable participating families to increase earned	\$66m	L	Local entities	N	Y	N	N	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 14

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
income, reduce or eliminate the need for welfare assistance, make progress toward achieving economic independence and housing self-sufficiency, or, in the case of elderly or disabled residents, help improve living conditions and enable residents to age-in-place.								
Choice Neighborhoods http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/cn Choice Neighborhoods grants transform distressed neighborhoods and public and assisted projects into viable and sustainable mixed-income neighborhoods by linking housing improvements with appropriate services, schools, public assets, transportation, and access to jobs.	\$122m	L	Local entities	N	N	N	N	N
Office of Housing								
Supportive Housing for the Elderly http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/eld202 Also known as Section 202, this program helps expand the supply of affordable housing with supportive services for the elderly. It provides very low-income elderly with options that allow them to live independently but in an environment that provides support activities such as cleaning, cooking, transportation, etc.	\$411m	E	Local entities	N	Y	N	Y	N
Supportive Housing for Persons with Disabilities http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/disab811 Through the Section 811 Supportive Housing for Persons with Disabilities program, HUD provides funding to develop and subsidize rental housing with the availability of supportive services, including transportation, for very low-income adults with disabilities.	\$115m	D	Local entities	N	Y	N	Y	N
Congregate Housing Services Program http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/chsp <i>Although HUD has made no new grants under this program since 1995, it continues to provide technical assistance to assist previous recipients in their efforts to provide meals and other supportive services needed by frail elderly residents and residents with disabilities in federally subsidized housing.</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Office of Sustainable Housing and Communities								
Sustainable Communities Initiative http://portal.hud.gov/hudportal/HUD?src=/program_offices/sustainable_housing_communities/ The objective of the Sustainable Communities Initiative is to stimulate more integrated and sophisticated regional planning and outcomes that guide state, metropolitan and local investments in land use, transportation and house, as well as challenging localities to undertake zoning and land use reforms. This	\$102m	Other	States, local entities	Y	Y	Y	N	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 15

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
initiative has undertaken national competitive challenge grants, competitive regional planning grants, and competitive capacity building grants.								
DEPARTMENT OF INTERIOR								
<i>Bureau of Indian Affairs</i>								
Tribal Human Services http://www.bia.gov/WhoWeAre/BIA/OIS/HumanServices/index.htm The Bureau of Indian Affairs' Division of Human Services provides direct funding to individuals and activities related to social services, welfare assistance, Indian child welfare and tribes' human services program administration.	\$118m	Other	Tribes, Individuals	N	Y	Y	Y	N
Tribal Community, Economic & Workforce Development http://www.bia.gov/WhoWeAre/AS-IA/IEED/DWD/index.htm The Bureau of Indian Affairs' Division of Workforce Development manages a wide variety of job placement and training activities to promote job training and employment opportunities. These include coordination of federal employment and training resources for tribes, providing training for economic development opportunities towards job creation, and administering other tribal job training programs.	\$42m	Other	Tribes	N	Y	Y	Y	N
<i>Bureau of Indian Education</i>								
Indian Schools Student Transportation Assistance for Indian Children with Severe Disabilities Administrative Cost Grants for Indian Schools Indian Education Assistance to Schools http://www.bie.edu/Schools/PrimarySecondary/index.htm The Bureau of Indian Education oversees a total of 183 elementary and secondary schools, located on 64 reservations in 23 states. Of these, 59 are BIE-operated and 124 are Tribally-operated under BIE contracts or grants. The Bureau also funds or operates off-reservation boarding schools and peripheral dormitories near reservations for students attending public schools. BIE provides for school bus transportation of children to and from its schools. Furthermore, BIE provides for the educational needs of Indian children with disabilities, including their necessary transportation, in compliance with the Individuals with Disabilities Education Act.	\$147m Transport: \$50.5m	Y	Tribes	N	N	N	N	Y
Family and Child Education http://www.bie.edu/Programs/FACE/index.htm Known by its acronym as FACE, this program was initiated in 1990, and currently has programs in 44 Bureau of Indian Education (BIE) funded schools. It was designed as a family literacy program, and has become an	\$11m	Y	Tribes	N	N	N	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 16

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
integrated model for an early childhood/parental involvement program for American Indian families in BIE-funded schools. The goals of the FACE program are: to support parents/primary caregivers in their role as their child's first and most influential teacher; to increase family literacy; to strengthen family-school-community connections; to promote the early identification and services to children with special needs; to increase parent participation in their child's learning; to support and celebrate the unique cultural and linguistic diversity of each American Indian community served by the program; and to promote lifelong learning. Transportation in support of these goals may be provided.								
DEPARTMENT OF LABOR								
<i>Employment and Training Administration</i>								
Trade Adjustment Assistance Training Grants http://www.doleta.gov/tradeact/ The Trade Adjustment Assistance (TAA) program is a federal program that provides a path for employment growth and opportunity through aid to US workers who have lost their jobs as a result of foreign trade. The TAA program seeks to provide these workers with opportunities to obtain the skills, resources and support they need to become reemployed.	\$685m	Other	States	N	Y	N	Y	N
Welfare to Work Grants for Tribes <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Welfare to Work for States and Local Governments <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Work Incentive Grants <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Workforce Investment Act Adult & Dislocated Worker Programs http://www.doleta.gov/programs/general_info.cfm Workforce Investment Act Youth Activities http://www.doleta.gov/youth_services/ Native American Employment and Training http://www.doleta.gov/dinap/ National Farmworker Jobs Program (Migrant and Seasonal Farmworker Program) http://www.doleta.gov/MSFW/html/NFJP.cfm The Workforce Investment Act (WIA) authorizes funding to state, tribal and local workforce development agencies for a variety of employment and training services for youths, adults, dislocated workers, migrant and seasonal farmworkers and their families, and Native Americans. These funds may be used to help provide transportation to training programs for program participants.	\$3.5b	Other	States	State Metro	Y	Y	Y	N
Youthbuild http://www.doleta.gov/youth_services/youthbuild.cfm	\$116m	Y	Local entities	N	N	N	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 17

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
Youthbuild is an alternative education program that assists youth who are often significantly behind in basic skills with obtaining the education and employment skills necessary to achieve economic self-sufficiency, while also providing these disadvantaged youth with opportunities for meaningful work, fostering a commitment to community development among youth in low-income communities, and expanding the supply of permanent affordable housing by utilizing the energies and talents of disadvantaged youth.								
Youth Opportunity Grants <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Senior Community Service Employment Program http://www.doleta.gov/seniors/ This program, authorized at Title V of the Older Americans Act, provides formula grants to states, and grants to national nonprofit organizations, for subsidized employment and related services for low-income elders. Transportation is among the services provided through this program.	\$820m	E	States	N	Y	Y	Y	N
Employment Standards Administration								
Black Lung Benefits Program http://www.dol.gov/owcp/dcmwc/regs/compliance/bltable.htm Coal industry workers who have been disabled from pneumoconiosis, or "Black Lung Disease," and the widow(er)s and surviving dependents of these workers, receive monthly cash payments and other benefits from the Black Lung Disability Trust Fund. In addition to the cash payments, which carry no restriction on their use, persons disabled due to pneumoconiosis are reimbursed for their travel to and from necessary medical care; these reimbursements can be for payments to transportation providers.	\$596m	Other	Eligible individuals	N	Y	N	Y	N
Office of Job Corps								
Job Corps http://www.jobcorps.gov/home.aspx Job Corps is an alternative education and training program that helps young people from low-income households earn a high school diploma or GED, and find and keep a good job.	\$1.7b	Y		N	N	N	Y	N
Veterans' Employment and Training Service								
Veterans Workforce Investment Program (Veterans' Employment Program) http://www.dol.gov/vets/programs/vwip/main.htm Homeless Veterans Reintegration Project http://www.dol.gov/vets/grants/hvrp.htm The Labor Department's Veterans' Employment and Training Service addresses the specific needs of veterans, including veterans with disabilities, as they transition from military service to non-military employment. Working	\$43m	V	State	State	Y	Y	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 18

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
through state and local workforce agencies, veterans groups, and One-Stop Career Centers, a variety of job search, training, transitional assistance and necessary supportive services, occasionally including transportation, are provided to veterans, with particular emphasis paid to addressing the needs of veterans with disabilities and homeless veterans.								
DEPARTMENT OF TRANSPORTATION								
<i>Federal Transit Administration</i>								
Over-the-Road Bus Accessibility Grants http://www.fta.dot.gov/funding/grants/grants_financing_11856.html This is a program of grants to help private operators of over-the-road buses finance a portion of their costs in complying with unique aspects of the Americans with Disabilities Act that pertain to these vehicles and their operations. <i>NOTE: This program discontinued as of FY 2013, per MAP-21.</i>	\$6m	Other	Private bus companies	N	N	N	N	N
Transit Capital Assistance for Elderly Persons and Persons with Disabilities http://www.fta.dot.gov/funding/grants/grants_financing_3556.html Known by its authorizing legislation as Section 5310, this program provides formula funding to state for the purpose of assisting private nonprofit groups and certain public bodies in meeting the transportation needs of elders and persons with disabilities. With a limited number of exceptions, funds may be used only for capital expenses or purchase-of-service agreements. States receive these funds on a formula basis. <i>NOTE: This program revised significantly in FY 2013, per MAP-21.</i>	\$176m	E. D	States	State	Y	Y	N	Y
Job Access and Reverse Commute Program http://www.fta.dot.gov/funding/grants/grants_financing_3550.html The Job Access and Reverse Commute program (JARC) promotes transportation services in urban and rural areas that assist welfare recipients and low-income individuals in accessing employment opportunities. Funding is distributed by formula to urbanized areas over 200,000 population, and to states for projects in rural areas and in urbanized areas of less than 200,000 population. <i>NOTE: This program discontinued as of FY 2013, per MAP-21.</i>	\$163m	L	States, local entities	State Metro	Y	Y	N	Y
Federal Transit Formula Grants – Nonurbanized (“rural”) Areas http://www.fta.dot.gov/funding/grants/grants_financing_3555.html Commonly known by its authorizing legislation as Section 5311, this is a program of formula funding to states for the purpose of supporting public transportation in areas with populations of less than 50,000. Funds may be used to support administrative, capital or operating	\$633m	Other	States	State	Y	Y	Y	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 19

Agency & Program	FY2010 Funding (& transportation amount, if known)	Primary Target Population	Who are the main direct recipients of Federal funds?	Statewide and/or Metropolitan (or equiv) Planning?	Is Mobility Management Eligible?	Can One-Call Services be Funded?	Can Transit Fares/ Vouchers be Purchased?	Can Vehicles be Purchased?
costs of local transportation providers. States are to spend 15 percent of their funding allocations on rural intercity bus needs, unless their governor certifies these needs already are adequately met. States may distribute funding to public, private non-profit, or tribal organizations.								
<p>Federal Transit Formula Grants – Urbanized Areas http://www.fta.dot.gov/funding/grants/grants_financing_3561.html Commonly known by its authorizing legislation as Section 5307, this program provides formula-based funding for transit projects in urbanized areas with populations greater than 50,000. In areas with populations greater than 200,000, funds are apportioned directly to designated recipients in the urbanized area, and may be used almost solely for capital expenses, although both preventive maintenance and mobility management activities are considered eligible capital expenses (these urbanized areas also may spend up to 10 percent of their Section 5307 allocations on the costs of their ADA complementary paratransit operations, and are required to spend 1 percent of their allocations on safety and security, and 1 percent on transit enhancements). In urbanized areas with populations between 50,000 and 200,000, Section 5307 funds may be used either for capital or operating costs, and typically are allocated to states for distribution among the smaller urbanized areas within the state.</p>	\$4.9b	Other	States, local entities	State Metro	Y	Y	Y	Y
<p>New Freedom Program http://www.fta.dot.gov/funding/grants/grants_financing_3549.html The New Freedom formula grant program aims to reduce barriers to transportation services and expand the transportation mobility options available to persons with disabilities act beyond the requirements of the Americans with Disabilities Act of 1990 (ADA). Funds are available to provide both capital and operating assistance to projects that provide accessible transportation services beyond the accessible transportation requirements of the ADA. Projects must be derived from a locally developed, coordinated public transit-human services transportation plan. <i>NOTE: This program discontinued as of FY 2013, per MAP-21.</i></p>	\$90m	D	States, local entities	State Metro	Y	Y	Y	Y
<p>Federal Transit Capital Investment Grants http://www.fta.dot.gov/funding/grants/grants_financing_3557.html Commonly known by its authorizing legislation as Section 5309, this is a program of capital assistance grants for (a) new rail and other fixed-guideway transit systems, (b) modernization of existing rail and other fixed-guideway systems, and (c) buses and bus facilities. <i>NOTE: This program revised significantly in FY 2013, per MAP-21.</i></p>	\$3.3b	Other	States, local entities	State Metro	N	N	N	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 20

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
Federal Highway Administration								
Indian Reservation Roads http://fh.fhwa.dot.gov/programs/irr/ The Indian Reservation Roads Program addresses transportation needs of tribes by providing funds for planning, designing, construction and maintenance activities. These funds may be used for the capital and operating costs of tribal transit programs, as based on plans that assess the condition and relative need of all transportation infrastructure on Indian reservations.	\$450m	Other	Tribes	Tribal	N	N	N	Y
DEPARTMENT OF VETERANS AFFAIRS								
Veterans Health Administration								
Veterans Medical Care Benefits http://www.va.gov/health/MedicalCenters.asp Veterans are eligible for a wide range of hospital-based and outpatient medical services. The Dept of Veterans Affairs (VA) will reimburse eligible veterans for some transportation to covered medical care. In addition, many VA Medical Centers work with volunteer networks to provide transportation for veterans seeking health care, and there occasionally are opportunities for transportation providers to contract directly with VA Medical Centers to provide some services. A growing number of VA Medical Centers have transportation mobility managers, and those VA Medical Centers participating in VA's Veterans Transportation Service provide transportation services above and beyond volunteer networks and individual reimbursements. VA also has specific funding opportunities for organizations serving homeless veterans.	\$36.1b Transport: \$314.8m	V	Individuals	N	N	N	Y	N
Homeless Providers Grant and Per Diem Program http://www.va.gov/homeless/gpd.asp This is a program of annual discretionary grants to community agencies that provide services to homeless veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping veterans achieve residential stability, increase their occupational skills and income, and obtain greater self-determination.	\$122m Transport: \$283K	V	Local entities	N	N	N	N	Y
Veterans Benefits Administration								
Automobiles and Adaptive Equipment http://www.vba.va.gov/VBA/benefits/factsheets/index.asp The Dept of Veterans Affairs (VA) will pay for the acquisition of an accessible personal vehicle, or for the adaptation of a personal vehicle, to accommodate a veteran or service member with certain disabilities that resulted from an injury or disease incurred or aggravated during active military service.	\$75m	V	Individuals	N	N	N	N	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 21

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE								
National Senior Service Corps http://www.seniorcorps.gov Senior Corps connects volunteers age 55+ with community service opportunities where they are needed most, and provides limited stipends and transportation reimbursements when needed for successful program participation. The three components of the Senior Corps are the Foster Grandparent Program, the Senior Companion Program, and RSVP (the Retired Senior Volunteer Program)	\$205m	E	Local entities, individuals	N	N	N	Y	N
SOCIAL SECURITY ADMINISTRATION								
Ticket to Work Program http://www.ssa.gov/work/aboutticket.html Under the Ticket to Work program, Social Security beneficiaries may receive "tickets" that help connect them with designated employment networks, where they can obtain employment services vocational rehabilitation services, or other support services necessary to achieve a vocational goal.	\$84m	D	Individuals	N	Y	Y	Y	N

Appendix C:
Other Transportation Providers

Provider	Type	Website	Description	Address	City	Phone
Affordable Taxi	private taxi	www.affordabletaxi.biz/	24hr service	<i>unknown</i>		989-775-7500
Any Time Taxi and Delivery	private taxi	www.anytimetaxi.com/	Serves Arenac, Iosco, and Ogemaw Counties. 24hr service.	<i>unknown</i>	Standish	989-313-2492
Chippewa Cabs	private taxi	www.chippewacab.com	24hr service, wheel chair service, door-to-door, NEMT transportation. Serves Gratiot, Isabella, Midland, Bay, Saginaw, Alpena, Cheboygan, Otsego, and Grand Traverse Counties. Surrounding counties as needed.	1608 N. Fancher	Mt. Pleasant	989-772-9431
Executive Taxi Service	private taxi			115 Mary Rd	Houghton Lake	989-422-6457
Geta Ride	private taxi			314 S Brown St	Mt. Pleasant	989-773-6900
Mt Pleasant Cab Co.	private taxi			1033 S Mission Rd	Mt. Pleasant	989-779-8294
Ride Safe Taxi	private taxi	www.ridesafetaxi.com/	24hr service, covers all of mid MI	<i>unknown</i>	Mt. Pleasant	989-621-0775
Street Taxi	private taxi	www.streettaxilimo.com/	Covers all of mid MI. Taxi and limo service.	<i>unknown</i>	Mt. Pleasant	989-400-2583
T&S Transportation	private taxi			<i>unknown</i>	Mt. Pleasant	989-996-5104
U Ride	private taxi			2410 W Remus Rd	Mt. Pleasant	989-772-7433
U Ride Taxi	private taxi			2215 Commerce St	Mt. Pleasant	989-317-3344
Cancer Services	non-profit	www.cancerservicesmidland.org/	Midland, Gladwin, Clare Counties. Provides transportation to medical appointments as part of patient support services.	220 W. Main Street, Suite 105	Midland	989-835-4841

Provider	Type	Website	Description	Address	City	Phone
Community Mental Health for Central MI	non-profit	www.cmhcm.org/	Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola Counties. Support for individuals with mental illness, developmental disability, and substance disorders. Transportation to non-medical Medicaid-covered services.	301 S. Crapo Street (other locations as well)	Mt. Pleasant	989-772-5938
Goodwill	non-profit	www.goodwillgr.org/index.htm	Employment training/services; transportation assistance	3035 Prairie Street SW	Grandville	616-532-4200
Hope Network	non-profit (NEMT)	www.hopenetwork.org/Support-Services/Transportation.aspx	Specialized and volunteer transportation. Specialized for elderly/disabled- 63 vehicles, ~60 drivers; door through door; primarily Kent County. Volunteer program since 1997 (broad coverage- MI and OH), only for NEMT.	3075 Orchard Vista Dr SE	Grand Rapids	616-301-800
Listening Ear	non-profit	www.listeningear.com	Crisis services and other child/family services (including some transportation)	107 E. Illinois St.	Mt. Pleasant	989-772-2918
Michigan Works	non-profit	http://michiganworks.org	Employment services statewide, some assistance with transportation to work.	Multiple service center locations		800-285-9675
Mid-Michigan Industries	non-profit	www.mmionline.com/	Clare, Gratiot, Ionia, Isabella, Mecosta, and Montcalm Counties. Employment, training, community access services. 4 branches, including Mt. Pleasant and Clare.	2426 Parkway Dr.	Mt. Pleasant	989-773-6918
Mid-Michigan Medical Center EMS	non-profit	www.midmichigan.org/	Ambulance services in Midland/Gladwin Co. NEMT, emergency services. Only to hospitals or long term care facilities. Only if person is physically unable to go by other means.	4005 Orchard Dr	Midland	989-633-1310

Provider	Type	Website	Description	Address	City	Phone
United Way	non-profit	www.uwmich.org	Supports local health/human service orgs through funding.	Multiple MI branches		
Arenac County Council on Aging	public	www.arenacountygov.com/council_on_aging/		131 N. Clyde St	Omer	989-653-2692
Arenac County DHS	public	http://michigan.gov/dhs/		3709 Deep River Road	Standish	
Clare Co. Senior Services/Council on Aging/DHS	public	http://clareseniorservices.org/service_medtransport.htm	Friendly Driver volunteer program-medical appts out of county for medicaid eligible recipients. Funded by United Way. Riders must be 60+ and ambulatory, or have an aid. 1 wk notice requested. 19,004 miles driven in 2012. Encouraged to use transit- DHS provides tickets. But about half go out of county. ~200 medical appts per month. 15-18 volunteers.	225 W. Main St	Harrison	989-539-8870
Disabled American Veterans (DAV) Transportation- Clare County Veterans Services	public	www.clareco.net/veterans/	Volunteer drivers transport veterans to Battle Creek, Saginaw, Ann Arbor and Detroit VA Medical Centers. Clare County hosts a van site. Serves Clare, Gladwin, Harrison, and Mount Pleasant. In 2011, 5 volunteer drivers transported 200 veterans.	225 W. Main St	Harrison	989-539-3273
Gladwin Council on Aging	public		See Clare Council on Aging-coordinated Friendly Driver Program	130 W. Maple Street	Gladwin	
Gladwin County DHS	public	http://michigan.gov/dhs/		250 N. State Street	Gladwin	989-426-3300

Provider	Type	Website	Description	Address	City	Phone
Isabella Co. Commission on Aging	public	http://www.isabellacounty.org/department/coa/who.html	Meals, recreational trips, etc for 60+ residents. Gold Key Volunteer Program (rides to medical appts)	22 S. Lincoln Rd	Mt. Pleasant	989-772-0748
Isabella County DHS	public	http://michigan.gov/dhs/		1919 Parkland Drive	Mt. Pleasant	989-772-8400
Osceola County DHS	public	http://michigan.gov/dhs/		502 E. Main St	Marion	
Osceola Senior Meals/Commission on Aging	public	http://www.osceolacounty.org/County%20Departments/commission_on_aging.htm	Meals, other senior services	732 W. 7th St	Evart	231-734-5559
Roscommon COA	public	http://www.roscommoncounty.net/county-departments/senior-centers	Meals, in-home services for 60+ Roscommon residents	2625 Townline Rd	Houghton Lke	989-366-9168
Roscommon County DHS	public	http://michigan.gov/dhs/		111 Union St.	Roscommon	
ACE Home Health	private homecare	www.acehomehealthcare.net	Home care including transportation. Serves Montcalm, Newaygo, Mecosta, Lake, Osceola, Isabella, Kent County.	239 S. Ensley St.	Mt. Pleasant	231-937-4514
Christian Home Services	private homecare	www.christianhs.com	Home care including transportation. Will serve within 120 mi of Mt. Pleasant.	209 E. Chippewa St.	Mt. Pleasant	989-772-1261
ComForcare Senior Services	private homecare	http://midmichigan.comforcare.com/Services_Franchise_Home.aspx	Home care including transportation. Mid MI branch serves Clinton, Ionia, Montcalm, Gratiot, and Isabella Counties.	312 E. Main St.	Stanton	989-831-5000
Compassionate Care Home Health Services, Inc.	private homecare	www.compassionatecaremi.com/	Multiple locations throughout MI (47 of 83 counties). Home healthcare services.	515 Progress St.	West Branch	989-345-7030

Provider	Type	Website	Description	Address	City	Phone
Dobson Healthcare Services	private homecare	www.dobsonhealthcare.com	Home health care (includes transportation). Offices in Bay City, Lansing, and West Branch. Serves 44 counties in north east portion of MI.	3729 E. Wilder	Bay City	888-667-4772
Family Home Health Care Services	private homecare	http://fhhcs.com	Home health care (includes transportation). Serves Bay, Clare, Clinton, Genesee, Gladwin, Gratiot, Isabella, Mecosta, Midland, Montcalm, Osceola, Saginaw, Shiawassee Co.	1933 Churchill Blvd	Mt. Pleasant	517-773-5546
McBride Quality Care	private homecare	http://www.mcbridequalitycare.com/	Group homes and independent living services for those with developmental disabilities (including transportation). 8 county area.	209 E. Chippewa	Mt. Pleasant	989-772-1261
Primary Home Care	private homecare	http://www.primaryhomecare.com/	Serves Arenac, Bay, Clare, Gladwin, Gratiot, Ionia, Isabella, Midland, Montcalm, and Saginaw Counties. Services include transportation/errands/shopping.	635 N. Center Rd	Saginaw	989-793-6674
Greyhound	intercity bus	http://www.greyhound.com/	Southern MI service, connects to Indian Trails.			
Indian Trails	intercity bus	http://www.indiantrails.com/	Service throughout MI, including N/S service on 131, 127, and 75/23. All coaches handicap accessible.	109 East Comstock Street	Owosso	800-292-3831
Megabus	intercity bus	http://us.megabus.com	Southern MI service, connects to Indian Trails.			

Appendix D: Trip Generators

Type	Name	Address	City/Town
Education	Mid-Michigan Community College	1375 S. Clare Ave	Harrison
Education	Alma College	614 W. Superior St	Alma
Education	Central Michigan University	1200 S. Franklin St	Mt. Pleasant
Education	Saginaw Chippewa Tribal College	2274 Enterprise Dr	Mt. Pleasant
Education	Mid-Michigan Community College- Doan Center	S. Summerton Rd & E Broadway Rd	Mt. Pleasant
Education	Northwood University	4000 Whiting Dr	Midland
Education	Delta College Midland Center	1025 East Wheeler St	Midland
Education	Davenport University	3555 East Patrick Rd	Midland
Education	Delta College	1961 Delta Rd	University Center
Education	Kirtland Community College	10775 St. Helen Rd	Roscommon
Education	Baker College	960 S. M 33	West Branch
Education	Ferris State University	1201 N. State St	Big Rapids
Human Service	Listening Ear	107 E. Illinois St	Mt. Pleasant
Human Service	Isabella County Commission on Aging	22 S. Lincoln Rd	Mt. Pleasant
Human Service	Gladwin Council on Aging	130 W. Maple St	Gladwin
Human Service	Michigan Works! Osceola County	240 E. Church St	Reed City
Human Service	Michigan Works! Isabella County	5889 E. Broadway	Mt. Pleasant
Human Service	Michigan Works! Arenac County	4480 W. M-61	Standish
Human Service	Michigan Works! Clare County	402 N. First St	Harrison
Human Service	Michigan Works! Gladwin County	110 Buckeye St	Gladwin
Human Service	Michigan Works! Roscommon County	1015 Short St	Prudenville
Human Service	Mid-Michigan Industries- Clare	790 Industrial Dr	Clare

Type	Name	Address	City/Town
Human Service	Mid-Michigan Industries- Mt. Pleasant	2426 Parkway Dr	Mt. Pleasant
Human Service	Roscommon County DHS	111 Union St	Roscommon
Human Service	Osceola County DHS	502 E. Main St	Marion
Human Service	Isabella County DHS	1919 Parkland Dr	Mt. Pleasant
Human Service	Gladwin County DHS	250 N. State St	Gladwin
Human Service	Clare County DHS	725 Richard Dr	Harrison
Human Service	Arenac County DHS	3709 Deep River Rd	Standish
Human Service	Clare Co. Senior Services/Council on Aging	225 W. Main St	Harrison
Human Service	Saganing Community Center	5447 Sturman Rd	Standish
Human Service	Arenac County Council on Aging	131 N. Clyde St	Omer
Human Service	Houghton Lake Senior Community Center	2625 S. Townline Rd	Houghton Lake
Human Service	St. Helen Community Senior Center	10493 E. Airport Rd	St. Helen
Human Service	Clare County Senior Community Center	101 E. Michigan St	Farwell
Human Service	Osceola Senior Meals/Commission on Aging	732 W. 7th St	Evart
Human Service	Beaverton Community Center	142 Saginaw St	Beaverton
Medical	Mid-Michigan Medical Center-Gratiot	300 E Warwick Dr	Alma
Medical	Davita - Alma Dialysis	330 E Warwick Dr	Alma
Medical	Davita - Bay City Dialysis	3170 Professional Ct	Bay City
Medical	FMC - Big Rapids	14307 Northland Dr	Big Rapids
Medical	FMC - Cadillac	203 Paluster St	Cadillac
Medical	Mid-Michigan Urgent Care	700 West 5th St	Clare
Medical	Outpatient Veterans Clinic	11775 N. Isabella Rd	Clare
Medical	Mid-Michigan Medical Center-Clare	703 N. McEwan St	Clare
Medical	Bay Area Dialysis - Essexville	1536 W Center Ave	Essexville
Medical	McLaren Hospital	401 S. Ballenger Hwy	Flint
Medical	Mid-Michigan Medical Center-Gladwin	515 Quarter St	Gladwin
Medical	Davita - Gladwin Dialysis	673 Quarter St	Gladwin
Medical	Butterworth Hospital	100 Michigan St NW	Grand Rapids
Medical	Mid-Michigan Medical Center-Midland	400 Wellness Dr	Midland
Medical	Davita - Midland Dialysis	4901 Jefferson Ave	Midland

Type	Name	Address	City/Town
Medical	Community Mental Health for Central Michigan	301 S. Crapo St	Mt. Pleasant
Medical	Nimkee Health Center/Dental Clinic	2591 S. Leaton Rd	Mt. Pleasant
Medical	McLaren Central Michigan	1221 S. Drive	Mt. Pleasant
Medical	Davita - Mt. Pleasant Dialysis	404 S Crapo St	Mt. Pleasant
Medical	Regional Cancer Center (under construction)	4499 220th Ave	Reed City
Medical	VA Medical Center	1500 Weiss St	Saginaw
Medical	Bay Area Dialysis- Saginaw	4800 McLeod Dr	Saginaw
Medical	Town Center Dialysis	323 N Michigan Ave	Saginaw
Medical	Bay Area Dialysis- Saginaw Riverside	920 N Niagara St	Saginaw
Medical	Davita - West Branch Dialysis	599 Court St	West Branch
Medical	St. Mary's Standish Community Hospital	805 W Cedar St	Standish
Housing	Hickory Hollow	513 S Court St	Au Gres
Housing	Country Gardens II	517 S Court St	Au Gres
Housing	Riverside Manor	530 N Main St	Au Gres
Housing	Rousseau Apartments	603 Main St	Au Gres
Housing	Beaverton Manor	110 W Knox St	Beaverton
Housing	Grand Fork Commons	2755 W. Knox Rd	Beaverton
Housing	Beaverton Village Apartments	2799 W. Knox Rd	Beaverton
Housing	Three Forks Apartments	3215 W. Lang Road	Beaverton
Housing	Lakefront Estates	385 W. Brown St	Beaverton
Housing	Ross Lake Village	398 W. Brown St	Beaverton
Housing	Clarecastle Senior Apartments	144 W. Fourth St	Clare
Housing	Brookwood Apartments	202 Mary St	Clare
Housing	Rosewood Manor Senior Apartments	225 Mary St	Clare
Housing	Clarendon Glen	230 Mary St	Clare
Housing	Wellington Apartments	235 Dwyer Ave	Clare
Housing	Gateway Village	235 Gateway Dr	Clare
Housing	Pebblestone Manor Senior Apartments	305 Briarwood Dr	Clare
Housing	Briarwood Apartments	309 Briarwood Dr	Clare
Housing	Evart Housing Commission	601 W. First St	Evart
Housing	Springview Manor I and II	765 W. Jefferson	Evart
Housing	Corning Apartments	230 N. Corning St	Farwell
Housing	Pinehurst Senior Apartments	315 Pine Tree Dr	Farwell

Type	Name	Address	City/Town
Housing	Nottingham Apartments	391 Mill St	Farwell
Housing	Maple Manor	130 W. Maple	Gladwin
Housing	Village East Apartments	1389 Colony Square Ct	Gladwin
Housing	Cedar Village I & II Apartments	1421 N Spring St	Gladwin
Housing	Foster Apartments	207 E May St	Gladwin
Housing	Antler Arms	215 S Antler	Gladwin
Housing	Chatterton	508 Quarter Street	Gladwin
Housing	Village North Apartments	519 Clendening Rd	Gladwin
Housing	Harrison Woods Apartments	800 Richard Dr	Harrison
Housing	Croze Manor Apartments	210 6th St	Harrison
Housing	Harrison Estates Mobile Homes	2600 Mostetler Rd	Harrison
Housing	Shady Oak Senior Apartments	728 W Spruce St	Harrison
Housing	Sleepy Hollow Apartments	730 W. Spruce St.	Harrison
Housing	Forest Meadows	821 Westlawn St	Harrison
Housing	White Pines	895 Richard Dr	Harrison
Housing	Houghton Lake Timber Apartments	120 Toepfer Dr	Houghton Lake
Housing	Houghton Heights Manor	300 Houghton Heights Manor	Houghton Lake
Housing	Sandhill Manor Apts	300 Sand Hill Manor Dr	Houghton Lake
Housing	Village Glen	520 W. First Street	Marion
Housing	Westpoint Village	2222 S Crawford Rd	Mt. Pleasant
Housing	Deerfield Village	3400 E Deerfield Rd	Mt. Pleasant
Housing	Lexington Ridge	3700 E Deerfield Rd	Mt. Pleasant
Housing	Southpoint	916 E Broomfield St	Mt. Pleasant
Housing	Tallgrass	1240 E Broomfield St	Mt. Pleasant
Housing	Village at Bluegrass	4300 Collegiate Way	Mt. Pleasant
Housing	University Meadows	4310 Sterling Way	Mt. Pleasant
Housing	Union Square	4175 E Blue Grass Rd	Mt. Pleasant
Housing	Kewadin Village	West Campus Dr	Mt. Pleasant
Housing	Copper Beech	4750 E Blue Grass Rd	Mt. Pleasant
Housing	Jamestown	4075 S Isabella Rd	Mt. Pleasant
Housing	Yorkshire Commons	1251 E Broomfield St	Mt. Pleasant
Housing	Arbors at Eagle Crest I & II	5100 N Eagle Crest	Mt. Pleasant
Housing	Canterbury Apts/Oxford Row	1517 Canterbury Trl	Mt. Pleasant
Housing	Chase Run Apartments	3726 S. Isabella Rd	Mt. Pleasant
Housing	Cranbrook Terrace	4608 S Isabella Rd	Mt. Pleasant

Type	Name	Address	City/Town
Housing	Devine House	901 McVey St	Mt. Pleasant
Housing	Dover Court	1441 East Broomfield St	Mt. Pleasant
Housing	Forum Apartments	950 Appian Way	Mt. Pleasant
Housing	Horizon West Apartments	210 S. Bradley St.	Mt. Pleasant
Housing	Immanuel Village	310 S. Bradley St	Mt. Pleasant
Housing	Northwinds Apartments	3176 E Deerfield Rd	Mt. Pleasant
Housing	Oak Tree Village	312 C S. Oak St	Mt. Pleasant
Housing	Park Place Apartments	1401 E. Bellows Rd	Mt. Pleasant
Housing	Pheasant Run	1101 Sweeney St	Mt. Pleasant
Housing	Rivers Bluff	805 W Broadway St	Mt. Pleasant
Housing	Riverview Apartments	1 W. Mosher St.	Mt. Pleasant
Housing	Springbrook Townhomes	4650 S Isabella Rd	Mt. Pleasant
Housing	Stone Crest Apartments	2880 Isabella Rd	Mt. Pleasant
Housing	Winchester Towers	2001 Elva St	Mt. Pleasant
Housing	Deerfield Villa	100 Deerfield Ct	Prudenville
Housing	Huntington Place	1875 W Nestel Rd	Prudenville
Housing	Emery Pines Apartments	3901 Hawks Ridge Dr	Prudenville
Housing	Maple Grove	50 Maple Grove	Prudenville
Housing	Townline Manor	331 W Church Ave	Reed City
Housing	James Manor	424 West Franklin Ave	Reed City
Housing	Reed City	777 S Roth St	Reed City
Housing	Reed City Housing Commission	802 S. Mill	Reed City
Housing	Stoney Creek Apartments	815 S Roth St	Reed City
Housing	Crossroads Apartments	848 S. Chestnut	Reed City
Housing	Whisper Ridge Apartments	101 Whisper Ridge Dr	Roscommon
Housing	Roscommon Apartments	105 Hilltop Ln	Roscommon
Housing	River Forest Apartments	249 Ballenger Rd	Roscommon
Housing	Country Village Apartments	4321 Country Village Ln	Roscommon
Housing	Village of Rosebush Manor Senior Living	4210 East Rosebush Rd	Rosebush
Housing	Rosebush Estates	4220 N Mission Rd	Rosebush
Housing	Salt River Village	276 S. Union St	Shepherd
Housing	Summer Place Apartments	10045 Powers Ct	St. Helen
Housing	Woodsvie Manor	200 E Elm St	Standish
Housing	Von Steinwehr I Apartments	409 N Diane Ct	Standish
Housing	Mill Creek Apts	411 W Mill St	Standish

Type	Name	Address	City/Town
Housing	Von Steinwehr II Apartments	433 Mill Street	Standish
Housing	Willow Creek I and II Apartments	917 E Cedar St	Standish
Employers	Saganing Eagles Landing Casino	2690 Worth Rd	Standish
Employers	Soaring Eagle Waterpark	5665 E. Pickard Rd	Mt. Pleasant
Employers	Mid-Michigan Medical Center	703 N. McEwan St	Clare
Employers	Clare Public School District	201 E. State St.	Clare
Employers	Renosol Corp	505 Hoover St	Farwell
Employers	Farwell Area School District	399 E Michigan St	Farwell
Employers	Tendercare Inc.	600 SE 4th St	Clare
Employers	StageRight Corp.	495 Pioneer Parkway	Clare
Employers	Mid-Michigan Community College	1375 S. Clare Ave	Harrison
Employers	St. Mary's Standish Community Hospital	805 W Cedar St	Standish
Employers	Bessinger Pickle Co.	537 N Court St	Au Gres
Employers	Bay Arenac Migrant Head Start	2801 Sterling Rd	Omer
Employers	Bopp Busch	545 W Huron Rd	Au Gres
Employers	Globe Fire Sprinkler Corp.	4077 Airpark Dr	Standish
Employers	Forward Corporation	219 N. Front St	Standish
Employers	Sterling Nursing Center	500 School Rd	Sterling
Employers	Standish Area Schools	3789 Wyatt Rd	Standish
Employers	Beaverton Rural School District	468 S. Ross Rd	Beaverton
Employers	Lyle Industries Inc.	4144 Lyle Rd	Beaverton
Employers	Mid-Michigan Gladwin Pines	449 Quarter St	Gladwin
Employers	TLC Polyform Inc.	4378 S. M-18	Beaverton
Employers	Mid-Michigan Medical Center	515 Quarter St	Gladwin
Employers	Fruchey Foods	360 Ross St	Beaverton
Employers	Ashcrafts Market	1218 N State St	Gladwin
Employers	City of Gladwin	1000 West Cedar Ave	Gladwin
Employers	Soaring Eagle Hotel and Casino	6800 Soaring Eagle Blvd	Mt. Pleasant
Employers	Central Michigan University	1200 S. Franklin St	Mt. Pleasant
Employers	Morbark Inc.	8507 South Winn Rd	Winn
Employers	Delfield Company	980 South Isabella Rd	Mt. Pleasant
Employers	Mt. Pleasant Public School District	720 N. Kinney Ave	Mt. Pleasant
Employers	Meijer	1015 W Pickard St	Mt. Pleasant
Employers	Saginaw Chippewa Indian Tribal Govt.	7070 East Broadway Rd	Mt. Pleasant

Type	Name	Address	City/Town
Employers	McLaren Central Michigan Hospital	1221 S. Dr	Mt. Pleasant
Employers	Kirtland Community College	10775 St. Helen Rd	Roscommon
Employers	Lear Corporation	10161 N Roscommon Rd	Roscommon
Employers	ROOC Inc.	11051 N. Cut Rd	Roscommon
Employers	Randy's Restaurant	3701 S. Townline Rd	Prudenville
Employers	Wal-Mart	2129 W. Houghton Lake Dr.	Prudenville
Employers	Roscommon Co. Board of Commissioners	500 Lake St	Roscommon
Employers	Home Depot	2241 W. Houghton Lake Dr	Houghton Lake
Shopping	Meijer	1015 W Pickard St	Mt. Pleasant
Shopping	Wal-Mart	4730 Encore Blvd	Mt. Pleasant
Shopping	Wal-Mart	2129 W. Houghton Lake Dr	Prudenville
Shopping	Save-A-Lot	160 James Robertson Dr	Gladwin
Shopping	Save-A-Lot	725 S. Loxley Rd	Houghton Lake
Shopping	Kroger	4080 East Blue Grass Rd	Mt. Pleasant
Shopping	Ashcrafts Market	1218 N State St	Gladwin
Shopping	Fruchey Foods	360 Ross St	Beaverton
Shopping	Rite Aid	146 N. Corning St	Farwell
Shopping	Rite Aid	4562 W. Houghton Lake Dr	Houghton Lake
Shopping	Rite Aid	161 East Beech Street	Harrison
Shopping	Rite Aid	120 East Cedar Ave	Gladwin
Shopping	Rite Aid	352 Ross St	Beaverton
Shopping	Walgreens	729 W. Houghton Lake Dr	Prudenville
Shopping	Walgreens	1141 North McEwan St	Clare
Shopping	Walgreens	903 North Mission St	Mt. Pleasant
Shopping	Walgreens	1309 South Mission St	Mt. Pleasant
Shopping	Indian Hills Plaza	4280 E. Blue Grass Rd	Mt. Pleasant
Shopping	Mt. Pleasant Shopping Center	2201 S Mission St	Mt. Pleasant
Shopping	Kmart	8171 W. Houghton Lake Dr	Houghton Lake
Shopping	Kohl's	4855 Encore Blvd	Mt. Pleasant

Appendix E:

CTAA Mobility Planning Workshop

**Community Transportation Association of America
Mobility Visioning Workshop - Harrison, MI
January 24, 2013
Summary Results of Conversation and Activity**

Attendees:

Julie Wright, Mid-Michigan Health - Gladwin
John Shaffer, Mid-Michigan Medical Evaluation Services
Mary Hubbard, Northern Lakes CMH
Maureen Daugherty, Roscommon County Transportation
Ron Schalow, Mecosta Osceola Transit
Roberta Keast, Gladwin City County Transit
Tom Pirnstill, Clare County Transit
Amanda Neil, Council on Aging
Lauren Essenmacher, Gladwin City Housing Commission
Brenda J. Upton, Isabella Co. Commission on Aging
Kathleen Onweller, Tendercare Clare
Connie Couchi, City of Harrison
Pam Millhisler
Don Seal
Annette Mead, Clare Co. Senior Services
Allison Hubbard, MMC-Clair
Steve Phelps, City of Harrison
Shannon Lijewski, Mid-Michigan Community Action Agency
Brian Lombard, Chippewa Cab - Medical Transportation Division
Alberta McBride, Central Michigan Transportation
Robert Lewis, Isabella County DHS
Dennis Adams, Isabella County Trans. Commission
Jill Adams, Michigan DOT
Paula Wessel, Gladwin Nursing and Rehab
Frank Cloutiel, Saginaw Chippewa Indian Tribe

Veronica Romanov, Self-Knowledge Mgt. Consultants
Mary Ann Rankey, Gladwin Co. DHS
Sarah Kile, CMDHD
Nicole Ellens, CMDHD
Helen Lee, DMDHD
Bob Balzer, Michigan Works – Gladwin County EDC
Jerry Becker, Clare County Emergency Mgt.

1. Needs - What are the unmet mobility needs that you see in the region?

- Out of county/community medical appointments (11)
- Dental care for low income
- Across state lines
- Without transfers onto other buses
- U of M
- Gladwin
- Weekend bus service
- Dialysis (3)
- Affordable and direct
- Medical Transportation (19)
- Specialty care trips
- NEMT - No in-county hospital, dialysis, cancer treatment
- Lift equipped vehicles
- To larger hospitals
- Hospital discharges
- Rehab
- Funding
- Urgent Care
- Special Needs Riders
- Funding for Transportation (3)
- Out of county transportation connection (8)
- Seamless
- Accessible for persons with disabilities
- Transportation for groceries, laundry, etc.. (5)
- Shopping, paying bills, doctors, entertainment
- Concerts, tribal casino
- Government services
- Low or no income
- Evening, early morning and weekend bus (8)
- Available and accessible to persons with disabilities
- 24 hours transportation service

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- Faith based trips (2)
 - University transportation (2)
 - Isabella
 - Central Michigan University
 - Community Colleges
 - Various scheduling issues
 - Having proper resources for transportation in times of emergency
 - Employment and education opportunities
 - Transportation that doesn't take an entire day for one appointment
 - Employment (5)
 - Ability to obtain it and get there
 - Shorter rides for jobs
 - Mentor to accompany certain population to the medical appointments as needed
 - Coordination of hours of operations
 - Free, shorter rides to community events
 - Transportation for Vets to VA Hospital (2)
 - Transportation for functional or special needs people
 - Taxi service - like rides to airport
 - Prescription delivery
 - Inexpensive transit
 - Senior/COA transportation (2)
 - Senior residency (10% higher than state average)
 - After school youth transportation (2)
 - Sports, daycare, other activities
 - Mobility Management
 - More volunteers to help with transportation
 - Mt. Pleasant to Clare to Harrison

2. Where are people that use transportation going to?

- Michigan Works (3)
- Employment (9)
- Soaring Eagle Casino
- Shopping (7)
- Meijer, Kroger, Mall, Walmart
- Medical (39)
- Larger hospitals - Roscommon to Midland, Clare/Gladwin to Midland or Gratiot
- Specialty clinics
- Out-patient diagnostic testing - Ann Arbor
- Physician Care
- Husable Free Clinic

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- West Branch Dental Clinic
 - Psychiatric facilities – Caro, Grand Rapids, Travers City, Midland
 - VA Hospitals – Saginaw, Clare, Detroit, Ann Arbor
 - Dialysis – West Branch, Cadillac, Clare, Midland, West Bend, Arinac
 - Gladwin to Clare, Midland and Gratiot
 - Midland, Mt. Pleasant, Saginaw, Detroit
 - Urgent Care
 - Pharmacy
 - CMH
 - CMDHD
 - 1016
 - PH Dept. and CHC
 - Methadone Treatment – Isabella, Saginaw (6 days a week)
 - Senior meal sites (3)
 - Homeless shelters – None in area and homeless afraid of not getting transport back
 - Fitness Facilities
 - Home (2)
 - Senior Centers
 - Appointments
 - Education (5)
 - U of M – Ann Arbor
 - Off reservation tribal facilities
 - Social Services
 - Out of county
 - Prison System – parole officer meetings, family visits
 - Car shopping
 - Social visits

3. Where are people using transportation coming from?

- Medical (24)
- After emergency – outpatient, discharges
- Nursing home to doctor
- Hospital to nursing home
- Doctor’s office
- Prescriptions
- Hospital
- Dialysis
- Hospital to hospital (don’t qualify for EMS)
- CMH appointments

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- Employment (6)
 - DHS
 - MI Works - Job Training (2)
 - Street/ Anywhere in community (homeless)
 - Community Events (3)
 - Job Fairs
 - Repair shop (2)
 - Visiting sick friend
 - Visiting nursing home
 - Visiting family (2)
 - Education (5)
 - After school
 - Interagency trips (i.e DHS to Health Dept.)
 - Bus stations
 - Courts (3)
 - Bars (2)
 - Health and Human Service agencies (2)
 - Home (6)
 - Nursing home
 - Group homes
 - Adult Daycare/Childcare (2)
 - Errands - bank, shopping, post office (5)
 - Other
 - Airports
 - Larger cities

4. When do people need to travel – times of day and week

- 24/7 (7)
- Saturday and Sunday (11)
- Late Friday nights
- 6am - 11pm
- 7pm - 6am (2)
- 10pm - 8am
- 3pm - 4:30pm
- Nights (7)
- Late nights
- Peak periods
- Early mornings (5)
- 7:30am - 9:30am
- Afternoons (2)

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- Evenings (7)
 - Work hours (4)
 - 8am - 4:30pm
 - Memorial Day to Labor Day - tourist season
 - Holidays (2)
 - Festival times
 - Year round
 - Multi-shift work all hours (2)
 - Timed medical treatments

5. How often do people need to travel

- Multiple trips a day (5)
- Every day (4)
- M-F - 5 x a week (9)
- Work
- School
- Meal sites
- Meetings
- 1 x a week (4)
- Groceries, socialization
- Group or support meetings
- Church
- 2x a week
- Sports
- Meetings
- 3 x a week (5)
- Dialysis
- Fitness
- 1 x a month (6)
- Dr. appointments
- But with multiple stops
- Grocery and banking
- 2 x a month (4)
- Resident outings
- SSI payment times
- Medical care
- Periodically - entertainment
- 2-4 x a year - dentist
- Consistently, Persistently, Repetitive

6. Purpose -- for what purpose are people traveling?

- Urgent medical (2)
- Pleasure, Entertainment, Socialization (9)
- Personal Needs (3)
- Employment (12)
- Seeking
- Training
- Education (10)
- General medical (14)
- Dialysis
- Prescriptions (4)
- Groceries (7)
- Community Resources (2)
- Survival
- Training
- Social Services
- Church
- Emergency Services (not medical) requiring in-person id

7. Barriers-- What transportation barriers do you or your organization face?

- Funding (12)
- Distance (6)
- Geographic challenges - lakes
- Locality
- Road conditions in Winter
- High cost for existing transportation for low/no income riders
- Hours/Time
- Literacy
- Language
- Culture
- No phone
- Transit hours of operations (6)
- Rider needs medical assistance
- Transit capacity
- Accessibility for mobility device users (6)
- No one available
- Long wait for bus (2)
- Return trip time not guaranteed
- Seniors

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- Education on using bus or even knowing transit as option (2)
 - Bus stigma
 - County boundary limitations (4)
 - Political
 - Minimal service in rural areas (3)
 - Lack of cooperation
 - Lack of communication in rural areas
 - Lack of pick-up and drop-off locations
 - Regulations/Policies
 - Liability Issues
 - Lack of drivers
 - Including volunteers

8. Problems - other problems with current transportation services

- “One size fits all” solution not applicable for all counties
- Lack of services education (2)
- Safe, qualified drivers
- No positive ride campaigns
- Cost of transportation with multiple fees
- Length of ride (3)
- Emergencies
- Cognition
- Developmental disabilities
- Multiple stops wanted
- Transit may only meet need one-way
- Oversized riders
- Lack of paved roads or access for buses
- Cost of fare (3)
- Access for wheelchairs in private cars
- Volunteers
- Uncomfortable about using transit (3)
- Lack of education to use transit
- Times transit available
- No shows
- Wait time for ride
- Directions – how to explain destination
- Family coordinating family transportation
- Stigma of using transit
- Physical limitations
- Resistance to coordination

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- Ability to communicate needs
 - Non-standard mobility devices

9. Solutions - possible solutions to problems described, additional services

- Community education addressing public and private resources to address information and stigma (2)
- Inter-county transit system (2)
- Dropping of geographical barriers
- Central transportation coordination (2)
- Collaborations from meetings like this
- Agencies and businesses heightening their knowledge as to services available
- Communication of needs
- Shared services - bridges not walls
- Create network of smaller vehicles to do runs for rural consumers and medically fragile
- More funding to be creative in developing routing across county lines
- Obtain GIS for the region
- Partnership between public and private transit (2)
- Coordination to determine all resources - capital, funding, volunteer, faith based
- Continued meetings and planning to develop a regional mobilization structure: will take time, thought, \$, commitment, more time, more \$ etc.
- Public education/marketing
- Use 211 services more
- Bus stops
- Partnerships
- Federal funding
- Regional services pooling resources
- Regional medical transportation only for specialized medical
- Mobile Health Fair
- 24 hour mobility management

10. Priorities - based on previous answers

- Sustainability
- Mobility management
- Community needs (2)
- Dedicated medical services
- Student services
- 24 hour medical transportation
- 24 hour transportation
- Cooperation between agencies

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- Resources
 - Affordable, inter-connected regional medical transportation
 - County to county seamless ride
 - Communication between counties
 - Build on the strength and willingness of these communities, this group, to work
 - Medical (7)
 - Employment (3)
 - Seniors
 - Public/Private Collaboration
 - Education
 - Recreation/Entertainment
 - Together - break down silos
 - Support to families - library, fitness programs