ORANGE COUNTY TRANSPORTATION AUTHORITY

HUMAN SERVICES TRANSPORTATION COORDINATION PLAN

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SECTION I: INTRODUCTION AND BACKGROUND

The Orange County Transportation Authority (OCTA) is the regional public transit operator in Orange County. OCTA's stated mission "is to develop and deliver transportation solutions to enhance the quality of life and keep Orange County moving". OCTA is also the designated Consolidated Transportation Authority (CTSA). As the CTSA, OCTA is required to prepare a Coordinated Public Transit – Human Services Transportation Plan (Coordinated Plan) every four years.

OCTA secured the services of the project team to develop the 2020 update of the Coordinated Plan. The following objectives were established by OCTA to guide completion of the Plan:

- To develop a Coordinated Public Transit – Human Services Plan and implementation process to guide the prioritization and selection of projects for funding by the Federal Transit Administration (FTA) Section 5310 within Orange County over the next four years;
- To facilitate stakeholder participation among a broad group of agencies and encourage a higher level of public-private participation in the transportation coordination discussion and planning process;
- To update the inventory of public transit – human services transportation in Orange County;
- To provide relevant peer examples of coordination that offer fresh ideas to Orange County;
- To ensure the proposed plan is consistent with the transportation coordination regulatory requirements of the Fixing America's Surface Transportation (FAST) Act; and
- To devise a program for the coordination and implementation of public transit – human services transportation.

We conducted the work activities associated with completion of the five (5) tasks outlined in the Coordinated Plan RFP as follows:

- Peer Review
- Survey
- Demographics and Demand Analysis
- Stakeholder Outreach
- Strategic Plan and Coordination

This update to OCTA's Coordinated Plan was developed in an environment marked by unprecedented challenges, particularly for the transportation industry. Beginning in late March 2020, the Coronavirus (COVID-19) pandemic and the response to it has been unlike anything experienced in recent history. As the country is still grappling with the economic fallout of the outbreak with millions of citizens now unemployed, transportation needs and access to mobility will be impacted for the foreseeable future.

Coordinated Planning Regulations

In 2005, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) established new funding programs to encourage transportation planning and coordination for disadvantaged populations. The re-authorization contained provisions on coordination and guidance on ways to enable greater coordination of transportation services among agencies that serve the target populations (seniors, individuals with disabilities and low-income persons).

In 2012 the new federal re-authorization entitled the Moving Ahead for Progress in the 21st Century act (MAP-21) introduced a number of changes to the planning process introduced in SAFETEA-LU.

On December 4, 2015 the Fixing America's Surface Transportation Act (FAST Act) was signed into law. The final MAP-21 rule on the Statewide and Non-Metropolitan Transportation Planning and Metropolitan Transportation Planning was published on May 27, 2016. The FAST Act provisions currently in place support and enhance the MAP-21. All three federal authorizations included the requirement to develop a public-transit human services transportation plan.

Coordinated Planning Requirements

The four (4) required elements of a Coordinated Plan are as follows:

1. An assessment of available services that identifies current transportation providers (public, private, and nonprofit);

2. An assessment of transportation needs for individuals with disabilities and seniors;

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.

The programming and allocation of FTA Section 5310 funding is directly tied to the Coordinated Plan. "A locally developed, coordinated public-transit human-services transportation 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 and projects for funding and implementation"[1]" Projects selected for funding under this grant program shall be included in a coordinated plan that minimally includes the planning requirements at a level consistent with available resources and the complexity of the local institutional environment."[2]

The work effort undertaken in the development of the Coordinated Plan is documented below.

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[1] https://www.transit.dot.gov/funding/grants/coordinated-public-transit-human-services-transportationplans
[2] https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/C9070_1G_FINAL_circular_4-20-15%281%29.pdf

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SECTION II: PEER REVIEW

Purpose

This section describes the approach used by the project team members to identify, screen and select Peer Agency candidates to interview. The interviews were undertaken in order to highlight best practices from other public transit and human services coordinated plans/projects from California, as well as, from across the nation. This section also provides a summary of the results of completed interviews and research on the selected programs, with findings that may be considered by OCTA for future implementation within Orange County. Interviews of project/program summaries are included in a separate Appendix. The Peer Review provides an integrated and contextualized assessment of opportunities and targeted best practices culled from recent state and national experience.

Peer Review Agency Screening

The factors used to identify and screen peer review candidate programs and projects included:

- Cost-effectiveness: Minimizing project costs and/or effectively leverage existing programs, resources and innovative technology (including apps for integrated trip-making and fare payment);
- Delivering affordable and convenient mobility options for users;
- Addressing multiple needs (different user groups, intra- and inter-county trips and a range of trip purposes);
- Transferability: can be scaled and replicated for use in Orange County;
- State or national recognition as a best practice;
- Demonstrating innovative partnerships or funding plans to enhance long-term sustainability;
- Responding to persistent problems such as first-mile/last-mile gaps and servicing lower-density areas within Orange County with less fixed-route service and therefore less paratransit service;
- Offering the best potential to address and meet the latent demand for specialized transportation trips, as identified in the 2015 Coordinated Plan; and
- Representing one or more strategies previously recommended but either not implemented, or not fully implemented, by OCTA, including, but not limited to:

  - Providing brokerage-based programs
  - Promoting non-motorized transportation education and safety
  - Ensuring information is accessible by limited-English-proficient populations
  - Improving quality, quantity and reporting of specialized transportation trips

Based on the factors outlined above, the following agencies and specific programs were identified.

1. Jewish Family Services—Seniors on the Go Suite of Mobility Options
2. Hitch Health-Proprietary Software Integrating Healthcare, Patients & Transportation Providers
3. FACT/RideFACT -In-house Brokerage + Ride of Last Resort in San Diego County
4. Michigan – Flint Mass Transit Authority's shared "Rides to Wellness" NEMT service
5. LA Metro Partnership with VIA-First Mile/Last Mile Connectivity, Promoting Transit Ridership)

Members of the project team emailed each agency a survey, with a transmittal message, drafted as in Appendix G. This email was followed up with a telephone call and/or additional emails to ensure timely scheduling for each agency. In addition, an interview questionnaire (Appendix H) was developed and forwarded to each agency in advance of the interview. The projects/programs of the agencies are summarized below.

Peer Review – Program Summaries

1. Jewish Family Services—Seniors on the Go Suite of Mobility Options
https://jfssd.org/our-services/older-adults/on-the-go-transportation-solutions-for-older-adults/

Name of Agency/Organization:	Jewish Family Service San Diego
Agency/Organization Contact/Title	Meredith Morgenroth, Director, Social & Wellness Services
Project/Program	Seniors on the Go-Rides & Smiles Navigator
Project Operations Began:	JFS began serving as a nonprofit in 1918; On the Go "Rides and Smiles began in 2004
Date Interview Completed:	March 11, 2020

Project Description:

Seniors on the Go is a program providing a suite of transportation solutions for older adults. The program is operated by Jewish Family Services (JFS) in San Diego County, as well as in Kansas City, Atlanta and Baltimore. Two of JFS's programs operated in San Diego – Rides and Smiles and the Navigator—are discussed in this interview.

Rides and Smiles is a donation-based program that relies on volunteers to provide the ride. Whether a client donates or not, they receive the same level of service. The feature that makes this program unique is that JFS guarantees the ride. That is, if a ride is accepted in the system, and it's within their capacity, JFS will provide a ride even if no volunteer elects to provide it. In that case, JFS does a secondary dispatch from a fleet of vehicles and staff drivers. Thus, drivers who are already working, perhaps making a shopping center shuttle run may be asked to make a Rides and Smiles trip between their other scheduled routes. This is more than just a ride, because even though JFS may be providing transportation, it is a social services entity at its core, so the clients are able to tie into a massive network of other senior supports. Rides do double-duty as wellness checks.

Navigator: Navigator is like Rides and Smiles, but clients can call on the day a trip is needed, with a one-hour notice. Riders enroll in *On the Go* and pay the cost of the ride plus a $4.00 service fee. Average ride is $12.54 + $4.00 = $16.54. JFS offers corporate or professional accounts with community partners, social service agencies and health care providers who book ride requests electronically for their clientele.

Figure 1: Jewish Family Services Rides & Smiles Service
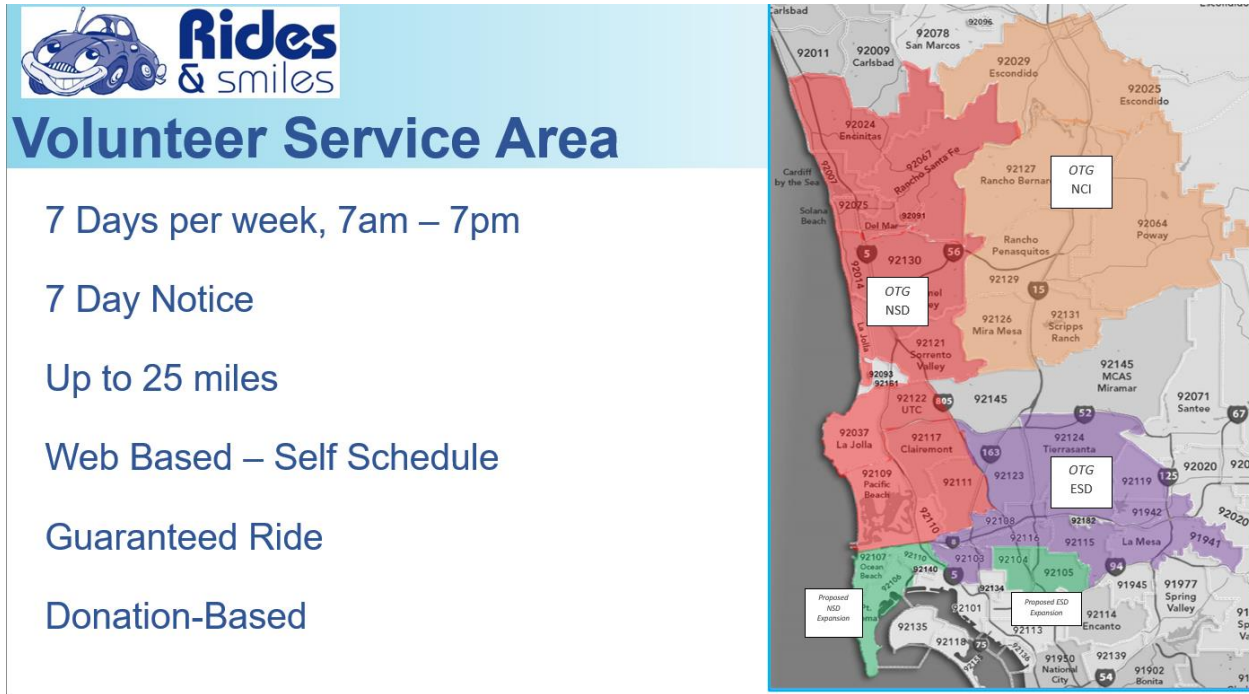
Source: Jewish Family Services presentation by Meredith Morgenroth and Maureen Glaser

2. Hitch Health-Proprietary Software Integrating Healthcare, Patients & Transportation Providers

https://hitchhealth.co/

Name of Agency/Organization:	Hitch Health (Hitchhealth.co) (Minneapolis)
Agency/Organization Contact/Title	Sara Russick, Chief Executive Officer
Project/Program	Hitch Health
Project Operations Began:	2017
Date Interview Completed:	*COVID-19 Issues Prevented Interview; Questionnaire completed from available data on line and submitted to Sara Russick for review. Comments are pending.*

Program Description:[3]

In 2014, the Transportation Research Board determined that transportation barriers cause 3.6 million people to miss medical appointments. Patient "No-shows" result in $150 billion of lost revenue for hospitals and clinics, as well as significant effects on patients, including declining health, emergency room visits, and hospital admissions.

After doing their own research, Hitch Health leaders discovered that transportation posed a significant hurdle for elderly or low-income patients in Minneapolis. Hennepin Healthcare's internal

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[3] Source: https://www.lyftbusiness.com/customer-stories/hitch-health

medicine clinic had a 31% no- show rate for medical appointments, costing the clinic an average of $100 per missed visit.

To address the healthcare transportation problem, Hitch Health developed proprietary technology that integrates with electronic healthcare records (EHRs). The software identifies patients who may face transportation obstacles and proactively sends SMS texts to offer them free, convenient rides to and from medical appointments.

The software is agnostic as to the kind of health record and the transit provider. For the user, it avoids a call center "hold" queue that wastes valuable phone minutes, and it avoids the need for an app or a data plan.

"The Hitch Health solution is fully automated and seamless for the patient and the clinic. There are no phone calls to make or passes to keep track of, making it simple to understand and easy to use." (Susan Jepson, Business Wire)

To bring the solution to fruition, Hitch Health needed a transportation partner, and they chose Lyft. After piloting the Hitch Health-Lyft partnership for one year, Hennepin Healthcare's internal medicine clinic showed a 27% reduction in the clinic's no-show rate. Hitch has achieved an overall 8% improvement in missed appointments. Hitch Health has expanded this model to other locations across the country.

3. FACT/RideFACT -In-house Brokerage + Ride of Last Resort in San Diego County

https://factsd.org/

Name of Agency/Organization:	Facilitating Access to Coordinated Transportation (FACT)
Agency/Organization Contact/Title	Meagan Schmidt, Director, Operations 760-754-1252
Project/Program	RideFACT In-house brokerage-based transportation in San Diego County
Project Operations Began:	FACT was formed in 2005. RideFACT service began in 2010. FACT's in-house brokerage began in 2012.
Date Interview Completed:	March 10, 2020

FACT provides an in-house brokerage service for San Diego County. FACT's brokerage is comprised of for-profit, non-profit, social services transportation providers, as well as transportation network companies (TNCs). The brokerage model allows FACT to procure competitively priced, safe and reliable transportation for seniors and/or the disabled population throughout San Diego County.

FACT also provides rides to seniors over 60 and/or those with disabilities, for individuals without other mobility options, through its own relationship with vendors, through RideFACT. RideFACT is thus the backup option for many seniors and disabled persons in the County.

RideFACT is a shared ride service, available for any trip purpose, available 7 days a week from 7 AM to 8 PM. Reservations can be made by telephone from Monday-Friday, 8 AM to 4 PM. Riders pay a mileage-based fare between $2.50 and $10 per one-way trip. This fee is subsidized, with average purchase cost per trip of $16.41 for an average trip length of 11.1 miles one-way.

Figure 2: FACT & RideFACT Service Model
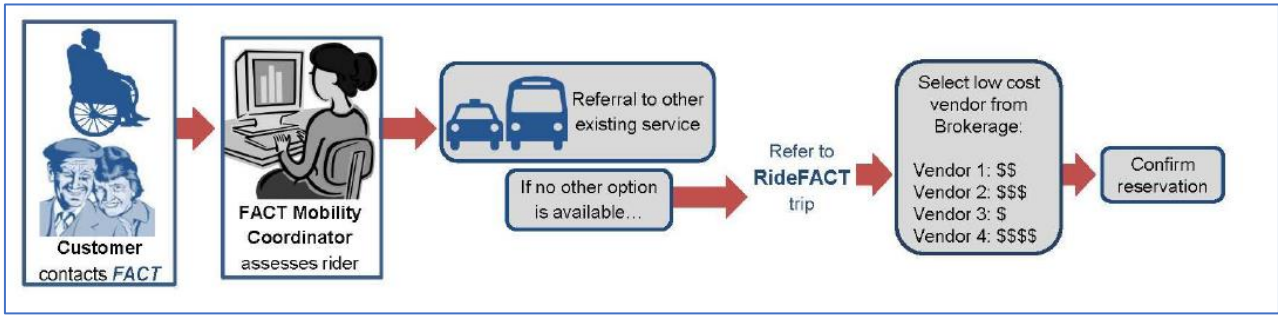
Source: FACT Business Plan, 2020-2025

4. Michigan – Flint Mass Transit Authority's shared "Rides to Wellness" NEMT service
https://www.mtaflint.org/rides-to-wellness.html

Name of Agency/Organization:	Flint Mass Transportation Authority (MTA Flint)
Agency/Organization Contact/Title	Harmony Lloyd, Chief Operating Officer of Planning and Innovation, Director of Rides to Wellness Program
Project/Program	Rides to Wellness NEMT Program
Project Operations Began:	September 2016
Date Interview Completed:	March 13, 2020

Program Description: [4]

The Flint, Michigan Mass Transportation Authority (MTA) offers "Rides to Wellness" pre-scheduled or same-day non-emergency transportation program, including trips for any purpose related to wellness (e.g., shopping for food at grocery stores or farmers' markets). Using cutting-edge technology and a ride-hailing-like model, Rides to Wellness is provided through service agreements with local agencies and medical providers. In contrast to ADA paratransit at $3.50 per trip, Rides to Wellness is a premium service, with same-day, door-to-door assistance for riders, without shared riding. The model has proved immensely popular.

A video explaining the service, with real drivers and real clients, can be viewed at https://www.youtube.com/watch?v=Yvp5r3YbutI

Trips can be booked by calling an MTA mobility navigator, or via smartphone, tablet or computer. Drivers have on-board tablets for receiving and documenting trips. Response time averages 30 minutes.

At this time, Rides to Wellness is only available to passengers who are connected with one of Rides to Wellness partner agencies, though individuals who approach MTA and are willing to pay the

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[4] Source: https://www.mtaflint.org/rides-to-wellness.html

unsubsidized rate will be accommodated. The service also offers on-demand pick-up from six local medical offices, as well, with drop off at the downtown Transfer Center.

Photo courtesy of Flint MTA.

5. LA Metro Partnership with VIA-First Mile/Last Mile Connectivity, Promoting Transit Ridership)

https://thesource.metro.net/2019/09/05/metros-partnership-with-via-hits-20000-rides/

Name of Agency/Organization:	Los Angeles County Metropolitan Transportation Authority (Metro)
Agency/Organization Contact/Title	Joshua Schank, Chief Innovation Officer
	Emma Huang, Principal Transportation Planner
	Marie Sullivan, Transportation Planning Manager/Innovation Fellow with Office of Extraordinary Innovation
Project/Program	Metro Partnership with Via
Project Operations Began:	January 28, 2019
Date Interview Completed:	March 13, 2020

Program Description:

Los Angeles Metropolitan Transportation Authority (Metro) has recently completed its 12-month pilot project, wherein Metro has partnered with Via (a subsidiary of NoMad Transit) to provide first mile/last mile (FM/LM) access to Metro stations in three geographical areas. The pilot improves FM/LM connections to rapid transit for populations who are excluded from private transportation network companies (TNCs) such as Lyft and Uber because they may be using a wheelchair, or lack a smartphone, or not have sufficient income to afford these relatively high cost mobility options.

The Via service is provided as a shared ride *at no additional cost for riders with Metro's TAP cards or validated Low Income Fare is Easy (LIFE) accounts. The service is available within a defined area or "zone" located* around three busy Metro stations: North Hollywood, El Monte and Compton (see Figure 3: Users can download an app or call a designated phone number to book a ride. No credit card or bank account is needed, and wheelchair-accessible vehicles are available. Via provides real-time updates on driver arrival. Via vehicles sport a large Via logo to identify themselves.

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As of December 2019, the project, funded in part through a Federal Transit Authority (FTA) Mobility on Demand (MOD) Sandbox Demonstration Grant, had completed 12 months of service and delivered over 80,000 rides.

In January 2020, the Metro Board approved a 12-month extension of the pilot project, which also provided for expanded service hours into evenings and weekends. The service expansion was to have been implemented by the end of April (prior to COVID-19 pandemic). This would have expanded existing weekday service from 6 AM to 8 PM to 6 AM to 12 AM (four hours later into the evening). Weekend service (not currently available) would begin, operating form 8 AM to 10 PM on Saturdays and Sundays. It should also be noted that these public agency provided microtransit services are operated by drivers certified for paratransit and have received positive feedback regarding quality and safety.

Figure 3 - Metro Partnership with VIA - Service Zones

Source: https://thesource.metro.net/2019/09/05/metros-partnership-with-via-hits-20000-rides/

Peer Review Program Assessment and Comparison

Common Goals, Different Strategies for Specific User Groups

To the extent that all five of the projects/programs which were the subject of the interviews constitute mobility management, they all certainly are designed to expand mobility options to seniors, persons with disabilities, and in most cases, those with low incomes or with no other trip options. They do this by either referring people to, or providing, a specialized ride.

The success of these programs depend on the unique set of factors that will satisfy three distinct groups (i.e. patient/client, healthcare provider/partner and transportation provider/vendor). Once the needs of users, partners and vendors are identified in the Coordinated Plan, the differences likely to be of most relevance to OCTA relate to whether the program/project would require OCTA to develop or expand some in-house functionality, or whether these types of programs can be applied in Orange County with some level of project initiation and launch, or ongoing programmatic and funding support.

Recognizing the desire to avoid the costs and complexity of a large operational footprint for a new and challenging service option, it may be advisable to invite, facilitate, coordinate and/or help fund new partnerships between human service agencies and organizations that who would administer and manage programs and projects to increase mobility options for the target populations in Orange County.

Sustainability & Cost Effectiveness Depend on Perspective and Goals

In terms of sustainability, the best way to disconnect from the need to secure grant funding to support all or a major portion of a mobility management strategy is by leveraging the natural economic incentives of partners to support the service.

Thus, while a "simple" referral app or call center might seem to be least costly, it doesn't provide the mix of functionality of the JFS program, and it may not produce results that would entice healthcare providers to becoming fully subsidizing financial partners.

More robust outcomes, with performance across both mobility and health metrics, occurs in the more complex "high-touch" programs. However, with the exception of Flint MTA, a public transportation provider is not the lead agency. Rather it is social service or healthcare profession driven software solutions (JFS and Hitch Health, respectively) and sustainable because of the embedded incentives of the healthcare industry to avoid no-shows due to lack of mobility, and to improve health outcomes by ensuring patients get to their medical appointments.

Hitch Health and the JFS programs are both very transferable and scalable, as they work with local healthcare systems and Lyft or other locally available transportation providers. They each have developed dispatching and client management software. With more than 100 years offering social services, and a strong track record with Charity Navigator, JFS's suite of mobility options rises to the top.

On the other hand, another compelling model is provided by Hitch Health, with an approach to understanding patient/rider needs that is unique and, if local Orange County clientele preferences

support it, should weigh heavily in its favor. Rather than JFS's "high-touch" approach, Hitch Health target patients expressed a desire *not* to be forced to make a long phone call that could consume their monthly minutes, or to have a data plan or app to manage just in order to get mobility to a medical office.

Thus, Hitch Health's proprietary software eliminates patient involvement in setting up the trip, and pushes appointment data onto the patient's phone, where transportation options are offered, and the patient selects the one preferred. For situations where payment is made by the healthcare provider, this could be ideal.

Divergent Approaches Support Program Outcomes Differently

The distinguishing factors for the programs do not relate directly to the length of time to implement, the number of partners needed, or even the cost of the program for an agency to run. Rather, the program outcomes and the level of engagement and ongoing funding support are far more important for consideration. If OCTA's needs assessment reveals gaps in mobility management service that could be filled by any of these kinds of programs. There are opportunities to select, modify and/or splice one or more of the programs to meet the needs of customers, funders and OCTA.

For example, as a transit provider, Metro has an interest in helping feed its own system, and the Via partnership is a logical and innovative strategy to accomplish that. OCTA would have to decide whether its strategy to partner with Via is worth the rather intensive effort for first mile/last mile connectivity, and whether it should be provided by OCTA at a subsidy for these non-medical purposes.

The FACT and RideFACT programs could be adopted wholesale, or slowly, and in a piecemeal fashion, if OCTA chose to follow that path. It could also choose to implement an in-house brokerage without also backstopping trips with a RideFACT-type program.

Summary of Peer Review Findings

Overall, the assessment and comparison of programs showed the following:

- All five of the projects/programs interviewed effectively expand mobility options to seniors, persons with disabilities, and in most cases, those with low incomes or with no other trip options, by either referring people to, or providing a trip that meets the needs of the rider;

- Hitch Health and the JFS programs are both very transferable and scalable, as they work with local healthcare systems and Lyft or other locally available transportation providers, as does OCTA.

- The FACT and RideFACT In-House Brokerage could be adopted wholesale, or gradually.

There may be good reason why OCTA might want to implement a JFS or Hitch Health style program under its own auspices, but that would be a high engagement/high cost endeavor. Recognizing the desire in the current environment to avoid the costs and complexity of a large operational footprint for a new and challenging service option, over the next few years it may be advisable to invite, facilitate, coordinate and/or help fund new partnerships between human service agencies and

organizations that who would administer and manage programs and projects to increase mobility options for the target populations in Orange County.

The gaps in services revealed during the preparation of the Coordinated Plan can begin to be addressed through implementation of any of these types of projects/programs. There are opportunities to select, modify and/or combine one or more of the programs to meet the identified transportation needs of the target population.

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SECTION III: TARGET POPULATION DEMOGRAPHIC FINDINGS

Orange County Target Population Demographic Characteristics

The project team documented and contrasted the demographic characteristics of the target populations. In addition, Persons with Limited English Proficiency (LEP) were also included, along with the veteran population and households without vehicles that might rely on public and specialized transportation.

This demographic analysis utilized 2017 and 2018 American Community Survey (ACS) data to show population change at the county level, contrasted with 2012 ACS data from the previous 2015 Coordinated Plan Update, and the 2000 Census as used in the original 2008 Coordinated Plan. Disability characteristics are self-reported by type of disability, and the low-income population for 2018 is presented at 150% of the federal poverty line in accordance with FTA guidance for grant programs under MAP-21.

For 2018, ACS data reports Orange County's total population at 3,185,968 persons, an increase of 5.4 percent from 2012 (Table 1). The increase in population from the 2000 Census and the 2012 ACS is reported at 6.2 percent. The California department of Finance projects that the county's total population will increase by an additional 6.3 percent or almost 200,000 people by the year 2030.

Table 1 - Total Population for Orange County

Total Population for Orange County (2000-2030)					
	2000 Census [1]	2012 ACS [2]	2018 ACS [3]	% Change from 2012	2030 Projection [4]
Total Population	2,846,289	3,021,840	3,185,968	5.4%	3,385,857
[1] Census 2000 Summary File 1					
[2] 2008-2012 American Community Survey 5-Year Estimates					
[3] 2018 American Community Survey 1-Year Estimates					
[4] 2020 California Department of Finance July 1, 2010 to July 1, 2060 in 1-year Increments					

Orange County's population density is depicted in Figure 4, showing the number of persons per square mile within each census tract. The highest concentration of residents are reflected in the darker areas on the map, and are found primarily in North County, in the cities of Santa Ana, Garden Grove, Anaheim and Costa Mesa.

Figure 4 - Orange County Total Population Density
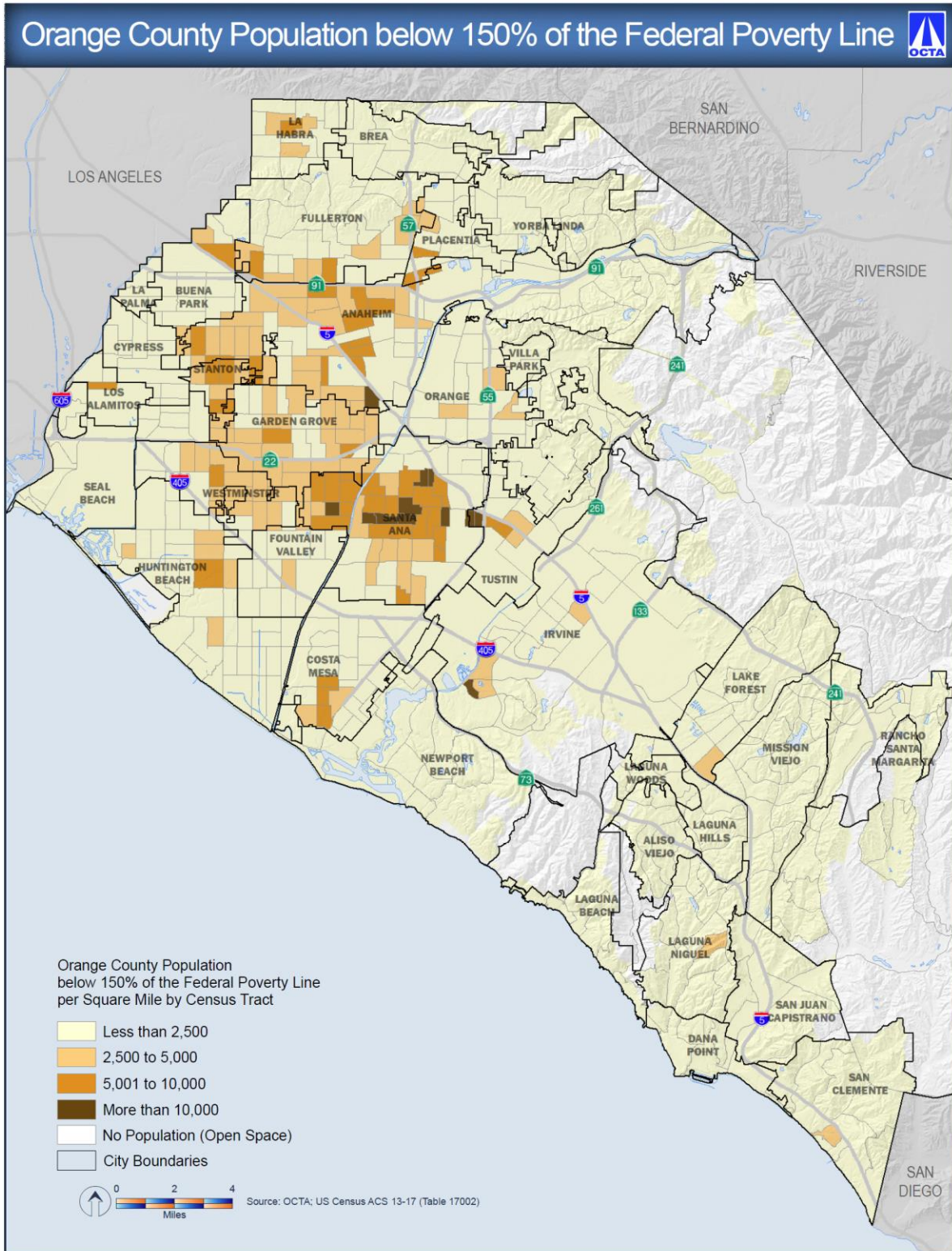
Older Adults

In Table 2, the 2018 older adult population, persons over the age of 65, is reported at 471,226 persons which is 14.8 percent of the county's total population. This is an increase of 33 percent over the 2012 population of 354,272 which is the same rate of increase recorded in the 2015 Coordinated Plan between 2000 and 2012, and is a significantly higher rate of change compared to the 2018 increase in total population at 5.4 percent.

The population projection for older adults in 2030 is estimated to be 723,408 or 21.4 percent of the county's population. This would represent an increase of almost 54 percent or more than 250,000 persons from 2018.

Older adults were further examined by age group, between the ages 65-74, 75-84 and over the age of 85. The segment of the population between the ages of 65-74 were reported as 266,534 persons, an increase of 40 percent from 2012. The greatest increase is among the three older adult age groups. Persons between the age of 75-84 are reported at 139,275 and the oldest seniors over the age of 85 are reported at 65,417, increasing by almost 30 percent over a six-year period.

Table 2 - Older Adult Population for Orange County

Older Adult Population for Orange County (2000-2030)					
	2000 Census [1]	2012 ACS [2]	2018 ACS [3]	% Change from 2012	2030 Projection [4]
Total Population	2,846,289	3,021,840	3,185,968	5.4%	3,385,857
Total Seniors	280,763	354,272	471,226	33.0%	723,408
% of Total Population	9.9%	11.7%	14.8%		21.4%
Seniors 65-74	148,702	190,359	266,534	40.0%	378,178
Seniors 75-84	97,967	113,465	139,275	22.7%	246,608
Seniors 85+	34,094	50,448	65,417	29.7%	98,622
[1] Census 2000 Summary File 1					
[2] 2008-2012 American Community Survey 5-Year Estimates DP05 Demographic and Housing Estimates					
[3] 2018 American Community Survey 1-Year Estimates Table S1010					
[4] 2020 California department of Finance July 1, 2010 to July 1, 2060 in 1-year Increments					

Figure 5 below depicts the density of the county's older adult population. The highest densities are driven by senior living communities, such as Leisure World in Seal Beach, the Laguna Woods Village, Walnut Village Retirement Community in Anaheim and Huntington Landmark in Huntington Beach. It should be noted that density shows the percent of the total population in a given census tract and does not necessarily represent a comparative number of people.

Figure 5 - Older Adult Density in Orange County
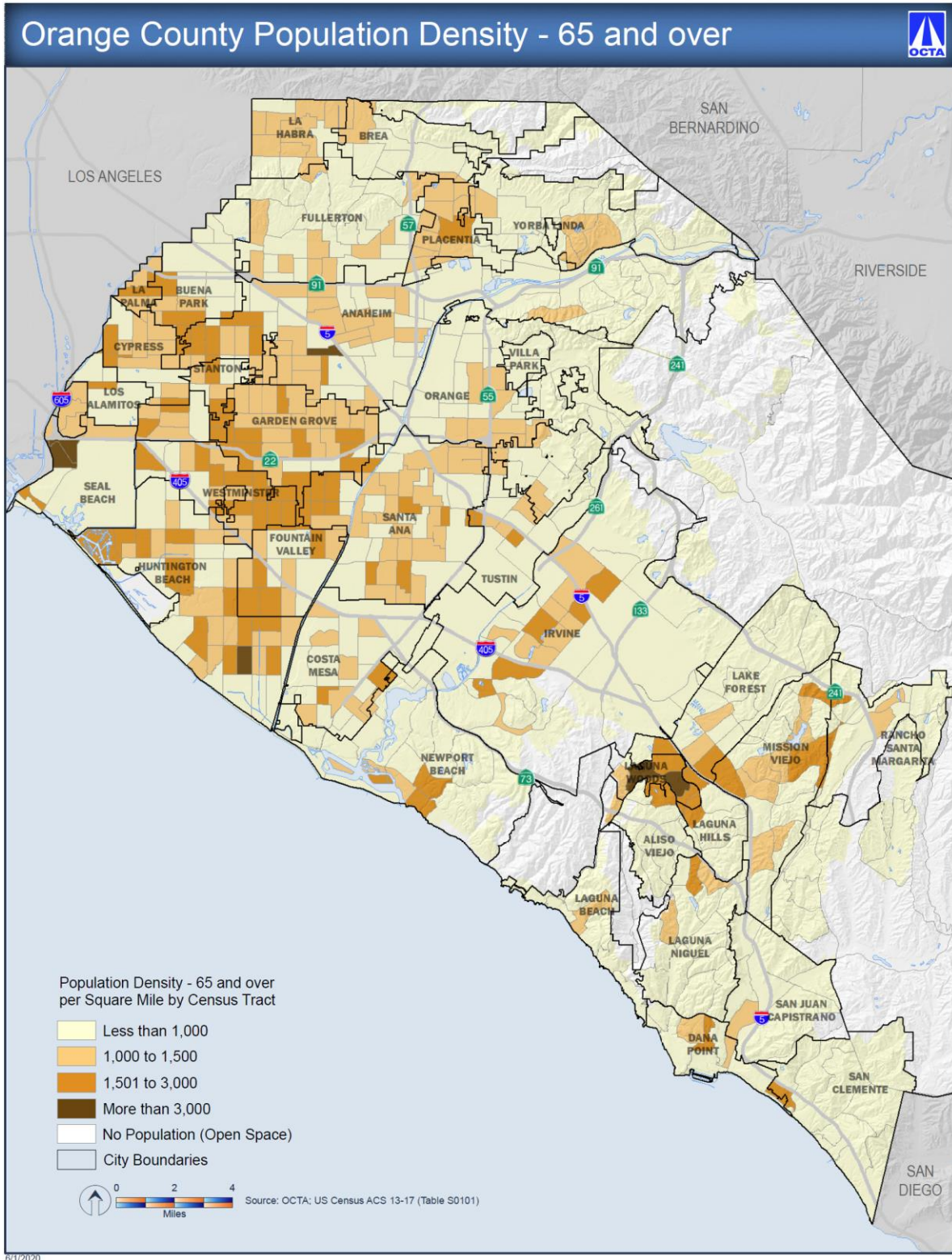
Persons with Disabilities

The demographics for the disabled population in Orange County is shown in Table 3. As of 2018, 264,617 people in Orange County reported having at least one type of disability, representing 8.3 percent of the county's total population. This is an increase of almost 25 percent over the total for 2012. This increase is due to changes in the calculation and recording methods following the 2000 census. Therefore, disability is only shown here for two time periods.

The largest category of disability is reported as those with an ambulatory difficulty at 125,634 persons. Individuals with an independent living difficulty were reported as 106,099 persons, and those with a cognitive difficulty at 84,531. It should be noted that a person could have been counted more than once if they reported having more than one disability type.

Disabled adults between the ages of 18-64 increased by 7.7 percent to 109,603 persons between 2012 and 2018. This age group represents 3.4 percent of the population, consistent with the same population proportion in 2012.

The number of older adults with disabilities is greater than disabled adults 18-64, numbering 133,818 in 2018. This is an increase of 21.5 percent over 2012. Disabled older adults are more likely to difficulty with ambulation, independent living and hearing than younger persons with disabilities.

Table 3 - Disabled Population for Orange County

Disabled Population for Orange County (2000-2018)			
	2012 ACS [2] 100% of poverty Level	2018 ACS [3] 100% Poverty Level	% Change from
Total Population	3,021,840	3,185,968	5.4%
Total Disabled Population	211,820	264,617	24.9%
% of Total Population	7.0%	8.3%	
with a hearing difficulty	64,164	74,265	15.7%
with a vision difficulty	39,108	47,334	21.0%
with a cognitive difficulty	73,979	84,531	14.3%
with an ambulatory difficulty	114,850	125,634	9.4%
with a self-care difficulty	50,725	59,274	16.9%
with an independent living difficulty	90,923	106,099	16.7%
Disabled Adults (18-64)	101,722	109,603	7.7%
% of Total Population	3.4%	3.4%	
with a hearing difficulty	19,942	22,478	12.7%
with a vision difficulty	19,325	23,231	20.2%
with a cognitive difficulty	40,794	45,552	11.7%
with an ambulatory difficulty	45,648	42,232	-7.5%
with a self-care difficulty	19,110	18,512	-3.1%
with an independent living difficulty	36,366	40,840	12.3%
Disabled Seniors (65+)	110,098	133,818	21.5%
% of Total Population	3.6%	4.2%	
with a hearing difficulty	44,222	51,787	17.1%
with a vision difficulty	19,783	24,103	21.8%
with a cognitive difficulty	33,185	38,979	17.5%
with an ambulatory difficulty	69,202	83,402	20.5%
with a self-care difficulty	31,615	40,762	28.9%
with an independent living difficulty	54,557	65,259	19.6%

[1] Census 2000 Summary File 1
[2] 2008-2012 American Community Survey 5-Year Estimates Table S1810
[3] 2018 American Community Survey 1-Year Estimates Table S1810   have

Note: The U.S. Census changed its method of reporting disability between the 2000 Census and the 2012 ACS

Figure 6 shows the density of the county's disabled population. Some illustrated densities are comparable to the older adult population where disabilities are more common as people age.

Figure 6 - Disabled Population Density
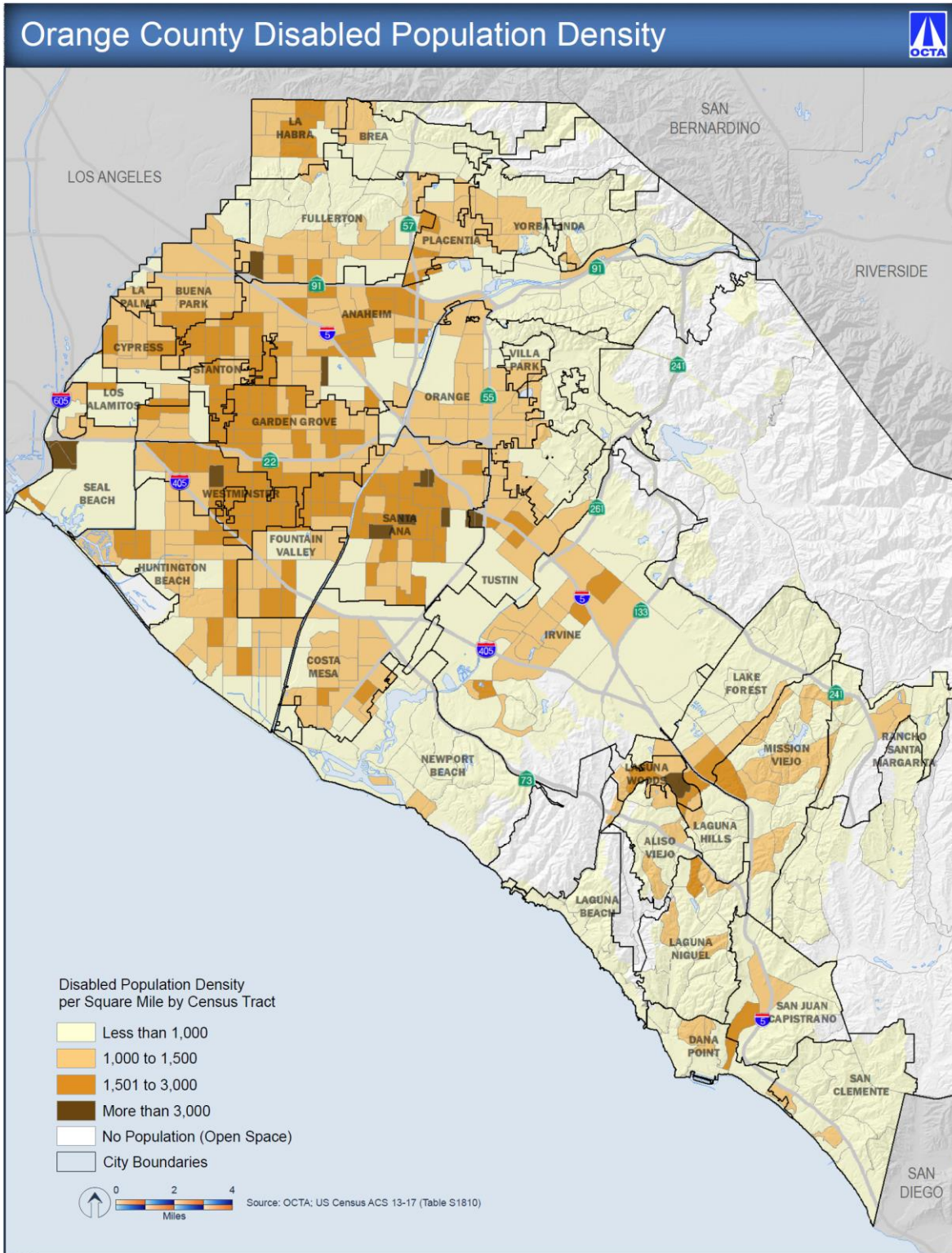
Orange County Disabled Population Density

Disabled Population Density
per Square Mile by Census Tract

- Less than 1,000
- 1,000 to 1,500
- 1,501 to 3,000
- More than 3,000
- No Population (Open Space)
- City Boundaries

0   2   4
Miles

Source: OCTA; US Census ACS 13-17 (Table S1810)

6/1/2020

Persons of Low Income

Poverty is defined each year by the Department of Health and Human Services (HHS), an amount that escalates based on household size. A single individual with a household income in 2018 of $12,140 would be considered low-income. The guidelines add $4,320 for each additional household member for 2018.

As shown in Table 4, as of 2018, there are 238,027 individuals living below poverty and 537,598 persons living below 150 percent of the poverty line. While the number of individual living in poverty increased by two percent between 2012 and 2018, the percent of the total population dropped from 7.7 percent to 7.5 percent.

The population of individuals between the ages of 18-64 living in poverty decreased by 7.8 percent in 2018 while the percent of low-income persons over the age of 65 increased by 74.4 percent. Persons living below 150 percent of the poverty line currently represent 16.9 percent of the total population or approximately one out of every six people.

Table 4 - Low-Income Populations of Orange County

Low-Income Population for Orange County (2000-2018)					
	2000 Census [1] 100% of Poverty Level	2012 ACS [2] 100% of poverty Level	2018 ACS [3] 100% Poverty Level	% Change from 2012	2018 ACS [3] 150% of Poverty Level
Total Population	2,846,289	3,021,840	3,185,968	5.4%	3,185,968
Total Low-income Population	187,473	233,312	238,027	2.0%	537,598
% of Total Population	6.6%	7.7%	7.5%		16.9%
Low-Income Adults (18-64)	170,724	205,331	189,226	-7.8%	N/A
% of Total Population	6.0%	6.8%	5.9%		
Low-Income Seniors (65+)	16,749	27,981	48,801	74.4%	N/A
% of Total Population	0.6%	0.9%	1.5%		
[1] Census 2000 Summary File 1					
[2] 2008-2012 American Community Survey 5-Year Estimates DP05 Demographic and Housing Estimates					
[3] 2018 American Community Survey 1-Year Estimates Table S1701					

The density of persons of low-income living below 150 percent of the poverty line is presented in Figure 7. The highest densities are shown in the cities of Santa Ana, Stanton and Anaheim.

Figure 7 - Low-Income Population Density in Orange County
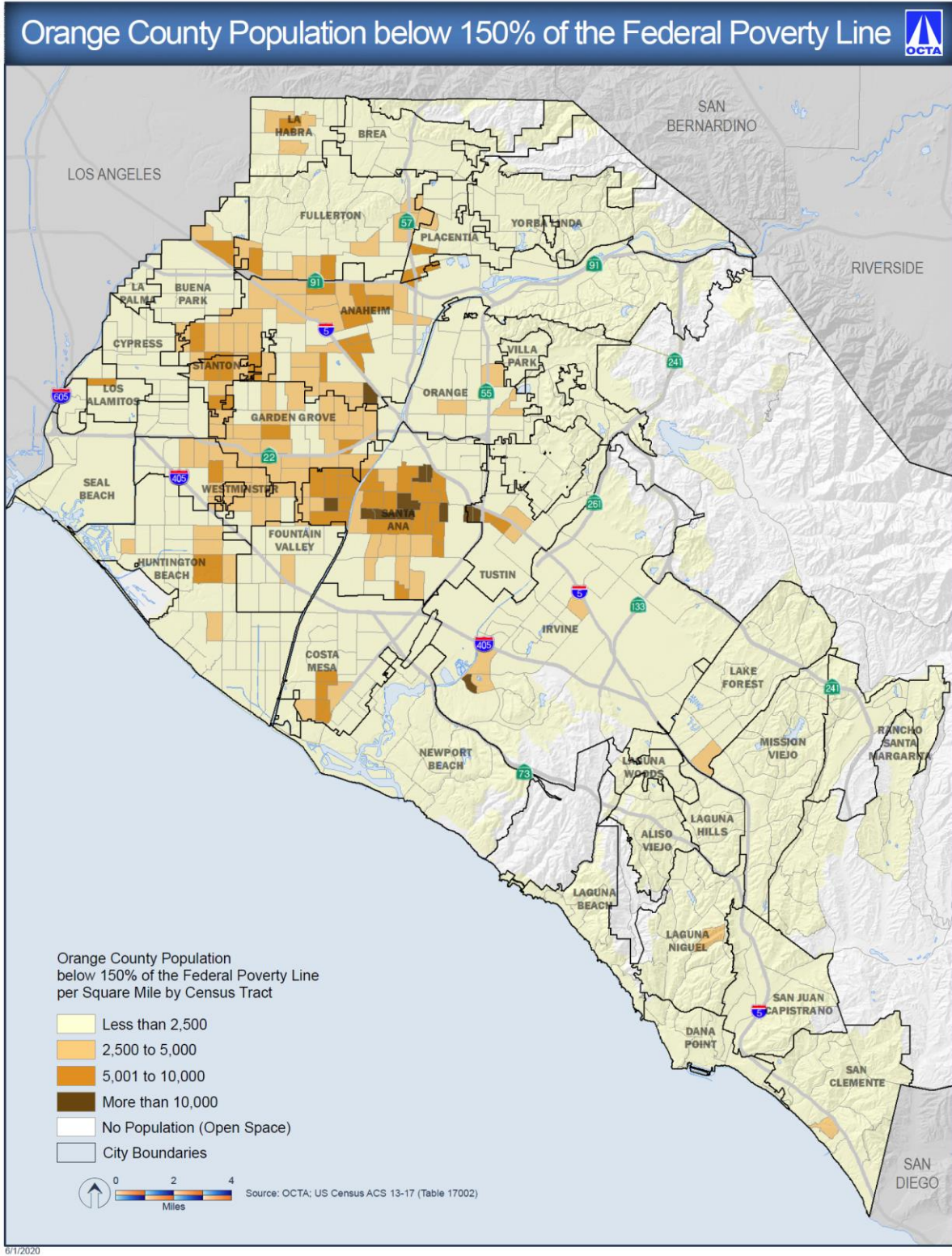
Target Population Summary

A summary of the target populations represented in the Coordinated Plan are depicted in Table 5. Population change for each segment is reported between 2012 and 2018, with the greatest increase in the senior population at 33 percent. The number of persons with disabilities increased by 24.9 percent, and the low-income population segment below the federal poverty line increased by only two percent. In addition, the low-income population below 150% of the poverty line decreased by 10.5 percent. A total of 1.27 million people are the focus of the 2020 Coordinated Plan. However, while the populations counted within each group represent the number of individuals within the Plan's focus, as some individuals are being counted in more than one population group. For example, a low-income older adult might also have a disability.

Table 5 - Combined Coordinated Plan Target Populations for Orange County

Coordinated Plan Target Populations for Orange County (2000-2018)				
	2000 Census [1]	2012 ACS [2]	2018 ACS [3]	% Change from
Total Population	2,846,289	3,021,840	3,185,968	5.4%
Total Senior Population 65+	280,763	354,272	471,226	33.0%
% of Total Population	9.9%	11.7%	14.8%	
Total Disabled Population	N/A	211,820	264,617	24.9%
% of Total Population		7.0%	8.3%	
Total Low-Income Population (100% Poverty)	187,473	233,312	238,027	2.0%
% of Total Population	6.6%	7.7%	7.5%	
Total Low-Income Population (150% Poverty)		600,344	537,598	-10.5%
% of Total Population		19.9%	16.9%	
[1] Census 2000 Summary File 1				
[2] 2008-2012 American Community Survey 5-Year Estimates				
[3] 2018 American Community Survey 1-Year Estimates				

The density of the combined target populations is presented in Figure 8, which illustrates the concentration of older adults, persons with disabilities and low-income persons throughout the county. As shown previously, the highest densities are found in North County, particularly in the City of Santa Ana where almost a fourth of the city has census tracts with more than 10,000 persons representing the target groups.

Figure 8 - Density of Combined Target Populations

Orange County Combined Population of 65 and over; Persons with Disabilities; and Persons below 150% of Federal Poverty Guideline

Orange County Population 65 and over; Persons with Disabilities; and Persons below 150% of Federal Poverty Guideline
(Total Combined Population per Square Mile by Census Tract)

- Less than 2,500
- 2,500 to 5,000
- 5,001 to 10,000
- More than 10,000
- No Population (Open Space)
- City Boundaries

Source: OCTA; US Census ACS 13-17

6/1/2020

Veterans

The Orange County veteran population between the ages of 18-64 increased from 12,021 to 67,846 between 2000 and 2012, consistent with the draw down of troops over the last 20 years. However, the combined veteran population has been declining since the 2000 Census, from 193,548 to 136,611 in 2012 and further to 106,246 in 2018. The reduction in overall veteran population can attributed to the loss of older veterans as is reported among World War II, Korean War and Vietnam veterans.

The current veteran population represents 3.3 percent of the total population (Table 6). The largest veteran group is comprised of those who served in Vietnam at 39,034 persons. This group declined by almost 36 percent from 2012 to 2018. The senior veteran population has also experienced decline, although at a slower rate of -9.2 percent between 2012 and 2018.

Table 6 - Veteran Population for Orange County

Veteran Population for Orange County (2000-2018)				
	2000 Census [1]	2012 ACS [2]	2018 ACS [3]	% Change
Total Population	2,846,289	3,021,840	3,185,968	5.4%
Total Veteran Population	193,548	136,611	106,246	-22.2%
% of Total Population	6.8%	4.5%	3.3%	
Gulf War (2001 or later)	*n/a*	*10,519*	*17,883*	*70.0%*
Gulf War (1990-2001)	*17,778*	*15,574*	*16,504*	*6.0%*
Vietnam era	*63,024*	*45,765*	*39,034*	*-14.7%*
Korean War	*31,170*	*20,628*	*10,720*	*-48.0%*
World War II	*44,057*	*17,896*	*5,138*	*-71.3%*
Veteran Adults (18-64)	12,021	67,846	43,508	-35.9%
% of Total Population	0.4%	2.2%	1.4%	
Veteran Seniors (65+)	73,527	69,125	62,738	-9.2%
% of Total Population	3%	2.3%	2.0%	
[1] Census 2000 Summary File 1				
[2] 2008-2012 American Community Survey 5-Year Estimates Table S2101				
[3] 2018 American Community Survey 1-Year Estimates Table S2101				

Access to Vehicles and Means of Travel

An individual's access to a vehicle in their household is an important factor in understanding the potential demand for public transit or specialized transportation. Table 7 shows the number of households in Orange County and the number of vehicles within each household. Of the county's more than one million households, the majority (40%) have at least two vehicles. Only 45,991 or just over four percent have no access to a vehicle, with the majority being one person households. It should be noted that some household members might be youth that are not able to drive and would not have a vehicle of their own.

Table 7 - Availability of Vehicles by Household Size

Availability of Vehicles by Household Size							
	Households	Percent of Households	No Vehicle	1 Vehicle	2 Vehicles	3 Vehicles	4+ Vehicles
Total Households	1,040,394	100%	45,991	282,803	419,813	186,255	105,532
1 Person Household	227,814	21.9%	24,680	167,772	26,057	6,890	2,415
2 Person Household	320,070	30.8%	10,393	65,442	195,672	37,175	11,388
3 person Household	184,899	17.8%	4,985	25,159	75,024	63,143	16,588
4+ person Household	307,611	29.6%	5,933	24,430	123,060	79,047	75,141
2018 American Community Survey 1-Year Estimates Table B08201							

The vast majority (78%) of Orange County residents commute to work by means of travel alone in their car, truck or van as presented in Table 8. This is true for both adults between the ages of 16-64 and for older adults over the age of 65. The proportion of workers that commute by carpool is reported at nine percent of all commuters, followed by those that work from home. This number can logically be expected to grow based on the transition to telecommuting for a significant number of workers as a result the stay-at-home orders in March 2020 due to the onset of COVID-19. It is also reported that older adults are working from home at twice the rate of workers ages 16-64. Only two percent of all commuters are reported as using public transit to commute to work.

Table 8 – Means of Transportation to Work by Age

Means of Transportation to Work by Age						
Mode of Travel	Total	% of Total	Age 16 to 64	% of Total	Over 65+	% of Total
Total Commuters	1,580,867	100%	1,494,285	100%	86,582	100%
Drove Alone	1,237,023	78%	1,170,561	78%	66,462	77%
Carpooled	149,238	9%	142,894	10%	6,344	7%
Work at Home	106,014	7%	95,622	6%	10,392	12%
Public Transportation	32,483	2%	31,552	2%	931	1%
Walk	30,526	2%	29,421	2%	1,105	1%
Taxi, Motorcycle or Bike	25,583	2%	24,235	2%	1,348	2%
2018 American Community Survey 1-Year Estimates Table B08101						

Demographic Summary

Orange County's Total Population

The county's population is modestly increasing, growing from 6.2 percent between 2000 and 2012 and another 5.4 percent in 2018. The county is projected to increase by an additional 6.3 percent to 200,000 residents by 2030.

Older Adults

The 2018 older adult population, persons over the age of 65, is reported at 471,226 persons of 14.8 percent of the county's total population. This is an increase of 33 percent over the 2012 population of 354,272 which is the same rate of increase recorded in the 2015 Coordinated Plan between 2000 and 2012, and is a significantly higher rate of change compared to the 2018 increase in total population at 5.4 percent.

The population projection for older adults in 2030 is estimated to be 723,408 or 21.4 percent of the county's population. This would represent an increase of almost 54 percent or more than 250,000 persons from 2018.

Persons with Disabilities

As of 2018, 264,617 people in Orange County reported having at least one type of disability, representing 8.3 percent of the county's total population. This is an increase of almost 25 percent over the total for 2012. The largest category of disability is reported by those with an ambulatory difficulty at 125,634 persons, individuals with an independent living difficulty at 106,099 persons and those with a cognitive difficulty at 84,531. It should be noted that a person could be counted more than once if they reported having more than one disability type.

Persons of Low Income

Poverty is defined each year by the Department of Health and Human Services (HHS), an amount that escalates based on household size. A single individual with a household income in 2018 of $12,140 would be considered low-income. The guidelines add $4,320 for each additional household member for 2018.

As of 2018, there are 238,027 individuals living below poverty and 537,598 persons living below 150 percent of the poverty line. While the number of individual living in poverty increased by two percent between 2012 and 2018, the percent of the total population dropped from 7.7 percent to 7.5 percent.

Veterans

The County's veteran population has been declining since the 2000 Census, from 193,548 to 136,611 in 2012 and further to 106,246 in 2018. The reduction in overall veteran population can attributed to the loss of older veterans as is reported amongst World War II, Korean War and Vietnam veterans.

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SECTION IV: TRANSPORTATION PROVIDER AND PUBLIC OUTREACH

The transportation provider and public outreach process was planned to include a stakeholder survey, as well as, meetings and workshops; in-person interviews; and monthly meetings with the PDT and the SNAC. The survey and the public outreach were proposed to run concurrently. However, these plans were severely impacted by the pandemic. Beginning in March 2020, there was widespread disruption in normal workplace activities in California. Due to social distancing guidelines, face-to-face interviews, meetings and gatherings that are important elements of the Coordinated Plan development process could not be scheduled. As a result, the decision was made to conduct telephone interviews and videoconference meetings with as many cities, human service agencies and organizations, and members of the target populations as possible, as well as, with OCTA program staff. The results of these stakeholder related outreach activities are discussed in detail below.

Stakeholder Survey

Stakeholder Database

The project team utilized a database of Orange County of human service agency/organization stakeholders serving the target populations. The following individual list categories were included:

- Special Needs Advisory Committee members (SNAC)

- Adult Data Healthcare Centers (ADHC)

- Job Access and Reverse Commute (JARC) funding recipients (cities and human services agencies/organizations)

- Senior Mobility Program participants (Orange County cities)

- Senior Mobility Program Non-Profit Organizations

- CHP Inspection List of Vehicle Operators in Orange County from various operating categories: e.g. General Public Paratransit Vehicles (GPPV) etc.)

The final updated combined database used for the outreach effort included a total of 873 contacts.

Survey Design and Development

The project team worked in coordination with OCTA staff to develop and administer the Transportation Needs Assessment (TNA) Survey as an important element of the stakeholder involvement process conducted as a part of the Coordinated Plan. The TNA survey was developed in an online format and was comprised of twenty-five (25) questions, which included both check-box and open-ended responses. The survey was accessed using an active web-based link, which was to be disseminated to stakeholders by electronic mail and completed online. In late February, OCTA staff distributed the survey link to all 873 stakeholder cities, agencies and organizations in the database.

The number of survey responses from the initial email blast was less than anticipated. This was primarily due to organizational closures, lay-offs, and employee adjustments to working remotely during the months of March and April 2020. To increase the survey response rate, project team members began telephoning stakeholders. Members of the project team telephoned 110 stakeholder cities and agencies/organizations in the database, and made direct contact with

seventy-four (74) stakeholder entities. However, only thirty-five (35) completed surveys were received.

Survey Findings and Results

Survey results were grouped into three categories for reporting purposes:

- Agency Characteristics
- Transportation and Information
- Transportation Needs and Barriers
- Transportation Provider Characteristics

A summary of the major survey findings are presented below.

Agency Characteristics

The majority of survey responses were received from public agencies (63%), representative of many of the county's city operated human service transportation programs (Figure 9). The remaining responses (37%) were received by non-profit agencies that either provide transportation or serve clients that have transportation needs. None of the survey's respondents identified themselves as either faith-based or tribal organizations.

Figure 9 - Respondent Agency Type
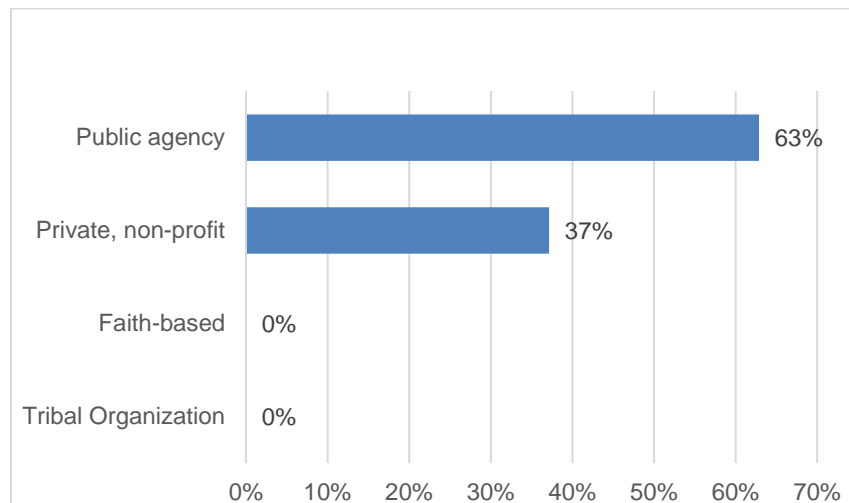
To better understand the concerns of responding agencies and organizations related to the target populations of the Coordinated Plan, respondents were asked to identify the client groups that they serve, in recognition of the fact that some agencies/organizations serve multiple population groups.

The Coordinated Plan focus is on the development of transportation strategies designed for adults over the age 60. However, the survey responses related to the senior population as shown in Figure 10, recognizes seniors as anyone over 50 years of age. Seniors were reported to be served by 60 percent of responding agencies while 20 percent of agencies identified serving persons with disabilities. Additionally, 11 percent of respondents are serving the general public or persons of all ages, while nine (9) percent provide assistance to persons of low-income or persons with

limited English proficiency, primarily from the Vietnamese and Latino communities. Only six percent of agencies reported to be working with veterans. None of the responding agencies identified serving the youth population specifically, but it is assumed that children and young adults are served by the agencies that specified working with all ages or the general public.

Figure 10 - Client Groups Served
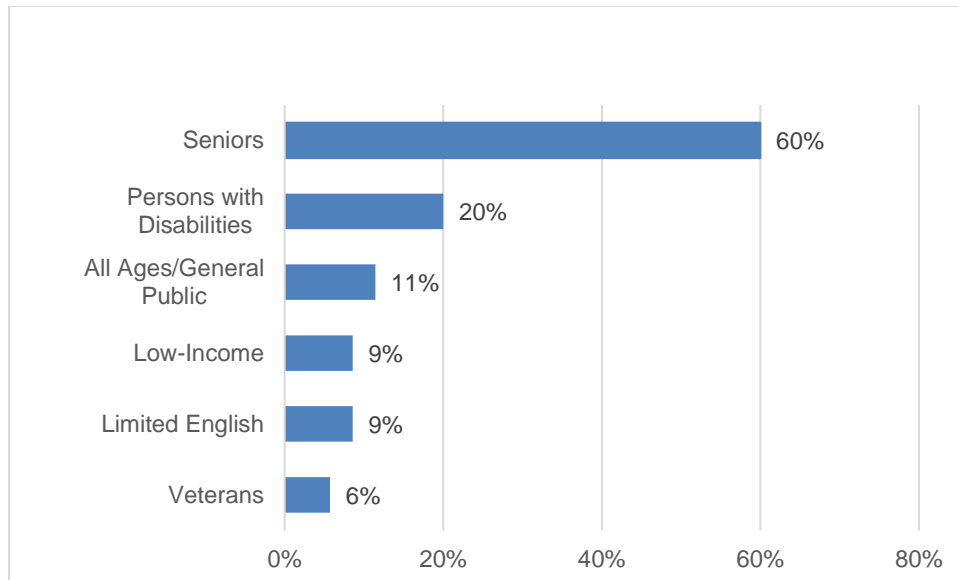
Determining the characteristics of the client population is further examined in detail in Figure 11. The survey question presented a multiple-choice list of descriptive characteristics that could be associated with the target groups. The majority of agencies indicated that they serve older adults, whether able bodied seniors over the age of 60 at 91%, or frail seniors at 77% of respondents. Veterans and persons with physical disabilities are both being served by 60% of agencies/organizations. Furthermore 57% of respondents are assisting LEP persons and 54% are working with the general public. Low-income persons are being served by 51% of respondents, while persons with sensory impairments are reported to be served by 43 percent of these agencies and organizations.

Figure 11 - Client Target Populations Served
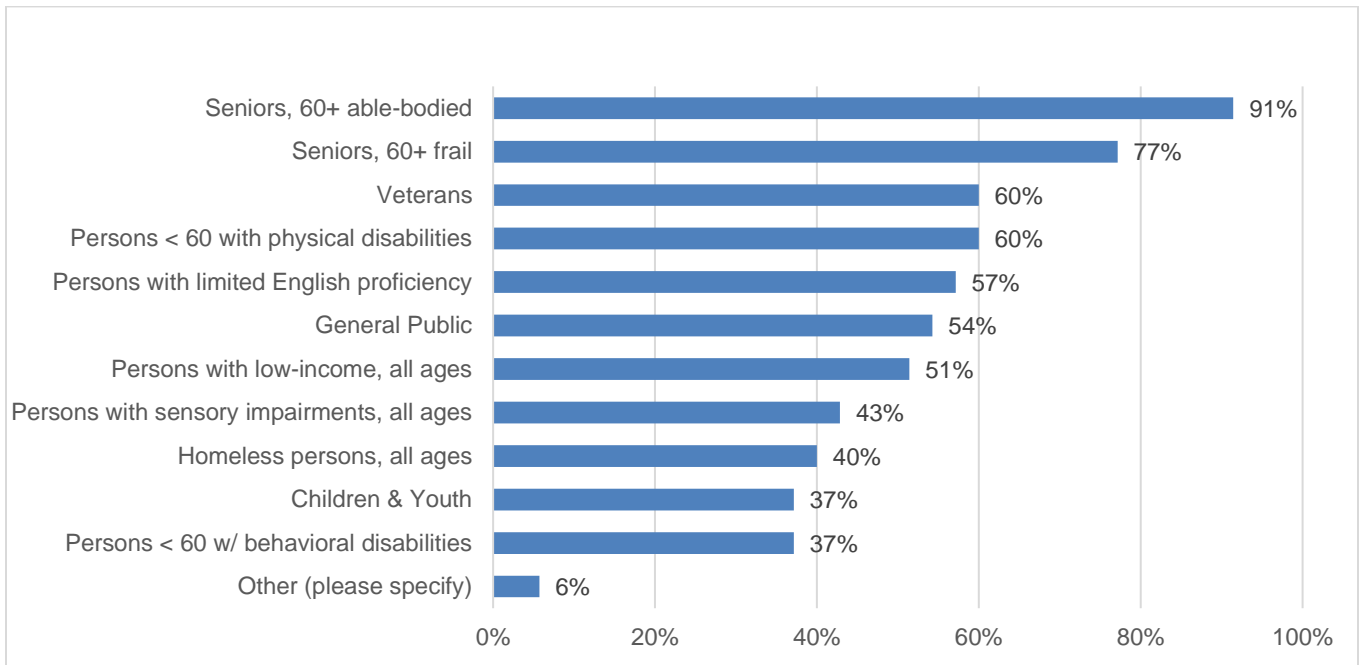
Responding agencies reported total enrolled client caseloads of 177,091 persons with 5,440 traveling to agency sites daily as shown in Table 9 below. Of those traveling to agency sites, 23 percent or 1,224 persons require some form of transportation assistance while four percent or 233 persons are in wheelchairs.

Table 9 - Agency Client Caseloads/Transportation Assistance

Number of Program Clients in Orange County	
Estimated # Total clients enrolled or on caseload lists	177,091
Estimated # persons traveling to your site daily	5,440
Estimated # persons on-site daily needing transportation assistance	1,224
Estimated # persons on-site daily in wheelchairs	233

Responding agencies and organizations also reported on the nature of services provided to their clients. The three most frequently reported services were volunteer opportunities (51%), sheltered employment (49%) and counseling (46%) as shown in Figure 12. Rehabilitation services and job placement were reported by 31 percent of respondents respectively and 26 percent indicated providing employer related activities. Amongst the services reported as "other" included case management, caregiver support, peer support, language assistance and transportation information assistance.

Figure 12 - Agency Services Provided to Clients

Service	Percentage
Volunteer Opportunities	51%
Sheltered Employment	49%
Counseling	46%
Rehabilitation	31%
Job Placement	31%
Employer	26%
Senior Center	17%
Recreational/Social	17%
Medical/Dental	11%
Faith-based	9%
Child Day Care	9%
CalFresh (formerly Food Stamps)	9%
Transportation	6%
School/Education/Training	6%
Mental Health	6%
Head Start	6%
Congregate Nutrition	6%
Supported Employment	3%
Residential Care	3%
Medicare	3%
Home-Delivered Meals	3%
Chore Services	0%
Other (please specify)	49%

Agencies and organizations were also asked to identify the languages spoken by staff members and/or their clients. For languages other than English, Spanish was the most common second language spoken at 66 percent as presented in Figure 13. Almost one-third or 29 percent reported communicating in Vietnamese, followed by Farsi or Dari at 26 percent, and Czech and Hindu or Urdu both at 23 percent. Mandarin or Cantonese was reported by 20 percent of respondents while Korean followed at 14 percent.

Figure 13 - Languages Spoken by Staff or Clients
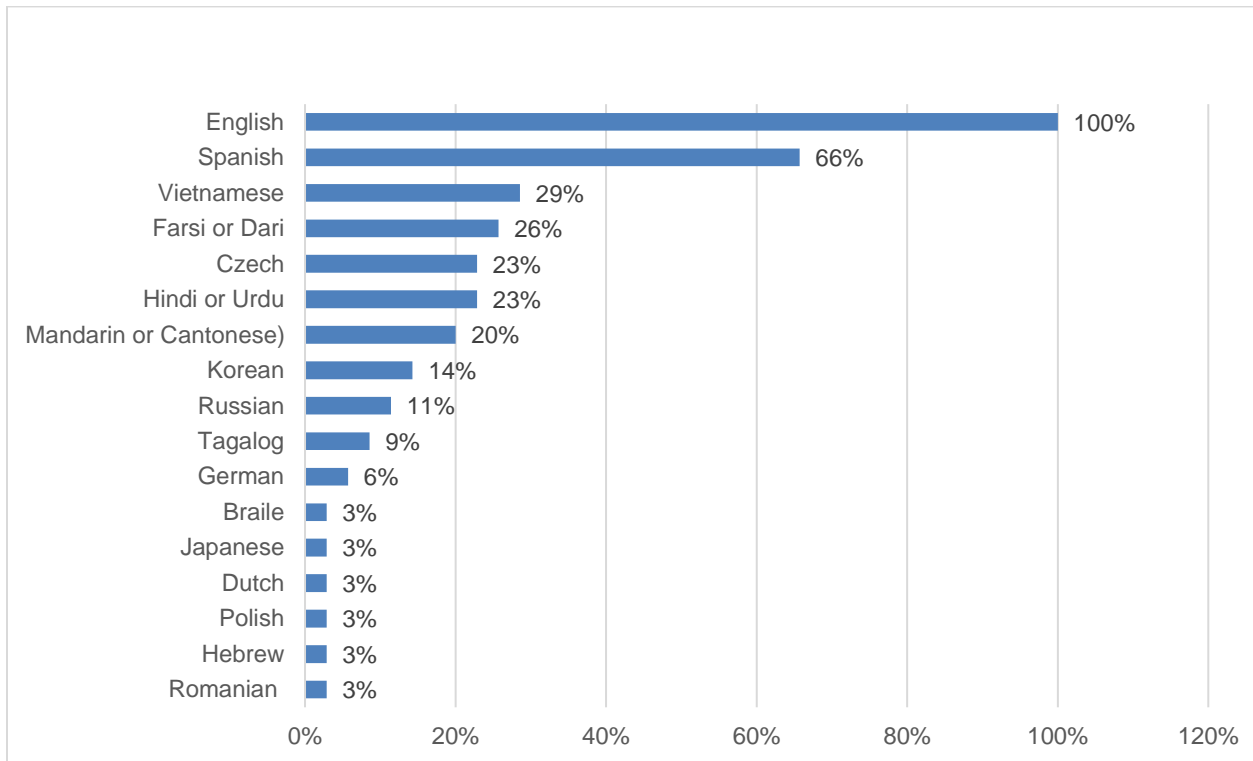
Transportation and Information

Clients from the surveyed agencies and organizations often need assistance with arranging transportation to the agency/organization sites, or to travel to various destinations in the County for services or activities. As a consequence frontline agency/organization personnel are tasked with referring clients to available transportation options to ensure their ability to travel.

More than one-third or 34 percent of survey respondents reported that they are referring clients to transportation on a daily basis, while 29 percent are providing referrals to clients at least once per week, and 14% at least monthly (Figure 14). Although 29 percent of respondents indicate that they are not referring clients to transportation, they indicate that other staff members within their agency/organization do refer clients to transportation. Only six percent of agencies report not referring any clients.

Figure 14 - Client Transportation Referral Frequency

Yes, at least daily	34%
Yes, at least weekly	29%
Yes, at least monthly	14%
No, not at all	6%
I don't, but other people in my agency do	29%
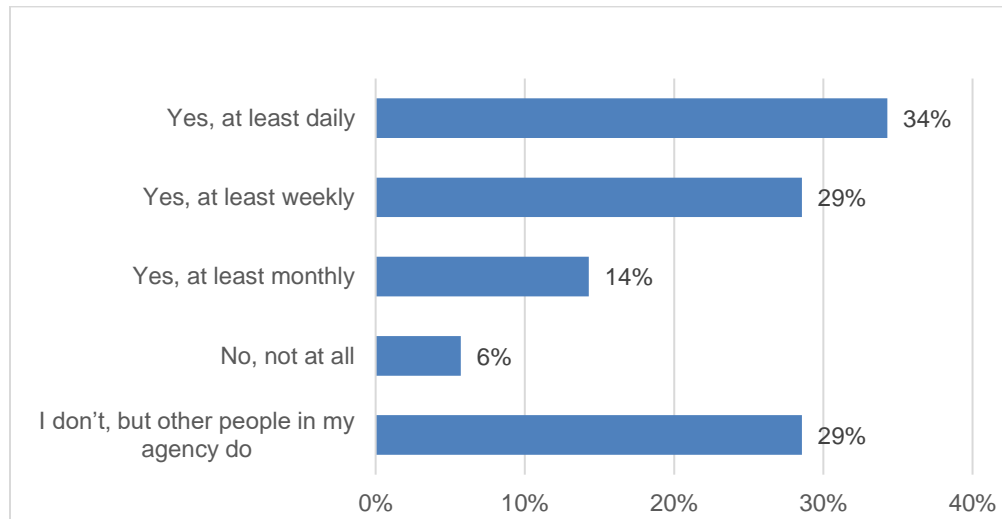
The amount of service available and/or the mode selected for trips taken by members of the target populations will depend on service eligibility characteristics such as age, disability or income, but the distance between an agency site and the client's home can also influence finding the appropriate transportation option.

Survey respondents report that the majority of agency/organization clients (57 percent) are traveling less than five miles to reach agency/organization sites (Figure 15), with 27 percent traveling between 6 and 10 miles. Longer distance trips of 11 to 15 miles are being made by 10 percent of clients, and seven percent are traveling more than 20 miles to reach the agency/organization site. Longer distance trips can be more difficult to undertake given that a longer trip might require multiple transfers on public transit buses, costlier fares, connection barriers on paratransit, or encountering service area boundaries or availability on human services programs.

Figure 15 - Length of Travel to Agency Site
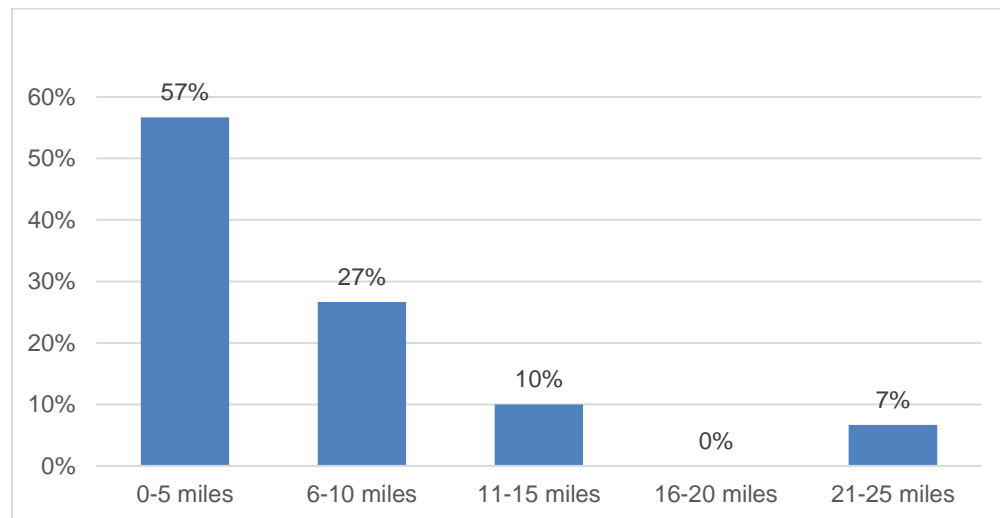
Public transit can be a viable transportation option for many ambulatory clients if they are aware of the services that are available to them. To adequately refer clients to available services, agency/organization representatives must also be familiar with service parameters including destinations, required fare and available travel times.

When asked to describe their familiarity with OCTA's services, only 31 percent of respondents felt they were very familiar with the services OCTA provides (Figure 16). Almost two-thirds or 63 percent of agency/organization representatives indicated that they are somewhat familiar with OCTA services, while only six percent of responding agencies reported have no familiarity with OCTA.

Figure 16 - Familiarity with OCTA Services
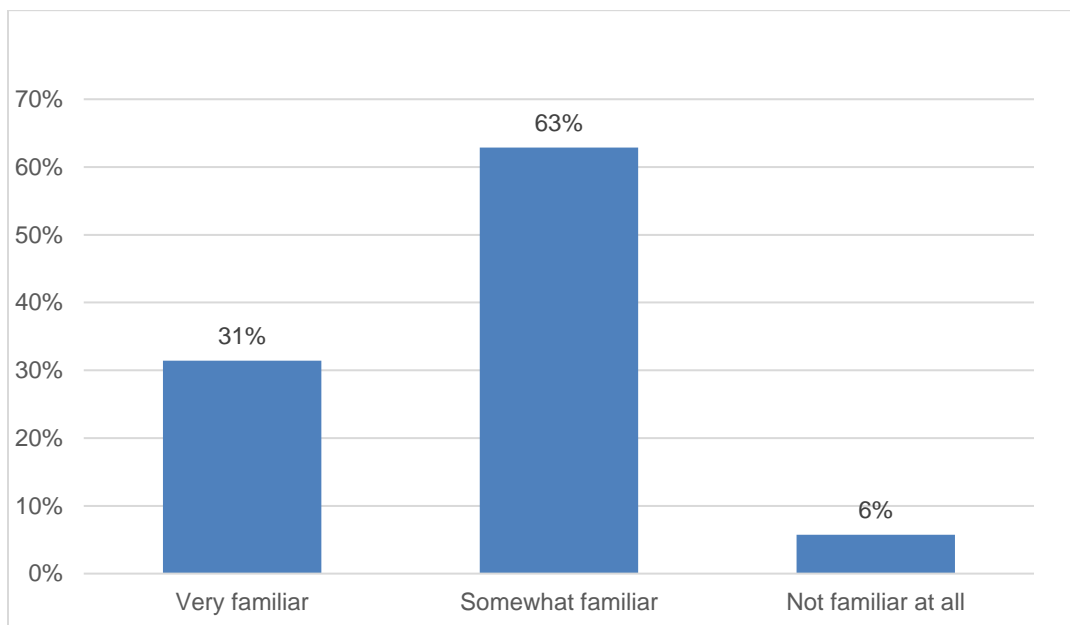
Considering only 31 percent of agency personnel are very familiar with OCTA services, opportunities exist to continue to upon improve the methods or communicating to members of the target population, and/or the accessibility of transit information. Figure 17 shows respondents' satisfaction with existing public transit information tools. The highest levels of satisfaction are reported by those utilizing 2-1-1's online and phone resources, OCTA's bus book and rider guide and OCTA's website or trip planner. Lower levels of satisfaction are expressed using Text-4-next, 5-1-1 and social media resources for transit information. Twenty-one percent of respondents had no opinion across all information options suggesting that these agencies/organizations are using other tools to provide transit information, or do not refer their clients to transit options.

Figure 17 - Satisfaction with Available Transportation Information Tools
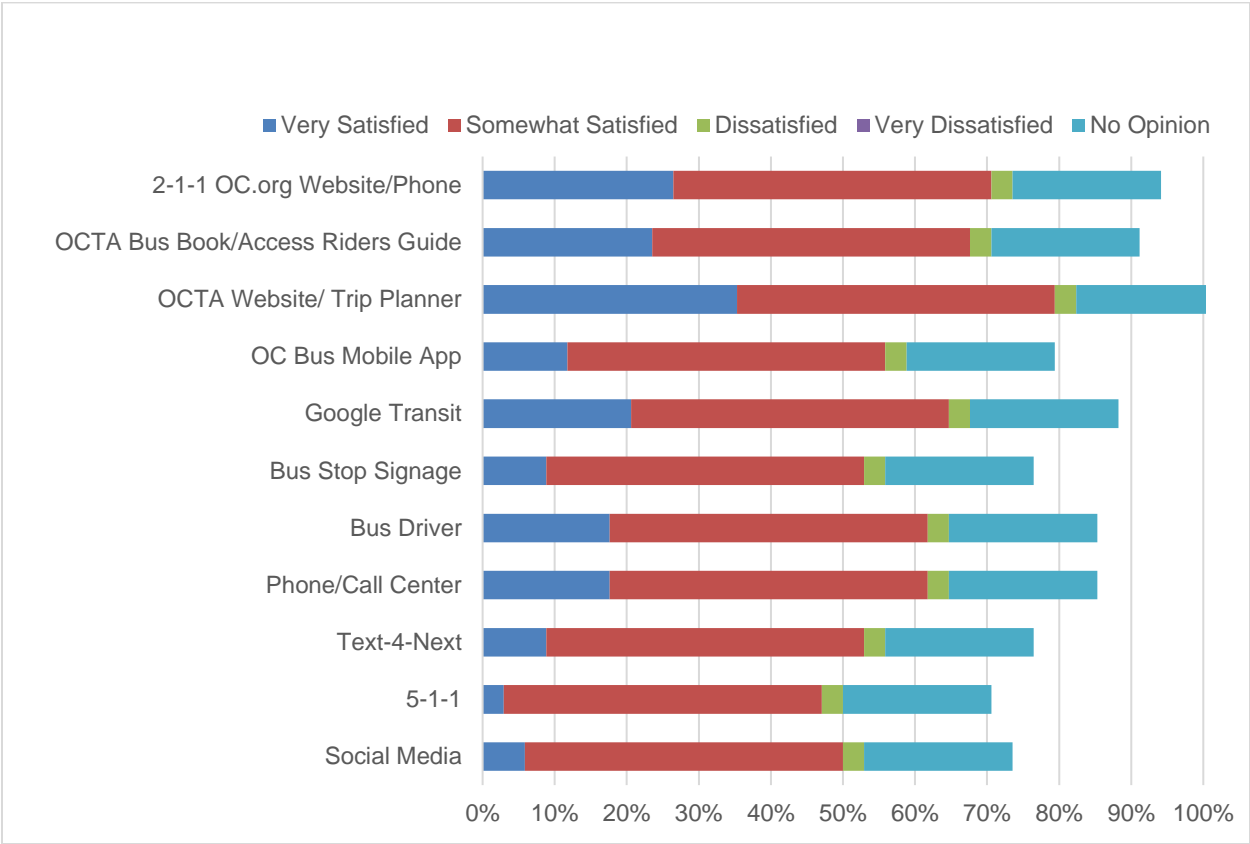
Many agencies/organizations report that they coordinate with others to provide transportation to their clients (Figure 18). Almost 40 percent are coordinating transportation with OCTA in some fashion. Coordination with city programs, Abrazar and Age Well are reported by 18 percent of responding agencies/organizations. In addition, coordination with Yellow Cab was reported by 12 percent of respondents, and with the City of Irvine TRIPS Transportation program and Transportation Network Companies (TNCs) coordination activities are reported by nine percent of respondents.

Figure 18 - Agency Coordination to Provide Transportation to Clients
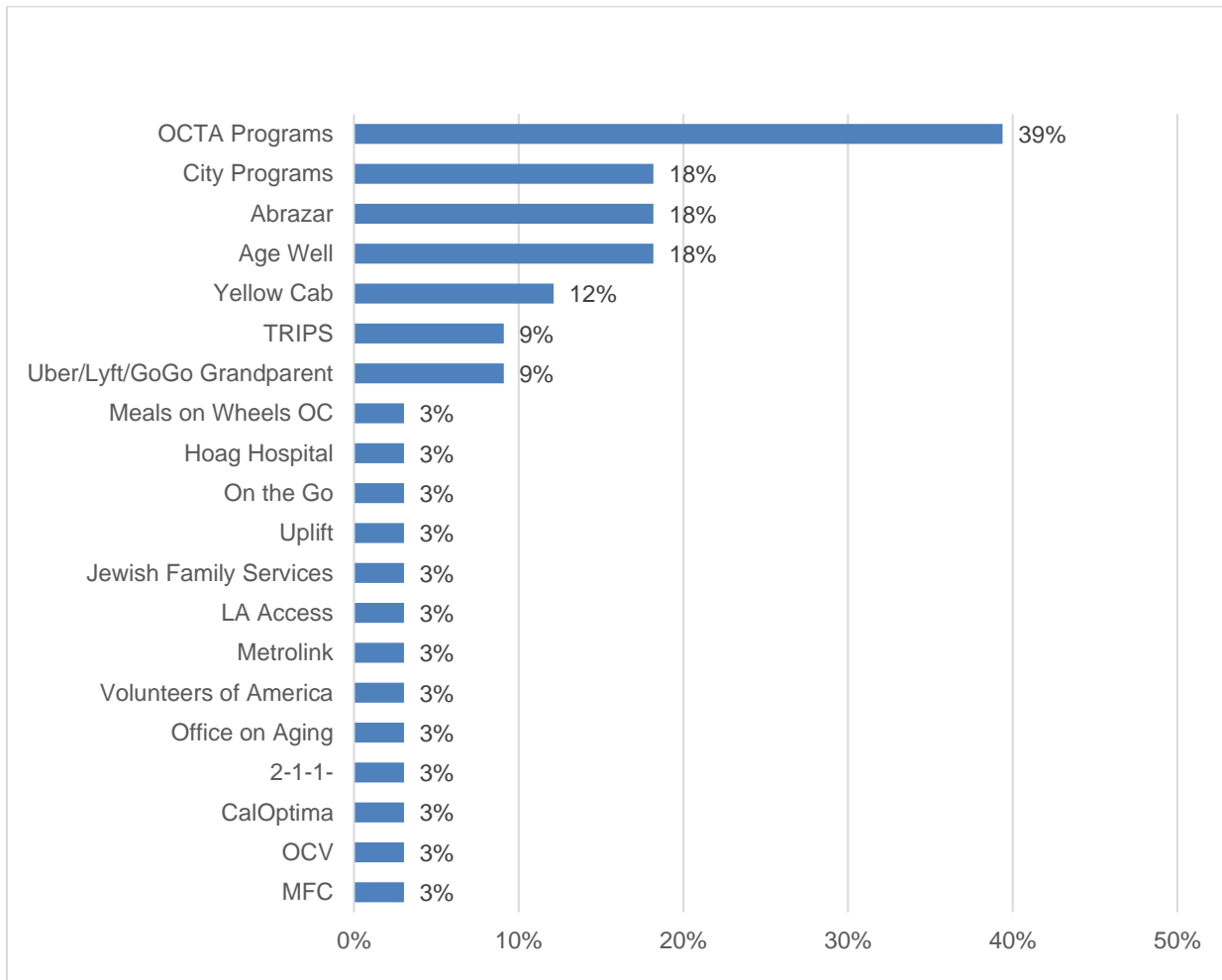
Transportation Needs and Barriers

Agencies were asked to specify the transportation needs most often communicated to them by their clients (Figure 19). Traveling to both local and regional medical locations was the most reported transportation need, followed by shopping and escorted trips to and through the door. Transportation to or from South Orange County, trips with multiple destinations, and commuting to work sites were also a need often communicated. Traveling to neighboring counties was the least communicated transportation need.

Figure 19 - Transportation Needs Most Often Communicated by Clients

■ Often ■ Sometimes

Category	
Getting to local doctor / medical trips	
Getting to regional doctor/ medical trips	
Shopping trips	
Escorted to-door or through-door assistance	
Trips to or from South Orange County	
Chained trips with multiple destinations	
Getting to work	
Dialysis trips	
Trips beyond the OCTA Service Area	
Saturday trips	
Sunday trips	
Trips to college or adult education	
Daycare, childcare or elementary school trips	
Evening trips	
Out-of-County Trips:	
Los Angeles County	
Riverside County	
North San Diego County	
San Bernardino County	
South San Diego County	

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Survey respondents were asked in an open-ended question to describe the barriers their clients express that they experience in accessing transportation (Figure 20). Respondents indicated that a total of 24 percent of the agency clients communicate difficulty affording the required fare. Long walking distances to the nearest bus stop and the frequency of transit buses is reported by 21 percent of respondents. Barriers cited as common amongst older adults and persons with disabilities included difficulty navigating the transit network, and traveling beyond the public transit service area, which was reported by 12 percent of agencies/organizations.

Figure 20 - Barriers to Accessing Transportation

Barrier	Percent
Service Affordability	24%
Distance to Bus Stop, Bus Frequency	21%
Difficulty Navigating Services	12%
Outside of Service Area	12%
Advance Registration/Scheduling	9%
Service/Program Eligibility	9%
Language Barriers	6%
No Vehicle/Available Driver	3%
Security/Fear of Traveling Alone	3%
Need Escort	3%

0% 5% 10% 15% 20% 25% 30%
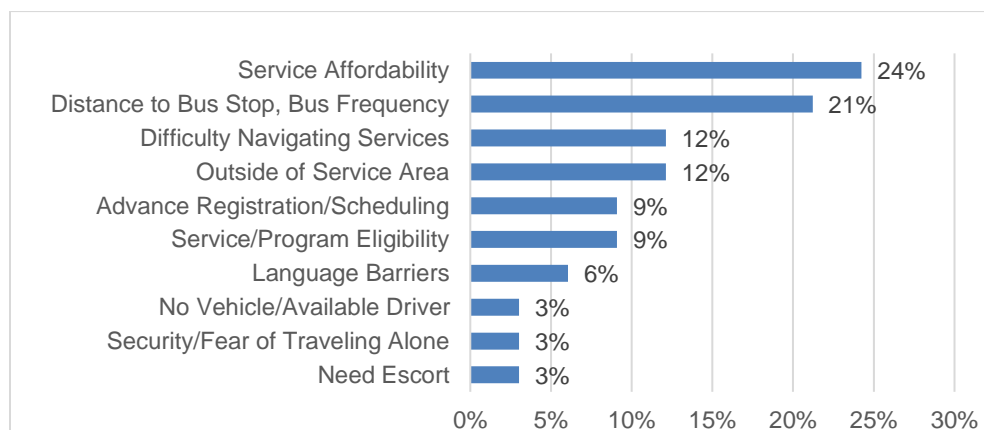
The need for clients to travel to health-related appointments is reinforced in Figure 21 as respondents were asked to identify their client's most frequently requested trip destination. Fifty-eight percent of agency/organization representatives reported medical and dental locations as the most often requested destination, followed by 39 percent that request trips to senior or community centers, and 36 percent that reported grocery and shopping areas are frequently requested destinations.

Figure 21 - Destinations Clients Frequent Most

Destination	Percentage
Medical & Dental Appointments (incl. Dialysis)	58%
Senior or community Centers/Congregate…	39%
Grocery/Shopping	36%
Employment	6%
Government Offices	6%
Pharmacy	6%
Social	6%
Veterans/ VA	6%
Coutywide	3%
Day Programs	3%
Regional Center/ Dep of Rehab	3%
Colleges	3%
Place of Worship	3%
Hairdresser/Barber	3%
Fitnes Center	3%
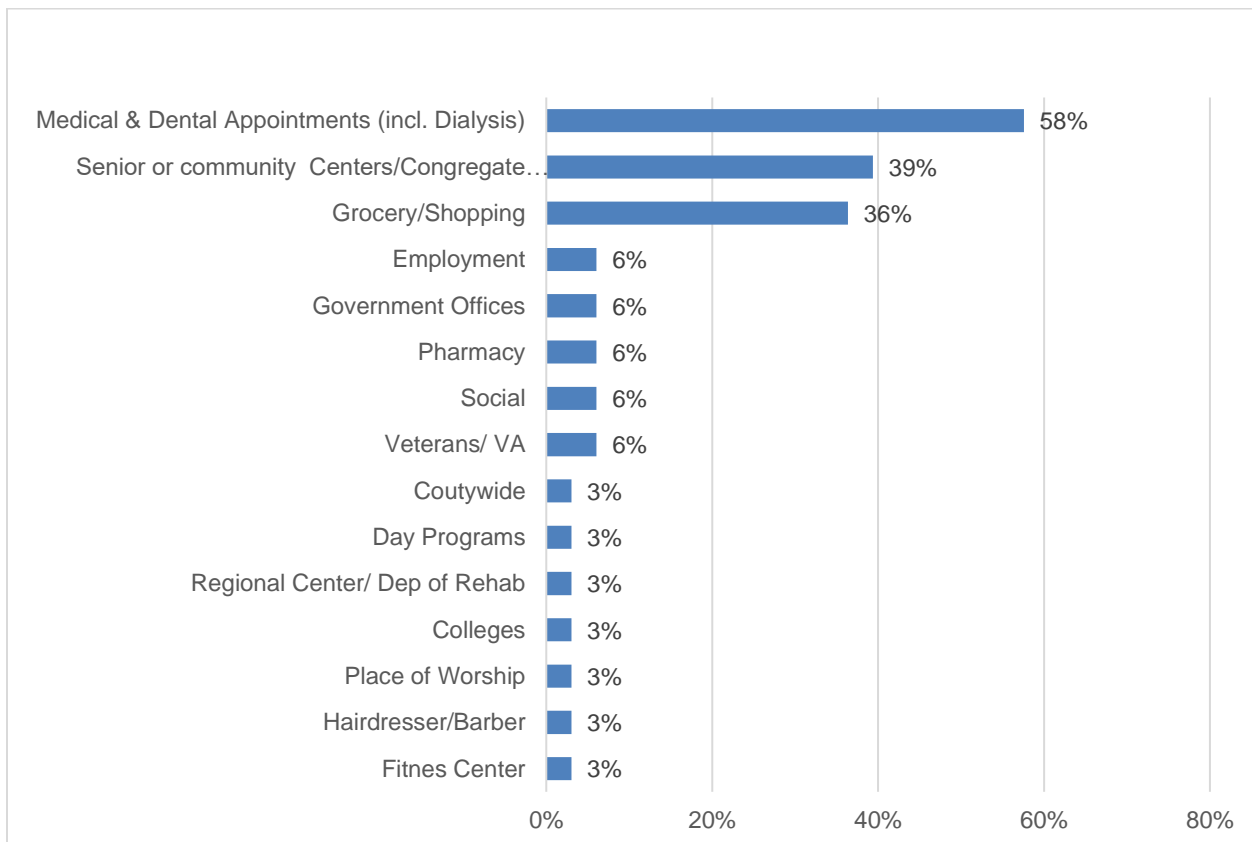
Related to the most common destinations, respondents also were asked to specify the locations that are the most difficult for their clients to access. The most difficult locations reported included travel to south Orange County, medical facilities, the Long Beach Veterans Hospital and the City of Irvine, by 19 percent of respondents as shown in Figure 22. Traveling to church and to locations in the County of Los Angeles were also reported by 11 percent of the responding agencies/organizations.

Figure 22 -Travel Locations Difficult to Access by Clients

Location	Percentage
South Orange County	19%
Medical Facilities	19%
Long Beach VA	19%
Irvine	19%
Church	11%
Los Angeles	11%
Out of County	7%
LAX	7%
Grocery	7%
Social Recreational…	4%
Financial Institutions	4%
Grooming	4%
Anaheim Hills	4%
Yorba Linda	4%
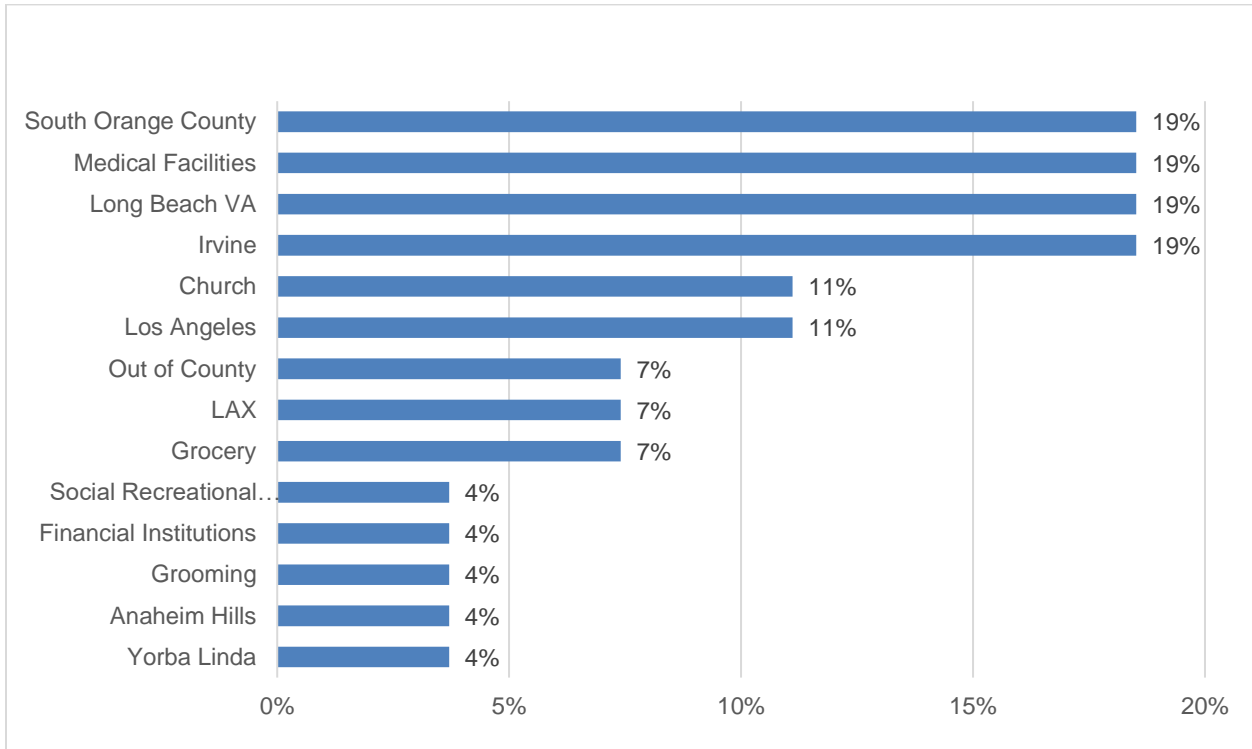
Transportation Provider Characteristics

Agencies and organizations are addressing the transportation needs of their clients in various ways. Some are directly operating or contracting for transportation, while others are subsidizing, arranging or referring clients to transportation operated by others. Among the responding agencies/organizations, 43 percent report contracting with another agency to provide transportation to their clients, followed by 23 percent that are directly operating their own transportation service. Bus passes or fares are being subsidized by 17 percent of agencies/organizations, 14 percent indicate that they arrange for volunteer drivers, and 11 percent are providing transportation information (Figure 23).

Figure 23 - Agency Transportation Function

Function	Percentage
CONTRACT for transportation	43%
OPERATE transportation with full responsibility	23%
SUBSIDIZE transportation through bus passes or fares	17%
ARRANGE FOR volunteer drivers or private car	14%
ARRANGE FOR transportation w/information…	11%
SUBSIDIZE transportation, mileage reimbursement	0%
NO TRANSPORTATION	26%
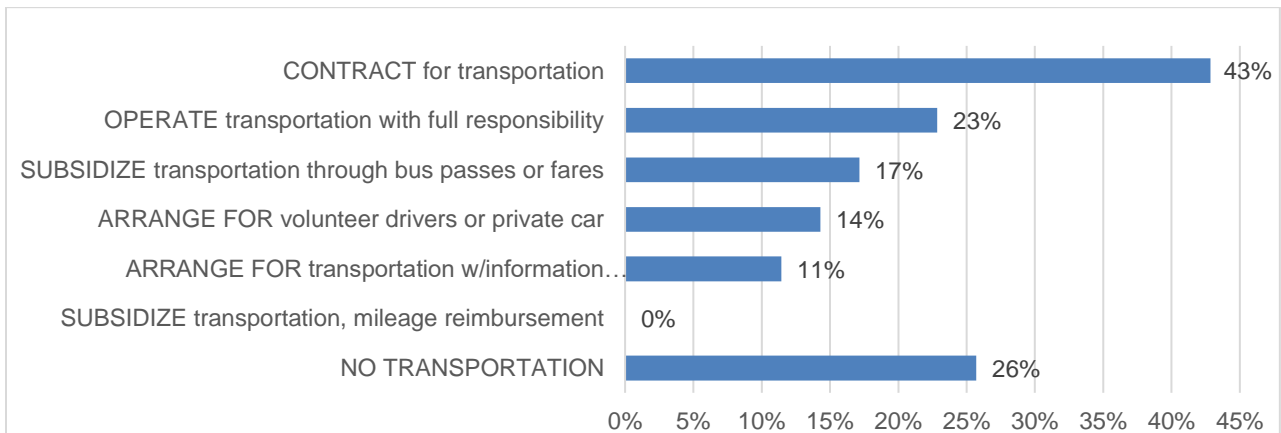
In support of the agencies/organizations that directly operate or contract for transportation service, the number of available drivers is presented in Figure 24. Responding agencies/organizations report having a total of 71 paid, dedicated drivers, while a total of 20 drivers are paid staff members that perform other duties but also drive clients when necessary. A total of eight volunteer drivers were reported as being able to drive clients by those agencies/organizations responding.

Figure 24 - Available Drivers for Transportation
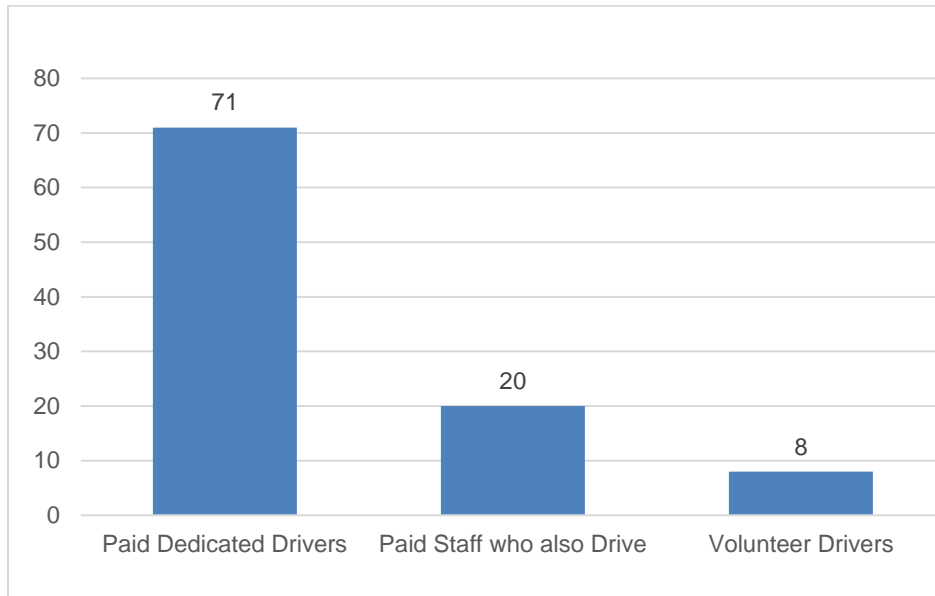
Figure 25 shows the number of available vehicles used to provide transportation for clients as reported by responding agencies/organizations. There are a total of 80 vehicles utilized in these transportation programs, with 67 vehicles or 84 percent of the fleet being wheelchair accessible. More than half of these vehicles (43) are cutaway buses that seat 11-15 passengers, while 31 percent or 25 vehicles are vans that seat fewer than 10 people. City operated programs report a total of nine large vehicles that seat more than 16 passengers and six sedans are in place for riders not needing wheelchairs.

Figure 25 - Available Vehicles for Transportation
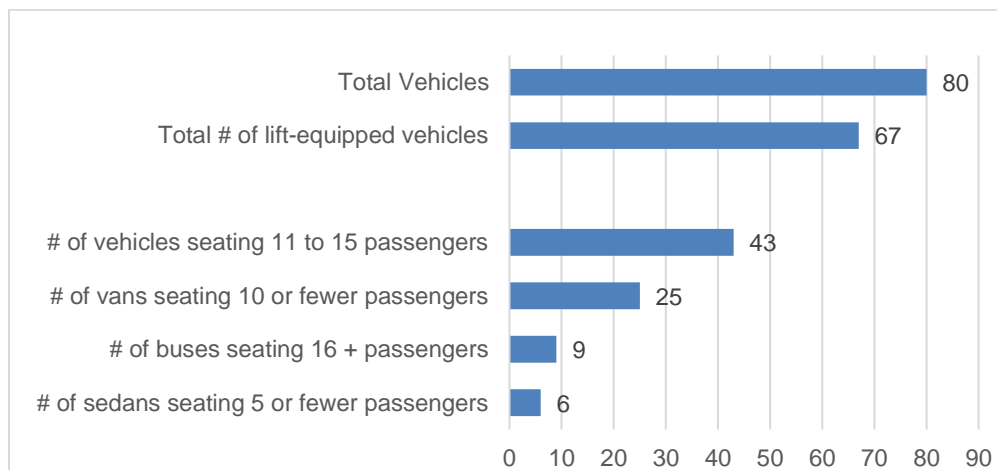
The drivers and vehicle resources utilized by agencies/organizations to provide transportation has resulted in the delivery of 21,568 monthly one-way passenger trips, as reported through the survey and presented in Table 10. When annualized, this equates to almost 260,000 annual trips.

Table - 10 One-Way Passenger Trips

Passenger Trips Provided	Monthly	Annualized
One-Way Passenger Trips	21,568	258,816

The responding agencies/organizations report spending $3.2 million to provide services to clients, whether directly operated by the agency/organization or to pay for contract services (Figure 26). This includes salaries for drivers, maintenance costs and fuel. A total of 1.3 million is reported to be expended for mileage reimbursement, primarily through the Age Well Seniors program. Passenger subsidies to pay for bus passes or tokens is reported as $5,300. In total, the responding agencies/organizations are spending $4.6 million on transportation.

Figure 26 - Annual Transportation Expense for Client Transportation
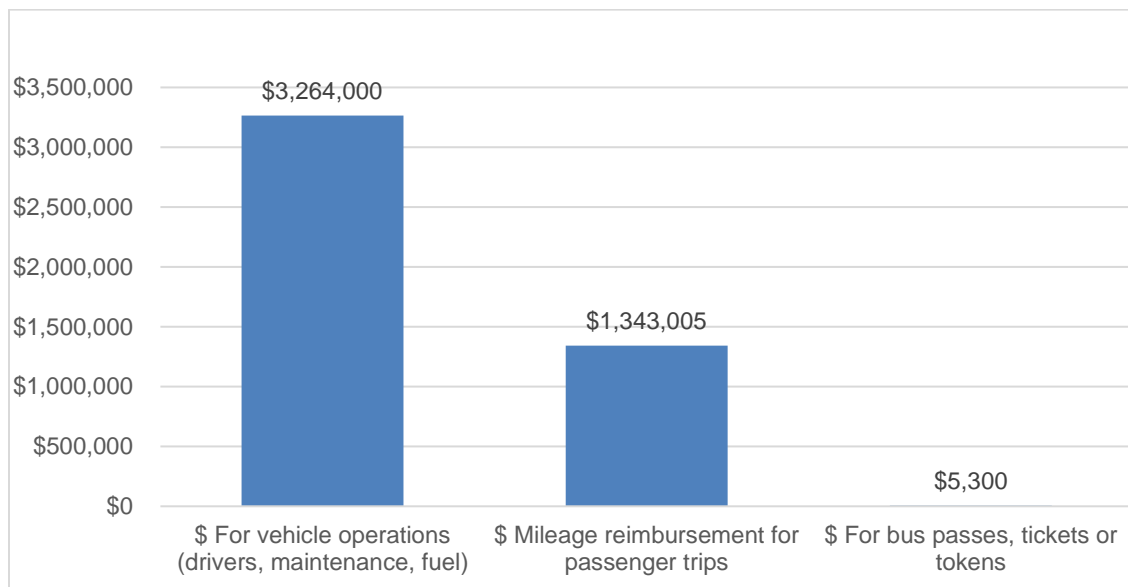
To evaluate the potential future cost of client transportation and whether expenses are expected to increase, respondents were asked to indicate whether the reported transportation expenses increased, decreased or were unchanged from the previous year (Figure 27). Transportation costs increased for 68 percent of respondents, with 32 percent indicating that costs remained the same. None of the responding agencies indicated experiencing a decrease in program costs.

Figure 27 - Change in Transportation Expense from the Previous Year
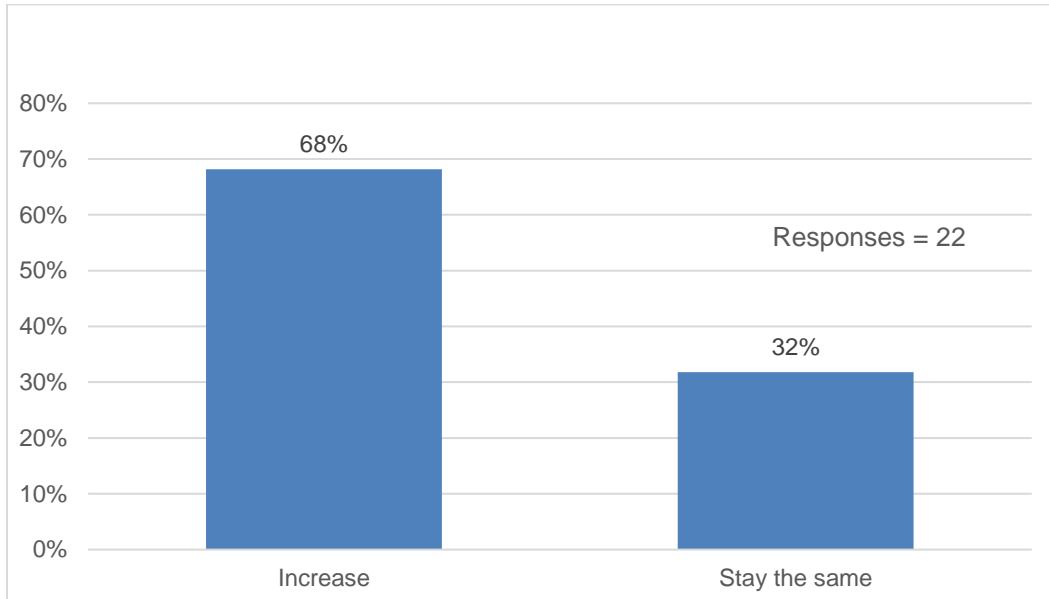
Agencies were asked if their transportation programs would continue over the next five years (Figure 28). The majority of respondents (83 percent) indicated they will continue to provide transportation services to their clients over the next five years, while 17 percent responded that they are unsure if they would be able to continue providing transportation services to their clients.

Figure 28 - Continuing Transportation Programs
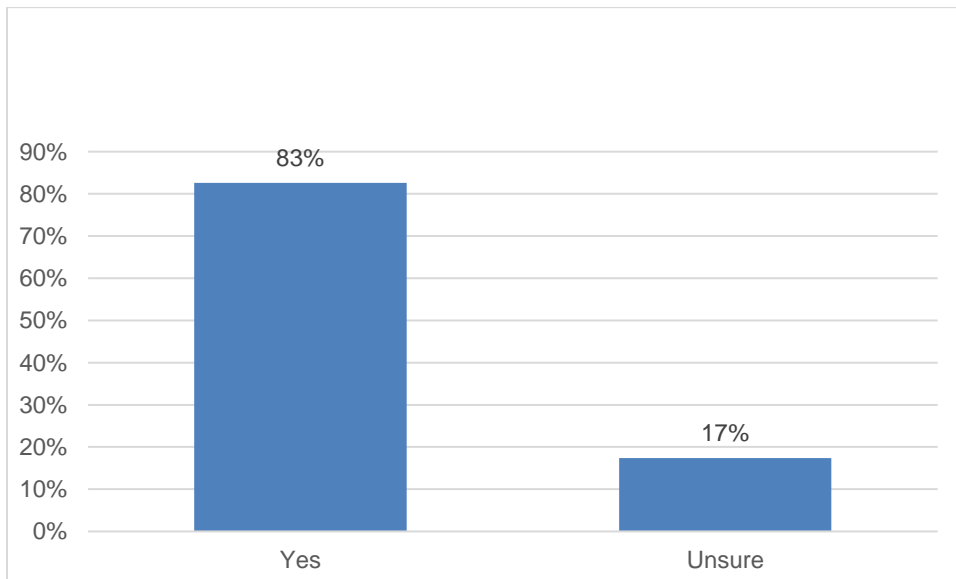
Survey Summary

- **Responding Agencies** - A total of 35 survey responses were received with 63 percent of survey respondents representing public agencies and 37 percent of surveys completed by non-profit agencies.

- **Target Groups** - Seniors, both able-bodied and frail represent the largest population groups served for responding agencies with veterans and persons with limited English proficiency served by 60 percent of respondents.

- **Client Caseloads** - Total client caseloads total 177,091 persons with three (3) percent traveling to agency sites on a daily basis.

- **Services Provided** - Agencies are generally focusing client services on volunteer opportunities, sheltered employment and counseling with rehabilitation, job placement and employer services being offered by almost a third of respondents.

- **Languages** - Spanish is the most common second language spoken by agency staff and clients, but Vietnamese, Farsi, Czech and Hindu or Urdu are also spoken by about a fourth of respondents.

- **Transportation Referral** - Most agencies are referring clients to transportation in some form, where a 34 percent of agency staff are referring clients daily, 29 percent are referring clients at least weekly and 14 percent are referring clients on a monthly basis.

- **Travel Distance** - The majority of clients are traveling relatively short distances to visit agency sites, with 84 percent of agencies reporting trip lengths fewer than 10 miles.

- **Familiarity with OCTA** - Only a third of agency personnel feel they are very familiar with the services OCTA provides while 63 percent feel they are somewhat familiar.

- **Information Tools** - Familiarity with existing transportation information tools show that 2-1-1's online and phone resources, OCTA's bus book, website and trip planner have the highest level of satisfaction amongst agency representatives.

- **Agency Coordination** - Coordination efforts are mostly occurring with OCTA at 39 percent of responding organizations with city sponsored programs, Abrazar and Age Well as coordination partners for 18 percent of respondents.

- **Transportation Needs** - Local and regional medical trips are the most often communicated transportation need for clients followed by shopping and escorted trips.

- **Barriers to Accessing Transportation** - Service affordability is the most common barrier communicated by clients for 24 percent of agencies. Difficulty is also expressed by clients related to distances to bus stops and the frequency of bus arrivals.

- **Frequent Destinations** – The majority of clients are most commonly traveling to medical and dental appointments as reported by 58 percent of respondents. Senior centers and grocery/shopping destinations were reported by more than a third of responding organizations.

- **Difficult Travel Locations** – Agency clients express the most difficulty in traveling to South Orange County, medical facilities, the Long Beach VA hospital and the City of Irvine.

- **Transportation Function** – Contracting for transportation services was specified by 43 percent of transportation providers while 23 percent of responding agencies are directly operating transportation. A fourth of the survey's respondents do not provide transportation.

- **Available Drivers** - Responding agencies report having a total of 71 dedicated drivers while a total of 20 drivers are paid staff members that perform other duties but also drive clients when necessary.

- **Available Vehicles** – The survey reports a total of 80 agency vehicles available for transportation with 84 percent of those vehicles having wheelchair accessibility. More than half of all vehicles seat 11-15 passengers and almost a third of the total reported vehicles are vans seating 10 or fewer persons.

- **Passenger Trips** – Agency programs are delivering 21,568 trips per month which equates to 258,816 annual one-way trips.

- Transportation Expense - Transportation providers report spending $3.2 million to support vehicle operations while 41.3 million is being spent on mileage reimbursement and $5,300 supporting bus passes and tokens.

- **Change in Transportation Expense** - Transportation costs increased for 68 percent of transportation providers with 32 percent indicating that costs remained the same. No responding agencies indicated experiencing a decrease in program costs.

- **Continuing Transportation** – Most of respondents (83 percent) anticipate continuing transportation services to their clients over the next five years while 17 percent are unsure if they would be able to continue.

Stakeholder Interviews and Meetings

Telephone Interviews

As a result of the telephone contact conducted by the project team, the following cities, human services agencies and organizations agreed to participate in the interview process:

- Dayle McIntosh Center
- Orange County Office on Aging and their service providers Age Well and Abrazar
- Braille Institute
- City of Stanton
- 211 Orange County

An interview questionnaire was developed to guide the interview and was provided to participants in advance of the interviews. During the interviews, project team members asked to be referred to clients or consumers served by these entities who might be interested in participating in an interview or online meeting, however, no referrals were forthcoming.

The results of the stakeholder interviews were used to inform the development of the Coordinated Plan program goals, priorities and strategies. Tables 11-15 below summarize the barriers, gaps and priorities of those entities that participated.

Barriers/Gaps
Bus stops not close to consumer's homes---over a mile walk; difficult for seniors and disabled persons. If there is no stop around their home, they may need to get a ride
In South County no or limited service available. Less options for travel (ex. Laguna Beach)
Sidewalks not always accessible for wheelchairs
Eligibility to use paratransit is an issue. Consumers cannot qualify or location of pick-up a problem. This occurs for example traveling from Laguna Beach when trying to transfer to Access services. Ivan refers consumers to Abrazar or City community center.
For visually impaired fixed route bus drivers need to use voice annunciators and maps need to be printed using larger font
Wheelchair users are being passed up. Drivers need to let folks waiting in wheelchairs that they are at capacity. Perhaps a signal or flasher, use of annunciators or pull over to let them know. Improved courtesy and customer service.
Priorities
Dayle McIntosh priorities are to continue current work and to expand outreach to other populations of Orange County (e.g. Latino, Asian, etc.

Orange County Aging Coordinated Plan Interview
April 14, 2020
Participants: OC Aging (Janette Revilla), Age Well (Steve Moyer)
and Abrazar (Mario Ortega)
Barriers/Gaps/Priorities
Table 12

Barriers/Gaps
Non-ambulatory persons don't have family or friends to transport them, and it is difficult getting to the pick-up areas for public transportation
Scooters are a problem for Age Well, as they are not tied-down and can block rider access to vehicles.
Cost issue related to lack of parking for vehicles after hours. The company has 26 vehicles and the parking costs are increasing substantially ($35,000/yr.) Age Well has talked with OC Supervisors some cities to try to negotiate these costs. Many vehicles are currently parked in churches.
Steve Moyer indicated that they have an outside contractor that takes NEMT rides. Not the best way to go, but the company is reorganizing to handle these trips, and become more efficient. They are trying to increase shared rides. With decrease in trips due to Covid, Age Well is now able to handle all NEMT without use of the contractor.
Office on Aging indicated that denial letters are a problem for clients to get. In addition, one-way trip fee not negotiated, it can be waived if they cannot pay.
Mario from Abrazar indicted that everything has changed during Covid. These following are issues that must now be addressed in delivering service: Safety, loading from the rear, less shared rides, disinfecting seats, having disinfectant available, having masks for drivers
Mario also indicted that over the last 2 years the rates have plummeted and they took a rate decrease on July 1, 2019. At one point, ADHC and other mobility contracts will not be financially feasible, once they begin to operate again.
Mario indicated that there were too many complaints about ACCESS, so non-and-not-for-profit organizations indicated that they could provide service. Mario explained how OCTA worked to bring these programs to implementation to include Age Well, Abrazar ((ADHCs) and My Day Counts.
Mario explained that because of this, service has improved, costs reduced by 18-35%. However, providers are scrambling to provide service, especially after rate cut last year, coupled now with the virus issues. Mario wants to meet regularly with OCTA on these issues, allowing a reasonable time to open up a dialogue.
Mario recommended that OCTA release funding earlier and allocate funding quicker. Also, consider allowing improvement of efficiency using paperless trip sheets, and other technological means.
Priorities
Age Well wants to expand service in the future. Age Well is hoping not to cut service in any way.
Once fully operational again, Abrazar want to provide a strong network in the fabric of transportation. They can ensure that critical trips are provided. Mario wants to continue to provide JARC transportation.
Mario indicated that OCTA and all providers need to work more collaboratively in next contract renewal.

Braille Institute Coordinated Plan Interview
April 23, 2020
Participants: Braille Institute Staff: Lee Ann Myers, Haw Zheng
Barriers/Gaps/Priorities
Table 13

Barriers/Gaps
Clients not served well by buses—limited service in South County. Headways every 90 minutes
Intersections too large in some areas of the county; 5 or 6 lanes make it difficult for visually impaired to cross in order to access and transfer to transit lines on major streets (e.g. Beach Blvd.)
Limited bus service in Yorba Linda, also lengthy headways – no fixed-route or Access
Same day taxi should be considered "maybe taxi". Individuals with disabilities are left stranded. The service is very unreliable and cannot be depended upon.
In a number of areas in the northeast and in South County there is no coverage
South County as a planned community the streets are too wide and make it difficult to use public transit. There is a need to really look at service coverage in the County, as some areas are not well served by public transit
OC Flex needs to serve places where there is no service; fixed-route and Flex overlap each other
Seniors are the focus of service to senior centers; some accommodation should be made for visually impaired to travel to Braille Institute for social interaction with others
Transportation in Anaheim works better as it operates on a grid pattern
Even on Access trips may take at least 1 ½ hours. From South County to Anaheim Center trips take up to 2 ½ hours
When clients try to take same day service, they get to the pick-up point, many times the driver does not see them, and they do not see the driver, so Access comes and leaves without them. Need methods to identify visually disabled passengers
Drivers need to call out stops on each bus trip. Need greater use of auditory technology
Priorities
Drivers overshoot the intended stops for Braille clients and blind patrons are not oriented to the new stop. Causes confusion and disorientation
Trips for visually impaired need to be handled from start to finish
Bus re-routing: Harbor Bus #43/143 into La Habra—needs to go to Rowland Heights

City of Stanton Coordinated Plan Interview
May 5, 2020
Participants: City Staff: Kelsey Ransom, Dianna Valtierra
Barriers/Gaps/Priorities
Table 14

Barriers/Gaps
Small program. Need more financial resources to better serve the community. Only a single driver
OCTA in their area is on a Sunday schedule, to people are having problems taking transit. Schedules are not compatible with when people need to travel
Difficult to understand how to ride the bus. Although sessions have be held, people not understanding, and afraid to go alone
Low-income, transit dependent community and they need bus passes. Only one bus pass per year allowed for riders. The City refers them to another Family Resource Center, but they may or may not have available passes
OCTA is a very good partner, and always willing to help. City would like to expand their ability to service more people
Priorities
Fixed-route transit services need to be increased

211 Orange County Coordinated Plan Interview
April 14, 2020
Participants: Amy Arambullo,
Barriers/Gaps/Priorities
Table 15

Barriers/Gaps
Population segments of Orange County resident such as people who have lost their car and need to get to work, under 65 who can't afford gas (workforce) need greater transit options
A lot of providers in their database do not have enough financial resources and may not have accessibility
Addressing functional needs transportation especially those living in South County
Need better travel data to help to determine where public transit needs are
Priorities
Low-income able bodied 18-60 group should be a major focus; Gap is just the transit dependent population ---very low income—Maybe OCTA's OC Flex service

Interview Results

Obtaining input from the human service agencies and organizations was important because with the exception of Stanton, these entities have a "county-wide" perspective of the needs of clients and consumers because they provide human services and/or operate transportation services throughout Orange County. The discussion with interview participants was valuable in that it provided insights into the day-to-day transportation needs of clients and consumers. In addition, those entities that operate services were able to expound upon their service-related issues following the onset of the pandemic. Common interview and survey results included the following:

- Limited service availability in South County (Laguna Beach, Irvine, etc.);
- Lengthy fixed-route bus headways, exceeding 90 minutes on some routes;
- No consistency in announcing stops for persons with disabilities. This can severely impact visually impacted persons;
- Service pass-ups with bus not stopping when at capacity and unable to serve wheelchairs;
- Gaining access to stops with respect to social/community service provider locations is challenging for persons with disabilities; and
- Difficulty navigating the wide and busy streets/lanes near bus lines.

We also interviewed members of the OCTA staff whose day-to-day responsibilities are centered on the agency's specialized transportation programs, mobility management and funding. These interviews provided the project team with a greater understanding of OCTA's work throughout the County on programs designed to improve access to mobility options for the target populations.

Teleconference Meeting with Stakeholders

The project team in coordination with OCTA scheduled and facilitated a 90-minute teleconference meeting that included OCTA staff, agency/organization stakeholders and JNTC. A total of ten agencies participated in the meeting to discuss the draft goals and strategies for the 2020 Coordinated Plan. A presentation of the draft Coordinated Plan findings was presented to those agencies and organizations participating in the meeting. Stakeholder comments and input to the draft report included the following:

- The increased use of technology was an issue raised relative to direct service provision. A gradual but continued progression to greater use of new operating technologies specific to routing and driver monitoring will assist in improving the efficiency of the services currently provided to the target populations. Providers also indicated that funding should be allowed for technology and associated strategies. OCTA staff indicated that funding can be used for these purposes.

- Stakeholders that operate service in the county indicate that they would like OCTA staff to work with them on problem solving relative to their operating and service delivery issues in this new transportation environment. A productive discussion ensued between OCTA and attending stakeholders to put together a regional roundtable to discuss issues and next steps. 211 indicated that they currently work with a group of aging service organizations in a collaborative fashion, and concurs with the need to expand the opportunities for engagement on transportation issues amongst stakeholders and providers.

- Input was provided on strategies 1.2 and 1.3 of the draft. Reliable "on-demand" transportation should not just include taxi, Uber and Lyft, but also should include other transportation service providers. Use of non-profit organizations with extra capacity should also be an option available to those needing rides.

- Travel training is not being done in person, but through webinars/Zoom.

- In response to the pandemic, funding will need to be made available for safety-related equipment in order to regain ridership over time (e.g. vinyl barriers, acrylic doors, etc.).

- Transportation providers that participated in the meeting provided updates on how their services are operating at this time. Ridership has decreased but trips to deliver meals are being provided.

- OCTA staff provided a status of the upcoming funding cycle and timing. They received input from stakeholders about timing issues relative to the application process.

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SECTION V: INVENTORY OF AVAILABLE TRANSPORTATION SERVICES

This section of the Coordinated Plan details the inventory of existing transportation services currently operating in Orange County for both public transit and human service transportation providers. The information presented here was compiled after the onset of the COVID-19 pandemic that forced reductions in the levels of service operated, in efforts to reduce viral spread and enforce mandated social distancing requirements.

Public Fixed-Route Services

Orange County Transportation Authority (OCTA)

OCTA provides public transit throughout 34 cities and unincorporated areas in Orange County. OCTA fixed-route OC Bus services include local and community routes, express and limited stop routes, and the StationLink service that serves the county's Metrolink stations and major employment centers. Fixed-route services in the most populated areas of the county are also served by select local routes that offer 15 minute or less frequency. As of June 14, 2020, OCTA began operating a modified schedule of services to address the lack of ridership due to the COVID-19 pandemic and to follow health guidance from federal, state, and local agencies to prioritize rider safety.

The current system map for OCTA fixed-route services is presented in Figure 29. A summary of current OCTA fixed-route services and corresponding route numbers are listed below:

- Local fixed-routes (Routes 1-99) 36 total routes
- Community Routes (Routes 100-199) 7 total routes
- Metrolink StationLink Routes (Routes 400-499) 5 total routes
- BRAVO Route (Route 543) 1 route
- City Shuttle (Route 862) 1 route
- The following routes have been temporarily suspended due to COVID-19: 53X, 57X, 64X, 150, 206, 213, 529, 560, 701, 721 and 794.

The OCTA service area stretches across 435 square miles and serves a population of 2,869,428 residents. According to the National Transit Database (NTD), OCTA provided a total of 39,657,625 passenger trips using 546 transit vehicles and amassing 19,358,179 vehicle revenue miles in FY18. Annual operating expenses totaled $191,136,844 which represents a cost per passenger trip measure of $4.82.

Figure 29 - OCTA Fixed-Route System Map as of June 14, 2020

OCbus
OCbus.com

System Map

	Routes offering 15 minutes (or less) Weekday rush hour frequency
1	Local Routes (1-99)
100	Community Routes (100-199)
200	OC Express Routes (200-299) Weekday Rush Hour Only
400	Metrolink Stationlink Routes (400-499) Weekday Rush Hour Only
500	Bravo Limited Stop Service (500-599)
700	Express Service (700-799) Weekday Rush Hour Only
800	City Shuttle
	Rail Stations
	OC Bus Transit Centers

Effective June 14, 2020

OC Flex Zones

Unlimited rides only $5 a day!
Zones serving parts of Huntington Beach/
Westminster and Aliso Viejo/Laguna Niguel/
Mission Viejo.

Learn more on page 158.

OCFLEX

North
Map not to scale

MILES
1   2

<u>OCTA Bus Fare</u>

OCTA accepts three types of fare to ride the bus: Cash fare, prepaid passes and the OC bus mobile app. Reduced fares are an option for seniors over the age of 60 and persons with disabilities (including Medicare card holders). The fare structure for OCTA fixed-routes services is presented in Table 16.

Table 16 - OCTA Fixed-Route Bus Fares

Cash Fare	Local Routes (1-499, 543, 862)	OC Express (206 & 213) *Suspended	Express (701, 721, 794) * Suspended
Regular Fare	$2.00	$4.00	$7.00
Add'l fare if using valid OC Bus pass or transfer		$2.00	$5.00
Senior & Disabled	$0.75	$3.50	$6.00
Add'l fare if using valid OC Bus pass or transfer		$2.75	$5.25
ACCESS Eligible Fixed-Route	$0.25	N/A	N/A
(OCTA ACCESS ID Card Required)			
One Day Passes	**Local Routes (1-499, 543, 862)**	**OC Express (206 & 213) *Suspended**	**Express (701, 721, 794) * Suspended**
Regular	$5.00	$8.00	$14.00
Senior & Disabled	$1.50	$7.00	$12.00
PrePaid Passes	**One Day Pass**	**30-Day Pass**	
Regular	$4.50	$69.00	
Senior & Disabled	$1.35	$22.25	
Youth	N/A	$40.00	
Youth Summer Pass (June 1 - August 31)	N/A	$20.00	
Temporarily Discontinued Due to COVID-19			

Laguna Beach Trolley Transit Service

The City of Laguna Beach offers a neighborhood Mainline Transit ~~trolley~~ service. This service is free during summer. Off season fares are: Adults – 75¢, Seniors 65+ and Disabled – 30¢, Children 6 and under free. ~~free trolley service to residents and visitors providing access to local beaches, parks, restaurants, and hotels. The Laguna Beach Trolley usually operates 8 fixed-routes throughout the City of Laguna Beach between June and September each year and makes connections for transfers to OCTA services in the area.~~ Service typically spans from 6:30am to 6:30pm on weekdays, 9:~~340~~am to 6:30pm ~~11;30pm~~ on Saturday, no service Sunday. ~~and 11:00am to 8:00pm on Sunday. Trolleys run every hour on weekdays and every 40 minutes on weekends.~~ At this time, ~~all trolley~~ services have been suspended until at least 2021 out of health concerns during the pandemic.

Anaheim Transportation Network

The Anaheim Transportation Network (ATN) is a non-profit organization founded in 1995 to mitigate the traffic congestion and air quality impacts of development in the Anaheim and Disneyland resort areas.

The Anaheim Resort Transportation (ART), operated by ATN is a network of 23 fixed and demand routes, serving more than 70 locations in and around Anaheim and Orange County, including the growing demand on tourism and hospitality industries in the area. The adult fare on ART is $4.00 for adults and $1.50 for seniors, persons with disabilities and children.

Project V

This program establishes a competitive program for local jurisdictions to develop local bus transit services such as community based circulators, shuttles and bus trolleys that complement regional bus and rail services, and meet needs in areas not adequately served by regional transit. Below is a list of all Project V funded services:

- Anaheim Canyon Circulator*
- Dana Point Summer Trolley
- Huntington Beach Special Events Service
- Huntington Beach Southeast Rideshare Pilot Program
- Irvine/OCTA iShuttle
- La Habra Community Special Event Shuttle
- Laguna Beach/OCTA Summer Breeze Bus Service
- Laguna Beach Off Season Weekend Trolley Service
- Laguna Niguel Summer Trolley – Southern Section
- Mission Viejo Local Transit Circulator
- Newport Beach Balboa Peninsula Trolley
- Orange County Ranch Rides (Local community transit circulator serving locations in San Juan Capistrano, Laguna Niguel, and Mission Viejo. Additional special event services in Sendero, Esencia, and Ladera).
- San Clemente Summer Trolleys*
- San Juan Capistrano

*Please note that all programs are suspended while the Governor's Executive Stay at Home order are in place, except for the Anaheim Canyon Circulator and the San Clemente Trolley.

Public Paratransit Service

OC ACCESS ADA Paratransit

OCTA's OC ACCESS paratransit is the American's with Disabilities Act (ADA) complementary paratransit service for Orange County, providing curb-to-curb demand response transportation to individuals certified to ride the service. Riders must have a physical or cognitive limitation that prevents them from riding fixed-route OCTA buses. Service is provided within ¾ mile of bus routes during the same span of service, and requires a fare of $3.60 for each trip. For customers that travel to and from the same location on a regular basis, a subscription can be placed to have their trips scheduled without having to call in for reservations each time.

OC ACCESS operates during the same hours and within ¾ of a mile of the available OC Bus fixed-route service. Reservations can be made on weekdays between 7:00am and 5:00pm and from 8:00am to 5:00pm on weekend and holidays. Rides must be scheduled at least one day but no more than three days prior to the trip.

Same Day Taxi Services

OCTA offers a same-day taxi service for OC ACCESS eligible riders that can be booked through the Same-Day Taxi app. The same-day taxi app displays the exact cost of the trip once scheduled and allows the rider to track their vehicle on an interactive map. The base fare is $3.60 for the first five miles, any additional mileage is paid by the rider. The service is available from 7am to 8pm on weekdays and between 8am and 8pm of weekends.

OC Flex

OC Flex is a shared-ride on-demand community-based transportation service provided by OCTA in parts of the cities of Aliso Viejo, Laguna Niguel, and Mission Viejo. Similar to rides provided by Transportation Network Companies (TNC) such as Uber and Lyft, the rider is picked from their desired origin location by the nearest vehicle, and taken to their destination. The service is open to the general public for a fare of $4.50 per day for unlimited rides if paid through the OC Flex mobile app or $5.00 if paid in cash to the driver. A discount of 50% per paying fare is applied when traveling in groups. OC Flex operates on weekdays between 6am and 9pm and from 9am to 9pm on weekends.

Specialized Transportation Services

Transportation services provided by OCTA are supplemented by a host of city and non-profit operated programs intended to provide additional travel options to increase mobility for the vulnerable populations of Orange County. OCTA supports lends funding support to many of these programs to relieve demand on OC ACCESS and offer low or no-cost solutions for individuals not able to ride the OC Bus.

Senior Non-Emergency Transportation (SNEMT)

The OC Go Senior Non-Emergency Medical Transportation (SNEMT) Program provides transportation to older adults ages 60 and over, who are in need of low-cost transportation to and from medical appointments and other health related trips. OCTA provides OC Go funding to the County of Orange Office on Aging, the SNEMT operators along with the non-profit providers they partner with, to supplement the program. The Office on Aging receives funding from additional agencies for the program. There is a voluntary $2.00 donation fee per one-way trip but limited to 16 one-way trips per month. Care attendants may ride free. Service is provided under contract by Age Well Senior Services and Abrazar Inc.

Senior Mobility Program (SMP)

OCTA's Senior Mobility Program (SMP) provides local transportation services to seniors in participating cities and communities in Orange County. Participating cities receive operational funds and/or vehicles from OCTA to support the transportation services that best fit the seniors needs in their communities. Funding for the Senior Mobility Program comes from Measure M2, the County's local ½-cent transportation sales tax measure. One percent of M2's revenue is allocated to the SMP, where cities receive a formula allocation based on their population of seniors age 60 and older. The non-profit SMP participants receive funding from TDA Article 4.5. In addition to the County's participating cities, there are four non-profit agencies participating in SMP which include Abrazar, Inc.; Korean American Senior Association; Southland Integrated Services, Inc., and the Jewish Federation and Family Services. A list of the participating SMP providers is presented in Table 17.

Table 17 - List of Participating SMP Providers

Orange County Senior Mobility Program Participating Cities and Organizations		
Aliso Viejo	La Habra	San Clemente
Anaheim	Laguna Beach	San Juan Capistrano
Brea	Lagun Hills	Santa Ana
Buena Park	Lagun Niguel	Seal Beach
Costa Mesa	Laguna Woods	Stanton
Cypress	Lake Forest	Tustin
Dana Point	Los Alamitos	Villa Park
Fountain Valley	Mission Viejo	Yorba Linda
Fullerton	Newport Beach	Abrazar
Garden Grove	Orange	Jewish Federation & Family Services
Huntington Beach	Placentia	Korean-American Seniors Asscoiation
Irvine	Rancho Santa Margarita	Southland Integrated Services

There are 32 cities currently participating in the SMP program and four local non-profit agencies that were grandfathered in to the program. These agencies provide trips in the unincorporated areas of the county or provide trips that cross city boundaries. OCTA continues to support these programs using other local transit funds. A detailed list of SMP programs and their service characteristics are presented in Table 18.

Table 18 - Service Characteristics of Existing SMP Programs

Senior Mobility Program	Service Description
Abrazar	Provides transportation to and from community centers and shopping for seniors age 60 and over, Monday through Friday from 8:00am to 4:30pm. No charge to rider.
Jewish Federation & Family Services	Transportation for 60+ Orange County residents who are unable to drive. Volunteer drivers provide transportation to doctor's appointments, groceries, and errands. Also offers group shuttle service and discount taxi vouchers. There is a voluntary $2.50 fee per 12 miles (one-way trip). Pre-enrollment required. Trips require one-week advance notice.
Korean American Seniors Association	Transportation for age 60+ members in Anaheim, Buena Park, Fountain Valley, Garden Grove, Huntington Beach, Orange, Santa Ana, and Westminster. Membership application required.
Southland Integrated Services	Senior Non-Emergency Medical Transportation Program for seniors 60+ to and from medical appointments in Fountain Valley, Garden Grove, Santa Ana, Stanton, and Westminster. Each one-way trip costs $2.00. Reservations must be made at least 3 business days in advance.
City of Aliso Viejo	Provides transportation Monday through Friday to and from the Sea Country Senior and Community Center in Laguna Niguel and the Florence Sylvester Senior Center in Laguna Hills for nutrition and activity programs. Must be 60 years and over, no cost for transportation.
City of Anaheim	Provides transportation Monday through Friday to visit friends, local merchants, Anaheim community centers, libraries, and medical facilities within a 10-mile radius of your home. The fare is $2.00 and riders must be age 60 and over.

Senior Mobility Program	Service Description
City of Brea	Provides transportation to and from the Brea Senior Center Monday through Friday and hosts local pre-scheduled shopping trips to and from the Senior Center. Ages 60 and over, no cost to ride. The Senior On-Demand Taxi program Offers discounted on-demand taxi rides. Ride destinations may expand outside of Brea to preselected neighboring cities.
City of Buena Park	Trips to and from Senior Center Nutrition Program, Grocery trips, Prescription pickups, doctor's appointments. The fare is $1.00 to Buena park resident ages 60 and over.
City of Costa Mesa	Pick-up residents from home and travel to senior center, shopping, medical, and other social recreational trips. No cost to rider.
City of Cypress	The city's senior taxi voucher program provides up to 6 vouchers per month, with a maximum value of $11.00 per voucher. The nutrition program provides transportation to and from the senior center at no cost to the rider.
City of Dana Point	Transportation to and from the senior center for the nutrition program on weekdays. No cost to rider.
City of Fountain Valley	The Senior Transportation "Hop On" Program is provided 7 days per week from 8am to 7pm and provides curb-to-curb transportation within the City of Fountain Valley to seniors 60 year and older. The program fare is $3.00 per one-way trip.
City of Fullerton	Transportation to and from the community center on weekdays for ages 60 and over. Taxi vouchers available for up to 5 miles beyond the city limit. Discounted from the retail fare.
City of Garden Grove	Transportation to the senior center, shopping and medical appointments. Cost is $2.00 per trip for ages 60 and over.
City of Huntington Beach	The Senior's Outreach Transportation Program provides door-to-door service to medical appointments, shopping centers and senior center.

Senior Mobility Program	Service Description
City of Irvine	The TRIPS program provides low-cost, wheelchair-accessible transportation to Irvine seniors and adults with disabilities. All participants must be unable to drive due to a physical or cognitive disability. TRIPS supports independent living and community involvement through safe, reliable and professional paratransit service. Services include medical appointments, work, school, social, etc. Annual registration fee ($25 initial, $20 annual) $1.90 one way to any location in Irvine Transportation to other areas is limited and costs range from $3.80 to $5.70 depending on location and distance Rides granted on a first-come, first-served basis
City of La Habra	The La Habra Shuttle is for resident seniors age 60 and older and persons with disabilities to locations around the city. Available on weekdays for $0.50 per one-way trip
City of Laguna Beach	Sally's Fund provides door-to-door, assisted and escorted transportation within a 30-mile radius on weekdays for residents 60 years and older at no cost to the rider.
City of Laguna Hills	Transportation within the combined city limits of Laguna Hills, Laguna Woods, and Mission Viejo for shopping, errands or non-emergency medical appointments. Fare is $5.00 per trip for seniors 60 and over.
City of Laguna Niguel	Cur-to-curb transportation to the senior center, grocery store, and non-emergency medical appointments for seniors age 60 and over from 9am to 4pm on weekdays. The one-way trip fare is $2.50.
City of Laguna Woods	The city offers taxi vouchers for trips in and around Laguna Woods and NEMT appointments. Discounted taxi voucher books.
City of Lake Forest	Door-to-door transportation service to-and-from rider destinations and taxi vouchers for all other trips within the city limits. Fare is $0.50 on senior center shuttle and $3.00 for taxi trips.
City of Mission Viejo	The senior Dial-A-Taxi program offers 24/7 transportation for registered residents ages 60 years and over. The one-way trip fare is $5.00 within the approved service area. Up to 3 passengers can travel on one fare.
City of Newport Beach	Paratransit service available Monday through Friday 7:30 am - 5:00 pm to locations within the city and back home again for all necessary appointments and errands.
City of Orange	The Orange Senior Center offers a Senior Transportation Program which subsidizes the cost of taxi travel for Orange residents who are at least 60 years of age.

Senior Mobility Program	Service Description
City of Placentia	Door-to-door transportation to and from the senior center on weekdays. Free for resident seniors 60 and over.
City of Rancho Santa Margarita	Senior Mobility Program contracted with Ca Yellow Cab, door to door service within City boundaries
City of San Clemente	No-cost rides from place of residence of San Clemente to Senior Center and select local grocery stores, for residents age 60+
City of San Juan Capistrano	The City of San Juan Capistrano provides no cost transportation to the Community/Senior Center, local grocery shopping and non-emergency medical appointments within San Juan Capistrano.
City of Santa Ana	Basic transportation services to and from Santa Ana senior centers, shopping and entertainment venues.
City of Seal Beach	Senior non-emergency transportation for medical and non-medical needs.
City of Stanton	Currently provide transportation to and from Stanton City Hall for seniors ages 60 and up. The city also operates dial-a-ride program operated by yellow Cab on weekdays between 7:30am and 2:30pm
City of Tustin	Curb-to-curb transportation within the city and up to 3 miles outside city limits on weekdays. Fare is $1.00 for seniors 60 and over.
City of Villa Park	Taxi voucher program for seniors, allowed 8 one-way trips per month within Orange County or additional 10 miles outside of Orange County for medical trips only. Fare is $5.00 per trip under 10 miles.
City of Yorba Linda	Yorba Linda operates a 15 passenger ADA van and provides rides by taxis from 7:00 a.m. to 8:00 p.m. Monday - Sunday.

Other Non-Profit Transportation Providers

2-1-1 Orange County (211OC)

2-1-1 is a vital component of the Orange County, CA (OC) Health and Human Services community. 211OC provides 24/7 multi-lingual access to a centralized Information and Referral database via telephone (call 2-1-1), web, e-mail or two-way texting, connecting people to the resources they need, when they need it. In 2018, 211OC worked with OCTA to create 211RIDE which provides a multi-modal trip planning tool, designed to help clients find transportation options that best meet their needs. Accessible at www.211ride.org, 211RIDE advances and enhances commuting around Southern California. The one-click solution simplifies trip planning by assessing viable transportation options based on a user's demographic characteristics or specified needs. It enables a user to choose the most appropriate mode of transit by evaluating fixed-route transit

(FRT), demand-response transit (DRT), private transportation services (Lyft), paratransit, volunteer transportation services, and carpools so that they have immediate access to all available transit options when planning their next trip.

Dayle McIntosh Center

The Dayle McIntosh Center offers one-on-one and group bus training sessions for county residents over the age of 18 who have a disability. Clients are assigned a travel trainer that assesses the client's transportation needs and creates a plan to assist them in navigating the county's transportation landscape. Training sessions include providing instruction on how to access and interpret available transportation information and one-on-one instruction on how to ride the bus and pay the fare.

Veterans Transportation

Tierney Center for Veteran Services, Goodwill OC

The Tierney Center for veteran Services provides bus passes, gas card and limited car transportation operated by the Volunteers of America Greater Los Angeles LA

Disabled American Veterans

The Disabled American Veterans (DAV) manages a volunteer network that provides free transportation for U.S. disabled veterans to and from the Long Beach Veteran's Administration Medical Center. Registration required.

FTA Section 5310 Funded Programs

The Federal Transit Administration's Section 5310, Enhanced Mobility for Seniors and Disabled grant program is a long-standing funding source for non-profits and public agencies to secure financial support for the purchase of wheelchair accessible vehicles and equipment. The addition of operating expenditure eligibility under MAP-21 expanded the program to support salaries and direct expenses to provide transportation.

In Orange County, OCTA uses 5310 to support its own projects and allocates a comparable amount of local funds to sustain 5310 type projects for public and non-profit human services agencies. For FY 18/19, two projects were funded:

- Abrazar received funding for 8 wheelchair accessible vehicles; and
- Alzheimer's Family Services received funding to support its mobility management program

JARC/New Freedom Programs

The FTA Section 5316 Job Access and Reverse Commute (JARC) and Section 5317 New Freedom grant programs were established to assist public transit and human service transportation operators better meet the transportation needs of person of low-income and persons with disabilities. Both programs have been restructured from their initial format as discretionary grants for projects identified in the Coordinated Plan. Although offerings for these funds have ceased, there remains several continuing projects funded through leftover fund from these sources and administered by OCTA.

The following programs received JARC and New Freedom funding in FY 18-19:

- Abrazar – Transportation for welfare recipients and persons of low-income to the Abrazar site for employment workshops as well as transportation for customers with new jobs and no transportation.

- Boys & Girls Club of Huntington Valley – Twilight Education program. Program takes low income parents and children (primarily non-English speaking immigrants) to Golden West College for ESL classes and tutoring for client children. Transportation is provided using seven school buses that travel to certain neighborhoods and pick up the families.

- Dayle McIntosh – provide mobility management – teaching disabled teens and adults how to use public transportation to access their jobs.

- North Orange County Community College District –mobility management - teach disabled students how to use public transportation to get to school and jobs by helping to plan routes, memorizing the bus route, reading the bus book, using bus planning apps and safety and social skill while riding the bus.

- Women Helping Women – provide transportation for low income men and women to access job training workshops at their site and trips to job interviews.

A summary of specialized transportation funding and the trips provided is shown in Table 19 below. Almost $9.6 million in funding supported specialized transportation trips in FY 18/19 for the delivery of almost 460,000 one-way trips.

Table 19 - Summary of Specialized Transportation Funding and Trips

FY 18/19 Specialized Transportatin Funding and Ridership		
Program	**Funding**	**Trips**
SNEMT	$3,192,611	100,923
Senior Mobility Program	$3,018,600	275,100
JARC/New Freedom	$2,361,000	3,500
5310 Programs	$1,000,000	80,425
Total	**$9,572,211**	**459,948**

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SECTION VI: TRANSPORTATION DEMAND ESTIMATION

Understanding the future transportation needs of the Coordinated Plan's target population begins with estimating the potential demand on public transit and human services agency transportation programs. Demographic increases in Orange County's population subgroups and OCTA's strategic approach to managing transportation demand, operating costs and funding availability are the primary factors in the volume of trips that ultimately present, as well as, the mode of travel taken by riders.

External factors also have the potential to affect potential demand, such as the onset of the global COVID-19 pandemic in March of 2020. State mandated stay-at-home orders and social distancing guidelines have had a major impact on transportation demand and delivery. Ridership has declined as residents take precautions to avoid possible infection and the closures of many destinations, including employment, schools and services have limited regular trip demand. It could be expected that riders may continue to make fewer trips on transit even after COVID-19 is under control due to safety concerns, or having found alternative modes of travel other than public transit or human services transportation.

Future trip demand could also be influenced by unforeseen changes in federal and state regulations or funding program guidelines and apportionments that could limit the level of service that can be provided. Reductions in fixed-route services are often required when operating expenses surpass expected funding revenue, resulting in service cuts and decreases in ridership. OC ACCESS services can also be impacted by fixed-route service reductions if the reductions shrink the ¾ mile fixed-route envelope as required by the ADA for paratransit service.

The demand estimation in this Coordinated Plan update differs from the model presented in previous iterations of Orange County's Coordinated Plans. The demand estimation presented in Table 20 projects ridership over four and ten-year horizons, rather than the point in time the plan is developed. Demographic data sourced from the American Community Survey (ACS) and the California Department of Finance (DOF) provide the basis for estimating demand for the target populations and the mode of transportation most often utilized by the subgroups. The rate of change in ridership between the 2015 Plan and OCTA's current performance data is compared to the population trend over the same time-period to establish rates of increase or decrease in future ridership estimates.

Fixed Route Services
Public transit trips on OCTA's fixed-route services had a 23 percent decline over the past five years, a trend that has been experienced by transit properties nationwide. Considering that low-income persons are more likely to ride the bus than more affluent individuals, some of the decline in ridership could be attributed to the decrease in the low-income population between Coordinated Plan periods as the economy has continued to recover over the past decade from the Great Recession. This can also be seen in the fewer number of households without a vehicle for transportation since the last Coordinated Plan, and because higher income households are typically more likely to have at least one vehicle.

Assuming the national economy remains stable in the future, OCTA's fixed-route services are expected to slightly increase by 2024 to almost 40 million annual trips (Table 21) as the County's populations increases. These assumptions would further estimate that ridership on these services would increase by four million annual trips by 2030.

Ridership on Laguna Beach Transit relies heavily on tourists' use of the City's trolley service. Therefore, this service is less impacted by demographic changes. Laguna Beach ridership has increased while the city's total population has essentially remained the same.

OC ACCESS Service
Annual ridership on OC ACCESS service increased by almost 31 percent over the past five years, as the senior and disabled populations have increased according to ACS data. Older seniors, typically over the age of 75, begin to experience health issues and disability as they age that limit their ability to use fixed-route service and increase demand on OC ACCESS vehicles. Seniors over the age of 75 currently represent 43 percent of the senior population but are projected to account for 48 percent of the senior population by 2030.

Considering that the senior and disabled populations are projected to increase when compared to the county's total population, it is estimated that annual ridership will increase to more than 2.5 million trips in 2024, and increase of almost six percent over current ridership, and to more than 3.2 million by 2030. Access Supplemental ridership almost doubled between coordinated plan periods and future demand estimates are driven by the same populations as traditional OC ACCESS service. Annual ridership is estimated to reach almost 600,000 trips in 2024 and more than 800,000 in 2030.

The Southern California Association of Governments is developing a regional Paratransit Demand Estimation tool which may provide OCTA with a more refined estimate of future OC ACCESS demand.

Specialized Transportation
A large portion of the ridership for reported specialized transportation trips are attributable to the Senior Mobility Programs (SMP) that are funded by Measure M and designed to fill gaps between fixed-route transit and OC ACCESS service. Similar to estimated increases in ridership on OC ACCESS service, the increasing senior population is expected to grow demand on SMP programs. Also included in the specialized transportation group are trips provided through OCTA's Senior Non-Emergency Medical Transportation (SNEMT) program for travel to and from medical appointments for older adults. Trips provided under FTA Section 5316 Job Access and Reverse Commute and FTA Section 5317 New Freedom trips are also included in this group, along with FTA Section 5310 trips provided to seniors and persons with disabilities. It is estimated that the significant increase in the future senior and disabled population will likewise increase demand on specialized transportation programs. Projected ridership in 2024 could reach 513,113 annual trips, driven by the 27 percent increase in seniors and 30 percent increase in persons with disabilities. Ridership is expected to further increase to 659,869 as the senior and disabled population is expected to almost double by 2030 over current populations.

Table 20 - Transportation Demand Estimation

Mode of Transportation and Demographics Characteristics	2015 Plan	2020 Plan	Rate of Change	2024 (projected)	2030 (projected)
Mode of Transportation					
OCTA Fixed Route Trips	48,904,819	37,846,066	-22.6%	39,916,652	43,908,317
Laguna Beach Transit	688,250	841,985	22.3%	887,452	916,738
OCTA Access Trips	1,462,514	1,910,838	30.7%	2,524,514	3,246,555
Access Supplemental (CoOp)	221,024	417,250	88.8%	584,150	817,810
Specialized Transportation Trips	450,088	459,948	2.2%	513,113	659,869
Demographic Characteristics					
Total Population	3,021,840	3,185,968	5.4%	3,277,920	3,385,857
Older Adults 65+	354,272	471,226	33.0%	598,180	723,408
Persons w/ Disabilities (18-64)	211,820	264,617	24.9%	344,002	464,403
Low-Income Persons (150%)	675,576	537,598	-20.4%	591,358	650,494
Total Households	1,018,862	1,040,394	2.1%	1,089,632	1,131,153
Zero Vehicle Housholds	47,459	45,991	-3.1%	47,309	52,039

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SECTION VII: DEVELOPMENT OF COORDINATED PLAN GOALS

The 2008 and the 2015 Coordinated Plans were focused on improvements/enhancements to information, expanding/enhancing both transit and specialized transportation to better serve the public and the target populations, and improving mobility infrastructure. The work activities completed by the project team in development of the Coordinated Plan (i.e. the TNA survey, the interviews, our review of the both the 2008 and 2015 Coordinated Plans, the Peer Review and other project team research and strategy discussions) dictated that *the goals developed for the 2020 Coordinated Plan will remain much the same as those developed in previous plans.*

OCTA has made significant strides in implementing the 2015 Coordinated Plan recommended strategies. In fact*, OCTA proceeded with implementation to varying degrees on eighteen (18) of twenty-two (22) strategies from the 2015 Plan.* In addition, new needs have been exposed as a result of the pandemic. There were four (4) elements that guided the development of the 2020 Coordinated Plan goals, as follows:

- Results of the TNA survey
- Stakeholder and OCTA staff interviews
- Reoccurring non-implemented strategies from the 2015 plan yet to be implemented
- Implications of coronavirus pandemic

The following four (4) goals were developed in response to the transportation needs and gaps identified by stakeholders:

- **Goal #1 – Restore and enhance the specialized public transit network to meet the needs of the target populations in a post covid-19 environment**

- **Goal #2 – Rebuild specialized services for target populations**

- **Goal #3 – Leverage transportation information to enhance mobility -- measure outcomes**

- **Goal #4 – Improve and expand mobility infrastructure**

The pandemic-induced crisis presents opportunities for transit operators to restructure services in ways that would not have been feasible in the past. A review of service contracts, grants, service demand, modes and funding will likely be needed to identify opportunities to reshape transit as the main component of overall mobility in the County.

Goal #1 and the associated strategies, recommended actions, projects or programs that OCTA may choose to undertake in order to improve mobility on public transit for members of the target populations. Strategies outlined under Goals 2, 3 and 4 are designed to encourage collaborative engagement and problem solving in and between human service agency/organizations in coordination or partnership with OCTA. The goals and recommended strategies are presented below.

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SECTION VIII: COODINATED PLAN PRIORITIES

Rationale for Prioritization of Projects

The recommended strategies/projects/programs are ranked as Level 1-3 (high to low). Strategies proposed to varying degrees, meet one or more of the following criteria:

- Address identified gaps and barriers
- Impact the highest number of members of the target populations
- Make use of new technology in delivery of service whenever possible
- Strong potential to be funded and implemented over the life of the Plan (4 years)

Although all of the strategies in the Coordinated Plan are important, the higher-level priorities are meant to highlight those with lower cost implications and shorter implementation timelines. Establishing priority levels are also a tool for differentiating between projects/programs in order to continue to improve or enhance services during periods of constrained funding and/or if immediate programmatic outcomes are necessitated.

These priorities can be adjusted as needs of the community evolve, either due to the COVID-19 crisis or other longer-term factors. Other considerations like unforeseen changes in technology, economic or industry conditions may merit reconsideration of the feasibility or priority of a strategy. The priority levels are:

Priority Level 1 (High):

Projects/Programs that Enhance Existing Services: Low/No Cost or Safety Impacts (3-6 months)

Priority Level 2 (Medium):

Projects/Programs that Involve Expansion of Existing Services and have Relatively Short Implementation Timelines (3-9 months)

Priority Level 3 (Low):

New Projects and Services that Require Development of Apps, Developing New Service Agreements or Implementing New Service Models with Lengthy Timelines (18-24 months).

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SECTION IX: RECOMMENDED STRATEGIES/PROJECTS AND PROGRAMS

Goal #1 – Restore and Enhance the Specialized Public Transportation Network to Meet the Needs of the Target Populations in a Post-COVID-19 Environment

Strategy 1.1: Continue to support the capital costs, operations, and maintenance of OC ACCESS:

- OC ACCESS continues to be the largest provider of specialized transportation in Orange County. The on-going operation of OC ACCESS service is critical to segments of the target population. ACCESS is a federally mandated service designed to ensure mobility for difficult to serve persons. **(PRIORITY 1)**

Strategy 1.2: Transit integration with flexible transportation options to meet first/last mile needs:

- Integrate transit with flexible mobility options – this strategy would reduce first/last mile gaps. The use of smaller vehicles with fewer passengers for these local services would address rider concerns about exposure to the virus and distancing. **(PRIORITY 1)**

- Partnerships with ride-hailing services to improve the connectivity with fixed route services. The partnerships may take the form of a subsidized geofenced service that ensure improved access to nearest fixed route or rail options. It could also be accomplished by partnerships with ride pooling options. The Dallas Area Rapid Transit (DART) recently implemented GoLink an on-demand, personalized, curb-to-curb service called for local as well as first/last mile transportation. The GoLink service offers subsidized on demand taxicab option as well as Uber Pool. **(PRIORITY 2)**

Strategy 1.3: Reliable on-demand taxicab services for disabled persons:

- Integrate ride hailing services into same day taxi services: LA Metro uses Via - a ride hailing service that can be dispatched when a rider requests a ride in real time using an app. In San Diego County, FACT uses a portal provided by LYFT to dispatch trips for same day needs. The trips are subsidized. FACT staff monitor the rides in real-time in order to ensure services are on-time and reliable. The oversight by FACT provides a layer of security for seniors and people with disabilities. **(PRIORITY 1)**

- Implement a brokerage based same day taxi program – the brokerage-based approach is cost effective and allows access to several vendors who may be selected based on the quality and cost of services. FACT has found this approach to be cost-effective in purchasing rides for the services they provide. If managed effectively, brokerage can grow or reduce in size in response to demand for service. The investment in infrastructure is minimal since the vehicles and drivers are managed by the vendors in the brokerage. It is public/private partnership model that benefits the community and the economy. **(PRIORITY 3)**

Strategy 1.4: Improve safety and access to services for target populations through technology:

- Improved access to service-related information online and via apps for example, maps, schedule and fares can be conveniently accessed via apps and online information portals. Use of app-based services to make stop announcements would improve the quality of transit service for visually impaired. Another reported issue i.e. drivers passing by passengers in wheelchairs at a stop, when the wheelchair locations are occupied – this issue could be resolved using technology and app-based communications as well. Recently, in response to the pandemic related concerns, some transit agencies have developed apps to inform riders of the occupancy level of the vehicles in advance, in order to allow them to determine if the service met their safety criteria. **(PRIORITY 3)**

- Touchless and seamless fare payments through use of contactless card readers or online payment options. These services create a safer environment during a pandemic, but also improve service quality in general. Flexible fare payment mechanisms allow riders to connect with different transportation modes seamlessly. App-based fare payment systems are gaining prevalence and tend to be less expensive to implement; however, they still present a barrier for seniors who may not own smart phones or may not be savvy with app-based services. **(PRIORITY 1)**

Goal #2 – Re-build Specialized Services for Target Populations

Strategy 2.1 Continue to fund maintenance and purchase of vehicles for specialized transportation providers:

- The vehicles funded during past funding cycles that are currently in service comprise a key segment of specialized mobility services in Orange County. These vehicles mitigate demand on OC ACCESS and also serve individuals who need specialized services but may not qualify under Americans with Disabilities ACT (ADA) or live outside the areas served by ACCESS. Many of these vehicles were reported to be ready for replacement. COVID-19 related safety practices including distancing and the reduction in shared rides will strain the capacity of all paratransit services and vehicles when demand for services returns to normal levels. Continued maintenance and expansion of the existing fleets will be necessary to meet the demand. **(PRIORITY 1)**

Strategy 2.2: Continue to support transportation services for low-income transit-dependent populations:

- Support low-cost community transportation services for low income populations. The needs of transit dependent populations in less dense areas or areas with limited transit services could be met more effectively by partnering with agencies that provide social services in those communities and have a transportation component in the services offered. In San Diego, FACT has partnered with local nonprofits to pay for rides performed on behalf of FACT's clients. This mechanism may be a win-win for nonprofits that have spare capacity in the transportation program or who are interested in expanding the transportation to include revenue services. **(PRIORITY 1)**

- Pursue fee for service transportation agreements with Medi-Cal Service Providers for reimbursement of the cost of Medi-Cal eligible riders' transportation. As per recent changes in State Medicaid transportation regulations, the Media-Cal services providers like Molina are required to purchase transportation services directly. OCTA could enter

into these service agreements at negotiated rates for transportation services for eligible (ADA Paratransit) clients. **(PRIORITY 3)**

Strategy 2.3: Prioritize services in areas that are underserved or have gaps in services:

- Focus on delivery of projects that serve areas that have been identified as underserved or demonstrate gap in services should receive higher ranking. The information from census tracks that identify low income areas, or feedback from the community or other criteria may be used to assess needs and gaps in services. **(PRIORITY 2)**

Strategy 2.4: Promote coordination between agencies and organizations that provide special needs transportation:

- Establish a peer group of social service agencies who are consumers and/or providers of social services to enhance networking and explore opportunities for collaboration. The group would also raise awareness about existing services and needs. OCTA staff could manage the meetings and provide the facilities in order to ensure continuity and focus on mutual coordination. In San Diego, the Council on Access and Mobility (CAM) is a cross cutting group that includes social services providers, consultants, transportation vendors, MPO staff, transit agency staff and several City SMP program staff, medical services providers and others. The group meets on a regular schedule and invites members to share information on programs and services on a rotating basis. Participation in the Council is strongly recommended by the MPO for potential grant applicants. **(PRIORITY 1)**

- Prioritize projects or partnerships involving agencies serving Veterans, Low Income and Youth. This approach responds to the needs expressed by survey respondents who felt that demographics other than seniors and people with disabilities were underserved due to lack of affordable and convenient services mandates and funding directed at their needs. **(PRIORITY 2)**

- Prioritize joint applications for providing rides for agency clients. Applications that are submitted collaboratively and involve active participation by the partners could be scored higher with additional points during the project proposals review. Examples of collaboration may be sharing resources including vehicles, training programs, vehicle maintenance services or call center services. **(PRIORITY 1)**

- Encourage transportation referrals between partner agencies/organizations –Agencies receiving grant funds could be encouraged to refer rides amongst their programs if there is capacity. Typically social services agencies prefer to operate transportation services in silos; however the barriers to coordination, real or perceived can be removed if the partners are open to change. **(PRIORITY 1)**

Goal #3 – Leverage Transportation Information to Enhance Mobility - Measure Outcomes

Strategy 3.1: continue progress towards the use of technology by target populations to access travel information, schedule rides and travel training:

- Funding for apps that promote mobility as a service (MAAS). MAAS allows a rider to plan for all modes with one process or app with a unified fare system. The unified apps allow the rider the flexibility to plan a complete trip using a ride hailing service for the "first mile" and completing the ride using a fixed route bus. Other options like microtransit (bikes, scooters etc.) could also be included as first or last mile solutions. **(PRIORITY 3)**

- Promote non-traditional and technology-based training. Using online meeting and webinar services is an effective and affordable alternative to in-person training. The use of on-line services expands the reach of the existing programs without additional investments, brings in additional users and has the advantage of being safer during a pandemic. **(PRIORITY 2)**

Strategy 3.2: Support participation in 211 Community Information Exchange (CIE):

- Prioritize projects that provide education, training and assistance with the CIE integration. Funding may be offered for projects to implement new CIE partnerships, including training, or to offset some of the costs of participating in the CIE (licensing or risk management). **(PRIORITY 3)**

Strategy 3.3 Institute program measurement requirements:

- Use of CIE as a resource. The CIE can be used as a resource for higher levels of effective transportation referrals between participating agencies. The CIE has potential for makes the referrals quicker, more accurate, and efficient and the success of referrals can be tracked from the data. **(PRIORITY 1)**

Goal #4 – Improve and Expand External and Internal Mobility Infrastructure

Strategy 4.1 Identify bus stop and transfer locations needing physical improvements necessary for individuals with disabilities to access public transit:

- Signage, curb cuts, ramps, etc. necessary for Individuals with Disabilities. In many cases the relocation of the facility may make it more user-friendly or convenient. Human service agencies and organizations should be encouraged to work with OCTA to identify areas where improvements are needed. **(PRIORITY 1)**

Strategy 4.2 Expand volunteer driver services to meet existing needs:

- Cost-Effective Volunteer Driver Services. Services including rides for dialysis, dementia care and other needs that are recurring and benefit due to the greater familiarity between the rider and driver, and/or greater level of care and flexibility. These services offer a value by serving the most vulnerable populations in ways that are cost effective and offer a societal benefit by improving the quality of life of the service recipients. **(PRIORITY 3)**

Strategy 4.3 Expand non-profit mobility options using retired vehicles:

- Deploy retired OCTA vehicles in community transportation. There may be demand for used vehicles from agencies that operate their own fleets. Generally, transit agencies'

vehicles are well maintained and tend to be retired before the useful life of the vehicle is over. Some donor agencies provide further assistance with maintenance of the vehicles and driver training to help recipients become partners in mitigating demand for the ADA paratransit services. **(PRIORITY 1)**

Strategy 4.4 Explore shared use of grant-funded vehicles by grantees serving compatible needs:

- Encourage higher utilization of grant funded vehicles via vehicle sharing. Typically, Section 5310 funded vehicles are used at or below the 20 hours of mandated services per week. This compares with 40-60 hours of use in the taxicab/private industry. This kind of under-utilization of publicly funded resources could be avoided by promoting higher levels of utilization compared to the prescribed minimum, and encouraging shared use of vehicles between agencies. This could also be accomplished by additional optional scores for applications that propose higher utilization levels. **(PRIORITY 1)**

Strategy 4.5 Explore flexible use of funding to allow for non-traditional uses and users:

- Use of Section 5310 funds and other eligible grants for allowable incidental services. In the San Diego region, FACT has used Section 5310 funds to provide rides to "non-target" populations for up to 20% of the total number of rides provided with capital or mobility management funds. Using the built-in flexibility in the 5310 grant and potentially other funding options could be one of the ways the need for low income individuals and other transit dependent populations could be met. **(PRIORITY 2)**

- Allow Grantees to provide specialized services using vehicles during a State of Emergency. Cities and human services providers serving vulnerable populations suspended most in-person services during the pandemic. Congregate meal programs, senior center activities as well as adult day care services were discontinued during the spring of 2020 to protect attendees from exposure to infection. In order to respond to future emergencies, the vehicles awarded through the grants will be eligible to perform emergency response services including evacuations during fires or meal deliveries during an epidemic. OCTA could elect to include options in the grant agreements that would allow recipients flexibility in the use of vehicles when a state of emergency is in effect. **(PRIORITY 2)**

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SECTION X: COORDINATED PLAN IMPLEMENTATION ACTIVITIES

Phasing and Timing of Coordinated Plan Strategies

Establishing a comprehensive coordination environment is a challenging undertaking in the best of times. The effort needed to both restore services and expand programs necessary to ensure greater access and mobility for the target populations will require that OCTA develop an "agenda" that seeks to accomplish the following:

- Maintain consistent community-focused interaction and involvement to strengthen existing and build new relationships with cities, stakeholder agencies and organizations, towards implementation of the recommended transportation services projects and programs; and

- Plan and participate with agency/organization partners to identify; secure and leverage funding resources, OCTA projects, and programs of local and regional significance.

These actions will assist OCTA in improving support and collective agency/organization participation. The project team recommends a measured approach given the current operating environment, to ensure that agency programmatic and funding objectives can reasonably be achieved.

Whether coordinated projects and programs are implemented individually or collectively, OCTA should assess and evaluate each project/program as an important part of a collective whole, and subsequently work towards sustaining and assimilating those projects and programs that prove beneficial in meeting the specialized transportation needs of the target populations into the Orange County transportation network.

Performance Measurement

As an integral part of any funding program, OCTA must continue to include project-specific performance measures for the specialized transportation projects and programs selected for implementation that meet funding agency requirements. For this Coordinated Plan update, the recommended strategies/ projects/programs are consistent with funding-related performance measurements for mobility management and coordinated transportation and other relevant Federal requirements.

For example, a project or program proposed for implementation may initially be developed to serve a smaller or larger geographic area. Therefore, expected productivity (e.g., numbers of calls received, trips provided, etc.) may be revised higher or lower depending upon the size of the target population that is proposed to be served. These productivity measures will also be useful in monitoring the progress of the various services and programs on a monthly basis, to ascertain if the project/program is routinely meeting established performance objectives. This regular evaluation of the projects/programs will assist OCTA and/or the subrecipients in making refinements/modifications to the projects/programs as needed.

Making progress toward defined performance goals: coherence between agencies with differing missions can be challenging. There can be tension between transit agencies or transportation providers, and the human services agencies relative to stated and unstated performance goals. This is partly historical, partly regulatory.

Transit operators focus their performance measures on standard cost per hour, cost per trip, revenue hour, or passenger, the human services side of the picture will focus on ridership, utilization, customer satisfaction, and mental and physical health outcomes. Inherent beneath both sets of performance measures is the fact that increased utilization of specialized transit is a double or triple-edged sword: it can mean that the target populations are gaining more access to desired and critical destinations; it may also indicate success in moving riders to more cost effective and flexible options along the specialized transportation spectrum. However, given the target users, increased utilization of specialized transportation compared to fixed route service can also signal more ill-health among populations of interest, more poverty and unemployment, and a failure of the built environment and the transportation/land use system as a whole to accommodate people's needs through the entire lifecycle.

At a very concrete level, OCTA will need to:

- Clearly define performance measures for mobility management projects, programs and services so that required preconditions to success are built into those measures. For example, other agencies/organizations in the business of providing services or mobility management services include as a performance measure the number of community partners in its coordinated transportation network. This is not only an "outcome" but also should be considered a critical prerequisite to developing an effective organization that is sustainable, because it is based on and serves community needs and has community support;

- Ensure that value added through coordinated delivery of specialized transportation services is captured in the selection, definition and measure of performance indicators; and

- Define success carefully – indicators should be neither too high nor too low.

Legal and Regulatory Issues

OCTA already works cooperatively with 211 Orange County and other cities, stakeholder agencies/organizations in the county. Issues that will need to be addressed relate to the nature and scope of new partnerships between OCTA and other stakeholder agencies and organizations, specific to shared funding arrangements, liability, etc.

Consistent with some of the recommended strategies, more involved legal and structural arrangements may need to be instituted between OCTA and a "collective" or group of agencies or organizations to ensure proper and adequate governance, oversight and management of longer-term, multi-year regional specialized transportation projects and programs. These types of projects and programs could conceivably result in creation of a multi-agency partnership. Decisions and direction related to on-going projects and programs could be made at the discretion of OCTA alone, or in cooperation with their agency partners.

Funding Availability

In general funding for transportation will likely be constrained for some time effectively limiting the ability to accurately pinpoint the amounts of total funding that can be used to implement the recommended 2020 Coordinated Plan programs and projects. However, as funding for these

types of programs and projects are identified, OCTA can undertake the actions necessary to gradually implement the projects/programs as budgetary constraints allow.

Conclusion

On-going project involvement and monitoring will allow OCTA to assess and report upon each project implemented to determine the impact on the target populations relative to improving mobility. The future use of 211 Orange County's CIE database and other technology-based improvements will provide solid productivity and performance data that can be used to determine the actual effectiveness of each project implemented.

ORANGE COUNTY TRANSPORTATION AUTHORITY

HUMAN SERVICES TRANSPORTATION COORDINATION PLAN

APPENDICES

Prepared by:

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in coordination with:

Arun Prem

November 17, 2020

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Table 1 below compares program features, outcomes and engagement and funding requirements for the five programs evaluated during the Peer Review. The programs are listed from the lower engagement/lower cost to the higher engagement/higher cost strategies, in light of the engagement and funding support required of OCTA management, staff and resources.

Table 1 – Comparison of Peer Programs Organization Program Name Website	Target Clientele	Program Features	Program Outcomes	Level of OCTA Engagement Required Funding Needs
Jewish Family Services Rides and Smiles (1-7 Day Reservation) Navigator (Same Day) https://www.jfssd.org/our-services/older-adults/on-the-go-transportation-solutions-for-older-adults/	Seniors 60+ who are mentally alert, ambulatory, and live in a service zip code.	**"High-Touch Wellness Check Doubles as Mobility: The Chicken Soup of Mobility Management"** •Rides and Smiles and Navigator are the only services that guarantees a ride. • Drivers and volunteers are trained to make health observations, and check on each client's wellness. • JFS can come in an install a grab bar, get meals delivered, send a music therapist for dementia symptoms, etc. • For JFS, the call center is seen as comforting to their clientele.	• Significantly improved health outcomes • No dropped rides, 98% on-time performance • 99% client satisfaction.	**Low Engagement:** OCTA could help facilitate the deployment of this model in Orange County. **Funding:** No OCTA costs. Service paid primarily by healthcare providers.
Hitch Health Hitch Health, Inc. Integrative Trip Software www.HitchHealth.co	Serves patients who need non-emergency medical transportation, and the integrated software is marketed to the healthcare providers they frequent.	**"Low-Touch but Thoughtful, Simple, Secure, Elegant and Transferable Software"** • Proprietary software that integrates any healthcare appointment system with any ride service to improve mobility and lower no-shows. • Innovative use of "Low-Tech" SMS messaging to avoid need for data plans (with an app) or high minute limits (with a call center that would place callers on hold • Fully automated and seamless for the patients (riders) • Patient appointment data integrated with transit provider.	• Significantly reduced "missed appointments" (8% or more) • Reduced hospitalizations and emergency room visits • Patient satisfaction increases (9.7/10) • Healthcare provider profit increases/reduced costs. • No need for phone call, app or credit card to access	**Low Engagement:** OCTA could help facilitate the deployment of this model in Orange County. **Funding:** No OCTA costs. Service (software + rides) paid primarily by healthcare providers.
FACT and RideFACT FACT, Inc. (Facilitating Access to Coordinated Transportation) https://factsd.org/	FACT: Seniors/Disabled populations in San Diego County. RideFACT: Seniors over 60 and/or people with disabilities who have no other transportation options.	**"In-House Brokerage with a Ride of Last Resort-Doing it All, Doing it Well"** • In-house brokerage. FACT acts as a mobility manager for individuals, and RideFACT is one of the mobility options offered, and is operated by FACT in San Diego County. • Advance reservations (one-seven days) required. • Curb to Curb, accessible service • Trips for necessary errands and medical appointments • Trips assigned to transportation vendor based on lowest cost	• Reliable and safe service for seniors and/or disabled persons with no other mobility options • Rider satisfaction survey reports 23 out of 24 points: people like this service. • Ridership is a key performance measure-11,000 trips per month by mid-2019	**Medium to High Engagement:** OCTA could opt to operate a similar in-house brokerage (medium to high level of engagement) and/or provide RideFACT type service for individuals in Orange County who have no other mobility options. **Funding:** Moderate. Potential to offer fee-for-service to cover operating costs and even build reserve. Ongoing funding would need to be secured.
Flint Mass Transit Authority (MTA) Rides to Wellness https://www.mtaflint.org/rides-to-wellness.html	Passengers connected to one of Rides to Wellness partner agencies, who subsidize trip, including dialysis riders and those impacted by Flint water crisis.	**"Premium Non-Shared Alternative to Paratransit that Warrants its Higher Cost"** • Pre-scheduled or same day door-to-door service. • Operating costs are recouped from partnership agreements (healthcare providers).	• Very popular with both customers (many of whom are willing to pay the full $15.00 fare) and healthcare providers, who see better health outcomes for riders.	**High Engagement:** MTA essentially created a mini-agency within an agency to operate this premium service. **Funding:** Low OCTA operating costs, if priced fairly and accurately Service paid primarily by healthcare providers. Medium OCTA capital costs if run on the Flint MTA model where OCTA would operate the service itself. FTA or other grant funding would be needed for capital costs.
Los Angeles County Metropolitan Transportation Authority LA Metro Partnership with Via https://www.metro.net/projects/mod/	Riders who are currently excluded from Lyft or Uber because of high costs, or lack of smartphone, bank or credit card accounts, or because they use a wheelchair.	**"Affordable First Mile/Last Mile Trips Remove the Last Barrier to Transit Use."** • Users can download an app or call a designated phone number to book a ride • No credit card or bank account is needed, and wheelchair-accessible vehicles are available • Via provides real-time updates on driver arrival. Via vehicles sport a large Via logo to identify themselves	• 3,000 weekly rides • 9% mode shift (new transit riders) • 4.9 out of 5.0 customer satisfaction • Trained and certified driver contribute to a safe experience and high customer satisfaction	**High Engagement:** Especially at startup, significant effort in partnering, developing software, marketing. **Funding:** High. OCTA would have to find a funding stream to support the service if it implemented the Metro model.

OCTA 2020 HUMAN SERVICES TRANSPORTATION-COORDINATED PLAN UPDATE
PEER REVIEW AND EVALUATION
INTERVIEW

Name of Agency/Organization:	Jewish Family Service San Diego
Agency/Organization Contact/Title	Meredith Morgenroth, Director, Social & Wellness Services
Project/Program	Seniors on the Go-
	Rides & Smiles
	Navigator
Project Operations Began:	JFS began serving as a nonprofit in 1918;
	On the Go "Rides and Smiles began in 2004
Date Interview Completed:	March 11, 2020

Project or Program Creation – Agency Purpose and Demonstrated Transportation Needs

What were the agency's/organization's objectives in implementing this project? What transportation need(s) and target population(s) is your agency/organization trying to address though implementation of this project/program?

These JFS programs are focused on seniors. Eligibility includes adults 60 years old or older who are mentally alert and ambulatory, and who reside in a zip code that is served by *On the Go.*

Typical riders are 83 years old, female, low income who is widowed and lives alone. These riders use walking aides including canes, walkers or collapsible wheelchairs. Riders must be able to transfer in and out of the vehicle unassisted. Caregivers can enroll to accompany or assist on all rides.

Currently, JFS has 2,000 older adults enrolled in these programs.

JFS knows its clients well: they know their cat's name, they know if they have cancer, and that their granddaughter lives with them. This is in part because they do significant intake and get a lot of client information. But this level of client familiarity is also the result of a high-touch, human-touch approach to every ride. Essentially, ever ride also functions as a wellness check.

Did you define your project(s) based on clearly identified transportation needs of clients/ customers, or did you develop or prioritize this project in response to a funding opportunity? (Or some combination?)

Navigator originated out of the practice of providing guaranteed rides, and because those using Rides and Smiles often ended up with a need for a follow up ride in fewer than seven days. For example, if a doctor schedules a lab or a referral.

Because JFS was guaranteeing rides, they began working with Lyft, and performance was excellent – very high success rates and low cancellations. Even though Navigator is not strictly "on demand" since it officially requires an hour advance reservation, in practice JFS often finds a ride within minutes – before the client has gotten off the phone with us. Typically, the wait is five minutes.

JFS asks for an hour because they want to provide quality service, but the seven days in advance doesn't work for everyone. Those with enough resources can use Navigator all they want. If they don't have resources, and their need is seven or more days out, JFS advises Rides and Smiles. Still, even those with resources often need to, or want to, save money sometimes, and JFS provides each caller what they believe is the best option. People are free to choose to pay for Navigator, and many do because it is cheaper than Go-Go Grandparent and Ride. Since no funder is underwriting the cost, JFS doesn't mind meeting the demand for these trips.

What outcomes did you initially envision relative to meeting the needs identified?
 o   What expectations did you have for the project?

JFS is a social service agency, and as far as the overall organization is concerned, the social service outcomes have always been primary. The ride count tells the real story on the transportation side. JFS experiences virtually zero dropped rides, which is very rare in the industry. JFS has perhaps three missed rides per year. It's a notable event.

How long did it take you to get from initial planning through start-up (implementation)? What were your basic milestones to ensure that the project was implemented? For example, did it take six months of collaboration, outreach and planning; four months of grant writing, etc.? How did you market your program?

JFS began providing service through Yellow Cab, but then in 2016 they experimented with Uber and Lyft, which was so much more cost-effective that they never returned to Yellow Cab. Over the course of time, they began using Lyft almost exclusively, because of their customer service. Lyft was also the first in the southwestern United States to utilize Lyft's professional dispatch system, which is now called Concierge. (JFS was one of the Beta testers for this dispatch system.)

In terms of marketing, word-of-mouth is JFS's number one method. They are nationally recognized as the grand dame of volunteer driving programs. In addition, they received a national award through the network of Jewish Human Service Entities, so all JFS centers are not identical. They are related, and fall under a social service organizational umbrella, but they are independent. JFS in San Diego received a lot of mileage out of the award. Their phone was "burning up" after that, and now they are servicing numerous other entities outside San Diego County, and only half of them are Jewish.

Figure 1: JFS Ride History (2004-2018)
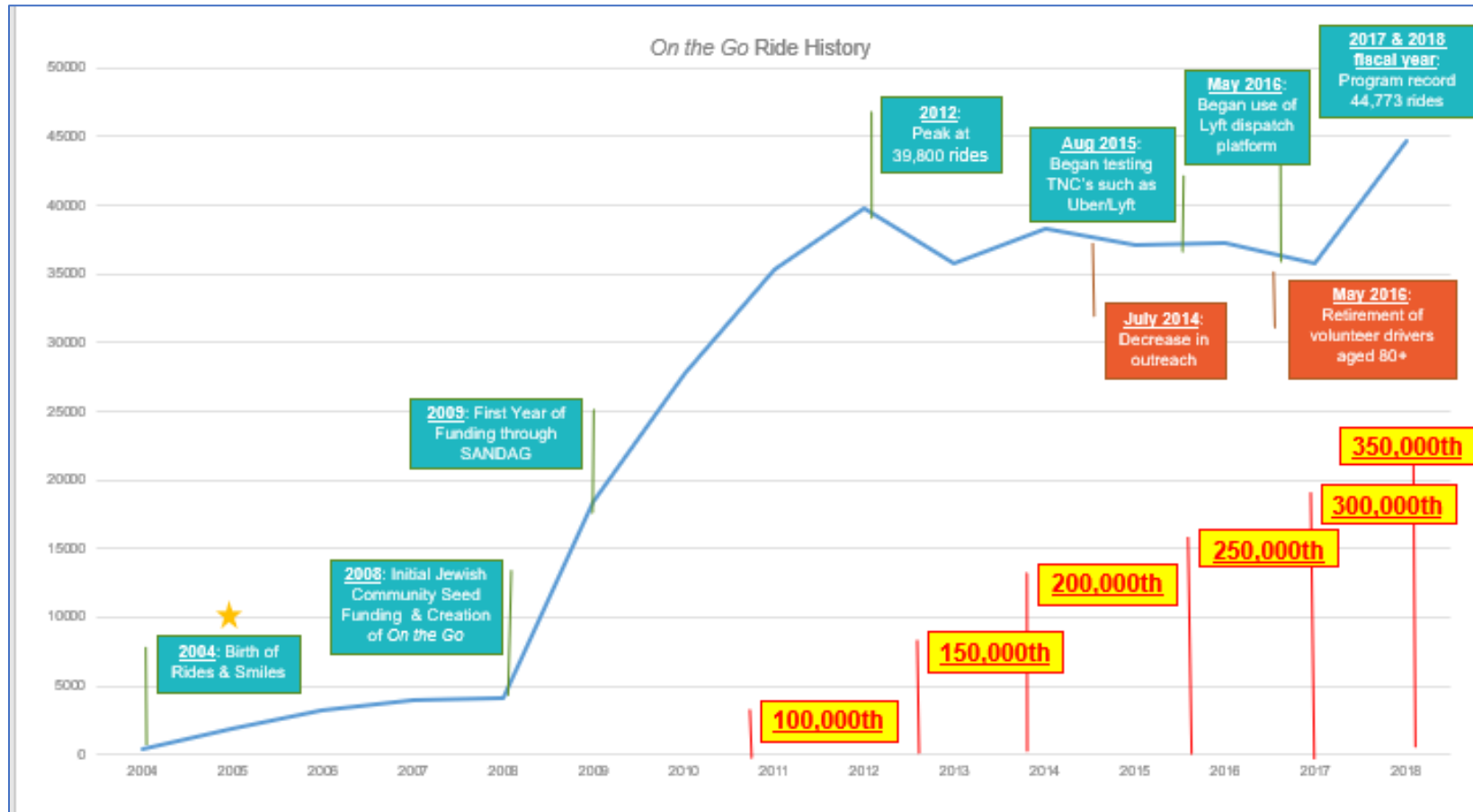
Source: Jewish Family Services presentation by Meredith Morgenroth and Maureen Glaser

Project or Program Funding, Partnering and Collaboration

What is the total start-up budget, as well as your ongoing operating budget amount for the project?

In 2009, JFS started On the Go with 18,365 rides, and a $1,069,509 budget. In 2018, that had risen to 44,773 rides and a $1,930,427 budget. This budget includes not only Rides and Smiles and Navigator, but the entire suite of On the Go options. JFS doesn't break it out by specific program, because it wouldn't be an accurate representation of the costs. Everything is interrelated and shared.

What are your primary sources of funding? If you used grants for start-up phases, what is your financial plan for sustaining operations in the longer term?

JFS prizes funding diversification.

A major game changer for JSF was its creation of, and affiliation with, secondary non-profit called Cars (Charitable Adult Rides and Services). CARS, a 501(c)(3) nonprofit, was established in 2003, that is the largest nonprofit vehicle donation program in the nation. Over 100,000 vehicles are processed annually. CARS benefits JFS and On the Go among other causes.

Partnering: Did your agency/organization partner with others on this project? If so, please identify your partners. (Agency or entity name, type of agency/organization and their primary role(s) on the project)

- If you have partners, did they contribute funding, equipment, facilities or other in-kind services? If you have a shared funding arrangement, how much is contributed? If in-kind only, what is the nature of the contribution? (staff time, equipment, etc.)

- If you have financially contributing partners, how did you encourage them to contribute?

- How do you and your partners communicate and keep up to date?

- How do you conduct your accounting procedures (billing, reporting) for cost sharing? (if applicable)

As mentioned above, JFS began partnering with Lyft in 2016, and this relationship has only grown and deepened. JFS receives funding from Lyft to work on the data analytics for the entire trip, and not just the ride, but the impact of the ride on the client's life.

JFS expects to work directly with hospitals and healthcare districts as partners at some point in the future. But these organizations, and especially healthcare systems and insurers, which do have transportation in their budgets whether they admit it or not, will soon be required to contract with community-based organizations to lower their re-admission rate in relation to the social determinants of health, through the World Health Organization's recent (two years ago) listing out of Z Codes for dual eligible clients, Medicare/MediCal, and those Z Codes are going to be prescriptions of the social determinants of health and they will be medically reimbursable.

When this happens, community development organizations like JFS will be a prime target for those partnerships, because instead of partnering with a mandated partnership, it's not an option. JFS will be in a prime position because, if the hospital next door decides to partner with JFS to lower their re-admission rate, they will pick JFS over other potential partners because 1) they have transportation; 2) they have home-delivered meals and medically-tailored meals; 3) they can install a grab bar; 4) they can send somebody in-home to do music therapy to reduce behavioral systems; and 5)

JFS works with RideFACT, which is the County's coordinated transit. FACT runs their own internal brokerage, and they are also a referral entity. JFS does tens of thousands more rides than they do, however. JFS is an older organization, and many people know to call JFS which was a referral organization longer than they have been providing transportation.

Project or Program Benefits and Performance Measures

How do you measure the success of the project relative to specific, defined and quantified benefits? Is the Program meeting established performance goals?

JFS manages the program with innovation and flexibility in mind. They look at ride counts, and watch their on-time performance, which allows for only a ten-minute window either way. JFS is currently at 98% on-time performance. In terms of client satisfaction, they are at 99%. Because JFS has been performing at this level across multiple performance measures for so long, they do not figure so prominently in the minds of staff or management.

Challenges and Advice

What challenges did you encounter (if any) and how did you overcome them? (For example, political approvals required, lack of champion, funding, or agency internal issues.)

A primary lesson learned is that when you survey populations, remember that people always answer as their best self and they often try to secure resources they may or may not need. Thus, when a survey comment from a senior is, "I'm isolated because I don't have transportation," that needs to be heard and it's probably true, but when you offer that senior hot and cold free transportation at their beck and call and they still don't leave the house, you know something else was at play. So, JFS advises that survey responses shouldn't be over-weighted.

Another surprising challenge is donors or philanthropic funders who want to give money to support a service that is not needed or is needed by a very small demographic. You would then have to work with the donor to repurpose the funding.

JSF also advises that, though it is very tempting to fund senior transportation—because everyone loves it, and it's non-political—an agency must be prepared for the large amount of work, care and detail that is required to do it well and deliver the product that is actually needed.

What things did you do well? What could you have done better?

Done well:

The human relatedness that is a part of each ride provided is a unique feature of JFS's approach. FACT drivers and volunteers are trained to look for clues about each client's wellness. If, for example, Betty is always well put together, and suddenly comes to her ride in pink slippers, they know to ask why. Does she not have any shoes left? Can she not afford a new pair of shoes? JFS will get her shoes. Is she wearing slippers because of a foot injury and a swollen foot? JFS will help her get medical attention. Is Betty wearing slippers because she is slowly becoming cognitively impaired? Drivers are trained and advised to then keep an eye out for dementia.

JSF combines robust data on health and trips, along with the wellness high touch and transportation integration. JSF has the resources to provide these features, whereas other transportation agencies do not.

JFS offers different types of ride services that provide each client with a range of options that is likely to satisfy their diverse trip needs. If only one ride type is offered, clients may have to use several different transportation providers to get all their needs met – and this is often to their detriment. When JFS sees a gap in service according to client need, they are the ones that either refer out to somebody who's doing it well, or they close that gap in service themselves. This forces JFS to continue to innovate. This same interview six months from now would feature different service options for clients. JFS has never discontinued a ride mode because they're very thoughtful when they add new options. They need a track record to know that they're going to be effective and sustainable before JFS will adopt.

JFS is more effective than City government agencies. JFS is the San Diego Association of Governments' (SANDAG) "golden child." SANDAG appreciates that JFS does not duplicate service. For example, if a JFS client was eligible for MTS Access paratransit, and that service was appropriate and fair for the client, JFS would push them to Access. So SANDAG has no problem funding On the Go because the program isn't dipping into public transportation dollars.

OCTA 2020 HUMAN SERVICES TRANSPORTATION-COORDINATED PLAN UPDATE
PEER REVIEW AND EVALUATION
INTERVIEW

Thank you for participating in this peer review effort. Please provide your responses to questions, as applicable, based on the details of your project(s) or program(s). The interview guide is designed to be completed by telephone, or your agency/organization can complete the interview guide and return to: Deborah Redman: debredmanconsulting@gmail.com. Please contact Ms. Redman to schedule a convenient time to be interviewed, or if you have any questions: at (503) 753-8877.

Name of Agency/Organization:	Facilitating Access to Coordinated Transportation (FACT)
Agency/Organization Contact/Title	Meagan Schmidt, Director, Operations
	760-754-1252
Project/Program	RideFACT In-house brokerage-based transportation in San Diego County
Project Operations Began: 2010.	FACT was formed in 2005. RideFACT service began in
	FACT's in-house brokerage began in 2012.
Date Interview Completed:	March 10, 2020

Project or Program Creation – Agency Purpose and Demonstrated Transportation Needs

What were the agency's/organization's objectives in implementing this project? What transportation need(s) and target population(s) is your agency/organization trying to address though implementation of this project/program?

The formation of RideFACT is probably somewhat unique. FACT already existed – it was formed by passionate community members who wanted to fill in gaps that wasn't being covered by transit service or transit agencies. It started as a grass roots community organization, and after they were established as a non-profit in 2006, the San Diego Association of Governments (SANDAG) designated them the Consolidated Transportation Services Agency (CTSA) for the region in San Diego.

The target population is seniors age 60 and older, and those with a disability regardless of age. There are no income restrictions or parameters. The FACT Board wanted to make sure that no means testing would have the perverse result of limiting mobility of seniors as they age, based on their (higher) income level.

1. Did you define your project based on clearly identified transportation needs of clients/customers, or did you develop or prioritize this project in response to a funding opportunity? (Or some combination?)

At first, the project was generated through staff's awareness of a mobility gap, which remained unfilled by paratransit service.

The FACT team was also aware of the Senior Mini-Grant Program authorized under the TransNet Extension Ordinance, which SANDAG uses to fund innovative transportation services for seniors.

Thus, FACT began with a focus on the mobility management function and making referrals.

Between 2006 and 2010, there were only referrals and mobility management. But there wasn't always someone to refer people to. In 2010, FACT launched what was in essence their first pilot program where one vendor was active in a certain region, and then we expanded the pilot to a wider service area.

Staff and the Board discussed the choice of which subregion to work in. Board members wanted to service an area without a lot of existing transit options and to work in a contained area with smaller population, in order to "get their feet wet" on a smaller project. FACT ended up expanding rather organically to adjoining cities, as they located vendors willing to provide service there.

Once FACT expanded county-wide, they needed multiple vendors to join, and that's when the brokerage really formed, in 2012.

Currently, vendors have a range of fleet sizes and operating budgets. Some of them have accessible vehicles, others do not. Some vendors are non-profit and some are for-profit, and the ways these entities handle their business is specific to their operations.

People can access the website on line to get a referral, they can look up options using the trip tool and identifying the city or ZIP code they need to get from and to, and there will be different programs listed in the on-line database. but mainly when people call the first time, FACT call center staff tell them what's available throughout the county, and the also offer RideFACT based on their eligibility for other programs. RideFACT serves those without other options.

What outcomes did you initially envision relative to meeting the needs identified?
- o   What expectations did you have for the project?

The FACT Board wanted to provide reliable transportation options as people age. That was the vision. There has been a lot of concern about whether they were targeting the right population.

Given resource limitations, the goal was to provide reliable, safe service that could transport people from A to B with a relatively simple process and a quick turn-around time. FACT definitely wears a mobility management hat, where they make sure to provide an individualized approach to the service. So rather than numbers, the Board has always emphasized FACT's ability to recognize and serve the needs of each individual person.

How long did it take you to get from initial planning through start-up (implementation)? What were your basic milestones to ensure that the project was implemented? For example, did it take six months of collaboration, outreach and planning; four months of grant writing, etc.? How did you market your program?

Between 2006 and 2010, there were several different executive directors. When FACT's current executive director (Arun Prem) was hired in 2010, he really got the ball rolling, and the first pilot

was launched soon after, in approximately July 2012. FACT would apply for the grants with staff. A grants manager was hired in 2011, approximately.

At the beginning, in the pilot phase, marketing consisted of staff dropping off flyers, door-to-door. Staff would go to local businesses, canvass through markets, reach out mainly to seniors. Then once the program expanded to other areas, they did mass mailing to the zip codes, according to demographic targets (communities with populations over 60) and sent marketing materials.

After that, word of mouth has sufficed, and other agencies and cities have found out about FACT and started promoting them. Cities are particularly interested because many appointments are beyond the jurisdiction of one city. Dialysis centers and social workers have been promoting FACT.

Project or Program Funding, Partnering and Collaboration

What is the total start-up budget, as well as your ongoing operating budget amount for the project?

The RideFACT pilot project used the $400,000 Senior Mini-Grant award to pay for the actual rides provided, and now the administrative budget is between $600,000 and $700,000 per year, for 8.5 full-time equivalent (FTE) positions, office expenses, rent and other administrative expenses.

Staff includes the executive director, a grants manager, director of operations, an office manager, four mobility dispatch team members, a part time accountant.

They had to cap rides at one point—that is, to ration how many rides a day they could offer— for approximately six months. Then in the new grant cycle, they could open it up. That could happen again if demand for rides increased or costs increased. They have software now to track their rides for budgeting purposes.

What are your primary sources of funding? If you used grants for start-up phases, what is your financial plan for sustaining operations in the longer term?

FACT applies for SANDAG's Senior Mini-Grant and FTA Section 5310 programs every two years for Operating and Mobility Management funds. They also apply through Caltrans FTA Section 5310 program for Capital funds to purchase accessible vehicles and Mobility Management funds to provide rural area services. FACT has recently applied for and was awarded FTA Section 5339 funding through Caltrans for Capital funds to purchase additional accessible vehicles. As the CTSA for San Diego County FACT receives a small annual amount of TDA funding from SANDAG, which covers a limited portion of its mobility management services tied to its CTSA contract scope of work; RideFACT operating costs are not covered.

They've applied to foundations and other grants, but without success to date.

They are now beginning to offer fee for service for other agencies such as hospitals, senior centers and cities. This allows the organization to build up some reserves, and move toward stability in the event of funding downturns.

Partnering: Did your agency/organization partner with others on this project? If so, please identify your partners. (Agency or entity name, type of agency/organization and their primary role(s) on the project)

- If you have partners, did they contribute funding, equipment, facilities or other in-kind services? If you have a shared funding arrangement, how much is contributed? If in-kind only, what is the nature of the contribution? (staff time, equipment, etc.)

- If you have financially contributing partners, how did you encourage them to contribute?

- How do you and your partners communicate and keep up to date?

- How do you conduct your accounting procedures (billing, reporting) for cost sharing? (if applicable)

As for vendors, FACT originally partnered with one vendor, but soon realized they needed to diversify that aspect of operations. FACT secured its partners, i.e., the brokerage members, through word of mouth as they found out about the organization. Current brokerage members include Lyft, Yellow Cab, Golden State Transportation, AAA Transport, Inc., Fleet Transportation, FURAAT Language and Transportation Services, Renewing Life Senior Transportation, and many others. These brokerage members provide transportation for FACT's agency clients, as well as for the direct trips provided through RideFACT for individuals with no other mobility options.

FACT hosts CAM (Council on Access and Mobility), which bring stakeholders together and helps get the word out. CAM includes over 30 providers and stakeholders and serves as an advisory committee to the FACT Board of Directors. This is how a lot of the partner communications take place, along with a newsletter and an invitation to FACT's annual meeting. They are also all connected through SANDAG meetings.

There are no financial partners.

FACT's first contract was with City of Oceanside, where their administrative office is located. The City had its own senior program but were having issues with their vendor's pricing and customer service. They asked for a quote and FACT has been serving them since 2013. Other cities and hospitals have partnered with them since then, based on FACT's grass roots efforts. They are intentionally trying to grow their hospital partnerships.

As far as invoicing is concerned, each provider has different rates in the brokerage, and their software handles that. Rates differ according to the funding sources and policies associated with the contracting agency.

Fee-for-service arrangements typically mean that they pay for the costs of transportation as well as an administrative mark-up.
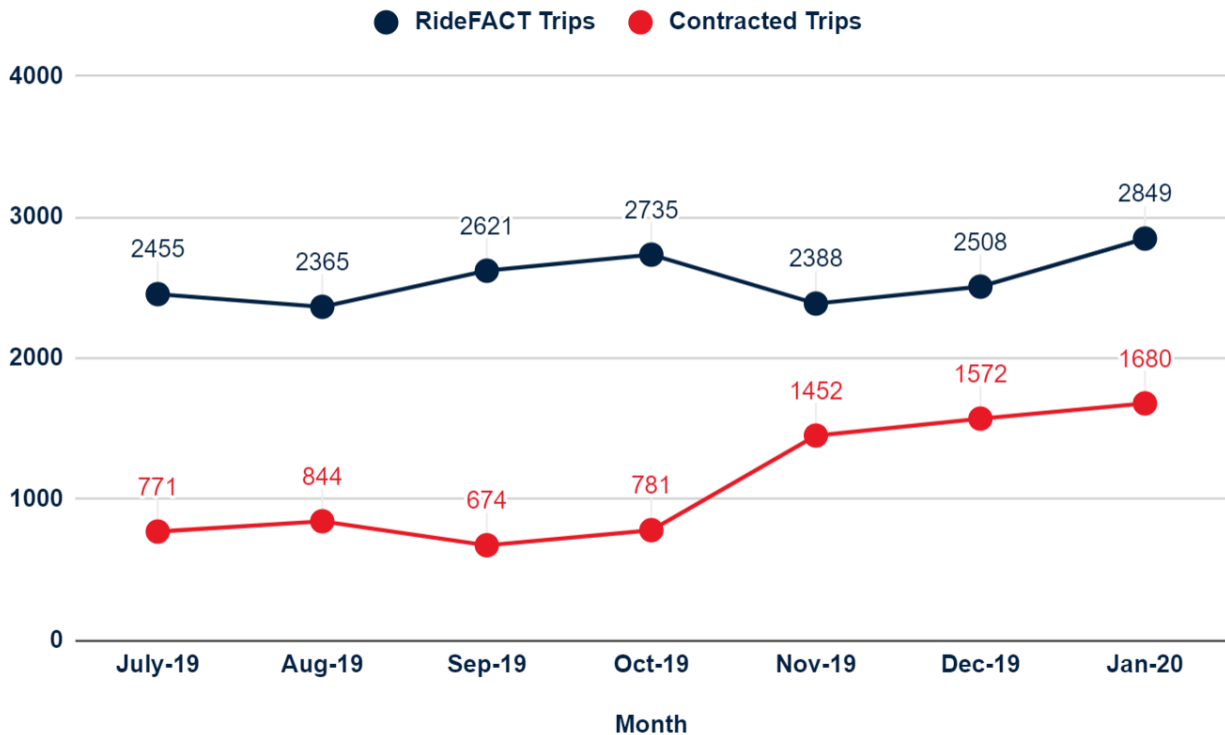
Project or Program Benefits and Performance Measures

How do you measure the success of the project relative to specific, defined and quantified benefits? Is the Program meeting established performance goals?

As a CTSA, FACT has specific ridership and demographic data that must be reported to SANDAG. However, RideFACT as a trip provider focuses on the number of rides. In January 2020, RideFACT provided 2,849 trips, and FACT provided 1,680 contracted trips on behalf of partner agencies. (See figure below).

Figure 2: Number of Trips Provided (RideFACT vs. Contracted) – January 2020

Trips Provided by Service

● RideFACT Trips   ● Contracted Trips

Month	RideFACT Trips	Contracted Trips
July-19	2455	771
Aug-19	2365	844
Sep-19	2621	674
Oct-19	2735	781
Nov-19	2388	1452
Dec-19	2508	1572
Jan-20	2849	1680

Source: FACT Usage Report, January 2020

Trip characteristics are also tracked. January 2020 average trip length for RideFACT was 10.1 miles per trip, at a cost of $13.99 per trip. The most frequently referred-to agencies were MTS (Metropolitan Transit System), Lift, and Elderhelp.

FACT has a business plan, which defines how much funding should be in reserve to be self-sufficient for a few years, in case they were unable to secure grant support for some period of time. They have no specific target volume of trips they want to achieve, but they do want to increase the volume. (Note that because RideFACT is a provider of last resort, an increase in ridership would correlate to a lack of other alternatives.)

Challenges and Advice

What challenges did you encounter (if any) and how did you overcome them? (For example, political approvals required, lack of champion, funding, or agency internal issues.)

The organization experienced a lot of growing pains, especially related to the need to provide and expand staffing. There is a delicate balance between the level of staffing and the workload that must be maintained. This takes a lot of effort and attention. This is particularly difficult when there are dramatic changes in the volume or the needs of contracted services with little or no notice. Some agencies have decided to partner with others without any notice that the relationship with FACT is ending.

When considering brokerage, there have been challenges getting vendors to truly understand what they have signed up for and what they have agreed to when they signed their contracts. This has been an educational process, and FACT has provided a lot of trainings, and used the CTSA funding to educate the community on the mobility needs of seniors mobility and people with disabilities. Just keeping the brokerage functioning at its best and keeping partners interested has been a challenge.

Currently, clients must call to book a ride. They can review options on the FACT website, but there's no portal or log-in that would allow people to submit a request for a ride on a certain day on-line. Nor is there any integrated app for fare payment, trip-planning, and ticketing. FACT staff would like to have funding to introduce that. FACT is not a direct recipient, so they would have to partner with such a transit agency or a Metropolitan Planning Organization (MPO) to apply for grants like FTA's Mobility on Demand (MOD) Sandbox Demonstration Program.

What things did you do well? What could you have done better?

FACT is working to become more sustainable. The lack of resources and the intermittent need to ration rides means that mobility needs are not being met for a very vulnerable group of users. FACT is working on its own and in collaboration with SANDAG to become more attractive to funding partners.

FACT has had to be adaptable, and that has ultimately been both good and bad. It makes planning far in advance difficult because things could change. This uncertainty can make an organization somewhat risk averse, but also innovative.

Advice: Start small with a bigger vision and find out who in your community already has resources so you start off with some win-wins. So many resources might be underutilized, and these can be deployed to help both parties. Seek out small partners with off-peak vehicles not being used, for example. This can be a good place to begin partnering.

OCTA 2020 HUMAN SERVICES TRANSPORTATION-COORDINATED PLAN UPDATE
PEER REVIEW AND EVALUATION
INTERVIEW

Name of Agency/Organization: Flint Mass Transportation Authority
                                   (MTA Flint)
Agency/Organization Contact/Title Harmony Lloyd, Chief Operating Officer of
                                   Planning and Innovation,
                                   Director of Rides to Wellness Program
Project/Program   Rides to Wellness NEMT Program
Project Operations Began: September 2016
Date Interview Completed: March 13, 2020

Photo courtesy of Flint MTA.

Project or Program Creation – Agency Purpose and Demonstrated Transportation Needs

What were the agency's/organization's objectives in implementing this project? What transportation need(s) and target population(s) is your agency/organization trying to address though implementation of this project/program?

The Rides to Wellness program was formed in part to respond to the increased need for better, more specialized and flexible transportation to dialysis centers health services, and in response to increased medical and food and water-related needs made necessary by the 2015-2016 Flint water crisis that resulted in more than 100,000 resident's drinking water with dangerous levels of lead.

Genesee County Health and Human Services Department (DHHS) met with MTA to propose a more personalized and custom ride for dialysis riders who need direct rides to and from their dialysis centers, and who need more time and flexibility on both ends of the journey. When they approached MTA again, urgently requesting service to carry Flint residents to healthcare services, to get bottled water, fresh fruits and vegetables, MTA assumed that one service would work for both user groups.

Soon, MTA realized that the water crisis trips required a ride-hailing solution (like Uber or Lyft) to scale up and respond quickly.

Did you define your project(s) based on clearly identified transportation needs of clients/customers, or did you develop or prioritize this project in response to a funding opportunity? (Or some combination?)

The service was developed primarily in response to health needs of the aging population and the health crisis caused by the Flint water contamination problem.

What outcomes did you initially envision relative to meeting the needs identified?
- o What expectations did you have for the project?

How long did it take you to get from initial planning through start-up (implementation)? What were your basic milestones to ensure that the project was implemented? For example, did it take six months of collaboration, outreach and planning; four months of grant writing, etc.? How did you market your program?

Even after the State's DHHS reached out to MTA in 2015, service began slowly-on purpose-in September 2016. By December 2016, a local technology company was working to develop software for the program. At that time, in addition to approximately 1,000 same-day dialysis trips, MTA was providing another 1,000 trips per month, including those related to the water crisis. The state paid $15.00 per trip.

Marketing of the program was primarily word-of-mouth. Service agencies noticed the branded vehicles and reached out to MTA. The service is not open to the general public. However, people saw the Rides to Wellness logo on the cars out in the community, so that attracted many users. If an individual from the general public called and wanted a ride, MTA would supply it if they were willing to pay.

Project or Program Funding, Partnering and Collaboration

What is the total start-up budget, as well as your ongoing operating budget amount for the project?

The initial program startup (for dialysis riders) was funded by the revenues from higher fares that covered actual costs. Subsequently, MTA received a $310,000 grant from FTA's Rides to Wellness Grant Program in 2016. (This program is now known as the Transit & Health Access Initiative). That allowed MTA to hire staff (mobility navigators) and purchase 10 vehicles and develop the required new software.

This program is being run by Flint MTA in its role as a transit provider, and MTA has 160 drivers now operating that service. Those drivers serve both Vets to Wellness and Rides to Wellness.

What are your primary sources of funding? If you used grants for start-up phases, what is your financial plan for sustaining operations in the longer term?

On the operating cost side, DHHS did not balk at MTA's assessment of a $14.98 per trip cost (compared to the ADA fare of $3.50) because they recognized the need for extra door-to-door assistance, and they already had to pay private medi-vans $40-$50 for trips when ADA paratransit was insufficient.

MTA recoups operating costs through partnership agreements, so no grants are required for that purpose, making the program sustainable.

On the capital side—vehicles and so on—MTA uses its regular transportation funding, such as FTA's Transit & Health Access initiative, federal Section 5307 (Urbanized Area Formula Grants)

and Section 5339 (Grants for Bus and Bus Facilities) funding. These regular streams of money are used for rolling stock and were used to purchase a building because the program grew so fast. In 2019, MTA used approximately 80 vehicles for the Rides to Wellness program.

Rolling stock is primarily sedans, with some ramp-equipped mini-vans for wheelchairs and other mobility devices.

Partnering: Did your agency/organization partner with others on this project? If so, please identify your partners. (Agency or entity name, type of agency/organization and their primary role(s) on the project)

- <u>If you have partners</u>, did they contribute funding, equipment, facilities or other in-kind services? If you have a shared funding arrangement, how much is contributed? If in-kind only, what is the nature of the contribution? (staff time, equipment, etc.)

- If you have financially contributing partners, how did you encourage them to contribute?

- How do you and your partners communicate and keep up to date?

- How do you conduct your accounting procedures (billing, reporting) for cost sharing? (if applicable)

Partner agencies include the Genesee County Health and Human Services Department (DHHS), the American Cancer Society, the Michigan Department of Health and Human Services, the Genesee County Department of Veterans Services, and the Genesee Health Plan.

In 2018, the community's large hospital system (the McClaren Healthcare System) sought MTA's help. This occurred after they had observed MTA's successful operation of the service over a period of time, which gave them confidence in the transit agency. Recently, they paid $15.00 each for approximately 400 trips in one month.

MTA is adding new partners all the time, focusing on potential partners who realize that patient transportation is a barrier to care. As of 2019, MTA had 13 agency partners. Not all wish to be listed on the MTA website.

Project or Program Benefits and Performance Measures

How do you measure the success of the project relative to specific, defined and quantified benefits? Is the Program meeting established performance goals?

Flint MTA was a recipient of the ICAN Challenge, a federal grant that has been called several different names over the years, but they are having the agency develop performance measures. Internally, MTA already tracks on-time performance and number of trips provided, the number of trips per driver hour, vehicle hours operated, and they also give every customer a pre-paid post card at the end of their ride with six questions on it. The questions are about how the trip was, how the driver was, whether the trip was on time, and so on. FTA receives approximately 50 post cards a month, so they've tracked customer satisfaction from that. The responses are very positive – averaging about 23 points out of a possible 24 points.

By mid-2019, the program was providing over 11,000 trips per month, more than double the monthly trips seen in 2017.

Challenges and Advice

What challenges did you encounter (if any) and how did you overcome them? (For example, political approvals required, lack of champion, funding, or agency internal issues.)

One challenge is the huge amount of phone traffic that must be managed. MTA has seven coordinators now taking around 15,000 calls per month, so callers can get stuck in a call queue. In order to overcome that problem, they developed an app, but they are not "forcing" people to use the app. They try to encourage users to switch to it, to try it, and be "part of the team" that is moving to an app. However, many users don't have an interest in trying that. This isn't simply an issue of age, though that is a factor. Many people are more comfortable talking with a person who can explain the process, when the ride is going to arrive, and so on.

MTA may eventually need to hire someone whose job is dedicated to switching people to an app – perhaps offering two free rides per month if they make the switch. For example, a Health and Human Services (HHS) client might be limited to four trips per month. MTA could absorb the cost of two additional trips if the client would switch to app-based trips, at least for an initial test group.

MTA's drivers also must become accustomed to a different dispatching system. The program software is automated, so it's constantly updating. This is different from traditional paratransit software where they create a schedule at the beginning of the day, and the driver gets that manifest, and that's their trips for that day, other than perhaps an add-on or two. Under the Rides to Wellness model, drivers have to respond more like TNC drivers. The next ride just pops up on their tablet, and they respond to that ride. The software is constantly determining which person is best suited for that trip. It's a change for the drivers, who are union workers within the transit agency.

OCTA 2020 HUMAN SERVICES TRANSPORTATION-COORDINATED PLAN UPDATE
PEER REVIEW AND EVALUATION
INTERVIEW

Name of Agency/Organization: Hitch Health (Hitchhealth.co)
(Minneapolis)
Agency/Organization Contact/Title   Sara Russick, Chief Executive Officer
Project/Program   Hitch Health
Project Operations Began: 2017
Date Interview Completed:

Program Description:[1]

In 2014, the Transportation Research Board determined that transportation barriers cause 3.6 million people to miss medical appointments. No-shows result in $150 billion of lost revenue for hospitals and clinics, as well as significant effects on patients, including declining health, emergency room visits, and hospital admissions.

After doing their own research, Hitch Health leaders discovered that transportation posed a significant hurdle for elderly or low-income patients in Minneapolis. Hennepin Healthcare's internal medicine clinic had a 31% no- show rate for medical appointments, costing the clinic an average of $100 per missed visit.

To address the healthcare transportation problem, Hitch Health developed proprietary technology that integrates with electronic healthcare records (EHRs). The software identifies patients who may face transportation obstacles and proactively sends SMS texts to offer them free, convenient rides to and from medical appointments.

The software is agnostic as to the kind of health record and the transit provider. For the user, it avoids a call center "hold" queue that wastes valuable phone minutes, and it avoids the need for an app or a data plan.

"The Hitch Health solution is fully automated and seamless for the patient and the clinic. There are no phone calls to make or passes to keep track of, making it simple to understand and easy to use." (Susan Jepson, Business Wire)

To bring the solution to fruition, Hitch Health needed a transportation partner, and they chose Lyft. After piloting the Hitch Health-Lyft partnership for one year, Hennepin Healthcare's internal medicine clinic showed a 27% reduction in the clinic's no-show rate. Hitch Health has expanded this model to other locations across the country.

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1 Source: https://www.lyftbusiness.com/customer-stories/hitch-health

Project or Program Creation – Agency Purpose and Demonstrated Transportation Needs

What were the agency's/organization's objectives in implementing this project? What transportation need(s) and target population(s) is your agency/organization trying to address though implementation of this project/program?

Hitch Health was formed in 2017, with an overall mission to promote health equity for all. The solution developed by the founders (Chip Truwit, MD, FACR and Susan Jepson, MPH, BSN) arose from the realization that too many patients were missing health-care appointments due to transportation barriers that impeded access. Without reliable ways to get to their health appointments, missed appointments were impacting public health as well as costs of care.

The target population was this group of patients who were cancelling appointments due to transportation issues. The objective was to provide those needed rides by connecting existing rideshare and transportation network companies (TNCs) and taxi services with any appointment system used by a health-care provider.

Did you define your project(s) based on clearly identified transportation needs of clients/customers, or did you develop or prioritize this project in response to a funding opportunity? (Or some combination?)

The program was need-driven. Once the need for transportation was clearly established, they listened carefully as patients explained that didn't want a solution that required them to call a "call center" that used their valuable phone minutes while they were placed on hold. Many also didn't want mobile apps because they could not afford the required data plans to support them.

Hitch Health took a human-centered design approach to creating technology (their App and the back-office infrastructure) that links a patient who needs a ride, with an actual ride.

Their solution was a streamlined process, made possible through our integrative software, and illustrated in the following graphic from their website.

Figure 3: Hitch Health's Innovative Software Product Integrates Appointment Systems with Ride Services

Source: hitchhealth.co

What outcomes did you initially envision relative to meeting the needs identified?
- o   What expectations did you have for the project?

Initially, a drop in no-shows and the concomitant increase in completed trips were primary goals, accompanied with avoided loss of revenue from clinics where the no-show rate is reduced.

In practice, there have been significant related return-on-investment (ROI) implications for public health outcomes, and utilization of hospital and clinic resources. Across the country where they have deployed this system, in partnership with local healthcare providers and rideshare/TNC or taxi services, they consistently see a decrease in no-show rates and fraud and abuse, as well as increases in patient satisfaction and provider profit. Reduced rates of hospitalization or emergency room visits

are also associated with increased access to healthcare. Missed appointments for specialty care are particularly costly to our public health system, so reducing those no-shows has a high benefit-to-cost ratio.

How long did it take you to get from initial planning through start-up (implementation)? What were your basic milestones to ensure that the project was implemented? For example, did it take six months of collaboration, outreach and planning; four months of grant writing, etc.? How did you market your program?

They started off with a six-month pilot project in Hennepin County (Minneapolis area) in Minnesota. Preceding the pilot launch, we spent several months talking to healthcare providers and software developers to create a system that would be free to patients, and provide value to both the healthcare and transportation providers.

Marketing is not actually needed, as the healthcare providers themselves push out the SMS messages to their own patients. Marketing to healthcare providers is occurring through word-of-mouth.

Project or Program Funding, Partnering and Collaboration

What is the total start-up budget, as well as your ongoing operating budget amount for the project?

The Hennepin County Medical Center (HCMC) innovation innovator received a $2.5 million grant from United Health Care Foundation which launched Hitch Health as a six-month pilot project under the umbrella of Upstream Health Innovations (created by Hennepin Healthcare, which runs the innovation incubator HCMC). The initial grant expired in April 2018.

During the six-month pilot period, more than 4,000 patients used the service, and gave it a 9.7 out of 10 points cumulative customer rating.

What are your primary sources of funding? If you used grants for start-up phases, what is your financial plan for sustaining operations in the longer term?

After the United Health Care Foundation grant expired, the operations became sustainable as costs were covered by healthcare providers themselves, who have health and financial incentives to subsidize patient transportation, because the cost of a no-show is significantly higher than the cost of patient transportation. This model has been scaled up and is easily replicable to other locations.

Partnering: Did your agency/organization partner with others on this project? If so, please identify your partners. (Agency or entity name, type of agency/organization and their primary role(s) on the project)

- If you have partners, did they contribute funding, equipment, facilities or other in-kind services? If you have a shared funding arrangement, how much is contributed? If in-kind only, what is the nature of the contribution? (staff time, equipment, etc.)

- If you have financially contributing partners, how did you encourage them to contribute?

- How do you and your partners communicate and keep up to date?

- How do you conduct your accounting procedures (billing, reporting) for cost sharing? (if applicable)

As a startup, they launched with a nationwide partnership with Lyft to provide rides to patients. They chose Lyft because of its focus on customer service and commitment to provide "safe, friendly" rides. Additionally, Lyft's national footprint makes the Hitch Health model easily scalable across the nation.

Hitch Health partners with hospitals and clinics anywhere in the country, who currently experience up to 30% missed appointments across the country. Each partnership is unique, but is based on underlying economics that make it worthwhile for the healthcare providers to pay to help their patients overcome transportation barriers to healthcare access.

They have operations in several cities, with a growing number of healthcare partners and transportation provider partners. They have maintained a national partnership with Lyft, which has proven mutually satisfactory.

Billing is accomplished easily through the back-office software included in the integrated package Hitch Health developed.

They maintain tabs on performance and customer needs through a variety of means, including patient satisfaction ratings for each ride, and a series of informatics embedded in the software - other reporting and monitoring procedures.

Project or Program Benefits and Performance Measures

How do you measure the success of the project relative to specific, defined and quantified benefits? Is the Program meeting established performance goals?

Hitch Health tracks trip and healthcare metrics. The first is to keep track of service and ensure that the patient (rider) experience is streamlined and satisfactory. Hitch Health is proud of the reduction of lost revenue made possible by their software, and feature a return-on-investment (ROI) calculator on their website.

Challenges and Advice

What challenges did you encounter (if any) and how did you overcome them? (For example, political approvals required, lack of champion, funding, or agency internal issues.)
No response.

What things did you do well? What could you have done better?

No response.

OCTA 2020 HUMAN SERVICES TRANSPORTATION-COORDINATED PLAN UPDATE
PEER REVIEW AND EVALUATION
INTERVIEW

Name of Agency/Organization:	Los Angeles County Metropolitan Transportation Authority (Metro)
Agency/Organization Contact/Title	Joshua Schank, Chief Innovation Officer
	Emma Huang, Principal Transportation Planner
	Marie Sullivan, Transportation Planning Manager/Innovation Fellow with Office of Extraordinary Innovation
Project/Program	Metro Partnership with Via
Project Operations Began:	January 28, 2019
Date Interview Completed:	March 13, 2020

Project or Program Creation – Agency Purpose and Demonstrated Transportation Needs

What were the agency's/organization's objectives in implementing this project? What transportation need(s) and target population(s) is your agency/organization trying to address though implementation of this project/program?

Metro's partnership with Via is intended to extend the benefits of on-demand services to a wider group of users, including those with lower incomes and/or mobility limitations, and those without full banking services or smartphones. Increasing affordability, accessibility, range of mobility options and transit ridership for Metro's transit network are the related underlying goals.

Did you define your project(s) based on clearly identified transportation needs of clients/customers, or did you develop or prioritize this project in response to a funding opportunity? (Or some combination?)

LA Metro responded to the FTA call for projects for Mobility on Demand (MOD) and their Office of Extraordinary Innovation research team submitted a grant application that indicated they wanted to work with a private mobility provider to serve disadvantaged customers who couldn't use typical mobility services. They chose that particular kind of partnership for the MOD pilot because it combined innovation with social equity goals in the context of known customer and potential customer needs. Metro staff had observed that the potential of on-demand TNCs was being eclipsed by negative externalities, including the high costs of such service as it was being deployed.

What outcomes did you initially envision relative to meeting the needs identified?
  o **What expectations did you have for the project?**

Original goals focused on testing the viability of using mobility-on-demand technology and a partnership with TNCs to connect current and new customers to Metro's transit system, while making it more accessible and affordable. Additionally, the program extends the reach of

Metro's fixed route transit. Project goals for the pilot within the LA region are summarized in **Figure 2.**

Figure 4: Metro Partnership with Via - Measuring Success

Project Goals	Key Performance Indicator	Targets
1. Improve mobility by increasing ridership for the Agency through pilot service	Number of trips per week	1000 trips/week
2. Provide a reliable, high quality FLM customer experience	Average wait time	10 minutes or less
	Average ride feedback rating	Average ride rating of 4.5
	Percent demand met	80%
3. Increase vehicle utilization of FLM vehicles by aggregating multiple riders into single vehicles when possible	Average riders per driver per hour	2.5 rides per driver hour
4. Ensure access for disadvantaged populations through LEP enabled call center and affordability of service	Percent demand met; average wait times	80%; 10 minutes or less
	Percent demand met; average wait times	80%; 10 minutes or less
5. Ensure cost efficiency to the Agency and the Contractor	Utilization (Average rides per driver hour)	2.5 rides per driver hour

Source: Metro Board Report, Mobility on Demand Pilot Project Award Contract, October 18, 2018

How long did it take you to get from initial planning through start-up (implementation)? What were your basic milestones to ensure that the project was implemented? For example, did it take six months of collaboration, outreach and planning; four months of grant writing, etc.? How did you market your program?

The FTA Notice of Funding Opportunity (NOFO) in spring 2016. Metro submitted their application in July, and the grant was awarded at end of 2016. Then we had to execute contracts, including the three universities that were involved (University of California at Los Angeles, University of Washington, and University of Oregon), the TNC (which was originally Lyft) and with Metro's partner agencies.

The first 12-month pilot period begin on January 28, 2019, following several months of procurement of a second TNC (i.e., Via/NoMad).

In the contract between Metro and Via, Via was assigned significant responsibility to assist in communication and marketing efforts to make potential patrons aware of the new service, and to familiarize them with how to use the service, as well as how to provide feedback to Metro on the quality of the service. Metro's Community Relations team provided guidance on specific organizations, employers, points of interest and public institutions within each of the three station catchment areas. Via targeted potential customers and provided education on how to use the service for a seamless experience.

Project or Program Funding, Partnering and Collaboration

What is the total start-up budget, as well as your ongoing operating budget amount for the project?

Metro spent $1,939,448 million in the first year of service, which was approximately $566,962 less than the $2,500,000 budgeted.

A contract extension of 12 months, with expanded hours and days of service has been approved by Metro's Board. The Metro project team requested $4.92 million for year two, including the first-year remaining balance recommended to be applied to the first six months of the second contract year.

What are your primary sources of funding? If you used grants for start-up phases, what is your financial plan for sustaining operations in the longer term?

In October 2016, Metro was awarded $1,350,000 from the FTA to partner with a TNC to provide first and last mile solutions. This amount included $350,000 as a pass-through to King County Metro, and another $400,000 to the Eno Center to lead the research. LA Metro used $130,500 for internal costs of the project, including administration, signage and striping, and $469,500 for Metro's contractual costs with Via. The remaining $1,750,260 of the first-year budgeted cost was Metro's net local match. That was funded through Proposition A, C and TDA administrative funds.

Subsidy per ride in January 2020 had dropped to $10.30 per ride from $13 per ride in the third quarter. Metro's staff notes that infrequent bus routes can cost up to $21 per ride, and provide service once per hour. Access Services trips carry a $39 per ride subsidy, and require a booking at least one day in advance.

Fares were initially set at a flat base fare of $1.75 for users that provide a Metro TAP card number during account registration. Those who do not provide a TAP number pay $3.75. Those with LIFE accounts (Low Income Fare is Easy) may use the service at no charge.

Partnering: Did your agency/organization partner with others on this project? If so, please identify your partners. (Agency or entity name, type of agency/organization and their primary role(s) on the project)

- If you have partners, did they contribute funding, equipment, facilities, or other in-kind services? If you have a shared funding arrangement, how much is contributed? If in-kind only, what is the nature of the contribution? (staff time, equipment, etc.)

- If you have financially contributing partners, how did you encourage them to contribute?

- How do you and your partners communicate and keep up to date?

- How do you conduct your accounting procedures (billing, reporting) for cost sharing? (if applicable)

The original application to FTA (July 2016) was submitted in collaboration with King County Metro and Sound Transit (who are conducting an analogous pilot), as well as other named partners including Foothill Transit, Access Services, the City of Los Angeles and UCLA (for the Los Angeles region).

As mentioned above, Metro's original TNC partner on the grant was Lyft. Metro and Lyft worked together for approximately the first year, to try to come to an agreement on all project issues, in order to move forward. A particularly sticky issue related to data sharing, and another was how the project would provide wheelchair-accessible vehicles. In theory, Lyft was eager to partner with Metro, but in practice, it was difficult to come to a mutually acceptable agreement. They went through a modified request for proposal (RFP) process – not an official procurement, but a notice to interested parties that Metro was ending its association with Lyft and looking for a new partner. Among the applications received, VIA's rose to the top as the best potential partner. A contract between Metro and NoMad Transit, LLC, a wholly owned subsidiary of Via Transportation, Inc. (Via) was executed to allow the pilot to begin on January 28, 2019.

Via's role was to manage service planning and deployment with oversight and coordination from Metro's Project Manager. Decisions on parameters that affect budget are decided jointly. Via is also responsible for subcontracting with local operators of vehicles, to ensure properly trained drivers and a vehicle fleet that accommodates wheelchairs, scooters and walkers. Back-end technology system set up was also the responsibility of Via.

Via was entitled to collect and retain all fare revenue generated by the service, and as part of the Pilot, Via agreed to share in a portion of the financial risks by crediting Metro with an amount equivalent to maintaining three riders per driver hour. This $285,650 "stake in the game" was intended to incentivize Via to work toward ridership goals.

The pilot project was also developed and performed in coordination with several research partners, led by the Eno Center for Transportation and supported by UCLA, University of Oregon, and University of Washington. The research team developed a research scope and methodology, and is tasked to work with FTA and its Independent Evaluation Team to administer a digital customer survey. University of Washington can obtain data from the Via trips as well as Sound Transit's One Regional Card for All (ORCA) and is doing analysis. Researchers from UCLA and the University of Oregon are analyzing the LA Metro Pilot.

Partners communicate through team meetings, email and telephone calls as needed. Accounting is handled through the Via app back office software.

Project or Program Benefits and Performance Measures

How do you measure the success of the project relative to specific, defined and quantified benefits? Is the Program meeting established performance goals?

At the end of the original 12-month pilot period, Metro has recorded the following key performance measures, with targets noted in parentheses. Note that the performance trajectory

is decidedly upward, with nearly half the total rides being taken in the fourth quarter of the pilot project year.

Total rides:	80,000+
Weekly rides:	3,000+ (1,000 targeted)
Call Center rides:	1000+
WAV rides:	800+
Average trip distance:	2.5 miles
Total cost:	$2M ($2.5M budgeted)
Average wait time:	9.5 minutes (10 minutes targeted)
Average customer rating:	4.9 stars (4.5 stars targeted)
Riders per driver hour:	2.5 (2.5 targeted)

Although Metro always endeavors to provide cost-effective service, this service did not prioritize being "price competitive" with fixed route service, but rather on providing the accessibility to the targeted user groups. However, in order to use resources efficiently, and to serve as many customers as possible and enhance the sustainability of the service, Metro staff intends to examine whether the 12-month extension will further decrease the subsidy per ride, and increase the number of riders per driver hour. The Seattle area has performed better in those areas, and that may be due in part to longer service hours and more robust outreach efforts (this may also be due to shorter average rides over which Metro has little control). Metro's research partners will thus track and analyze trends for the extension period, and test that hypothesis.

Also important, the first year of the pilot suggests that 9% of the MOD users are new to transit, and that another 46% of MOD users previously drove a private car to the Metro station. In other cases, the MOD ride substitutes for a longer bus ride (33%) or a walk/bike trip (12%) that may not have been experienced as safe as the Via vehicle.

Challenges and Advice

What challenges did you encounter (if any) and how did you overcome them? (For example, political approvals required, lack of champion, funding, or agency internal issues.)

The first challenge was a critical Street Blog piece, written just six months into the pilot and which included mistaken assumptions, and a poorly thought out headline. Someone with an agenda, who didn't ask to verify the data, published what could be called irresponsible journalism – unreasonably claiming the failure of a pilot project after only six months. Metro staff responded to each of the claims and characterizations made by the Street Blog piece. [2]

A second challenge was when Metro tried to build support for a second year of the pilot. There was a public on-demand microtransit – Metro's version of on-demand service, complementary to Metro's transit network, but not exclusively first mile/last mile. There was concern about having two conflicting service types.

A related challenge was the difficulty in explaining the MOD vs microtransit service concept. They are both on-demand-enabled transportation service and being a place where Metro is

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[2] https://la.streetsblog.org/2019/10/09/six-months-in-metro-via-mobility-on-demand-pilot-is-an-expensive-flop/

trying to step in and provide more diverse access than the TNCs along with TNC-type benefits. Microtransit is starting to institutionalize some of these concerns by bringing it in house. Keeping Via allows for experimentation with the MOD project.

The Microtransit project dwarfed the MOD pilot in comparison and it coincided with a simultaneous Next Gen service realignment that was making transfers easier. Metro's MOD team had to face a question on how hard to push their first mile/last mile project. Ultimately, they thought it sufficiently important to work to overcome internal challenges. This was because the other microtransit project was not focused on delivering disadvantaged customers to Metro stations. It might accomplish that to some degree, but that's not the goal, so the need for the MOD service remained.

Metro noted that though they tried to trim the budget for the 12-month extension contract by cutting North Hollywood from the stations served, there were sufficient objections (because people liked the service!) that the Metro Board retained service to all three stations.

Metro's innovation team now wants to expand the model so it's not just one mode, making it more comprehensive for this group. Metro is required by law to put this out to bid past January 28, 2021. That's an opportunity to include bikes, scooters, carpools on one app, and to link it into the opportunities associated with Next Gen bus service changes that will take place in December 2020. To the extent that the ongoing MOD services require first mile/last mile, they will augment the improved core services of Next Gen, and work in a complementary fashion.

Metrolink has learned that this sort of project rollout does require a lot of marketing, especially for the vulnerable populations affected, who need high-touch from-the-ground marketing. Via had to grow into this. They now have more interest in high-touch marketing, including leveraging community relationships, technology trainings, and more robust reaching out to seniors.

What things did you do well? What could you have done better?

Well done:

Focusing on Public Sector Strengths: Unlike other partnerships of this sort, Metro focused on trying to provide a service that would demonstrate real value for its customers. Many of these types of projects end up providing service for high-income people. Metro successfully focused on doing what the public sector does well – not what the private sector can do.

Granular, Trip-Based Data Sharing: Additionally, Metro was able to develop a very strong data sharing agreement—that is, a very granular level of data (not in real time, just historic, but trip-based and robust) that previous agreements with TNCs were unable to achieve.

Could have done better:

Marketing: They could have done better at internal and external marketing. Internally, though the service itself is strong, and Via doing a good job, the Metro team could have done better at the internal marketing needed within the agency to help people understand the importance of the pilot and how much the customers like the service.

Metro recognized how critical external marketing was as well, and they suspect they might have achieved higher ridership had they not delegated so much of the marketing responsibility to VIA. Via called themselves a transportation company, but they didn't know the landscape or the

stakeholders in Los Angeles. They were only interested in a direct ride. Metro is now taking more responsibility for marketing as the next phases begin.

Branding: Initially, Metro viewed the partnership with Via as an arm's length contract. They didn't name the service; it was always referred to as Metro's partnership with Via. Via didn't want to put the Metro decal on Via contract vehicles, because it was Via's app. So there was a disconnect and lost opportunity on the branding side of things.

Lyft: Metro was too slow to leave the partnership with Lyft, though this was more obvious in retrospect. The Metro/Via partnership progressed faster and was smoother, as the VIA business model was more in alignment with the goals of the pilot project.

PEER REVIEW INTRODUCTORY LETTER

To: [Specify Candidate Agency/Organization]:

Hello, my name is D. Redman, and I am contacting you on behalf of the Orange County Transportation Authority (OCTA) in Orange County, California. OCTA is the regional transit operator and the Regional Transportation Planning Agency (RTPA) serving Orange County, California. JNTC is assisting OCTA in preparation of its 2020 Human Services Transportation Coordination Plan update. The update is intended to provide updated guidance in the development and funding of cost-effective coordinated transportation strategies, programs and projects between OCTA and human services agencies and organizations throughout Orange County.

As an important element of the study, OCTA will be conducting a peer review and evaluation that examines mobility management efforts operating in California and elsewhere in the country. OCTA has identified a small, select number of candidate agencies/organizations that have developed high profile, successful and innovative mobility management programs and projects, such as yours, to review best practices and approaches in the development of coordinated transportation programs/projects for the target populations (seniors, persons with disabilities, low income individuals and veterans.)

10-Question Telephone Interview: We respectfully request your participation in a telephone interview designed to obtain your responses to questions specific to your project(s)/program(s). OCTA is particularly interested in the following project(s)/program(s) that we understand has been implemented by your agency/organization:

- [insert project(s) title and description]

The telephone interview questionnaire is attached for your information. The interview was designed to be completed in 30 minutes or less, and we anticipate conducting the interviews by telephone in an effort to obtain the most complete information about your agency's/organization's project(s). However, should scheduling not permit interviewing by telephone, the interview guide can be completed and returned by a representative of your agency/organization. This method may be accompanied by a brief telephone follow-up as necessary with a member of the consulting team. Your input to this study is valuable and we hope that you will share your experiences with OCTA. Our plan is to complete the interview process by March X, 2020.

As a member of the JNTC consultant team, I will be working with you to conduct the interview. We request that you take a few moments to respond at your earliest convenience to advise us of your decision to participate, or not, and to schedule an interview. If you are not the appropriate recipient of this information, please tell us who in your agency/organization should receive this information.

If you have questions or need additional information about the study or the interview process, please do not hesitate to contact me by telephone at (503) 753-8877 or via email. I will follow-up with you immediately to schedule an interview time that works best for you. On behalf of Orange County Transportation Authority, we thank you in advance for your participation.

PEER REVIEW INTERVIEW QUESTIONNAIRE

Thank you for participating in this peer review effort. Please provide your responses to questions, as applicable, based on the details of your project(s) or program(s). The interview guide is designed to be completed by telephone, or your agency/organization can complete the interview guide and return to: Deborah Redman: debredmanconsulting@gmail.com. Please contact Ms. Redman to schedule a convenient time to be interviewed, or if you have any questions: at (503) 753-8877.

Name of Agency/Organization: [WE FILL IN]

Agency/Organization Contact/Title [WE FILL IN]

Project/Program [WE FILL IN]

Project Operations Began: [Date]

Date Interview Completed: [Date'

Project or Program Creation – Agency Purpose and Demonstrated Transportation Needs

1. What were the agency's/organization's objectives in implementing this project? What transportation need(s) and target population(s) is your agency/organization trying to address though implementation of this project/program?

2. Did you define your project(s) based on clearly identified transportation needs of clients/customers, or did you develop or prioritize this project in response to a funding opportunity? (Or some combination?)

3. What outcomes did you initially envision relative to meeting the needs identified?

o What expectations did you have for the project?

4. How long did it take you to get from initial planning through start-up (implementation)? What were your basic milestones to ensure that the project was implemented? For example, did it take six months of collaboration, outreach and planning; four months of grant writing, etc.? How did you market your program?

Project or Program Funding, Partnering and Collaboration

5. What is the total start-up budget, as well as your ongoing operating budget amount for the project?

6. What are your primary sources of funding? If you used grants for start-up phases, what is your financial plan for sustaining operations in the longer term?

7. **Partnering:** Did your agency/organization partner with others on this project? If so, please identify your partners. (Agency or entity name, type of agency/organization and their primary role(s) on the project)

- <u>If you have partners</u>, did they contribute funding, equipment, facilities or other in-kind services? If you have a shared funding arrangement, how much is contributed? If in-kind only, what is the nature of the contribution? (staff time, equipment, etc.)

- If you have financially contributing partners, how did you encourage them to contribute?

- How do you and your partners communicate and keep up to date?

- How do you conduct your accounting procedures (billing, reporting) for cost sharing? (if applicable)

- <u>If you have no partners</u>, please discuss your reasons for not pursuing or consolidating partnerships. (For example, did you experience lack of support within your organization, poor timing, lack of funding, inability to work out operational issues, or uncertainty about who to speak to or how to engage potential partners?)

<u>Project or Program Benefits and Performance Measures</u>

8. How do you measure the success of the project relative to specific, defined and quantified benefits? Is the Program meeting established performance goals?

<u>Challenges and Advice</u>

9. What challenges did you encounter (if any) and how did you overcome them? (For example, political approvals required, lack of champion, funding, or agency internal issues.)

10. What things did you do well? What could you have done better?

OCTA STAKEHOLDERS CONTACTED BY TELEPHONE

211 Orange County
Acacia Adult Day Services
Adult Day Center
Adult Day Coalition
Age Well Senior Services
Aids Foundation of Orange County
Alamitos West Health and Rehabilitation Center
Alzheimer's Orange County
Anaheim Senior Day Center
Asian Senior Center
Avalon Assisted Living - Newport Beach
Braille Institute
City of Aliso Viejo
City of Anaheim
City of Brea
City of Buena Park
City of Costa Mesa
City of Dana Point
City of Fountain Valley
City of Garden Grove
City of Huntington Beach
City of Irvine
City of La Habra
City of Laguna Hills
City of Laguna Niguel
City of Mission Viejo
City of Newport Beach
City of Orange
City of Placenta
City of Rancho Margarita
City of San Clemente
City of San Juan Capistrano
City of Santa Ana
City of Seal Beach
City of Stanton
City of Tustin
City of Villa Park
City of Westminster
City of Yorba Linda

OCTA STAKEHOLDERS CONTACTED BY TELEPHONE

City of Yorba Linda
City of Laguna Woods
College Hospital Partial Program
Community Living Opportunities (Clo) -Via Larga Lane
Community Living Opportunities (Clo/Inc.) Sea Bright Dr-Opt
Community Senior Services
Corazon
Cornerstone
Costa Mesa Community Services
Costa Mesa Senior Center
Council on Aging Southern California
County of Orange Healthcare Agency
County of Orange Office on Aging
Dayle McIntosh Center ILC
Easter Seals Southern California
Florence Sylvester Senior Center
Fountain Valley Senior Center
Goodwill Industries of Orange County
Jewish Federation and Family Services
Los Amigos of Orange County
Mobility Management Partners
Norman Murray Senior Center
Orange County United Way
Pillars Recovery
Project Hope Garden Grove
Radiant Health
Regional Center
Resurgence Health
Road to Recovery - American Cancer Society
Simple Treatment
Sober Spot
Southland Integrated Services
Surf City Recovery
Veterans of Foreign Wars