Assessment of 5310 Program Utilization and Development of Strategies to Optimize Mobility Services for Seniors and Persons with Disabilities
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16. Abstract

The Federal Section 5310 grant program supports organizations that provide transportation services to seniors and persons living with disabilities. The optimization of the services can improve the lives of the intended recipients of the 5310 grant program by increasing services and improving service quality and efficiency. This report highlights the demographic conditions and transportation of Florida Department of Transportation (FDOT) District One to illustrate the demand for services, opportunities for targeting markets, and the broad level of transit services available to seniors and persons with disabilities. The report presents a long inventory of best practices and distills the national review of innovative solutions into recommended best practices for a variety of solutions. The final recommendations intend to support grant administrators seeking to improve the lives of seniors and persons living with disabilities by encouraging the adoption of the highlighted best practices. The recommendations address changes to the application process and the grant evaluation process.

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Executive Summary

Rising demand for specialized transportation services for seniors and persons with disabilities, coupled with increasing costs of providing Americans with Disabilities Act (ADA) service, present challenges for transportation providers. The Federal Transit Administration (FTA) Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities, referred to in this report as Section 5310 or 5310, is a federal formula grant program that was designed to reduce barriers to providing these specialized transportation services by offering flexible funding to support capital or operational expenses.

Historically, the 5310 program was designed to allocate funding to states and other designated recipients to assist private nonprofit operators with providing transportation solutions for seniors and persons with disabilities, particularly in areas where transportation options were limited, unavailable, or incommensurate with the special mobility needs of these populations. Traditional eligible projects include capital purchases, including vehicles (buses and vans), equipment (wheelchair lifts, ramps, and securement devices), transit-related technology such as routing or scheduling systems, security equipment, fare collection systems, mobility management programs, and procurement of leased or contracted transportation services. A recipient of Section 5310 funds may choose to allocate a percentage greater than 55 percent to capital purchases—all the way up to 100 percent of funds. Eligible subrecipients under Section 5310 include local government authorities, private nonprofit organizations such as senior service agencies, developmental disabilities agencies, social or community service providers, healthcare providers, and public transportation operators that provide an array of mobility and transportation services.

Under the Fixing America's Surface Transportation (FAST) Act of 2015, programmatic changes were made that authorized grant funding to be used for financing innovative approaches that could improve coordination of specialized transportation services, such as new mobility management models, One-Call and One-Click Centers, and innovative service delivery solutions and partnerships. In addition, as a result of the Moving Ahead for Progress in the 21st Century Act (MAP-21) enactment in 2012, the 5310 programs was expanded to include nontraditional eligible activities. These nontraditional activities, which the remaining 45 percent of funding may be designated towards, include operational costs to provide travel training, volunteer driver programs, construction of accessible infrastructure (for example, curb-cuts, sidewalks, and accessible pedestrian signaling), signage and other way-finding technology applications, operational costs of same day or door-to-door service, transit operation costs, mobility management programs, and purchase of ADA accessible vehicles for taxi, ride-sharing, and van-pooling programs.

As the Section 5310 has expanded funding-eligible activities, some providers have responded to this by expanding their portfolio of service options through innovative mechanisms to address specific mobility problems within their communities. This memo provides an overview of some of these approaches to designing and implementing mobility programs tailored to service older adults and persons with disabilities, including transportation voucher programs, volunteer driver initiatives, demand-response services, and travel and technology training for seniors.

This report is designed to encourage greater adoption of innovative strategies to meet the needs of the designated beneficiaries of the 5310 funds by service providers. The report details many strategies and solutions to provide service effectively and efficiently to the targeted population including the following:

1. Mobility Management
2. Development of Partnerships for Community-Based Mobility Programs
3. Funding Considerations
4. Voucher and Taxi Subsidy Programs
5. Volunteer Driver Programs
6. Demand Response Mobility Services (e.g., TNC).

The report recommends that Florida Department of Transportation (FDOT) and the district offices encourage 5310 providers to embrace similar innovative practices. Strategies include:

1. Increased Communication and Engagement
2. Create Partnerships
3. Update the Grant Application Process
4. Update the Grant Evaluation Process.

This report provides illustrations of innovative practices undertaken by service providers around the country. These solutions improve the quality of life for those in need of transportation services. FDOT's continued efforts are producing significant impact on the communities intended to benefit from the 5310 program. This report and updates to the application and evaluation process may encourage service providers to embrace these solutions.

Table of Contents

List of Figures

List of Tables

List of Abbreviations and Acronyms

Abbreviation	Definition
AARP	American Association of Retired Persons
AHCA	Agency for Health Care Administration
ACL	Administration for Community Living
ACS	American Cancer Society
ADA	Americans with Disabilities Act
ADT	Adult Day Training
AFI	Alliance for Independence
API	Application Programming Interface
APTA	American Public Transportation Association
BEBR	Bureau of Economic and Business Research
CAP	Collier Area Paratransit
CAT	Collier Area Transit
CFRPC	Central Florida Regional Planning Council
COA	Council of Aging
COG	Council of Governments
CTC	Community Transportation Coordinator
CTD	Commission for Transportation Disadvantaged
CTTA	Community Transportation Association of America
DART	DeSoto-Arcadia Regional Transit
DOT	Department of Transportation
DPCSS	Dr. Piper Center for Social Services
FAST	Fixing America's Surface Transportation
FDOT	Florida Department of Transportation
FHWA	Federal Highway Administration
FTA	Federal Transit Administration
GAO	General Accounting Office
GIS	Geographic Information Systems
GPS	Global Positioning System
GRTC	Greater Richmond Transit Company
GTFS	General Transit Feed Specification
IOA	Institute of Aging (San Francisco)
IRS	Internal Revenue Service
KCATA	Kansas City Area Transportation Authority
LAMTD	Lakeland Area Mass Transit District
LEAP	Life Skills, Employment Readiness, Advocacy and Participation Program
LEHD	Longitudinal Employment Household Dynamics
LSD	Life Skills Development
MAP	Moving Ahead for Progress

List of Abbreviations Continued

MCAT	Manatee County Area Transit
MCOTA	Minnesota Council on Transportation Access
MEOC	Mountain Empire Older Citizens “Transit”
MOU	Memorandum of Understanding
MOWP	Meals on Wheels PLUS
MSAA	Mobility Services for All Americans
MTI	Mineta Transportation Institute
NADTC	National Aging and Disability Transportation Center
NAICS	North American Industry Classification System
NCHRP	National Cooperative Highway Research Program
NCST	National Center on Senior Transportation
NCTR	National Center for Transit Research
NEMT	Nonemergency Medical Trips
NVMAP	Northern Virginia Mobility Access Project
NVTC	National Volunteer Transportation Center
OAA	Older Americans Act
P3	Public Private Partnerships
PFR	Partnering For Results
PM	Preventative Maintenance
POP	Program of Projects
PRC	Peace River Center
PTC	Polk Training Center
R2W	Rides to Wellness
RCT	Rural Community Transportation
RFP	Request for Proposal
RTA	Regional Transportation Authority
RTD	Regional Transportation District
SCAT	Sarasota County Area Transit
SLO	San Luis Obispo
SMS	Short Message Service
TCRP	Transit Cooperative Research Program
TDSP	Transportation Disadvantaged Service Plan
TMCC	San Luis Obispo Transportation Management Coordination Center
TNC	Transportation Network Companies
TRB	Transportation Research Board
TRIP	Transportation Resource Improvement Partners
UCPSWFL	United Cerebral Palsy of Southwest Florida, Inc.
USF	University of South Florida
UZA	Urbanized Area

VA	Veterans Affairs
VIP	Vocational, Introduction, and Preparation

Chapter 1 5310 Program Background

With a population of 1.8 million people spread out over 12,000 square miles, the Florida Department of Transportation (FDOT) District One has a low population density of 150 persons per square mile (compared to 378 persons per square mile in the state of Florida).

Providing transportation services to seniors and persons living with disabilities is challenging in dispersed areas. The Federal section 5310 grant program is designed to address the transportation needs of seniors and persons living with disabilities. The grant program is a formula-based funding with separate portions dedicated to rural areas with population under 50,000, small urban areas with populations between 50,000 and 200,000 and urban areas with populations over 200,000. The funds are intended to assist private nonprofit groups meet the needs of the intended beneficiaries of the program. The FDOT manages the program and oversees the distribution of the funds and ensures transportation services comply with Federal and State guidelines. This research assesses recent grant utilization and identifies areas in the District where the greatest gaps in transportation service exist for seniors and individuals with disabilities. The results of this assessment can help identify strategies to optimize the use of grant funding and promote collaboration among grantees and human services organizations to address these gaps.

Each year District One conducts workshops to inform interested agencies about grant funding opportunities and provides instructions on how to apply (66 applications were submitted in 2016). This research will assist existing and potentially new applicants in understanding their needs and designing their grant application proposals appropriately. The methodology and results of this research will be applicable statewide.

The overarching goals of this project include the following:

- Enhance the utilization of 5310 program funding to serve the target markets of seniors and persons with disabilities
- Provide insight into analytical techniques, best practices, and strategic service development opportunities that could improve overall mobility for the target markets.

The Coordinated Transportation System

Projects funded under the 5310 grant program are required to be a part of a coordinated public transit–human services transportation plan. The plan must be developed through a local process that engages “seniors, individuals with disabilities, representatives of public, private and nonprofit transportation and human services providers (Federal Transit Administration, 2019).” These coordinated plans identify the transportation needs of individuals with disabilities, older adults, and people with low incomes, provide strategies for meeting these needs, and prioritize transportation services for funding and implementation. In the state of

Florida, the Commission for the Transportation Disadvantaged (CTD) provides a framework for developing such plans called the Transportation Disadvantaged Service Plan (TDSP).
Each region's TDSP is developed by a community transportation coordinator (CTC), which is designated by the CTD. Programs seeking project funding under the 5310 program must work with the CTC and create a coordination agreement to avoid duplication of services and encourage cooperation and service efficiency.

FTA Section 5310 Program

The Federal Transit Administration's Section 5310 program (49 U.S.C. 5310) provides formula funding to states for the purpose of meeting the transportation needs of older adults and individuals with disabilities when services are unavailable, insufficient, or inappropriate. Funds are apportioned to direct recipients based on each state's share of the total population of seniors and individuals with disabilities.

FTA allocates funds to the State of Florida each year for the Section 5310 program. FDOT has been designated by the governor to administer the program for small urban and rural areas. Most large urbanized areas (UZAs) have also selected FDOT to administer their programs.

Eligibility

FDOT, in turn, distributes the Section 5310 funds to eligible subrecipients of funds who must either be a CTC for their area or have a coordination agreement with the appropriate CTC. Applicants must also have sufficient local funds to provide for match requirements (20% for capital grants and 50% for operating grants). Funds may be awarded to any of the following types of service providers:

- States or localities (political subdivisions of the state) that provide transit service
- Public agency CTCs
- Private nonprofit CTCs
- Private nonprofit organizations providing transportation to seniors and/or persons with disabilities under a coordination agreement with the appropriate CTC(s)
- Private taxi companies that provide shared-ride taxi service to the general public on a regular basis are operators of public transportation, and therefore are eligible subrecipients

Eligible Expenses

This program supports transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas—large urbanized (population over 200,000), small urbanized (population 50,000-200,000), and rural (population under 50,000). Eligible projects include traditional and nontraditional capital and

operating projects for new public transportation services and alternatives beyond those required by the ADA that are designed to assist individuals with disabilities and seniors.

Traditional Section 5310 project examples:

- Buses, vans, or other vehicles (including sedans and station wagons)
- Radios and communications equipment
- Wheelchair lifts and restraints
- Stretcher vehicles (excluding the cost of the stretcher seating and associated equipment)
- Vehicle rehabilitation and/or overhaul
- Data processing hardware/software, other durable goods such as spare vehicle components with a useful life of more than one (1) year and a per unit cost over $300, initial installation costs, vehicle procurement/testing
- Vehicle inspection and vehicle preventative maintenance
- Applicants applying for preventative maintenance costs must have a District-approved Preventative Maintenance (PM) Plan and a cost allocation plan if maintenance activities are performed in-house
- Passenger facilities expenditures related to Section 5310–funded vehicles
- Support facilities expenditures and equipment for Section 5310–funded vehicles

Nontraditional Section 5310 project examples:

- Travel training
- Volunteer driver programs
- Building an accessible path to a bus stop, including curb-cuts, sidewalks, accessible pedestrian signals, or other accessible features
- Improving signage or way-finding technology
- Incremental cost of providing same-day or door-to-door service
- Purchasing vehicles to support new accessible taxi, rides sharing, and/or vanpooling programs
- Mobility management programs

Grant Application Process

Applicants for funding must attend an annual grant workshop, which takes place in the fall, and submit their applications by the deadline set by the FDOT district they are applying for (late December/January). FDOT is responsible for reviewing the applications and evaluating them

using a ranking system. A committee meets to discuss the rankings and establish a Program of Projects (POPs) that outlines the funding that each agency will receive.

The grant application evaluation criteria are based on merit and need. The criteria are further divided into the following main categories:

- **Service efficiency and effectiveness:** Applicants who provide transportation for more hours and with vehicles with higher passengers per hour will be ranked higher.

- **Extent to which seniors and individuals with disabilities are served:** Applicants who provide the most trips for their elderly and disabled (E&D) population as a percentage of total trips will rank higher; applicants who maximize transportation benefits to best serve the E&D population in their community will rank higher.

- **Need:** Applicants who demonstrate they serve, or propose to serve, the largest number of eligible passengers and have the most urgent financial needs will rank higher.

- **Fiscal and managerial capability and prior performance:** Applicants with good fiscal capability demonstrated by the overall quality of their application, by prior audits, and previous timeliness and accuracy of required reports will rank higher; applicants with a history of meeting contractual obligations and maintenance requirements for Section 5310 vehicles will also rank higher.

Each district has the discretion to alter its respective grading scale by assigning higher point values to criteria meeting the specific priority needs in their district. In District One the following point scale is utilized:

- Service efficiency and effectiveness: 25 points
- Extent to which seniors and individuals with disabilities are served: 25 points
- Need: 30 points
- Fiscal and managerial capability and prior performance: 20 points

Another important distinction about the scoring system is that 55 points (55%) of an agency's score is based on quantitative data supplied in its application. The remaining 45 points (45%) is based on qualitative interpretation of the agency's answers to application questions.

Funding Allocation Process

Statewide allocations for the Section 5310 program are based on the percentage of the state's senior and disabled population that reside in each district. For example, District One has 7% of the total senior and disabled population who live in small urban areas and therefore it receives 7% of the total funding allocated for small urban areas.

Table 1-1. 2018 Statewide Section 5310 Funding for Small Urban and Rural Areas

District	Percentage of State's Senior and Disabled Population	Allocation	Percentage of State's Senior Disabled Rural Population	Rural Allocation	Total Allocation
District 1	7%	$ 366,594	21%	$ 298,788	$ 665,382
District 2	9%	$ 438,686	25%	$ 378,058	$ 816,744
District 3	9%	$ 447,378	18%	$ 271,869	$ 719,247
District 4	4%	$ 223,433	4%	$ 100,000	$ 323,433
District 5	55%	$ 2,829,984	20%	$ 304,291	$ 3,134,275
District 6	0%	$ -	3%	$ 100,005	$ 100,005
District 7	16%	$ 806,814	9%	$ 132,960	$ 939,774
Total	100%	$ 5,112,889	100%	$ 1,585,971	$ 6,698,860

For fiscal year (FY) 2018, District One received a total of $2,855,583 for large UZAs, $366,594 for small urban areas, and $298,788 for rural areas, for a grand total of $3,520,965. Following is a breakdown of the large UZAs in District One and what they received in FY 2018:

- Sarasota/Bradenton: $1,046,499
- Cape Coral/Ft. Myers: $736,636
- Bonita Springs/Naples: $525,549
- Lakeland: $294,185
- Winter Haven: $252,714

There are two different applications required to apply for capital and operating funding. Mobility management is another eligible expense for Section 5310 funds; however, it is also categorized as a capital expense. The following table shows how much funding was requested for both capital and operating applications, as well as how much was allocated. One agency in the Lakeland UZA also requested and received funding for mobility management in the amount of $55,640.

Table 1-2. District One FY 2018 Section 5310 Requests and Allocated Amounts

	No. of Requests	Requested		No. of Allocations	Allocated	
UZA Name/Category		**Capital**	**Operating**		**Capital**	**Operating**
Lakeland UZA	5	$379,017	$320,846	4	$212,215	$81,970
Winter Haven UZA	1	$20,800	$32,000	0	$0	$0
Bonita Springs UZA	2	$204,678	$25,500	1	$204,678	$0
Cape Coral UZA	7	$932,696	$1,479,757	7	$450,734	$285,902
Sarasota/Bradenton UZA	4	$576,409	$470,090	4	$576,409	$470,090
Small Urban	3	$94,146	$93,005	3	$94,146	$93,005
Rural	6	$146,051	$641,515	3	$40,638	$410,127
Total	**28**	**$2,616,123**	**$2,842,623**	**22**	**$1,578,820**	**$1,341,094**

Historical 5310 Grantee Projects and Performance

Figures 1 – 8 show the funding trends of the last five years for each UZA in District One. While overall funding availability has risen slightly on a consistent basis annually, the amount requested by UZAs tends to vary greatly from year to year depending on the UZA. Two service areas, the Bonita Springs UZA and the Winter Haven UZA, have actually requested less than allocated. In these instances, the agencies in those UZAs are asked if they can use additional funding. If not, those funds must be returned to the State as funding cannot be transferred among UZAs.

Rural funds also cannot be transferred to small urban areas or UZAs. Small urban funds may be transferred, but only to rural areas. District One often employs the transferability of these small urban funds as the need for funding in rural areas tends to be greater than in small urban areas.

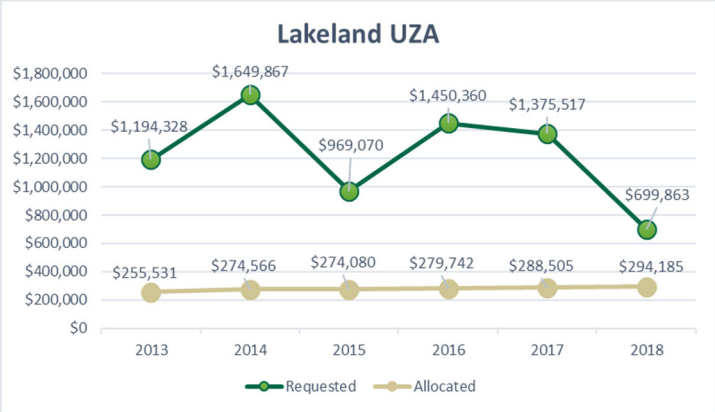


Figure 1-1. Section 5310 Funding Five-Year Trend: Lakeland

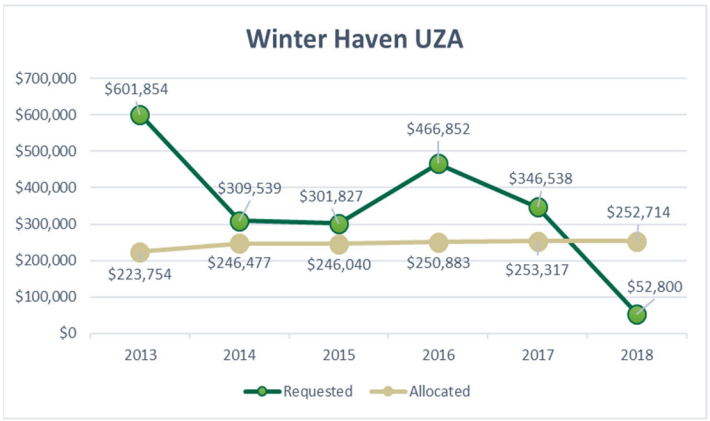


Figure 1-2. Section 5310 Funding Five-Year Trend: Winter Haven

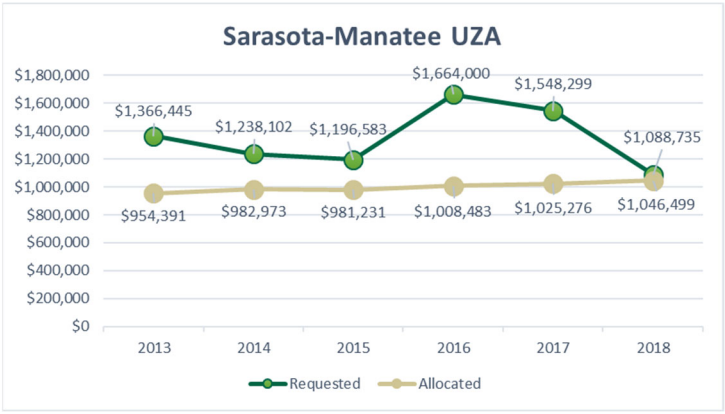


Figure 1-3. Section 5310 Funding Five-Year Trend: Sarasota/Bradenton

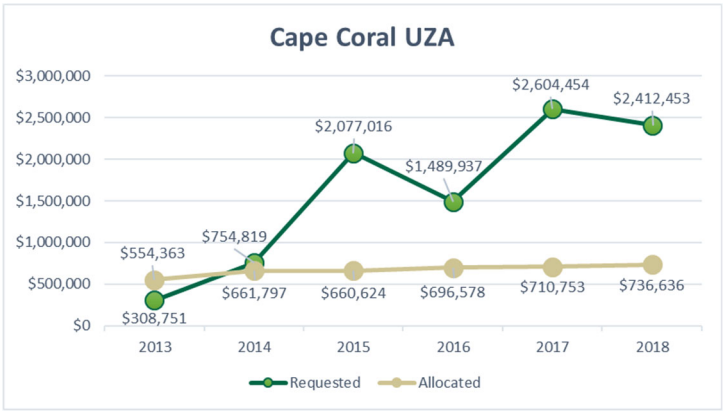


Figure 1-4. Section 5310 Funding Five-Year Trend: Cape Coral

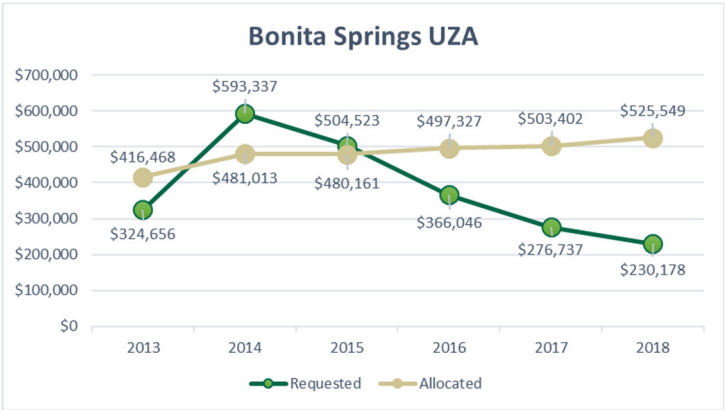


Figure 1-5. Section 5310 Funding Five-Year Trend: Bonita Springs

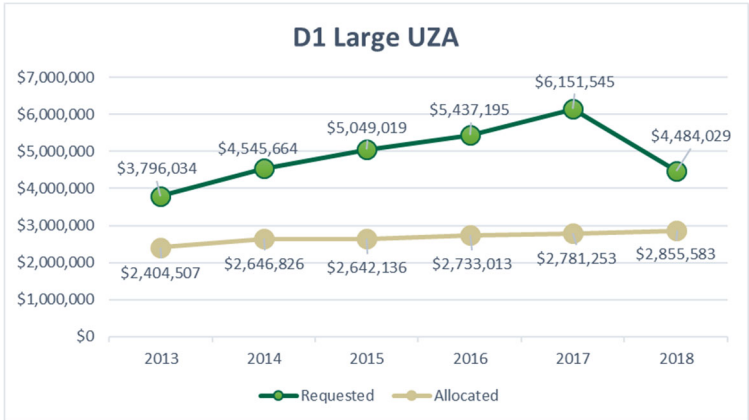


Figure 1-6. Section 5310 Funding Five-Year Trend: D1 Large UZAs

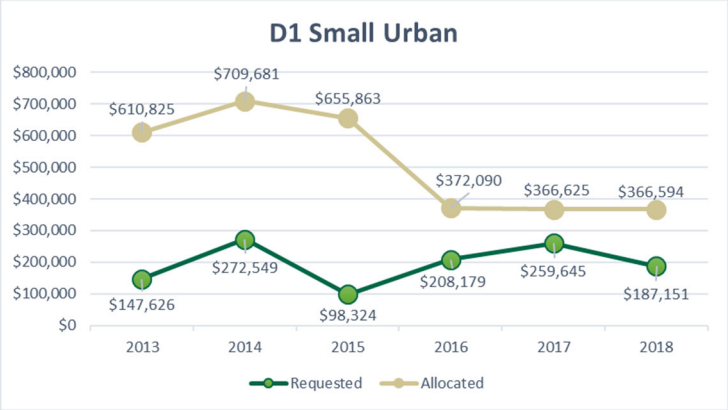


Figure 1-7. Section 5310 Funding Five-Year Trend: Small Urban

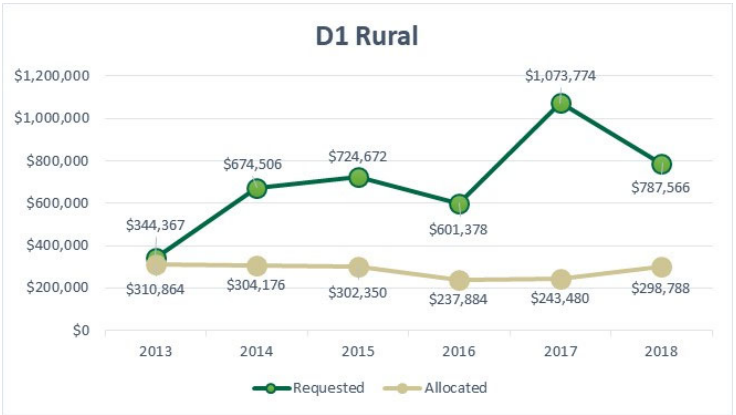


Figure 1-8. Section 5310 Funding Five-Year Trend: Rural

Performance Measures

Agencies receiving Section 5310 funds must collect data for indicators targeted to capture overarching program information as part of an annual report submitted to the FDOT District Office. For the annual report, recipients must submit both quantitative and qualitative information on each of the following measures.

Capital Projects

- **Gaps in Service Filled:** Provision of transportation options that would not otherwise be available for seniors and individuals with disabilities, measured by the number of seniors and individuals with disabilities afforded mobility resulting from Section 5310 capital projects in operation for the current reporting year.

- **Ridership**: Actual or estimated number of one-way trips provided for seniors or individuals with disabilities on Section 5310–supported vehicles and services as a result of Section 5310 capital projects in operation for the current reporting year.

Operating Projects

- **Service Improvements:** Related to geographic coverage, service quality, and/or service times that impact availability of transit services for seniors and individuals with disabilities resulting from Section 5310 projects in operation for the current reporting year.

- **Physical Improvements:** Additions or changes to environmental infrastructure (e.g., transportation facilities, sidewalks, etc.), technology, and vehicles that impact

availability of transportation services for seniors and individuals with disabilities as a result of other Section 5310 projects implemented in the current reporting year.

- **Ridership:** Actual or estimated number of one-way trips provided for seniors or individuals with disabilities on Section 5310–supported vehicles and services as a result of Section 5310 projects in operation for the current reporting year.

As part of this project, the 2018 performance measures annual reports for all District One agencies were compiled for analysis. A total of 25 performance reports were received. Of these, 22 completed the capital projects report and 14 completed the operating projects report. Because capital and operating reports are requested separately, a large number of agencies misinterpreted the instructions and did not complete the operating report. A majority, if not all, of them should be supplying the data asked for in the operating projects performance report.

In addition, agency interpretation of what is requested varies greatly, resulting in data that is difficult to use for analysis purposes. For example, there is no definition for how to calculate the total square miles of transportation service coverage. Some agencies use the entire county as their service area while others are more conservative. Still others just left this column blank.

A more encompassing issue that hinders analysis is that little guidance is given as to why certain measures are important and to what extent they are important. An example of this is operating hours. Are agencies reporting on operating hours that their services are open, or just on the hours that transportation is provided? The instructions are ambiguous.

Recommendations for addressing issues with the performance reports will be detailed in the findings and recommendations section of this report.

Chapter 2 Demographic and Transportation Conditions

The operating environment is comprised of the transportation systems and demographic conditions. District 1 is illustrative of the multiple influences on the services provided under 5310 grant program. A review of the transportation services and demographic conditions highlight the operating environment within District One. Further, a review of human services within the region and their services highlight how transportation services are met outside of the 5310 program.

Community Transportation Coordinators (CTC)

The Florida Commission for the Transportation Disadvantaged designates a community transportation coordinator (CTC) for each county/service area. The CTC is responsible for coordinating and/or providing transportation services to individuals who are transportation disadvantaged. Persons who are considered "transportation disadvantaged" cannot drive because of age, income, or a disability, and do not have access to other transportation options.

This is a shared-ride service which, depending on location, may be provided using fixed route transit or paratransit (door-to-door) service. Advance reservations are required in order to ensure routes are developed in a cost-efficient manner. Riders may pay a small fare.

A community transportation coordinator exists in each of Florida's 67 counties. The list below identifies the designated CTC for each county in FDOT District One.

- Charlotte – Charlotte County Board of County Commissioners, Charlotte County Transit System
- Collier – Collier County Board of County Commissioners, Collier Area Transit
- DeSoto – MV Contract Transportation Inc.
- Glades – Good Wheels Inc.
- Hardee – MV Contract Transportation Inc.
- Hendry – Good Wheels Inc.
- Highlands – MV Contract Transportation Inc.
- Lee – Good Wheels Inc.
- Manatee – Manatee County Board of County Commissioners, Manatee County Area Transit
- Okeechobee – MV Contract Transportation Inc.
- Polk – Lakeland Area Mass Transit District
- Sarasota – Sarasota County Board of County Commissioners, Sarasota County Area Transit

Human Services Survey

One of the objectives of this research was to identify potentially eligible human service providers that could benefit from the Section 5310 grant program, but are currently not benefiting from it. After identifying these providers, researchers decided to use a Web-based survey to gather information about each of the potential Section 5310 applicants.

Several different resources were utilized to find potential human service providers including the following websites:

- United Way 211 Community Resource Directory - http://www.navigateresources.net/211CommunityResources/?
- United Way 211 Database (United Way of Lee, Hendry, Glades, and Okeechobee Counties) - https://www.unitedwaylee.org/211-data-base/
- The Right Service at the Right Time - https://www.rightservicefl.org/

These resources disclosed many of the current providers that use Section 5310 funding. However, there were 46 provider locations listed in District One that had never applied for Section 5310 funds. Some of these were multiple locations for the same agency, while other listings lacked a valid email to contact the agency. Once these were removed from the survey pool, 28 agencies remained with valid emails to send the survey to. Of the first six responses received, five were complete. After giving applicants two weeks to complete the survey and sending a reminder email after one week, only 6 of the 28 agencies responded. The following responses were received from the online survey.

1. Select all categories of clientele that you serve at your agency/organization.
    - General Public (2)
    - Persons with Disabilities (2)
    - Seniors (5)
    - Low Income (3)
    - Youth (2)

Most respondents serve the senior demographic (five out of six). Only two served persons with disabilities, which is the other major category eligible for Section 5310 funds.

2. Of your clientele, which category is the most prominent (most served)?
    - Seniors (4)
    - Youth (1)

Seniors are the predominant market for the agencies that responded to the survey. One agency did not answer this question; another agency only serves youth and is therefore ineligible for Section 5310 funding.

3. Regarding transportation service for your clients, which of the following apply? (Select all that apply)

- We operate our own vehicles (2)
- We contract with another agency/organization who provide transportation service for us (2)
- We purchase and provide public transit tickets or passes so our clients can ride public transit (1)
- We subsidize trips using rideshare services (i.e., taxi, Uber, Lyft) (1)
- We do not provide or subsidize transportation; clients are responsible for their own transportation to use our services (3)
- Other (specify) – (1) – for our low-income seniors we provide some subsidized public transportation tickets and passes.

No option garnered most of the responses. However, three of six agencies (50%) claimed that they did not provide or subsidize transportation for their clients. Of the two agencies that operate their own vehicles, one of them is the agency that serves only youth.

4. What is the main reason that you do not provide transportation services for your clients?

This question was left open-ended for the agencies to fill in their responses. As a result, only three of the surveys included a response to this question. One agency cited that they do not have the necessary staff, vehicles, and so on; another claimed they had no funding; and a third cited expense as the reason. Section 5310 funding can provide capital for both purchasing vehicles and funding vehicle operation, but does not provide capital to hire additional staff.

5. What is the geographic area (counties, cities, communities, etc.) that your agency/organization serves?

- Highlands and Hardee County
- Collier County
- Collier and Southern Lee Counties
- Lee County
- Sarasota-Bradenton

6. Are you part of the Coordinated Transportation System (CTC) in your geographic area?

- We have a contract with our CTC (1)
- We are not part of the CTC (1)
- We don't know what a CTC is (2)

The agency that responded that they have a contract with their CTC is in the best position to apply for Section 5310 funding. The other agencies would do well to find out who their CTC is and coordinate with that person if they are interested in providing transportation for their clients.

7. Please describe your transportation needs that you feel are not adequately being met (include any special needs or requirements your clients may have).

- Routine transportation to doctor appointments or grocery stores are challenging for rural seniors.
- Currently offering paratransit to some of our members, however some people cannot afford it. In addition, the pickup/drop-off schedule is not ideal because they are given a range of two hours.
- Cross County Line rides.
- There are seniors that would like to come to the meal site but have no transportation.

8. Are you aware of the Federal Transit Administration (FTA) Section 5310 Transportation Grant Program (Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities)?

- Yes, and we have participated in the program (0)
- Yes, but we have never participated (2)
- No (3)

This result was to be expected. The three agencies that said no at least have a basic idea of what Section 5310 is through this survey, and may seek further information about it.

9. Why do you not participate in the Section 5310 Program?

Only one agency responded to this question and claimed it was due to a lack of staff. Those that did not answer may not know why or have a good reason not to participate. The survey may prompt them to at least investigate applying in the future.

10. What other funding mechanisms, other than Section 5310, do you utilize to meet your transportation needs?

- Other federal funding programs (0)
- State-funded programs (1)
- Transportation Disadvantaged Funds (1)
- Local government funding (1)
- Local funding (private, fundraising, self-generated, donations, etc.) (2)
- Passenger fares (cash, passes, tickets, etc.) (1)
- Other (specify)

This question was only answered by two respondents. Both used some type of local funding to operate their service, and neither used any federally funded programs.

The survey results provided insight into human service organizations, but the results are inconclusive due to the low response rate. This could either mean there is low interest in additional funding programs or that these agencies don't have the time and/or staff to devote to answering surveys. Regardless, additional follow-up is needed or a different approach to determine if there are potentially eligible 5310 providers in District One that would benefit from the program.

Existing Transportation Services in FDOT District One

The following descriptions detail the transportation services existing in the 12 counties that comprise FDOT District One.

Charlotte County

Charlotte County Transit

Charlotte County Transit is a dial-a-ride, curb-to-curb system serving the general public in Charlotte County. Its service area includes Englewood, Port Charlotte, and Punta Gorda. The service connects to Sarasota County Area Transit (SCAT) in North Port and Englewood, and it operates from 6:30 a.m. to 6:00 p.m., Monday through Friday, and 9:00 a.m. to 6:00 p.m. on Saturday in a limited service area. There is no service on Sunday or nationally recognized holidays.

Dial-a-ride is a type of demand response service. To use the service, the passenger must make a reservation at least 24 hours in advance. Charlotte County Transit provided over 133,258 unlinked passenger trips in 2017 and received $256,526 in 5310 grant funded projects in 2017. These 5310 funds included operating capital to maintain the system's current level of service and capital for replacement vehicles. Over 20 subscription routes are operated weekly and 8 are run daily. Subscription trips are routes to common destinations, such as congregate dining facilities or grocery stores, wherein the same general group of riders is transported on the same daily, weekly, or mixed day schedule.

As the CTC, Charlotte County Transit coordinates with the following agencies that also provide service in Charlotte County.

- Charlotte County Veterans Council – operates two commuter vans
- Cultural Center of Charlotte County – operates a coordinated partner sedan to provide trips for seniors to medical appointments, shopping, and programs at the Cultural Center

- New Operations Cooper Street – operates an 11-passenger van for their own senior and youth day care programs and other coordinated work
- Charlotte County Homeless Coalition – operates a nine-passenger van for their own programs
- Center for Abuse & Rape Emergencies (C.A.R.E) – operates a five-passenger van helping victims and survivors of domestic violence, sexual assault, and other violent crimes in Charlotte County
- Ameditrans Inc. – ambulatory and wheelchair service provider

Collier County

Collier Area Transit

Collier Area Transit (CAT) is a traditional fixed route system that operates 20 routes and provides service seven days a week except for nationally recognized holidays. In 2017, CAT provided more than 996,499 unlinked passenger trips. The system runs throughout the city of Naples, Golden Gate City, Golden Gate Estates, North Naples, East Trails, Marco Island, and Immokalee. This service connects to LeeTran, linking Collier and Lee Counties. Because this is a fixed route system, it also offers paratransit services for persons with disabilities. Collier Area Paratransit (CAP) serves areas within three-quarters of a mile of an established CAT bus route. Because CAT is the CTC for Collier County, the system also transports individuals who are considered transportation disadvantaged.

Pickup time for CAP services may be as early as 4:00 a.m. and as late as 6:00 p.m. The paratransit offers 20 routes and/or manifests each day, using Collier County owned vehicles that cover trips in Naples, Everglades City, Immokalee, and the Marco Island area. Collier County contracts with MV Transportation to provide CAP services.

Dr. Piper Center for Social Services Inc.

The mission of Dr. Piper Center for Social Services (DPCSS) is to enhance the social, physical, and economic well-being of persons 55 and older, and to make a positive impact in the lives of special needs children and frail elderly clients. DPCSS serves six counties, including Lee, Collier, Hendry, Glades, Charlotte, and Sarasota.

Service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. Volunteer hours largely depend on the client's schedule, e.g., medical appointments, shopping, or senior center visits. Coordination of appointments are prearranged with the client and the senior volunteer while creating the client's care plan.

Easterseals Florida

Easterseals Florida was founded in 1948 as a private nonprofit 501(c)(3) organization. Easterseals Florida in Collier County offers two programs for individuals with disabilities; the Life Skills, Employment Readiness, Advocacy and Participation Program (LEAP) for teenagers and young adults; and the Easterseals Academy that serves the city of Naples and surrounding areas. Transportation services are provided for program participants to quality-of-life destinations, training opportunities, and job fairs. The Naples location is open Monday through Friday, 8:00 a.m. to 4:00 p.m.

Easterseals Southwest Florida

The mission of Easterseals Southwest Florida is to "provide exceptional services for persons with disabilities and their families across a lifetime by empowering individuals to live their lives to the fullest." (Easterseals Southwest, 2019) The 5310 transportation system serves the Vocational, Introduction, and Preparation (VIP) Academy students and their Life Skills Development program participants.

The Life Skills Development (LSD) program at the Southwest Florida office has 124 clients. Forty of them require transportation to and from their private or group homes. LSD has four daily routes that run twice daily. The remaining trips are part of daily programming for the VIP Academy and Life Skills Development. The LSD clients have significant disabilities and over 38% of them are in wheelchairs. Transportation service begins at 7:30 a.m. and ends at 5:00 p.m., Monday through Friday.

United Cerebral Palsy of Southwest Florida Inc. (UCPSWFL), Naples

UCPSWFL is a 501(c)(3) nonprofit organization whose mission is to serve persons with disabilities who have an IQ of less than 70 and are considered low income. UCPSWFL is part of the Sunrise Group of not-for-profit companies and therefore receives administrative support from the Sunrise Community's national headquarters in Miami.

The Adult Day Training (ADT) center in Collier County is located in Naples and provides services Monday through Friday from 8:30 a.m. to 4:30 p.m. There are also Adult Day Training centers in Lee County (Cape Coral), Sarasota/Manatee Counties, Polk County (Lakeland), and Hendry County (Clewiston).

UCPSWFL transportation services run throughout the week, providing transportation to and from the ADT center as well as for other client-related needs, such as medical appointments and daily shopping. Section 5310 funded vehicles are used predominately to transport clients to and from UCPSWFL's Naples ADT center during the weekdays, where they receive vital services and participate in programs crucial to their development.

DeSoto, Hardee, Highlands, and Okeechobee Counties

MV Contract Transportation Inc.

MV Contract Transportation Inc. is a private, for-profit transportation broker for DeSoto, Hardee, Highlands, and Okeechobee Counties, and contracts with local carriers to provide transportation services. All services brokered by MV are door-to-door with ambulatory and wheelchair services offered countywide. The Central Florida Regional Planning Council (CFRPC), which funds the transportation service through MV, received $1,104,061 in 5310 grant funded projects in 2017. Section 5310 funds were used to increase the level of service and capital funds were used to replace vehicles.

The service operators are the following agencies:

- JJ Medical Transport: DeSoto County
- Positive Mobility: Hardee, Highlands, and Okeechobee Counties
- Safety Transportation: Hardee and Highlands Counties

Service hours are Monday through Saturday from 6:00 a.m. to 7:00 p.m., but trips may originate earlier or end later depending on the distance the client must be transported. Demand response and subscription services are provided throughout all of DeSoto, Hardee, Highlands, and Okeechobee Counties. In addition, services are provided to bordering counties for specific medical purposes. The CFRPC also coordinates with the following agencies:

- Ridge Area Arc: Highlands County
- New Concepts by Visions Inc.: Highlands County
- Sunrise Community Inc.: Hardee County

DeSoto-Arcadia Regional Transit

DeSoto-Arcadia Regional Transit (DART) is a flex route bus service operating in the town of Arcadia, in DeSoto County. Flex route means the bus has a set route, but it will deviate up to three-quarters of a mile from the advertised path. This service, which was identified as an opportunity and possible pilot project in the 2009 Heartland Rural Mobility Plan, is operated by the DeSoto Board of County Commissioners. The service operates from 7:30 a.m. to 6:30 p.m., Monday through Saturday.

Ridge Area Arc

Ridge Area Arc is a private nonprofit organization providing a variety of services to individuals with intellectual and developmental disabilities. The Arc was founded in 1957 and is governed

by a volunteer board of directors comprised of local civic leaders, educators, business people, parents of children with disabilities, and program participants.

The Arc provides training in several specialized areas that require the use of transportation, including residential (small group homes), employment services, adult day training, and sports and recreational activities.

Ridge Area Arc provides transportation services to a total of 40 individuals with disabilities, many of whom are seniors. Transportation for residents in four of the Arc's group homes (in Avon Park and Sebring) is provided to and from their ADT program in Avon Park, Monday through Friday, 8:00 a.m. and 2:00 p.m. The group home residents also receive transportation services seven days per week to meet all of their medical, dental, personal shopping, recreational, and employment needs. The vans run on an as-needed basis throughout the day, generally between 7:00 a.m. and 9:00 p.m.

Ridge Area Arc transports customers in Highlands County on a day-to-day basis, but medical needs will sometimes require trips out of town to Winter Haven, Tampa, or St. Petersburg.

Sunrise Community of Polk County Inc.

Sunrise Community of Polk County Inc. is a 501(c)(3) not-for-profit organization serving people with cognitive and intellectual disabilities with an IQ of 70 or less. Sunrise provides its clients with transportation to parks, festivals, shopping, restaurants, places of worship, medical appointments, and other life-sustaining and enriching activities. The majority of Sunrise clients are located in Polk County. It also has an Adult Day Training center located in Wauchula, which is in Hardee County. This ADT center is open Monday through Friday from 8:30 a.m. to 4:30 p.m. Transportation service to and from the center is provided for other client-related needs such as medical appointments and daily shopping.

Lee, Hendry, and Glades Counties

Good Wheels Inc.

Good Wheels Inc., a 501(c)(3) not-for-profit corporation, is the community transportation coordinator in Lee, Hendry, and Glades Counties and operates demand response service. The types of demand response services include ambulatory, wheelchair, stretcher, advance reservation, subscription, door-to-door, and curb-to-curb. Good Wheels operates vehicles between 4:30 a.m. and 8:00 p.m., Monday through Friday, and 4:30 a.m. to 6:00 p.m. on Saturday. Good Wheels operates approximately 76 demand response routes: 58 in Lee County, and 18 in Hendry and Glades Counties. Service can be provided to Collier County as well, and some trips go as far as Tampa and Miami. Additionally, Good Wheels operates as a public entity, meaning the general public may access the system as sponsored passengers.

In addition to the demand response service, Good Wheels operates an inter-county fixed route service called the ClewBelle Community Bus Route. This route connects passengers in Clewiston to the fixed route service in Palm Beach County (Palm Tran). This service is described in greater detail under "Inter-County/Inter-Region Services."

United Cerebral Palsy of Southwest Florida Inc. (UCPSWFL), Clewiston

UCPSWFL is a 501(c)(3) nonprofit organization whose mission is to serve persons with disabilities who have an IQ of less than 70 and are considered low income. UCPSWFL is part of the Sunrise Group of not-for-profit companies and therefore receives administrative support from the Sunrise Community's national headquarters in Miami.

The Adult Day Training center in Hendry County is located in Clewiston and provides services Monday through Friday from 8:00 a.m. to 4:00 p.m. The center serves a total of 21 people with developmental disabilities living in the area, of which 18 persons attend ADT. This location has four vans that are used to transport people from their homes to the ADT center, community events, medical professional appointments, and other community businesses.

Hope Hospice and Community Services Inc.

Hope Hospice and Community Services Inc. is a nonprofit 501(c)(3) community-based organization. Hope provides fixed route transportation to medical day centers, where participants receive all health-related services, as well as on-demand transportation for those dealing with a serious illness.

Hope operates the majority of its trips Monday through Friday between the hours of 6:30 a.m. and 6:00 p.m. Hope provides a wide range of trip purposes that include scheduled and emergency medical appointments, medical adult day care, nutrition, and shopping. The transportation services are provided within the limits of Lee County.

LeeTran

LeeTran is a fixed route system that operates 24 routes, seven days per week, excluding national holidays. Service is provided in the city of Fort Myers, North Fort Myers, Fort Myers Beach, Pine Island, Cape Coral, Lehigh Acres, Estero, and Bonita Springs. LeeTran operates one route connecting with the Collier Area Transit service, creating an inter-county service between Lee and Collier Counties. In addition, ADA complementary paratransit, called Passport, provides services in areas within three-quarters of a mile of an established LeeTran route. In 2017, LeeTran made 3,299,697 unlinked passenger trips.

Lighthouse of Southwest Florida Inc.

The Lighthouse of Southwest Florida Inc. is a 501(c)(3) nonprofit agency that provides vision rehabilitation services to people of all ages living in Southwest Florida. The agency is open Monday through Thursday (and some Saturdays) from 7:30 a.m. to 5:30 p.m.

Each client's services plan is individualized and based on their personal and professional needs. Nearly 90% of the clients need services outside of the agency's office facility. In 2018, 316 individuals needed services requiring the routine use of transportation to efficiently and effectively receive vision rehabilitation and education services. Due to their disability, Lighthouse clients do not drive and are dependent on family, friends, public transportation, and the agency for transportation.

The agency's transportation services cover a three-county area including Lee, Hendry, and Glades Counties. In the past, Lighthouse of Southwest Florida has applied for 5310 capital and operating funds.

Partnering for Transportation Results Program

The Partnering for Results (PFR) program of Lee County, which is coordinated by the Lee County Board of County Commissioners, allocates funding to nonprofit organizations that address human service needs in the community. The Partnering for Transportation Results program, which is part of PFR, allocated $67,997.00 to Lighthouse of Southwest Florida and $145,794.63 to Good Wheels to fund the local match for 5310 funded projects.

Manatee County

Manatee County Area Transit

Manatee County Area Transit, also known as MCAT, is a fixed route system that operates six days a week with 16 routes serving all of Manatee County. It runs Monday through Saturday from 5:30 a.m. to 8:00 p.m. with no service on Sundays. In 2017, MCAT provided over 1,598,743 passenger trips. The system serves Bradenton, Palmetto, Ellenton, Long Boat Key, Anna Maria Island, downtown Sarasota, and St. Petersburg, connecting the service to both Sarasota County Area Transit to the south and Pinellas Suncoast Transit Authority to the north. Because MCAT is a fixed route operator, the agency also offers complementary paratransit service.

ADA service hours match those of fixed route services, and each trip request conforms to the schedule of fixed route service availability. The paratransit service currently averages 25 daily demand response routes. Trip types include medical, dialysis, life-sustaining, casual, school, work, adult day facility, Manasota Lighthouse, food, and nutrition. MCAT is also the county's designated CTC, meaning the agency serves persons who are transportation disadvantaged through its demand response service called the Handy Bus.

MCAT also utilizes Section 5310 capital funds for preventative maintenance and operating funds to accommodate increased trip demand.

United Cerebral Palsy of Southwest Florida Inc. (UCPSWFL), Sarasota

UCPSWFL is a 501(c)(3) nonprofit organization whose mission is to serve persons with disabilities who have an IQ of less than 70 and are considered low income. UCPSWFL is part of the Sunrise Group of not-for-profit companies and therefore receives administrative support from the Sunrise Community's national headquarters in Miami.

The ADT center in the Sarasota/Manatee area is located in Bradenton and provides services Monday through Friday from 8:30 a.m. to 4:30 p.m. There are also Adult Day Training centers in Cape Coral (Lee County), Clewiston (Hendry County), Lakeland (Polk County), and Naples (Collier County).

The Section 5310 vehicles provide ongoing transportation services for both non-ambulatory and ambulatory persons with moderate to severe physical and intellectual disabilities who reside in the community and attend the ADT center.

Meals on Wheels PLUS of Manatee Inc.

Meals on Wheels PLUS (MOWP) was founded in 1972 to provide hot and nutritious meals for the elderly and disabled. Today, MOWP is Manatee County's principal senior service agency. It includes a broad array of services for older adults, their caregivers, and families, serving approximately 1,000 people daily.

Appropriate transportation services are paramount to meeting the needs of clients, many of whom have impairments so they cannot drive a car and/or lack access to public bus service. The program offers more than 21,000 trips per year, including more than 7,500 trips to Friendship Dining Centers, 7,500 trips for clients of the adult day care known as Daybreak, and 6,400 door-to-door trips to meetings and appointments for otherwise homebound seniors, as well as transportation for active seniors attending programs at the senior enrichment center.

Polk County

Lakeland Area Mass Transit District

The Lakeland Area Mass Transit District (LAMTD), which operates Citrus Connection, is the fixed route provider and CTC in Lakeland, Bartow, Winter Haven, and surrounding areas. Service is provided six days a week, Monday through Friday from 6:15 a.m. to 7:15 p.m. and Saturday from 7:15 a.m. to 6:15 p.m. There is no service on Sunday. Citrus Connection operates 14 fixed bus routes in Lakeland, 8 in Winter Haven, and 5 in rural areas such as Fort Meade, Babson Park, and Poinciana.

The paratransit service is called PT Connect and is provided during the same operating hours to persons who are disabled and/or considered transportation disadvantaged. In 2018, PT Connect made 1,302,818 trips. This past year, LAMTD requested Section 5310 funding for the Travel Trainer Program to assist and educate seniors and individuals with disabilities. In addition, LAMTD partners with Mid Florida Community Services Inc. for trips to nutritional centers throughout the county.

Alliance for Independence

Alliance for Independence (AFI) is a private nonprofit 501(c)(3) organization that provides vital services for adults with developmental disabilities to increase their social and financial independence, and remain healthy and safe in their homes and community. AFI has served the Polk County area since 1954. AFI provides a day training program for adults with developmental disabilities, using curriculum-based, specific skills learning and exposure to activities with the goal of increasing and healthy lifestyles.

AFI facilities are open from 7:00 a.m. to 4:00 p.m., Monday through Friday. Morning bus routes begin at 5:15 a.m. and end by 8:00 a.m. Afternoon bus routes begin at 2:30 p.m. and end at 5:30 p.m. All trips are considered on-demand. During the program day, groups are transported throughout the community for training and vocational purposes.

ElderPoint Ministries of Greater Lakeland

ElderPoint Ministries is a nonprofit 501(c)(3) agency serving the needs of the elderly in Polk County. This organization utilizes volunteer drivers and vehicles and has several agency-acquired, wheelchair-accessible vans driven by volunteers. Trips are scheduled based on demand and driver availability. ElderPoint recently added two paid drivers to improve ride availability and provide additional services.

Transportation services are offered during the hours of 9:00 a.m. to 5:00 p.m., Monday through Friday. Saturday and Sunday services are available by appointment.

Faith in Action North Lakeland

The mission of Faith in Action North Lakeland is to help chronically ill, frail, elderly, and homebound persons retain their independence and remain in their own homes with assistance provided by volunteers. They serve those living in a five-zip-code area (33805, 33809, 33810, 33811, and 33815). Vans acquired with Section 5310 capital funds provide transit services for medical appointments, grocery shopping, and community social activities. Service is operated between 5:30 a.m. and 5:00 p.m., Monday through Friday.

Noah's Ark of Central Florida, Inc.

Noah's Ark is a nonprofit 501(c)(3) organization serving individuals with developmental and/or intellectual disabilities by advocating on their behalf and providing employment, recreational and social opportunities, and affordable housing in an inclusive community of their choice. Every person that Noah's Ark transports resides at one of the two Noah's Ark residential programs. Transportation is for employment, education, medical appointments, weekly shopping, social activities, and other life-sustaining trips. Noah's Ark operates two 5310 funded vehicles Monday through Friday from 7:00 a.m. to 7:00 p.m., Saturday from 8:00 a.m. to 5:00 p.m., and Sunday from 10:00 a.m. to 2:00 p.m.

Peace River Center

Peace River Center (PRC) is one of the oldest and largest mental health centers in the state of Florida. PRC is an accredited, not-for-profit 501(c)(3) community mental health center whose mission is to engage, restore, and empower individuals to reach their fullest potential. PRC has been serving Polk, Hardee, and Highlands Counties for 70 years. In some cases, PRC will transport clients outside these counties to meet specific needs.

PRC uses Section 5310 funded vehicles to provide transportation services from 8:00 a.m. to 5:00 p.m., seven days a week, including holidays. Transportation services are available 24 hours a day in order to meet the needs of the programs and services provided.

Polk Training Center for Handicapped Citizens Inc.

Polk Training Center (PTC) is a nonprofit 501(c)(3) organization started in 1986 by a group of parents who were concerned about their children not having a meaningful life after graduating from high school. PTC's mission is to provide employment and continual learning opportunities for adults with disabilities in a public arena; providing appropriate instruction and accommodations to facilitate individual independence and community-wide service.

Transportation is offered within an approximate 10-mile radius of the Center, which is located in Lake Alfred. Cities served include Winter Haven, Haines City, Auburndale, and Lake Alfred. The vehicle also picks up and drops off students at designated public transportation bus stops. Hours of operation for PTC are Monday through Friday, 7:00 a.m. to 4:00 p.m.

Sunrise Community of Polk County Inc.

Sunrise Community of Polk County Inc. is a 501(c)(3) not-for-profit organization serving people with cognitive and intellectual disabilities with an IQ of 70 or less, living in Polk County. Sunrise operates group homes and Adult Day Training centers in Lakeland and Highland City.

Sunrise provides transportation for its clients to enriching and life-sustaining destinations such as recreation, shopping, restaurants, places of worship, and medical appointments. The transportation service operates Monday through Friday from 7:30 a.m. to 5:00 p.m.

Sarasota County

Sarasota County Area Transit

Sarasota County Area Transit (SCAT) provides fixed route service with 24 routes throughout Sarasota County and two commuter express routes. The service area includes Sarasota, Fruitville, Gulf Gate Estates, Siesta Key, Sarasota Springs, South Venice, Southgate, Venice, North Sarasota, and North Port. Service is provided seven days a week from 5:00 a.m. to 11:00 p.m., with limited service on Sundays.

ADA complementary paratransit and transportation disadvantaged service is provided by a SCAT Plus contracted vendor, Ride Right LLC. SCAT is the designated CTC for Sarasota County and provided 2,194,771 unlinked passenger trips in 2018, with 197,016 of those being trips for seniors and individuals with disabilities utilizing several Section 5310 funded vehicles.

SCAT offers veterans daily transportation (Monday–Friday) to two out-of-county medical facilities, Bay Pines VA Healthcare System in Bay Pines and James A. Haley Veterans' Hospital in Tampa. This service is provided from six pickup and drop-off points in Sarasota County.

Community Haven for Adults and Children with Disabilities Inc. (The Haven)

The Haven is a 60-year-old private, nonprofit community-based agency that serves 700 physically and developmentally disabled children, teens, and adults who have significant disabilities, and/or are elderly.

Utilizing Section 5310 funded vehicles, The Haven provides transportation services within Sarasota and Manatee Counties to skill-based programs, for employment, to medical appointments, to emergency services, and to participate in volunteer opportunities. Teens are afforded transportation to attend school, job shadowing, work experiences/internships, and social and service-learning activities. The Haven operates its transportation program approximately 15 hours per day, seven days per week.

Pines of Sarasota

Pines of Sarasota is a private, nonprofit, tax-exempt, 69-year-old community organization that provides a broad range of services to area seniors. These include skilled nursing, assisted living, memory care, rehabilitation services, transportation, education and training services, and a falls prevention program.

Transportation is offered to clients for medical and social appointments, as well as cultural outings for groups of residents. Transportation services may also include trips to events or appointments on Saturdays through special arrangements. The transportation program operates from 6:00 a.m. to 6:00 p.m., Monday through Friday.

Commuter Assistance

Commuter Services of Southwest Florida

Commuter Services of Southwest Florida is a program of the Florida Department of Transportation that serves FDOT District One. Working with businesses and governments, this service helps facilitate carpooling, vanpooling, transit options, walking and bicycling programs, and an Emergency Ride Home program.

Inter-county/Inter-region Services

Throughout District One, there are several examples of inter-county and inter-regional transportation services.

The ClewBelle Community Bus Route, operated by Good Wheels Inc., is a fixed route service that transports passengers between Clewiston in Hendry County and Belle Glade in Palm Beach County, where it connects to PalmTran Routes 47 and 48. This route provides service from Clewiston to areas in Palm Beach County such as South Bay, Palm Beach State College, and Big Lake Plaza. Maintaining this service was a priority in the 2009 Heartland Rural Mobility Plan and extending the route from Clewiston to Riverdale in Lee County is currently under exploration. The service operates from 7:00 a.m. to 7:00 p.m., Sunday through Saturday.

In addition to Good Wheels, MV Transportation contracts with several service providers in the area to offer service in and between DeSoto, Highlands, and Okeechobee Counties. Commuter Services of Southwest Florida also opens the door for inter-county and inter-regional transportation services.

Table 2-1. Summary of Transportation Services in District One

Transportation Services			Primary Target Population	
Counties	**Fixed Route**	**No. of 5310 Providers**	**Individuals with Disabilities**	**Seniors**
Charlotte	None	1	1	1
Collier	CAT	5	5	2
DeSoto, Hardee, Highlands, & Okeechobee	DART (DeSoto County)	4	4	1
Lee, Hendry, Glades	LeeTran (Lee County)	5	4	3
Manatee	MCAT	3	3	2
Polk	Citrus Connection	8	6	3
Sarasota	SCAT	3	2	2

Demographics and Existing Conditions

The federal Section 5310 grant program is designed to address the transportation needs of seniors and persons living with disabilities. An analysis of the demographics, activity centers, and transportation systems was conducted to illustrate the transportation needs, service gaps, and opportunities to serve the senior and persons with disabilities markets.

District One Conditions

This section analyzes relevant demographics and community features data from the U.S. Census Bureau's 2012–2016 American Community Survey (ACS) and its Longitudinal Employment Household Dynamics (LEHD) data, as well as Florida's Agency for Health Care Administration (ACHA). Collectively, these data portray the residential patterns and activity locations that pertain to the Section 5310 grant program.

FDOT District One is made up of 12 counties including 2.8 million people with considerable population variation between the lowest populated county (Glades: 13,197) and the highest populated county (Lee: 700,000). Figure 9 illustrates the population variation between District One counties.

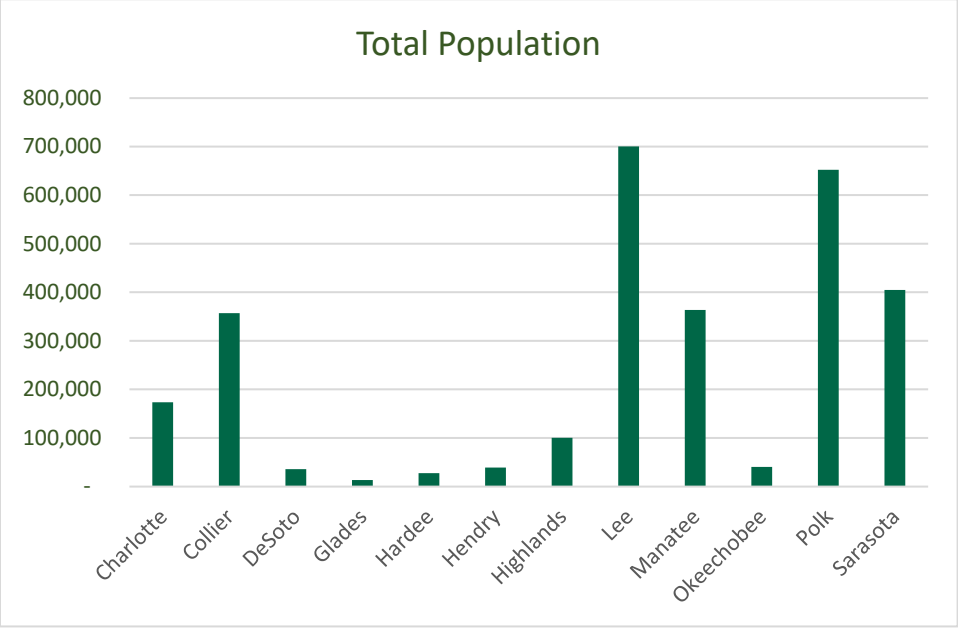


Figure 2-1. Total Population in FDOT District One Counties

District One is largely a rural area, but the counties have substantially different population densities; from 16 persons per square mile in Glades County to 892 persons per square mile in Lee County. The differences in population densities are illustrated in Table 2-2.

Table 2-2. Population Density by County

Population Density by County			
County Name	**Total Population**	**Square Miles**	**Density (persons per sq. mi.)**
Charlotte	173,236	680	255
Collier	356,774	1,998	179
DeSoto	35,675	637	56
Glades	13,197	806	16
Hardee	27,326	638	43
Hendry	39,064	1,153	34
Highlands	100,177	1,017	99
Lee	700,165	785	892
Manatee	363,542	743	489
Okeechobee	40,228	769	52
Polk	652,256	1,798	363
Sarasota	404,839	556	728

Because the 5310 program is designed to meet the transportation needs of seniors and persons living with disabilities, this section separately examines these population segments. District One is home to nearly 1 million seniors with four counties having more than 100,000 seniors over the age of 65. Lee County has the highest population over age 65 (188,866) and Charlotte County has the highest percentage (38%). Figure 2-2 illustrates the senior population in each county.

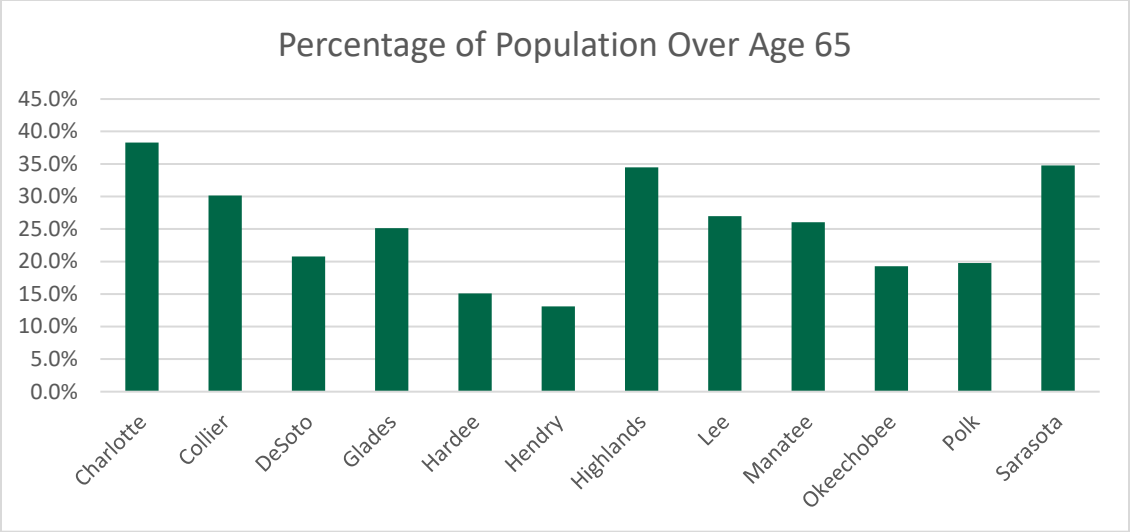


Figure 2-2. Percentage of Population Over 65

Increasingly, seniors have limited transportation options, especially for those over age 85. District One has more than 100,000 residents over age 85, with two counties that each have more than 20,000 residents above 85 years of age. Table 2-3 contains the age distribution of the senior population for District One counties.

Table 2-3. Distribution of Senior Population

Population Distribution by Age			
County Name	**Over 60**	**Over 65**	**Over 85**
Charlotte	81,236	66,342	8,873
Collier	132,129	107,599	13,400
DeSoto	9,739	7,410	615
Glades	4,162	3,315	375
Hardee	5,531	4,125	474
Hendry	6,808	5,119	598
Highlands	41,387	34,526	4,733
Lee	239,488	188,866	22,528
Manatee	120,595	94,636	12,239
Okeechobee	10,230	7,752	943
Polk	169,578	128,991	13,750
Sarasota	174,026	140,720	22,093
Total	**994,909**	**789,401**	**100,621**

To account for the unique transportation needs of persons living with a disability, the distribution of this population was analyzed, utilizing data from the U.S. Census Bureau's American Community Survey (ACS). Table 6 lists the total population living with a disability by county. Lee and Polk Counties each have more than 95,000 disabled residents living in non-institutionalized settings. Charlotte County has the highest percentage of its population living with a disability (21.5%), followed by Highlands and Glades Counties with 19.8% and 19.3%, respectively.

It is important to note the percentage of the population living with a disability that are also over age 65. In Glades and Hendry Counties, 40.9% and 39.3% of their disabled population are age 65 and older, the highest percentages in District One. The transportation needs of these populations are more significant than other segments of the community. The Demographics and Existing Conditions section illustrates each county's population characteristics in more detail.

Table 2-4. Disabled Population District One Counties

Disabled Population District One Counties			
County Name	**With a Disability**	**% Disabled**	**% Disabled & Over 65**
Charlotte	36,471	21.5%	32.5%
Collier	40,852	11.5%	24.9%
DeSoto	4,682	13.8%	34.3%
Glades	2,297	19.3%	40.9%
Hardee	2,757	10.8%	31.5%
Hendry	5,043	13.2%	39.3%
Highlands	19,651	19.8%	33.3%
Lee	95,894	13.8%	28.6%
Manatee	50,814	14.1%	28.7%
Okeechobee	5,695	15.2%	32.7%
Polk	99,673	15.5%	34.9%
Sarasota	64,220	16.0%	29.6%

Activity Centers

Areas with high concentrations of life-sustaining and enriching activities are important destinations for seniors and persons living with disabilities. Accordingly, locating healthcare services, retail, food service, grocery, entertainment, and enrichment activities is key to highlighting areas where 5310 services should connect. To depict areas with higher activities,

data from the U.S. Census Bureau's Longitudinal Employment Household Dynamics (LEHD) were used.

The LEHD data identify work locations categorized by the North American Industry Classification System (NAICS). Activity centers are locations with more jobs categorized as life-sustaining and enriching. NAICS sectors 61 (Educational Services), 62 (Health Care and Social Assistance), 71 (Arts, Entertainment, and Recreation), and 72 (Accommodation and Food Services) were used to define activity centers.

County Demographics and Conditions

This section describes the activity centers for each county in District One, showing the locations with higher concentrations of life-sustaining activities. Researchers used geographic information system (GIS) mapping to illustrate the spatial relationships of population concentrations with activity centers. All the population data in Figures 11–46 are taken from the 2012–2016 American Community Survey 5-Year Estimates.

Charlotte County

The highest concentration of the population living with a disability in Charlotte County (16.0%) resides west of Interstate 75, as shown in Figure 2-3. The county has a higher percentage of disabled citizens compared to the state average of 13.3% and the District One average of 12.5%. On average, each block group in Charlotte County has 120 persons living with a disability.

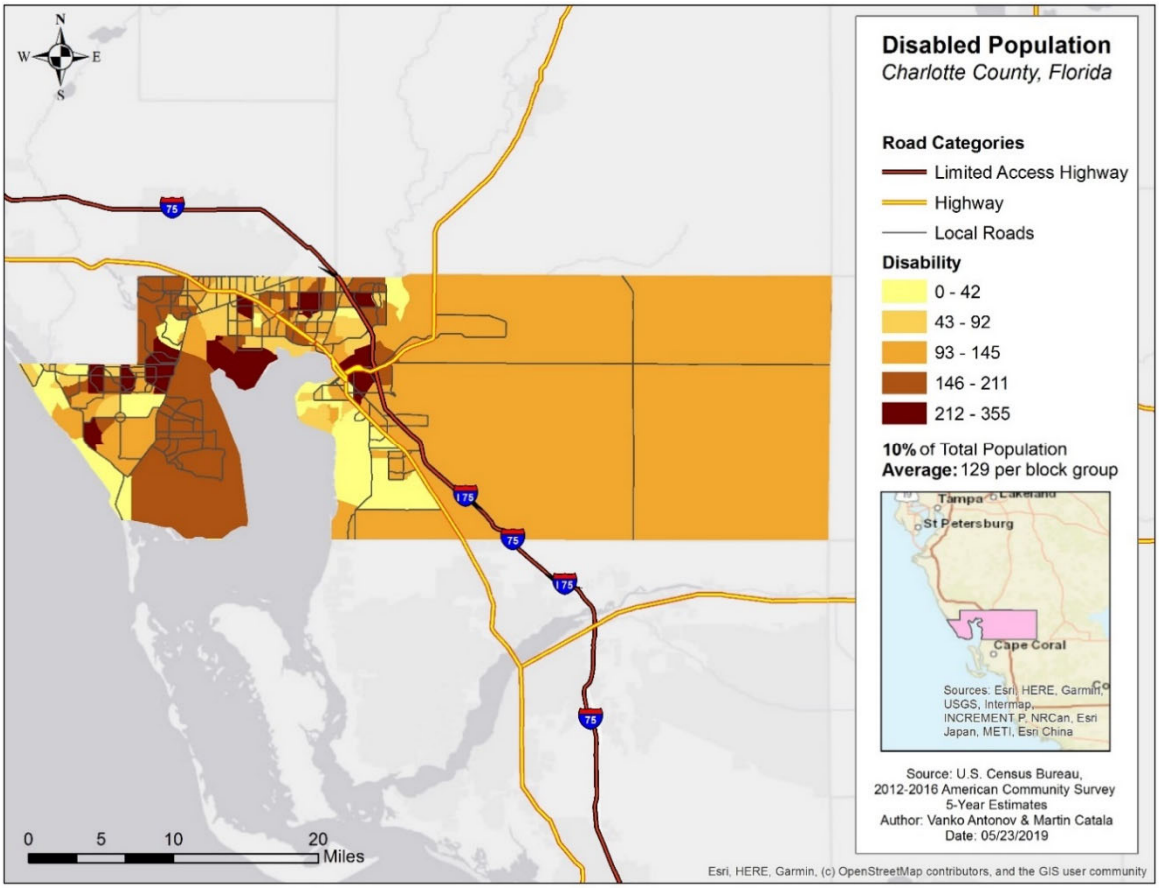


Figure 2-3. Charlotte County Population Living with a Disability

Figure 2-4 represents the distribution of Charlotte County's population over age 65, showing that large portions of the western part of the county have the highest number of seniors. The over-65 demographic consists of 38% of the county's total population. Charlotte County has a higher percentage of senior citizens compared to the state average of 20% and the District One average of 25%, and it has an average of 591 seniors per block group.

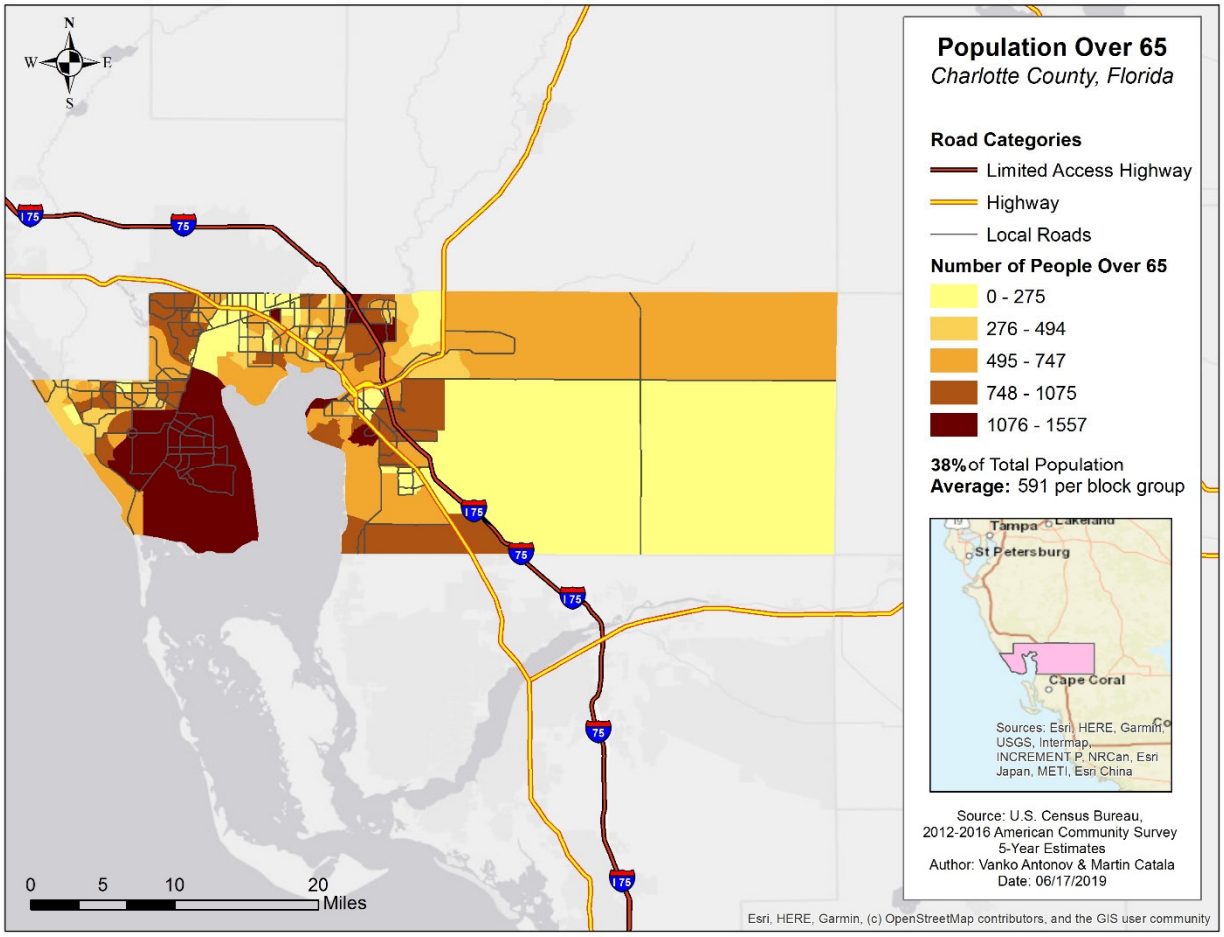


Figure 2-4. Charlotte County Senior Population

The county's activity centers are located along its major north-south roadway, as depicted in Figure 2-5. Commercial activity along this corridor aligns with the activity data. Predictably, the activity areas do not overlap the population clusters presented in the previous maps. However, some clusters are near the activity centers.

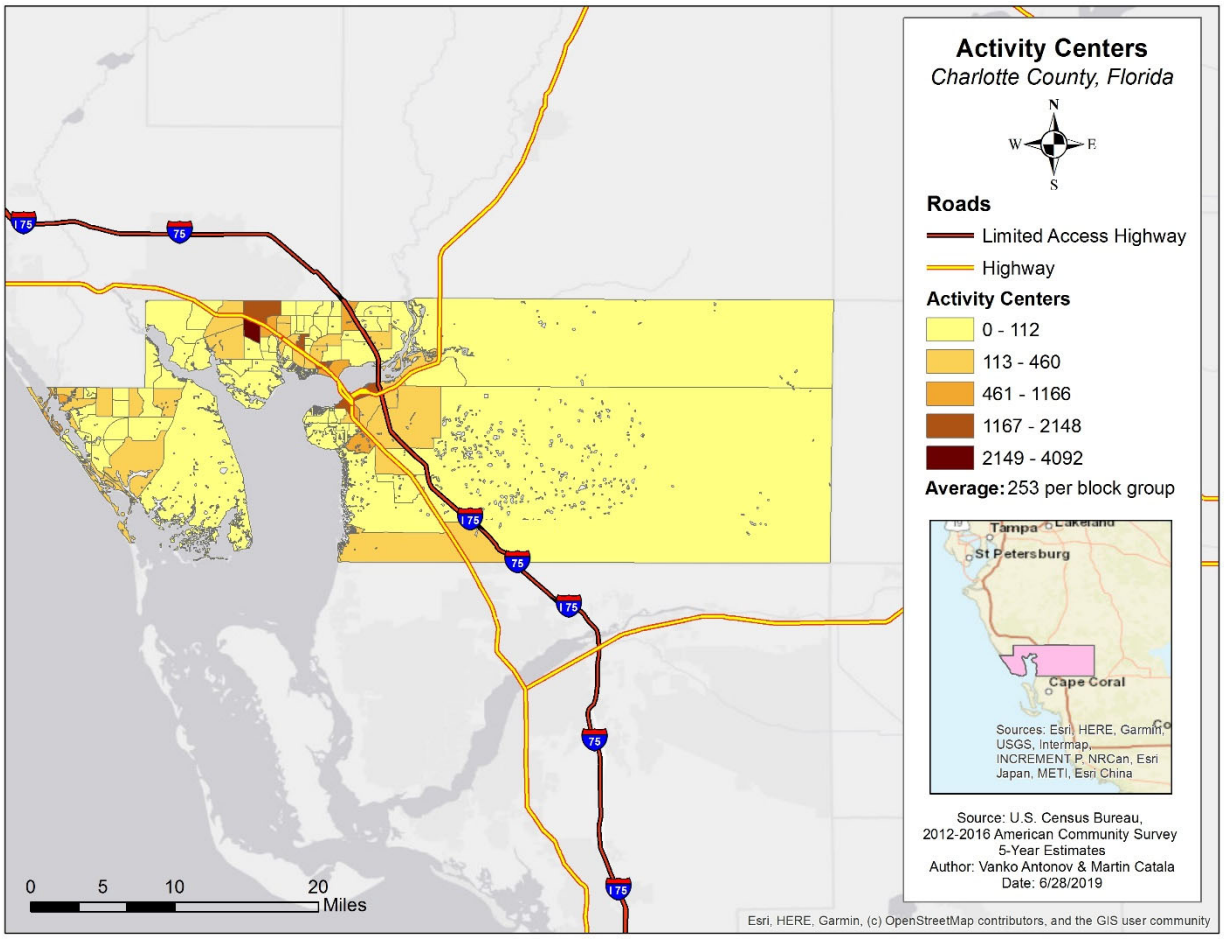


Figure 2-5. Charlotte County Activity Centers

Collier County

Higher concentrations of Collier County's population living with a disability reside in the northeastern portion of the county, north and east of Interstate 75 (Figure 2-6). This demographic consists of 7.0% of the county's total population, which is lower than the statewide average of 13.3% and the District One average of 12.5%. Collier has an average of 67 disabled persons per block group.

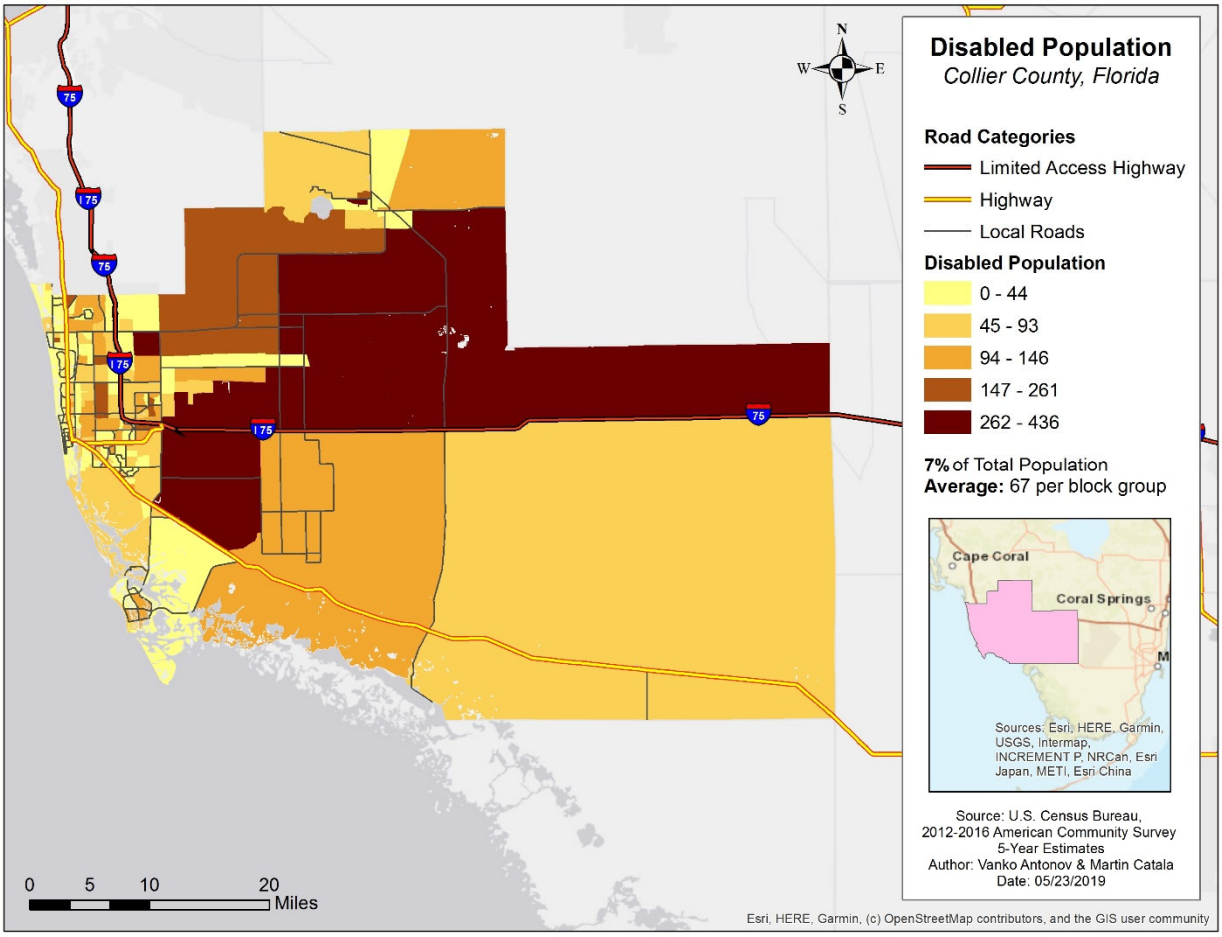


Figure 2-6. Collier County Population Living with a Disability

The highest concentrations of seniors in Collier County are located in the southwest and northern portions of the county, bordering Lee County, as shown in Figure 2-7. Collier's senior demographic consists of 30% of the county's total population, which is higher than the state average of 20% and the District One average of 25%. Collier County has an average of 537 seniors per block group.

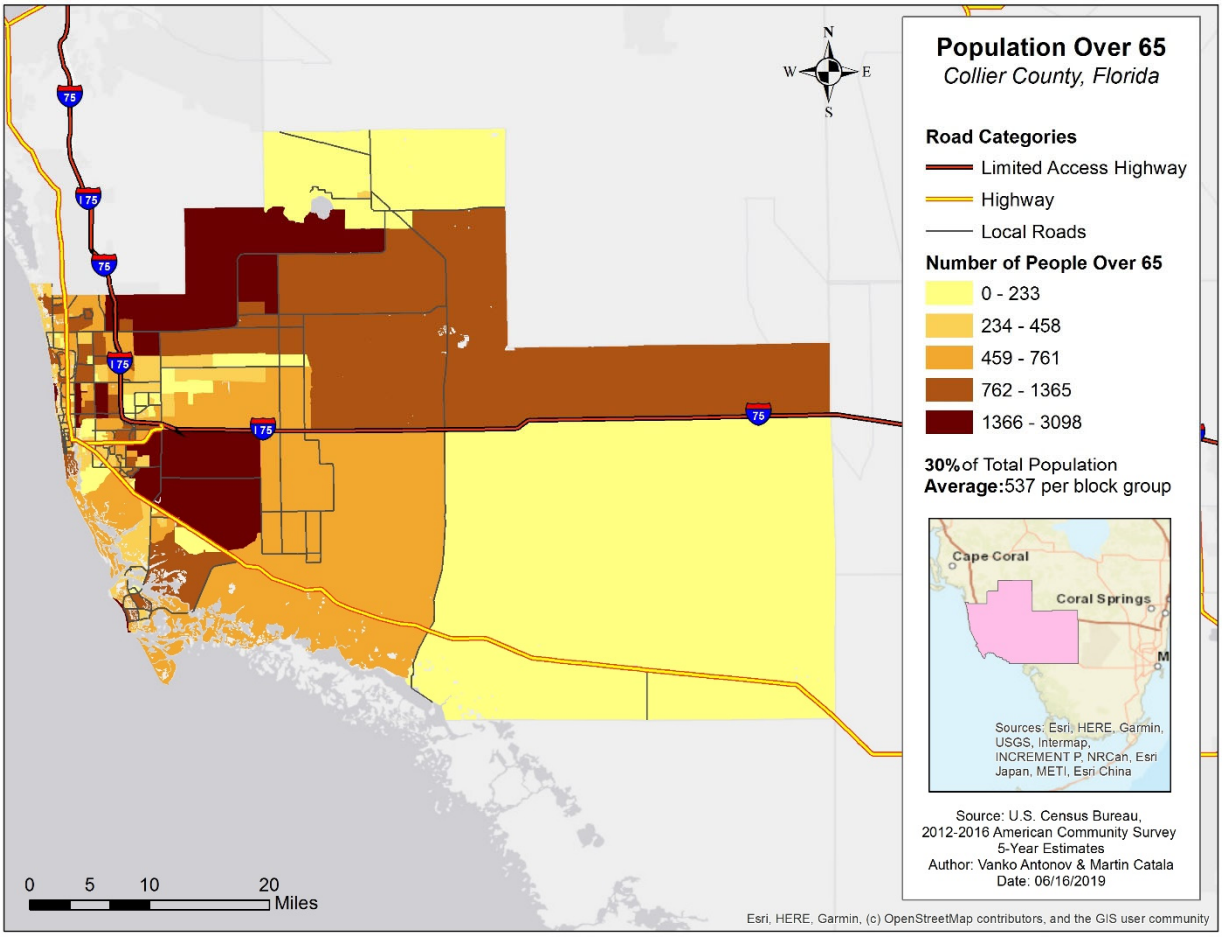


Figure 2-7. Collier County Population over Age 65

Figure 2-8 depicts the activity centers in Collier County that are clustered west of Interstate 75, and areas in the northeast with higher concentrations of activities near and inside the Miccosukee Indian Reservation.

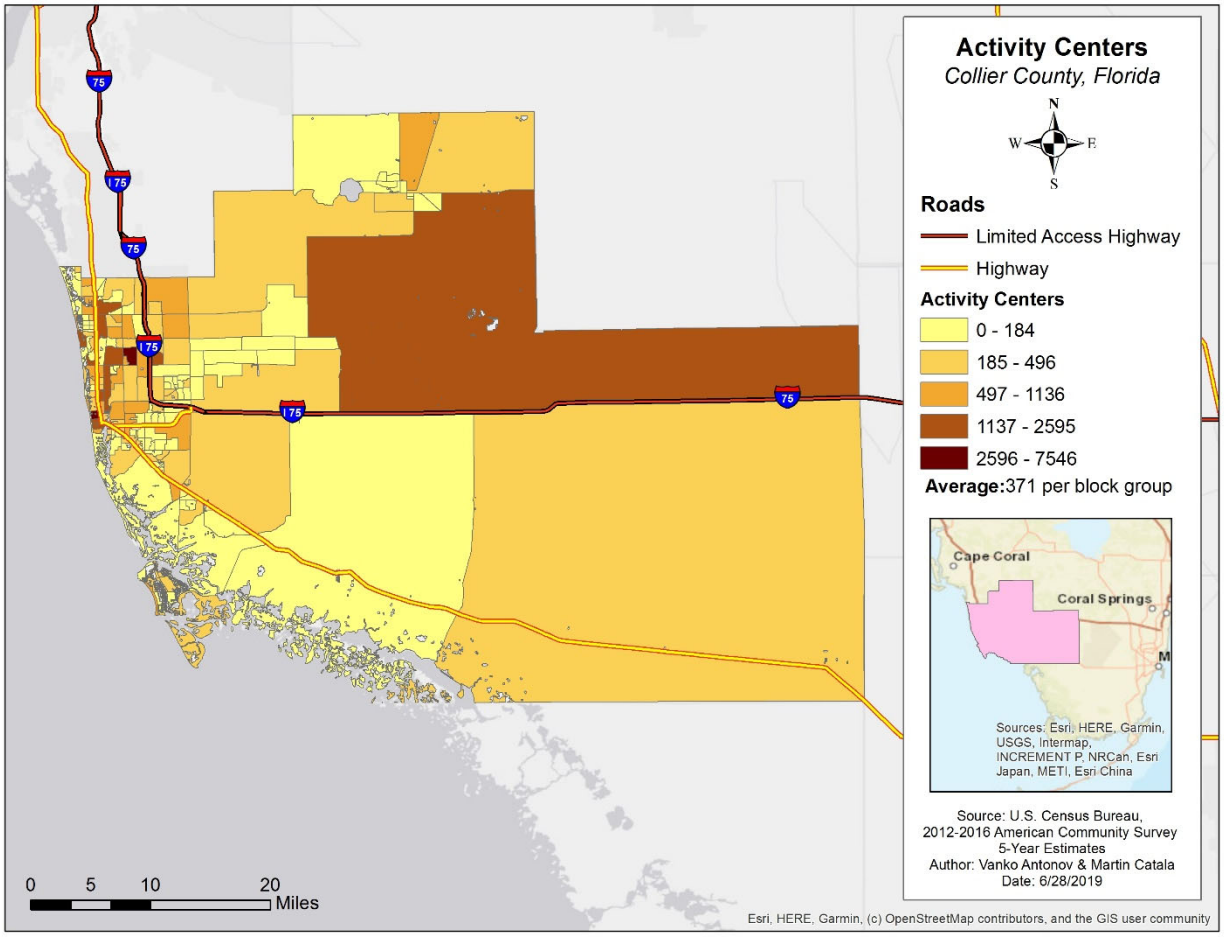


Figure 2-8. Collier County Desirable Destinations

DeSoto County

The southeastern portion of DeSoto County has the highest number of persons with disabilities (Figure 2-9). This demographic consists of 12.0% of the county's total population. DeSoto County has a lower percentage of disabled persons compared to the state average of 13.3% and the District One average of 12.5%. DeSoto has an average of 85 disabled persons per block group.

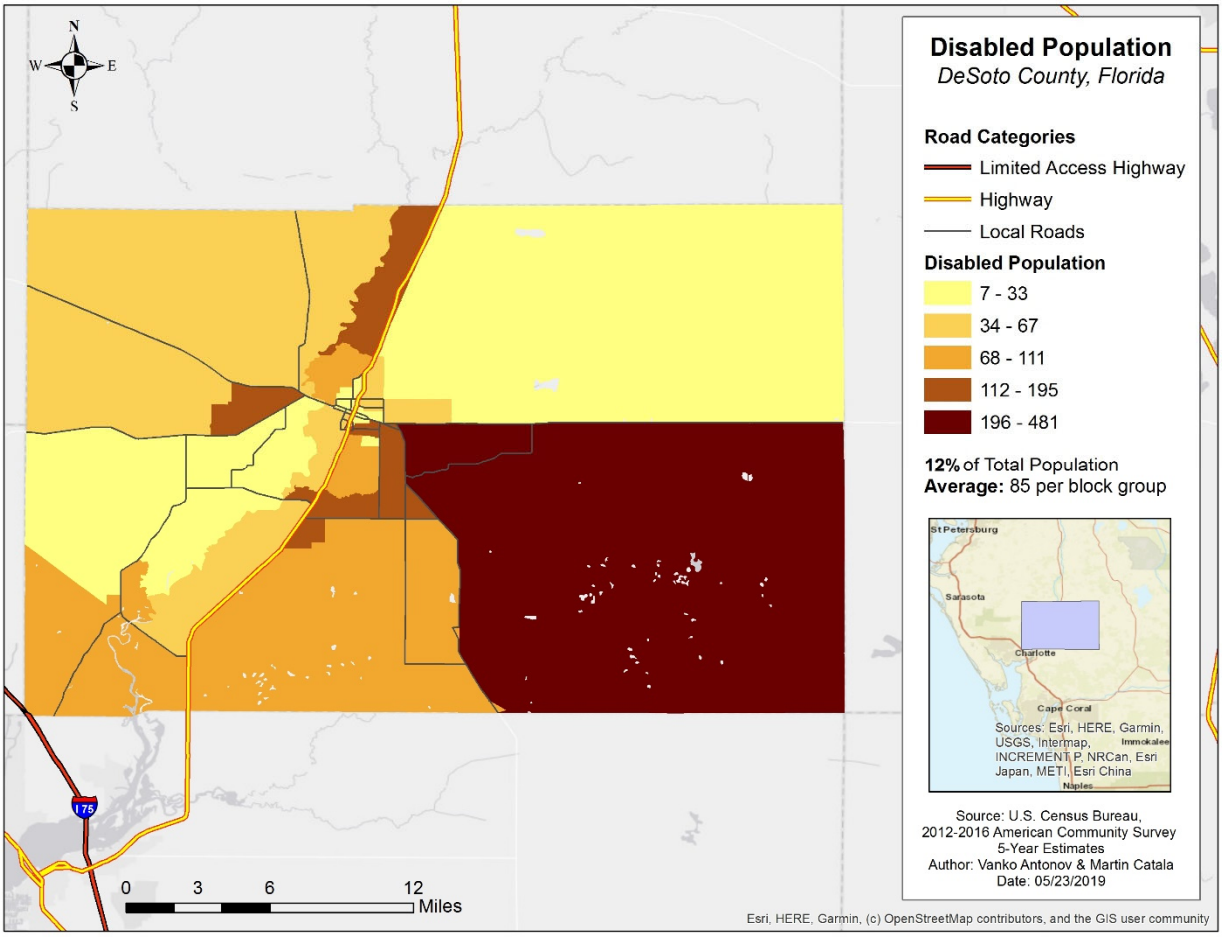


Figure 2-9. DeSoto County Population Living with a Disability

The highest concentration of seniors over age 65 is located in the southwest portion of the county in the unincorporated area known as Lake Suzy (Figure 2-10). DeSoto County's senior demographic consists of 19% of the county's total population, which is higher compared to the state average of 20% and the District One average of 25%. DeSoto has an average of 262 seniors per block group.

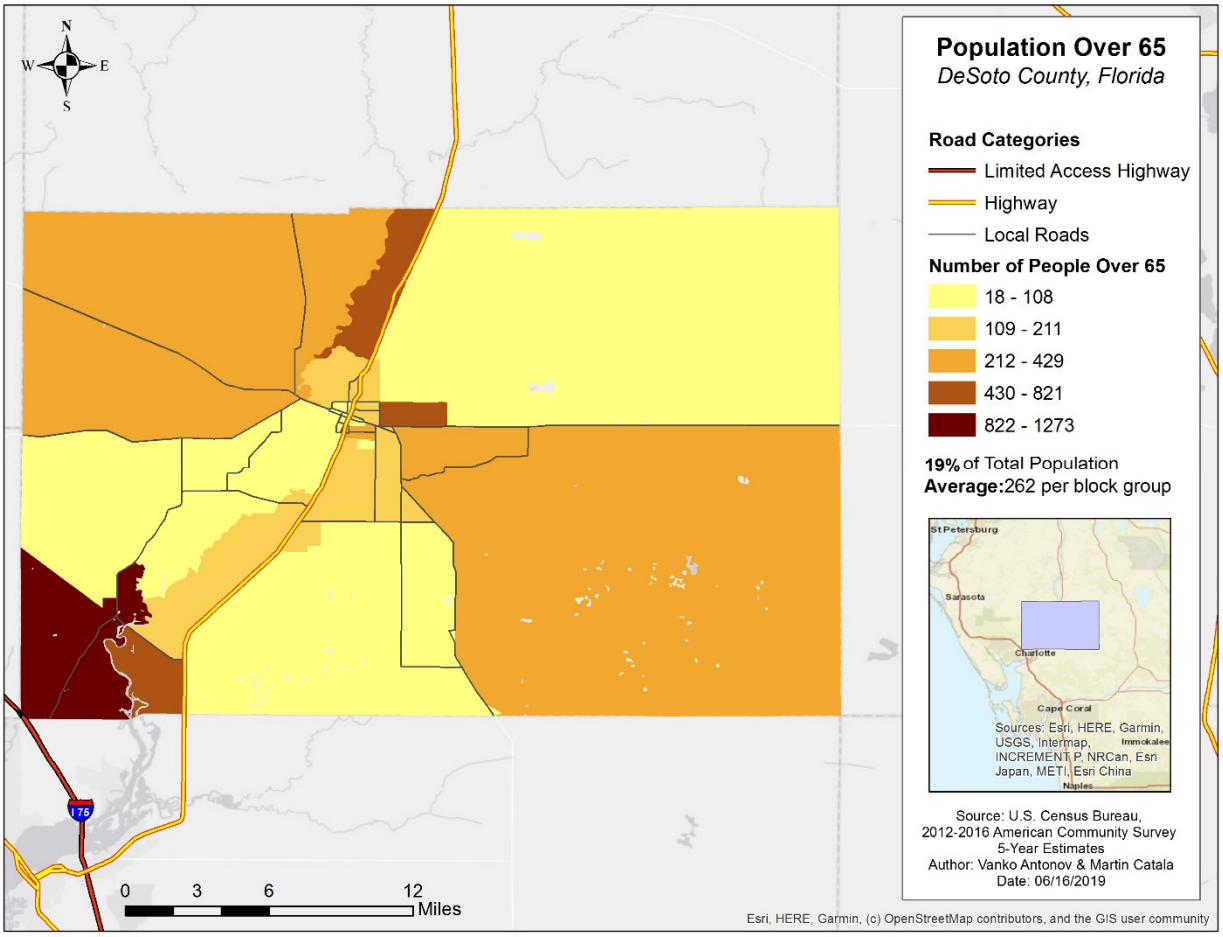


Figure 2-10. DeSoto County Senior Population

The activity areas of DeSoto County are predominantly located in Arcadia and Southeast Arcadia, as shown in Figure 2-11. Similar to other rural areas within District One, DeSoto's activity centers are adjacent to areas with higher numbers of seniors and persons with disabilities. The Lake Suzy region in the southwest corner of the county is closer to activity centers in Charlotte County.

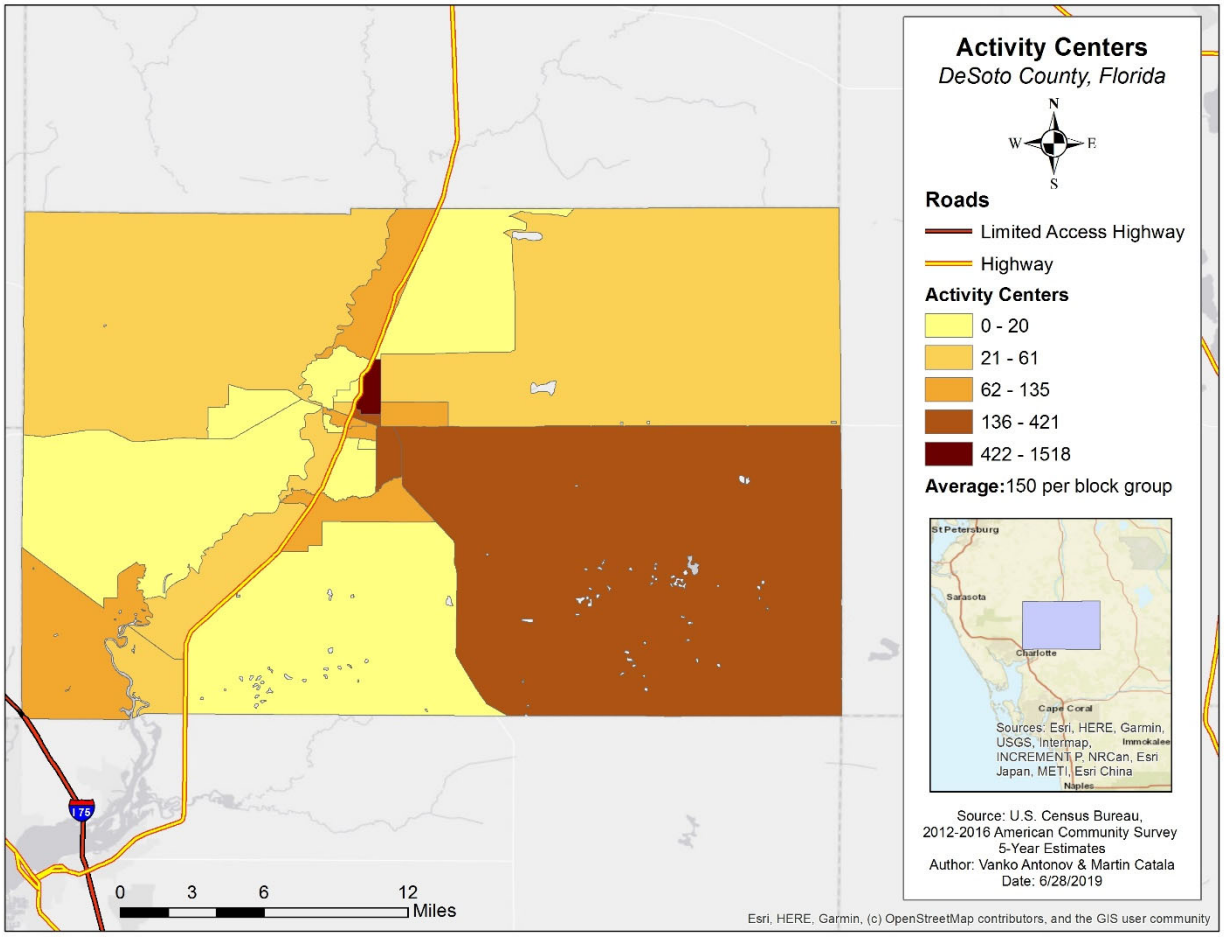


Figure 2-11. DeSoto County Activity Centers

Glades County

Higher concentrations of the population living with a disability in Glades County are located in the northeast area of the county and along Lake Okeechobee (Figure 2-12). This demographic consists of 19.0% of the county's total population. Glades County has a higher percentage of disabled persons compared to the state average of 13.3% and the District One average of 12.5%, and it has an average of 103 disabled persons per block group.

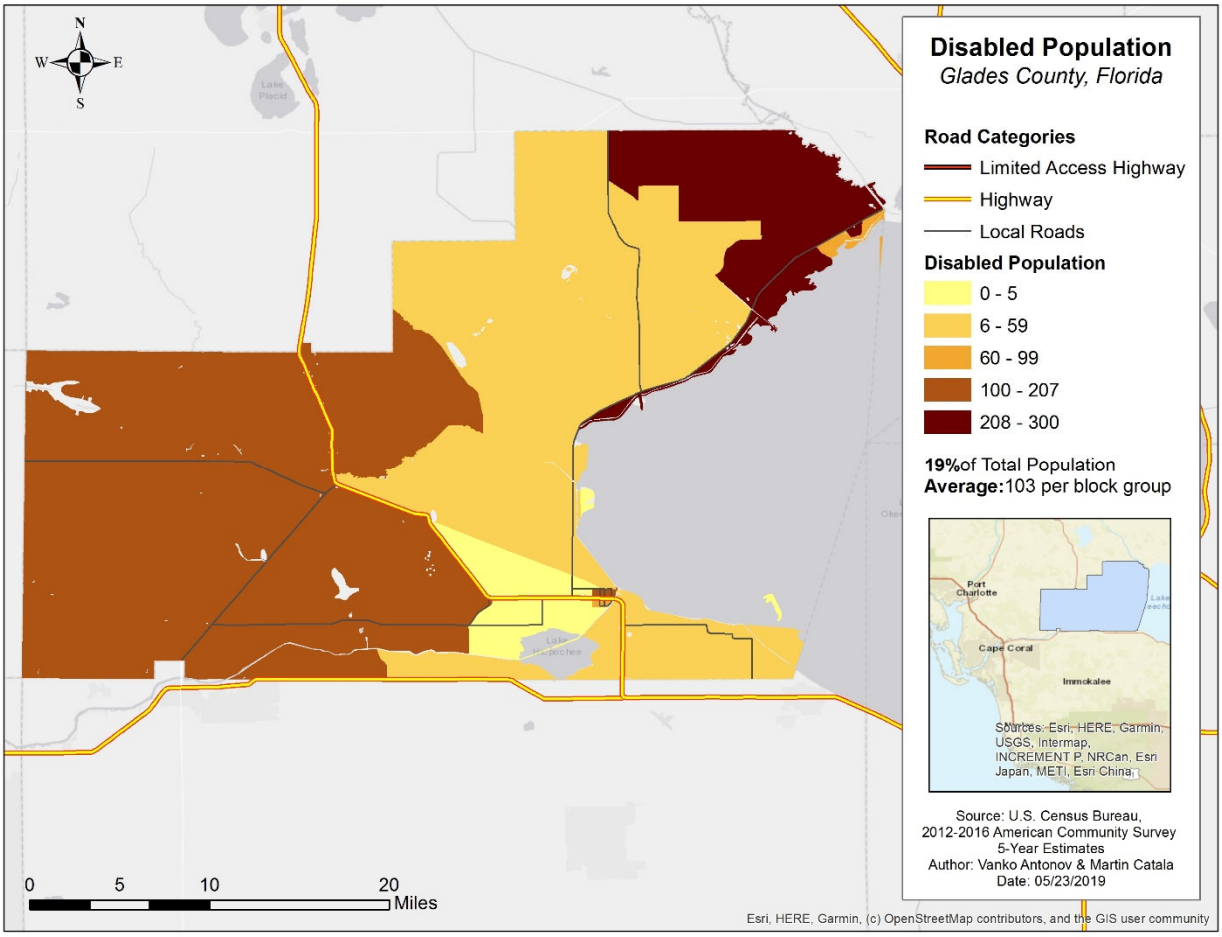


Figure 2-12. Glades County Population Living with a Disability

Figure 2-13 illustrates the Glades County population over age 65. The highest concentration of seniors is in the west and northeast parts of the county, consisting of 26% of the county's total population. Glades has a higher percentage of seniors compared to the state average of 20% and the District One average of 25%, with an average of 316 seniors per block group.

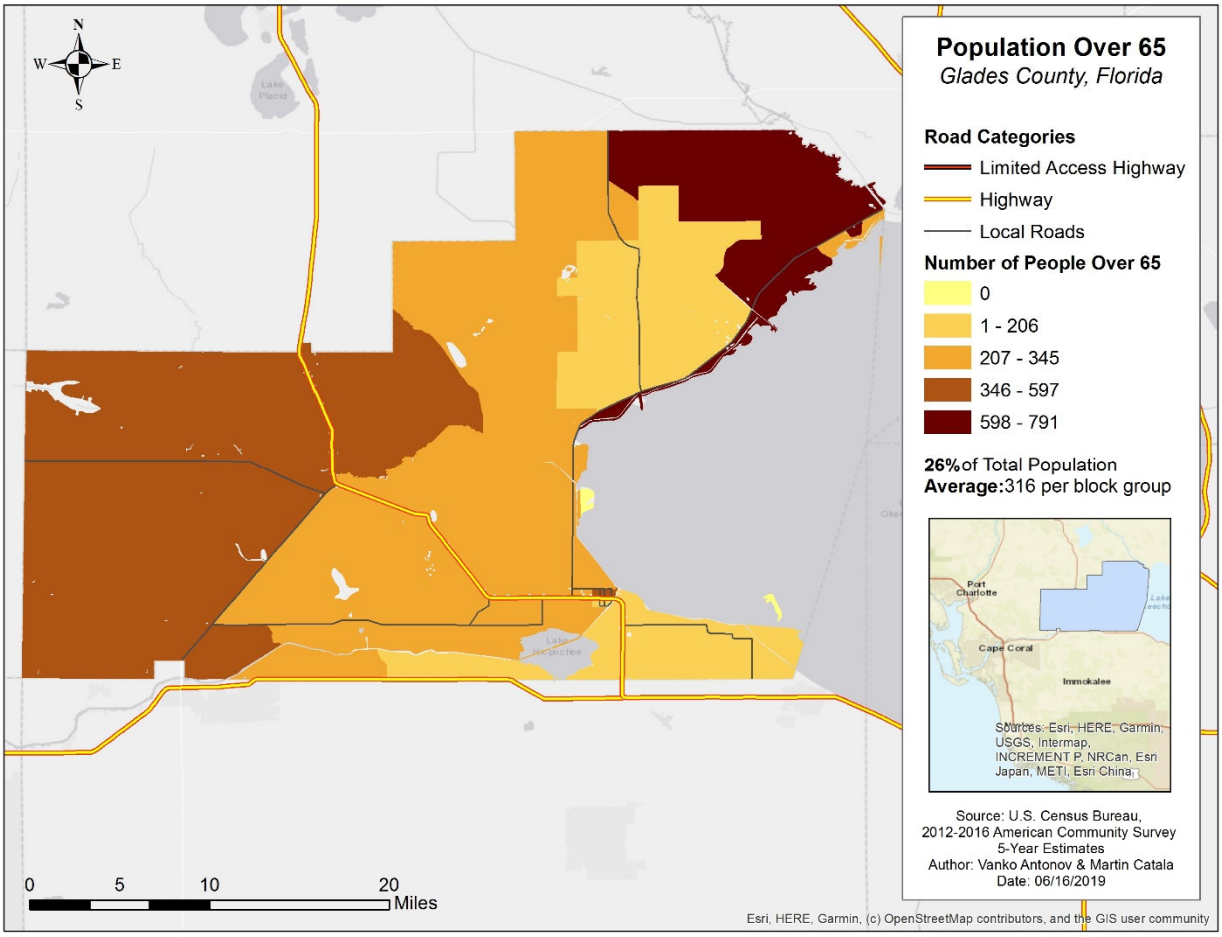


Figure 2-13. Glades County Senior Population

Figure 2-14 illustrates areas in Glades County with life-sustaining and enriching activities such as retail, healthcare, restaurants, and accommodation centers. Most of the activities are located in the eastern portion of the county, with higher concentrations along Lake Okeechobee, Brighton Reservation, and Moore Haven.

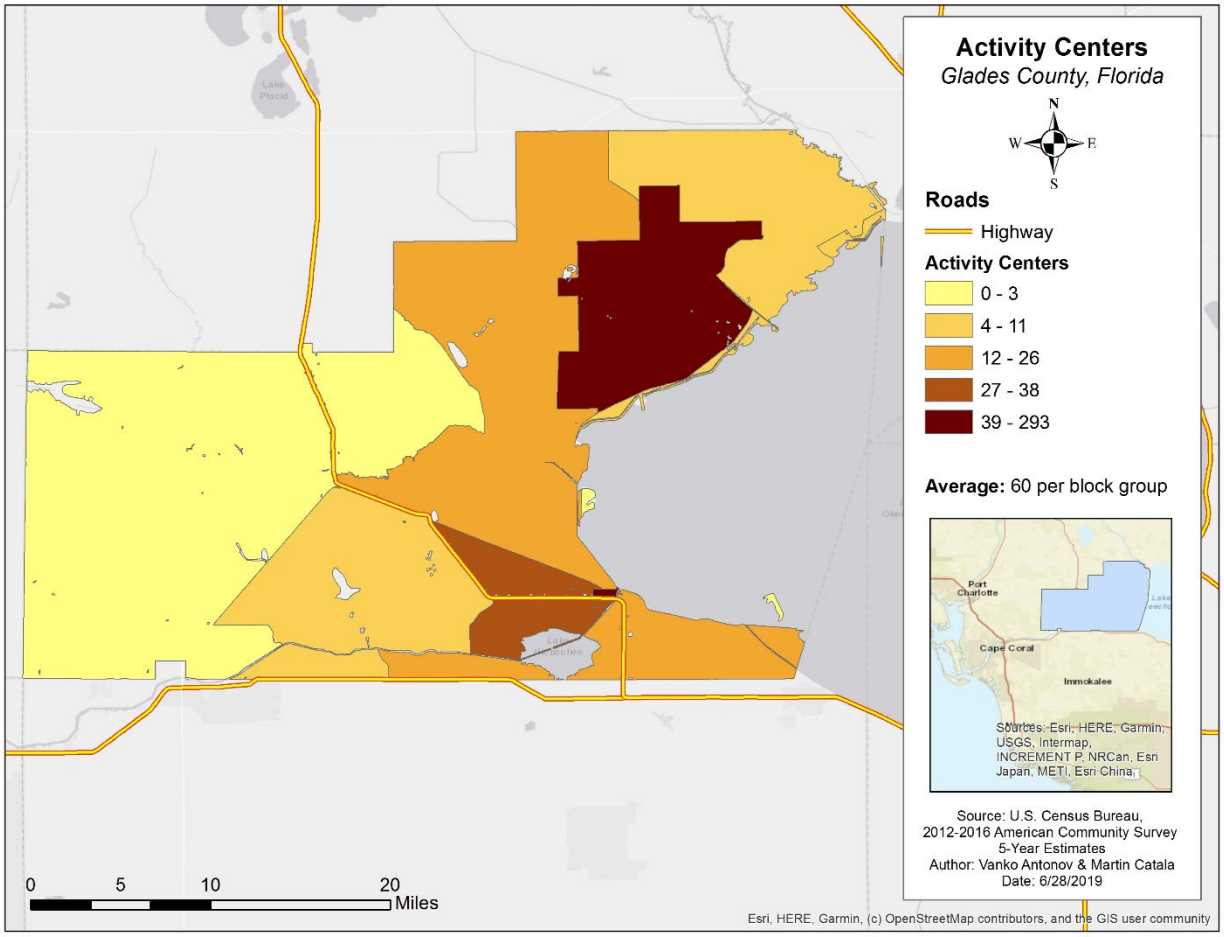


Figure 2-14. Glades County Desirable Destinations

Hardee County

The highest concentrations of Hardee County residents with a disability (8.0% demographic) are located in the central and western parts of the county (Figure 2-15). Hardee County has a lower percentage of disabled citizens compared to the state average of 13.3% and the District One average of 12.5%, and has an average of 53 disabled persons per block group.

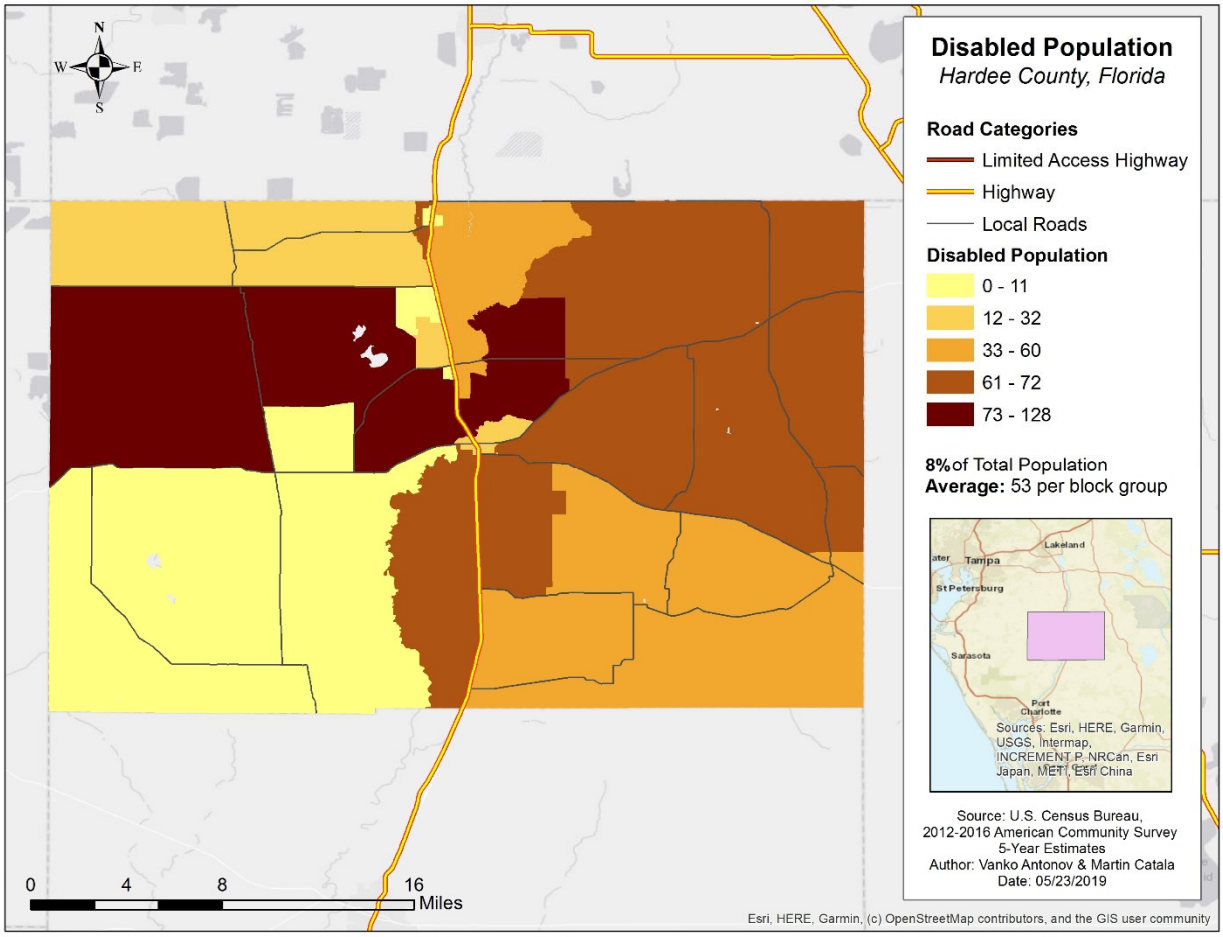


Figure 2-15. Hardee County Population Living with Disability

The central portion of Hardee County contains the highest concentration of the population over age 65 (Figure 2-16). Seniors make up 14% of the county's total population, which is lower than the state average of 20% and the District One average of 25%. Hardee County has an average of 197 seniors per block group.

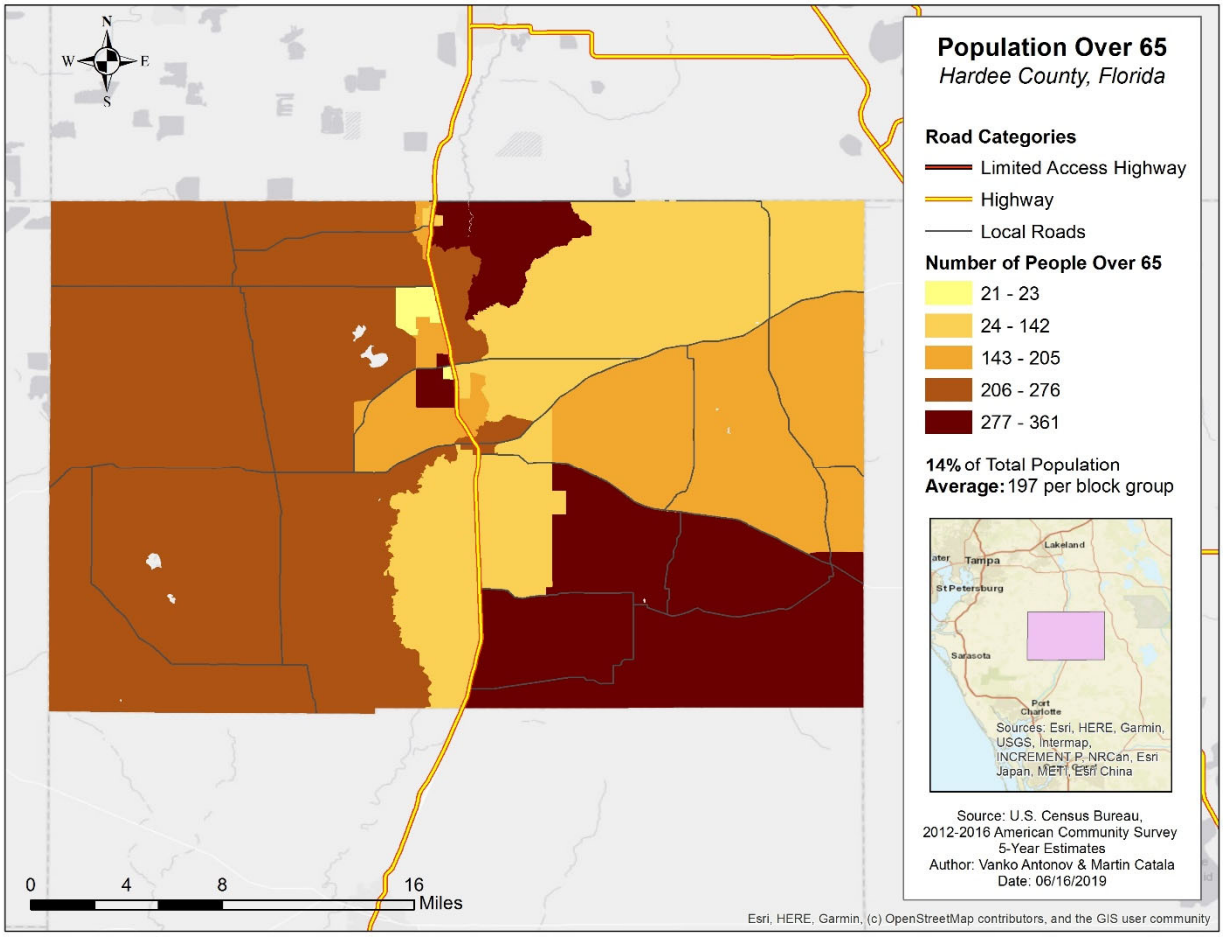


Figure 2-16. Hardee County Population over Age 65

Much of Hardee County's activity aligns with U.S. Highway 17 between the county's northern border through the city of Wauchula and the town of Zolfo Springs (Figure 2-17). The county has some areas where the population clusters overlap the activity centers, but several population clusters are outside of the main activity centers, creating a spatial mismatch between the activity centers and population clusters.

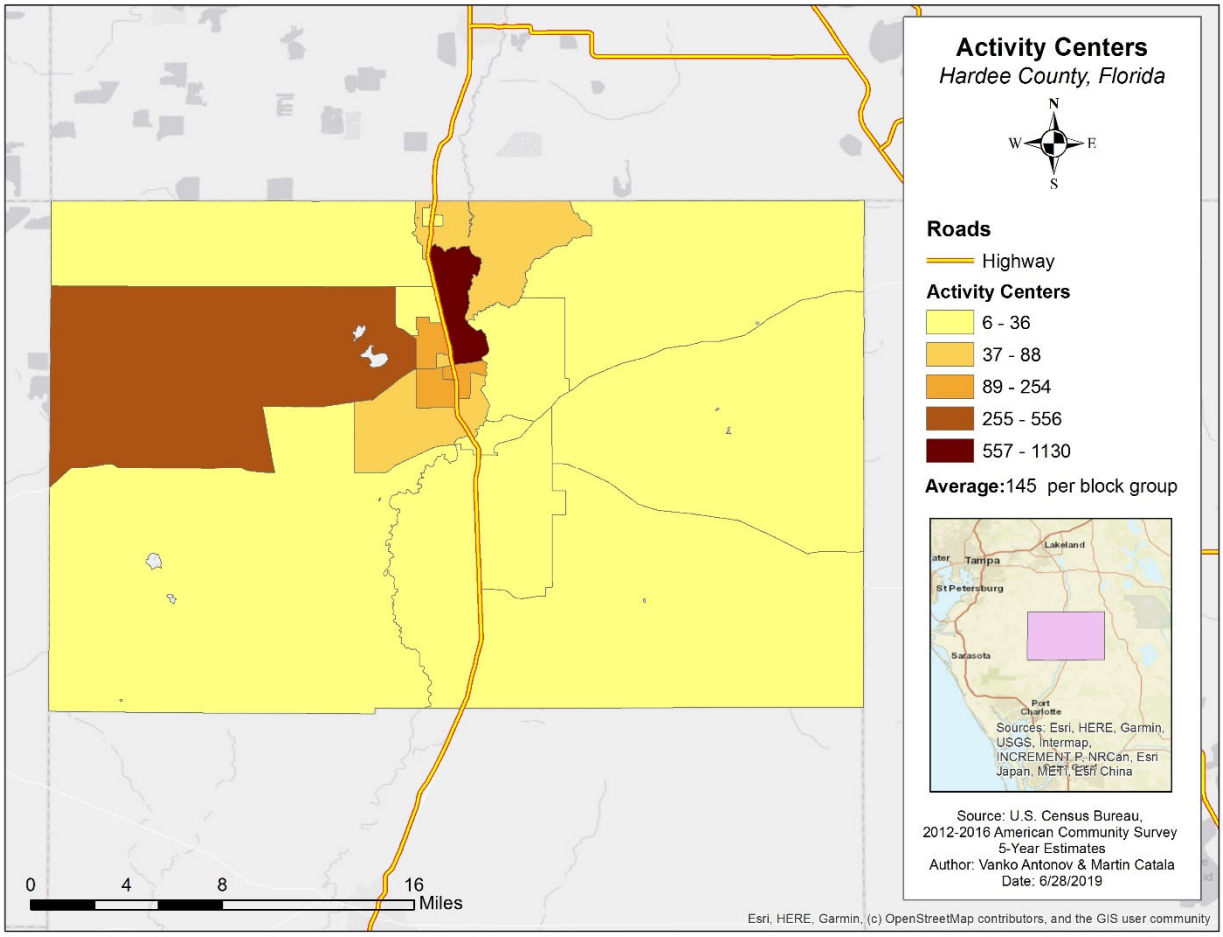


Figure 2-17. Hardee County Activity Centers

Hendry County

The highest concentration of Hendry County's population with a disability is located in the northern portions of the county and comprises 14.0% of the county's total population (Figure 2-18). Hendry County has a higher percentage of disabled persons compared to the state average of 13.3% and the District One average of 12.5%, and has an average of 114 disabled persons per block group.

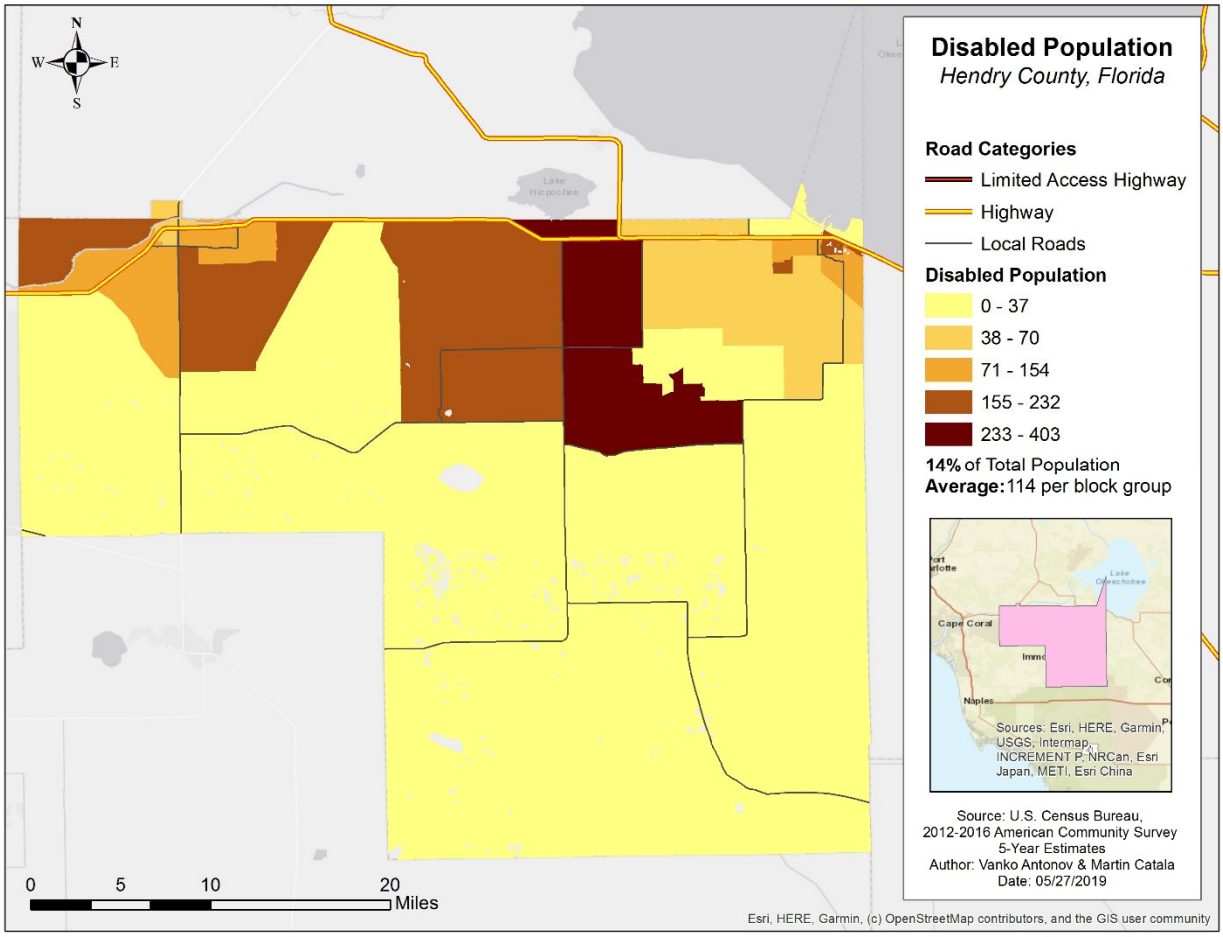


Figure 2-18. Hendry County Population Living with a Disability

The highest concentrations of the senior population are located in the northwest and northeast areas of the county (Figure 2-19). Hendry County's senior demographic consists of 13% of the county's total population, which is lower than the state average of 20% and the District One average of 25%. Hendry County has an average of 196 seniors per block group.

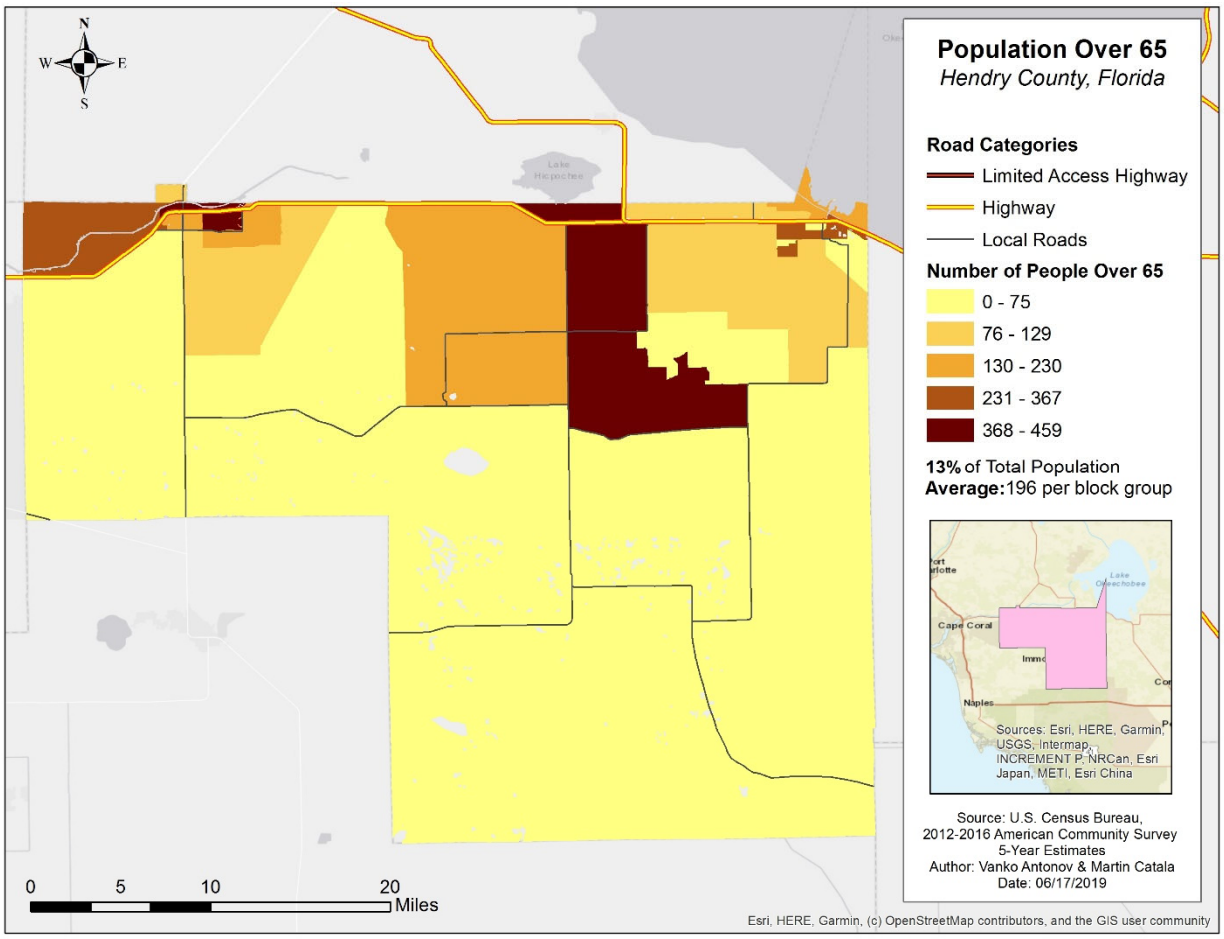


Figure 2-19. Hendry County Population over Age 65

Figure 2-20 depicts the activity centers in Hendry County, most of them clustered along County Road 80 between the cities of Clewiston and LaBelle. The population centers of seniors and persons with disabilities more closely align with activity centers within Hendry County compared to other rural counties. However, much of the targeted population markets are adjacent to the activity centers.

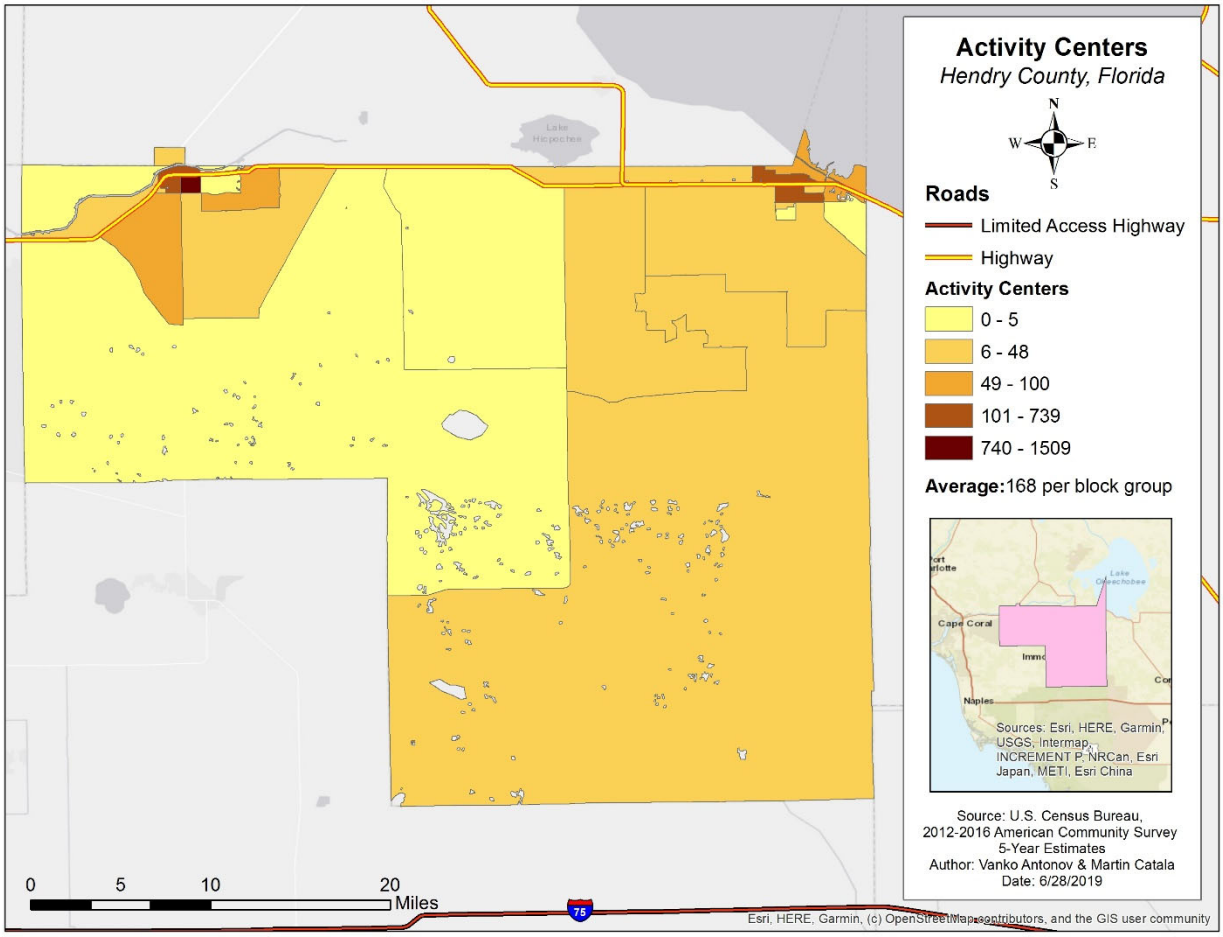


Figure 2-20. Hendry County Activity Centers

Highlands County

The census block groups containing the highest concentration of people with a disability in Highlands County are generally located in the northwestern part of the county (Figure 2-21). This demographic consists of 14.0% of the county's total population. Highlands County has a higher percentage of disabled persons compared to the state average of 13.3% and the District One average of 12.5%, and has an average of 82 disabled persons per block group.

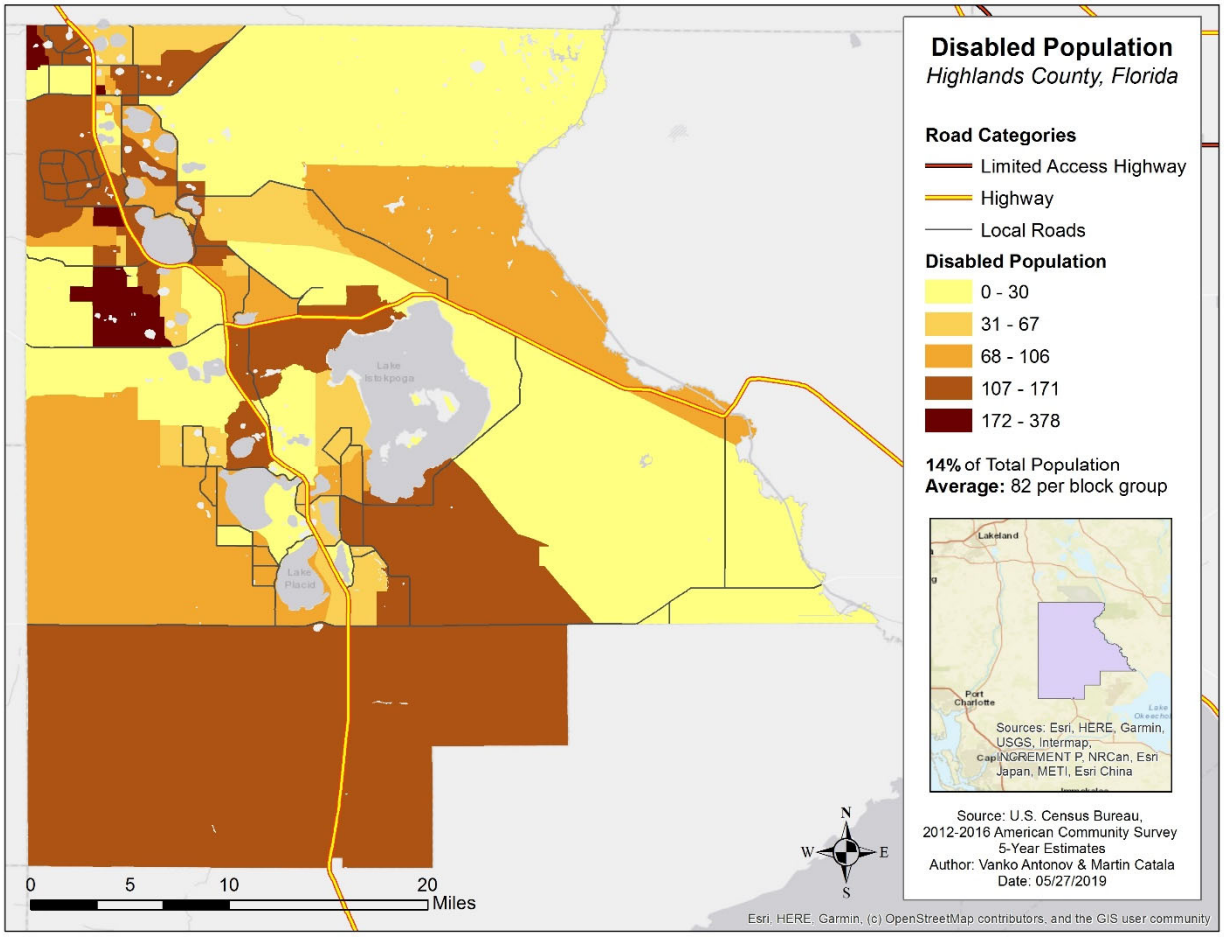


Figure 2-21. Highlands County Population Living with a Disability

Figure 2-22 shows the population distribution for people over age 65, with the highest concentrations located in the central and northwestern portions of the county. This demographic consists of 34% of the county's total population. Highlands County has a higher percentage of seniors compared to the state average of 20% and the District One average of 25%, and has an average of 424 seniors per block group.

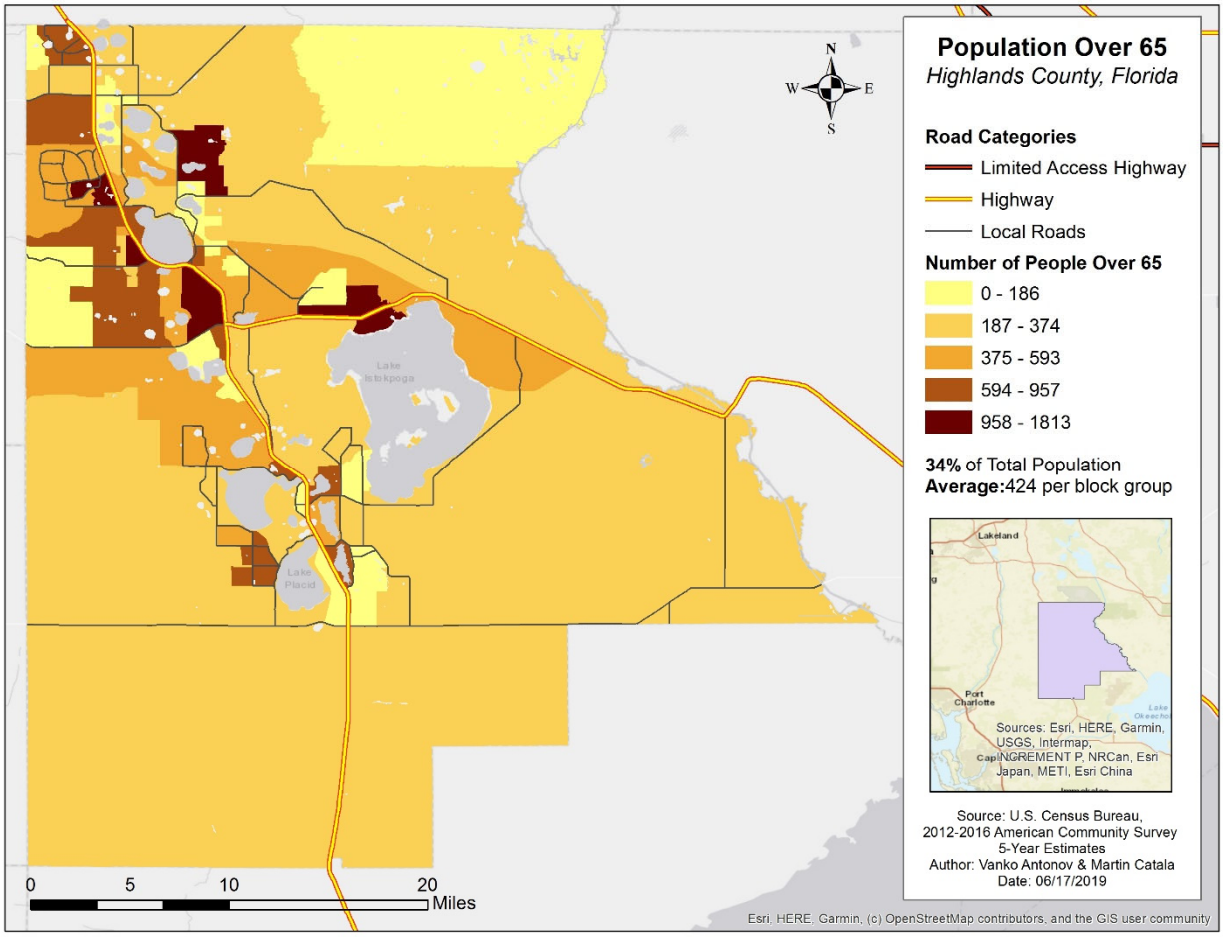


Figure 2-22. Highlands County Population over Age 65

Much of the activity within Highlands County is located in the northwestern section of the county, with pockets of activity surrounding the communities of Avon Park and Sebring (Figure 2-23). There are areas where the population and the activity centers overlap, but for the most part the targeted population areas for the 5310 grant program are adjacent to the activity centers.

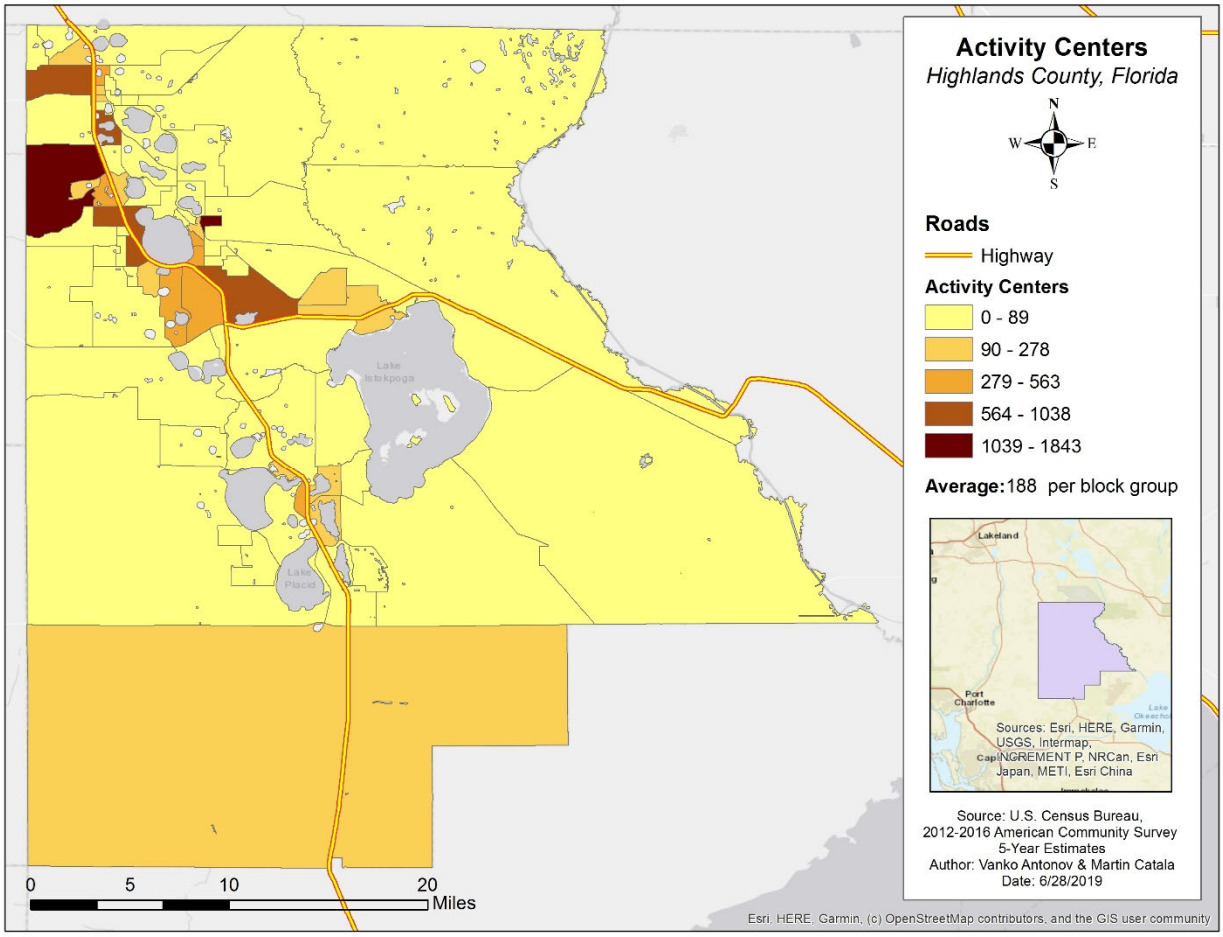


Figure 2-23. Highlands County Activity Centers

Lee County

The highest concentrations of people with a disability in Lee County are located in random block groups across the county's center (Figure 2-24). This demographic consists of 11.0% of the county's total population. Lee County has a lower percentage of disabled persons than the state average of 13.3% and the District One average of 12.5%, and has an average of 73 disabled persons per block group.

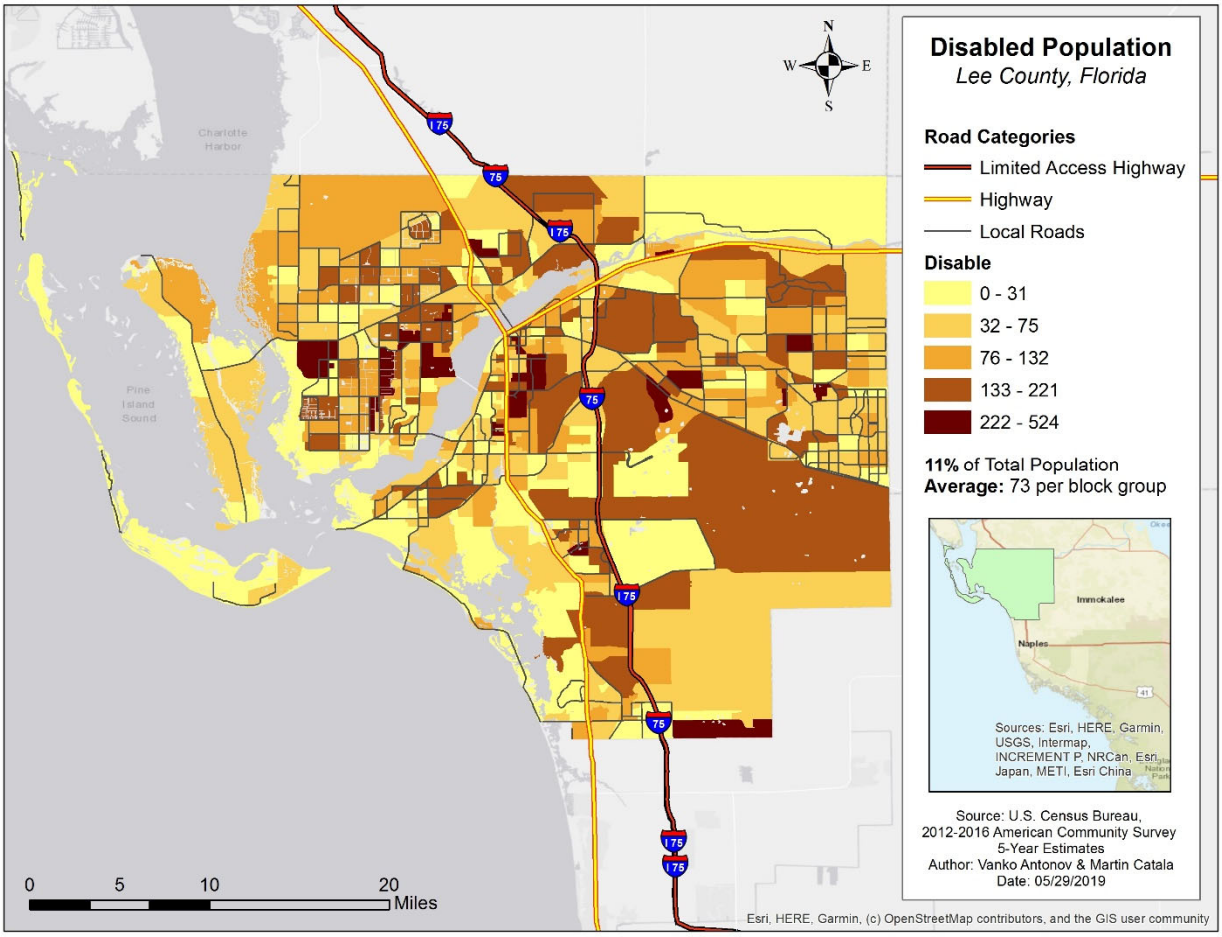


Figure 2-24. Lee County Population Living with a Disability

Figure 2-25 maps the geographic distribution of Lee County's population over age 65. The highest concentration of seniors lives in block groups spread across the county. This demographic consists of 26% of the county's total population. Lee County has a higher percentage of senior citizens compared to the state average of 20% and the District One average of 25%, and has an average of 369 seniors per block group.

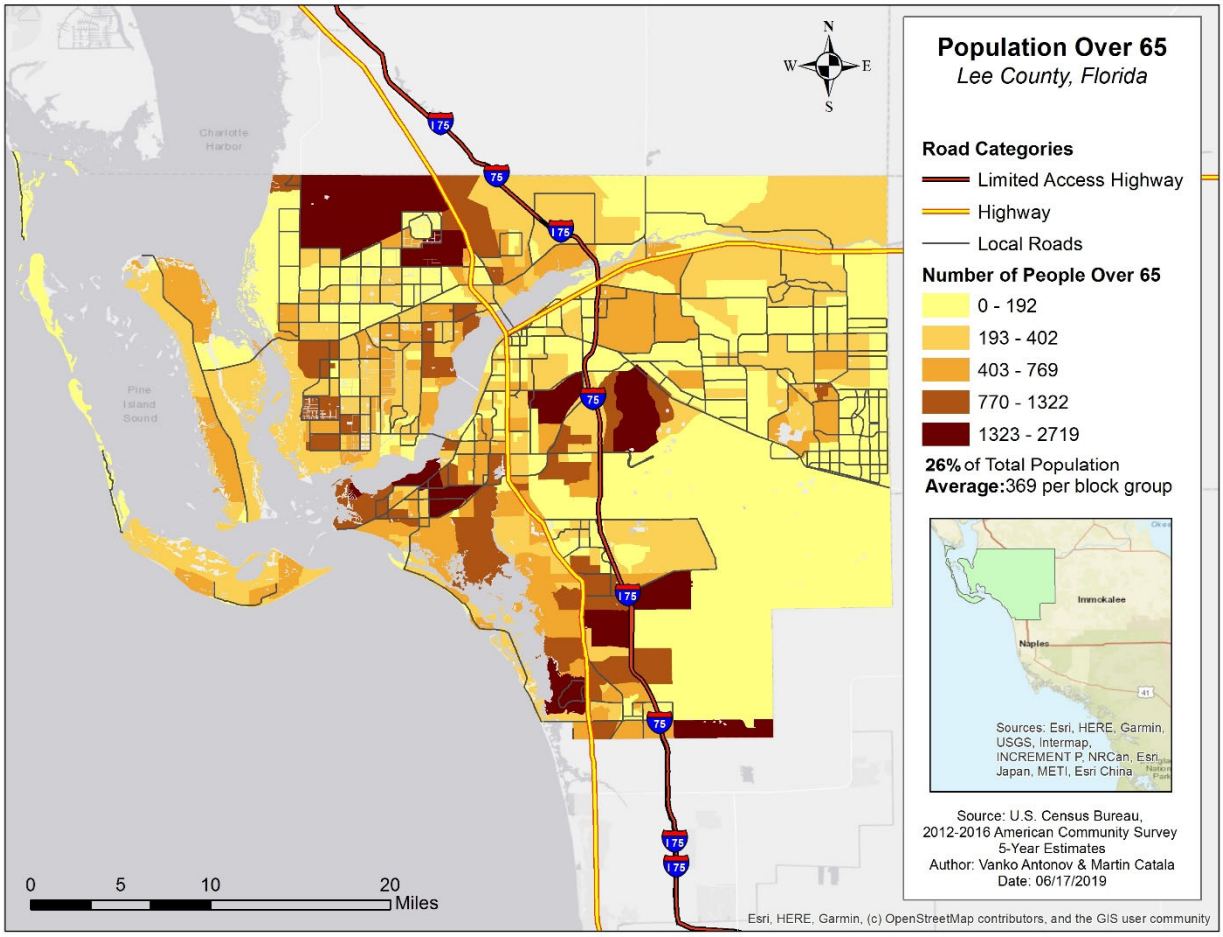


Figure 2-25. Lee County Population over Age 65

Similar to the population distribution, activity centers are dispersed throughout Lee County (Figure 2-26). Most of the activity centers are located south of the Caloosahatchee River and are widely dispersed.

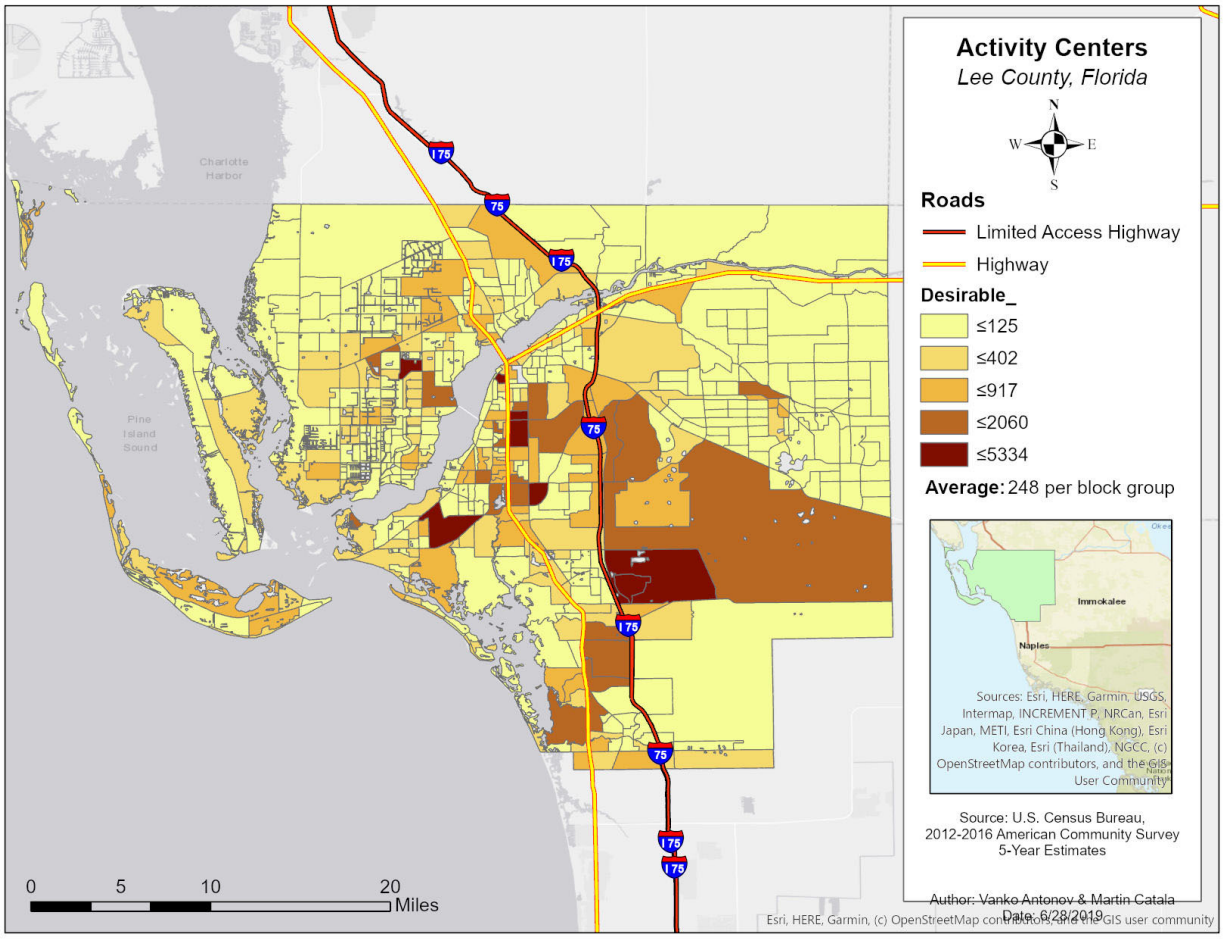


Figure 2-26. Lee County Activity Centers

Manatee County

The highest concentrations of Manatee County's disabled population are located in block groups dispersed across the center of the county (Figure 2-27). This demographic consists of 11.0% of the county's total population, which is lower than the state average of 13.3% and the District One average of 12.5%. Manatee County has an average of 95 disabled persons per block group.

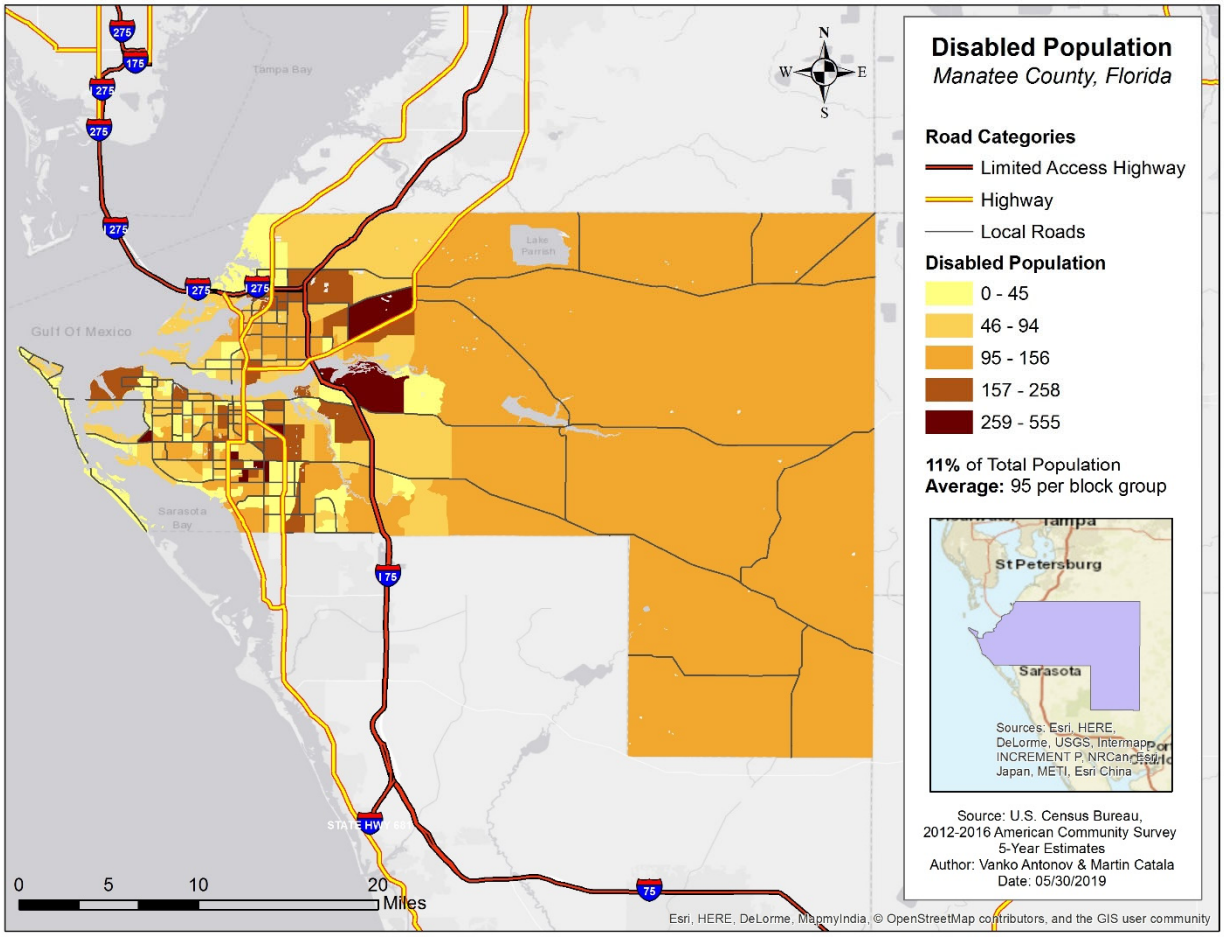


Figure 2-27. Manatee County Population Living with a Disability

The highest concentrations of seniors in Manatee County are located in the central and southern parts of the county (Figure 2-28). The population segment over age 65 consists of 25% of the county's total population. Manatee County has a higher percentage of senior citizens compared to the state average of 20% and about the same as the District One average of 25%. Manatee has an average of 435 seniors per block group.

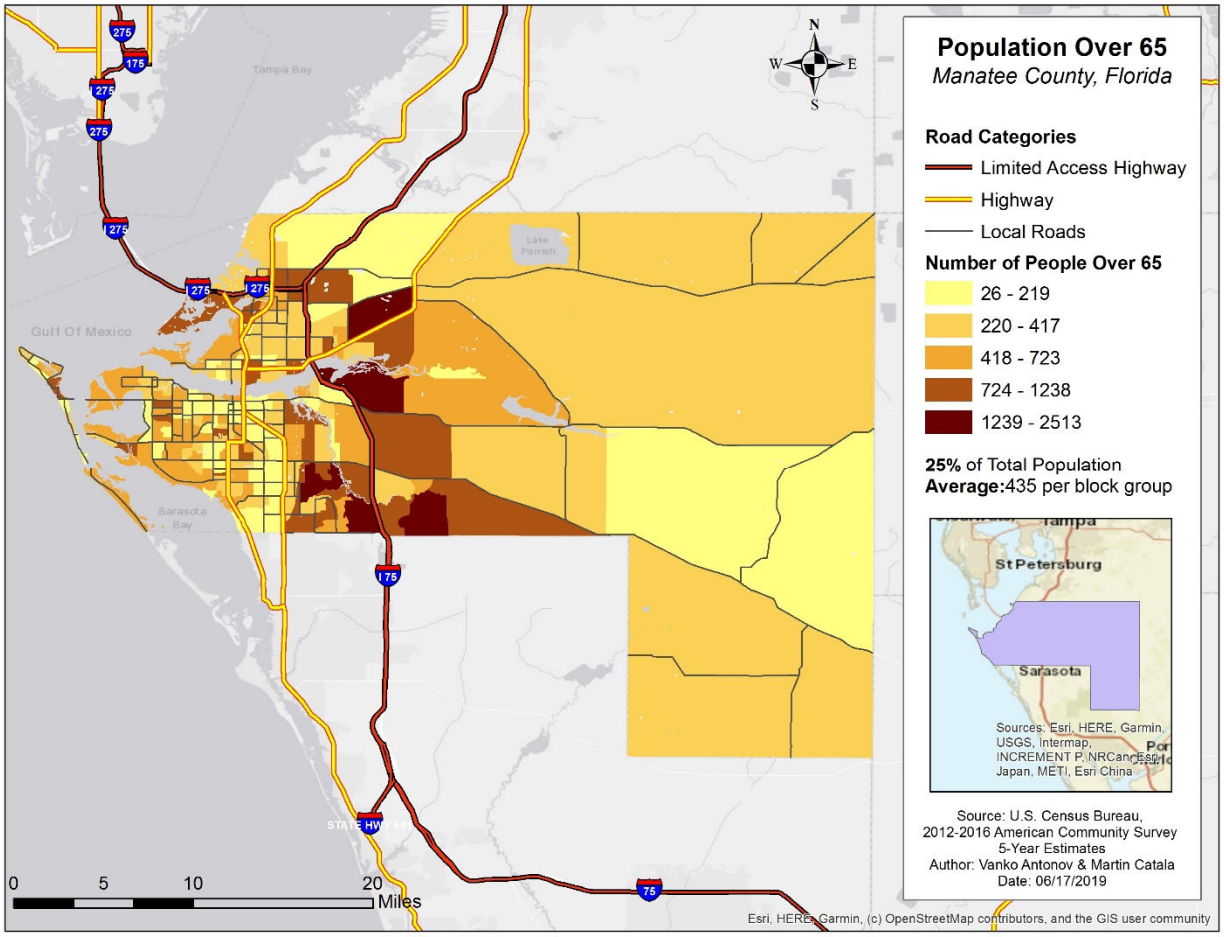


Figure 2-28. Manatee County Population over Age 65

The activity centers are located throughout the county, with high clusters in southern portions of the county and north and south of the Manatee River (Figure 2-29). Much of the activity is adjacent to Interstate 75 and does not align with the population distribution.

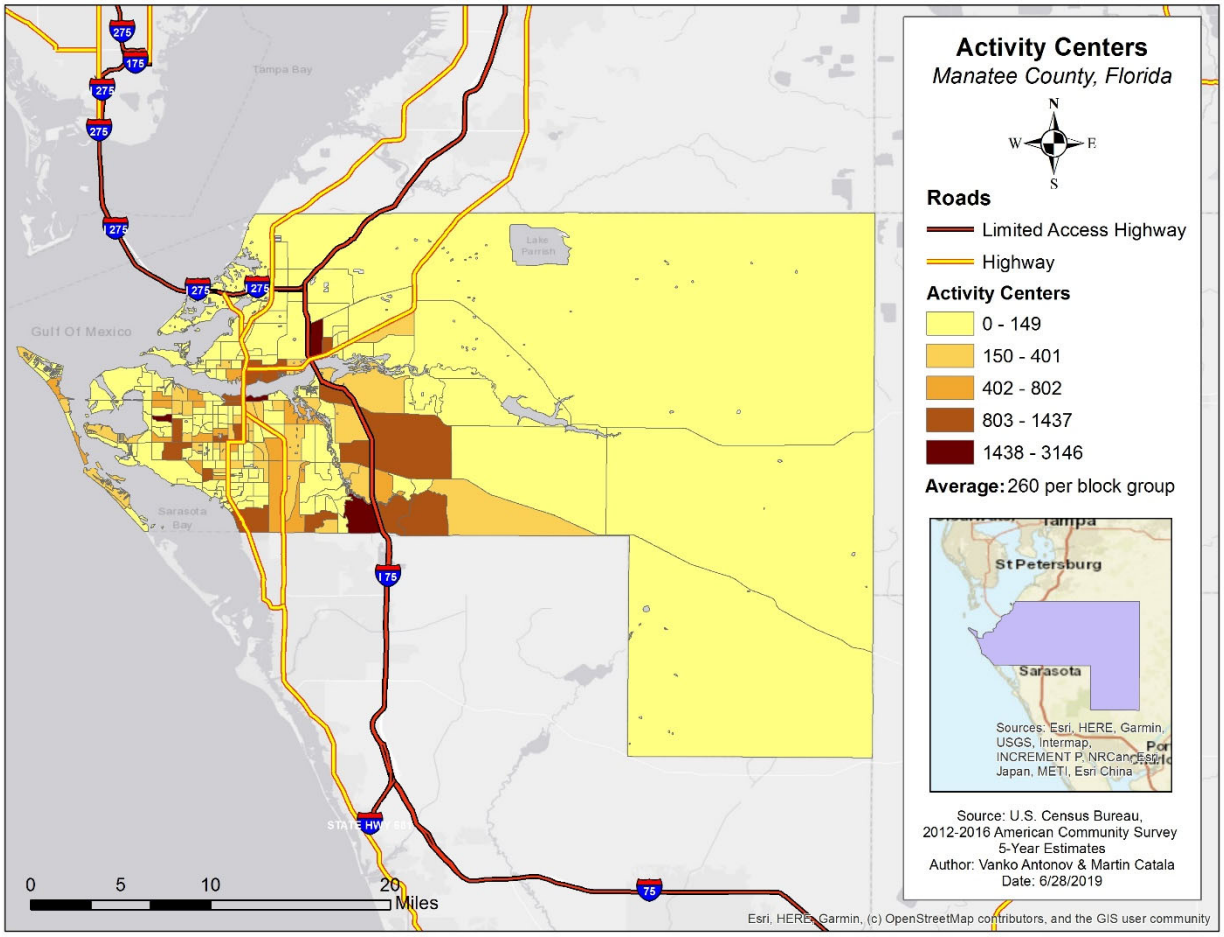


Figure 2-29. Manatee County Activity Centers

Okeechobee County

The highest concentration of Okeechobee County's disabled population is located in the eastern part of the county (Figure 2-30). This demographic consists of 14.0% of the county's total population. Okeechobee County has a higher percentage of disabled persons compared to the state average of 13.3% and the District One average of 12.5%, and has an average of 100 disabled persons per block group.

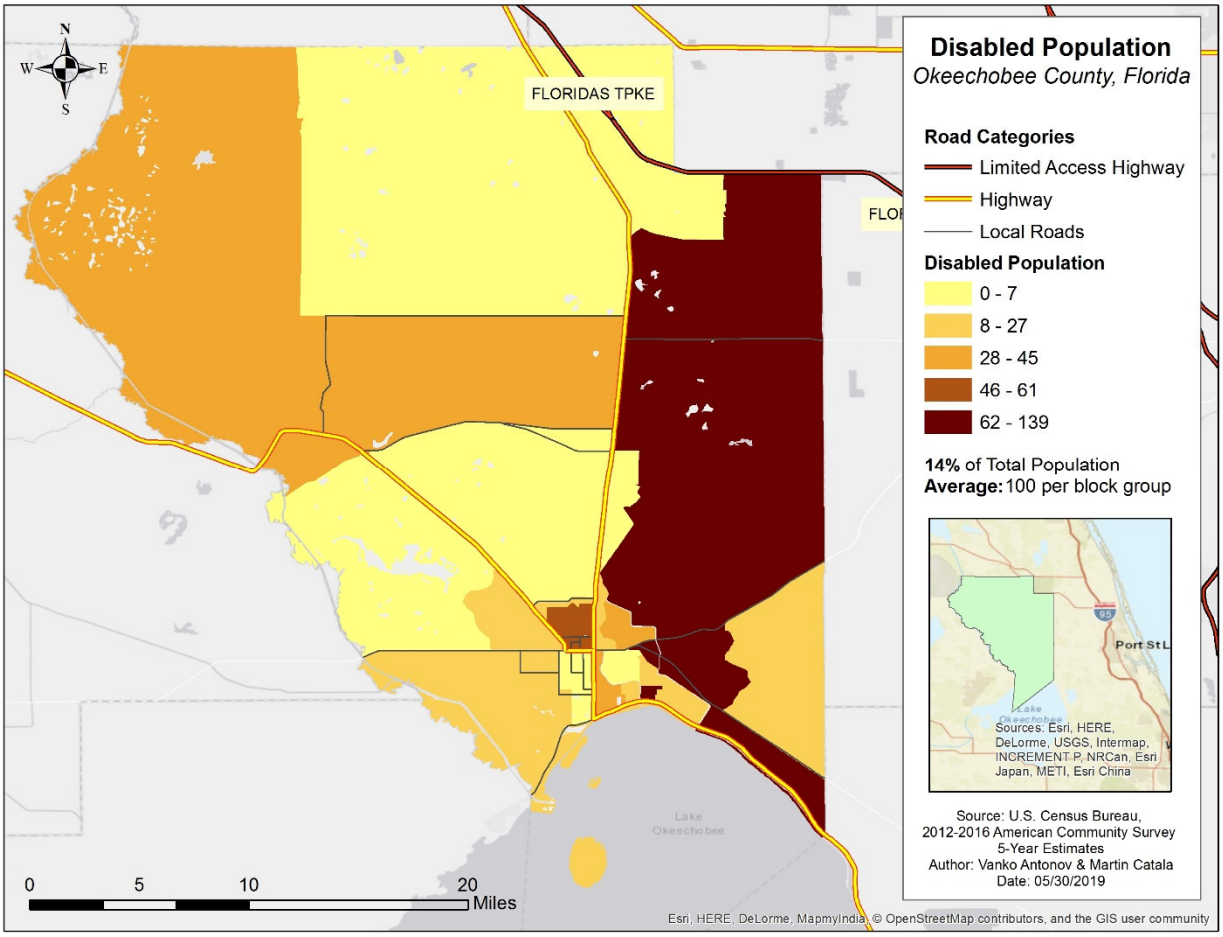


Figure 2-30. Okeechobee County Population Living with a Disability

The highest concentration of the population over age 65 is located in the southern part of the county (Figure 2-31). Okeechobee County's senior demographic consists of 18% of the county's total population, which is lower than the state average of 20% and the District One average of 25%. Okeechobee County has an average of 250 seniors per block group.

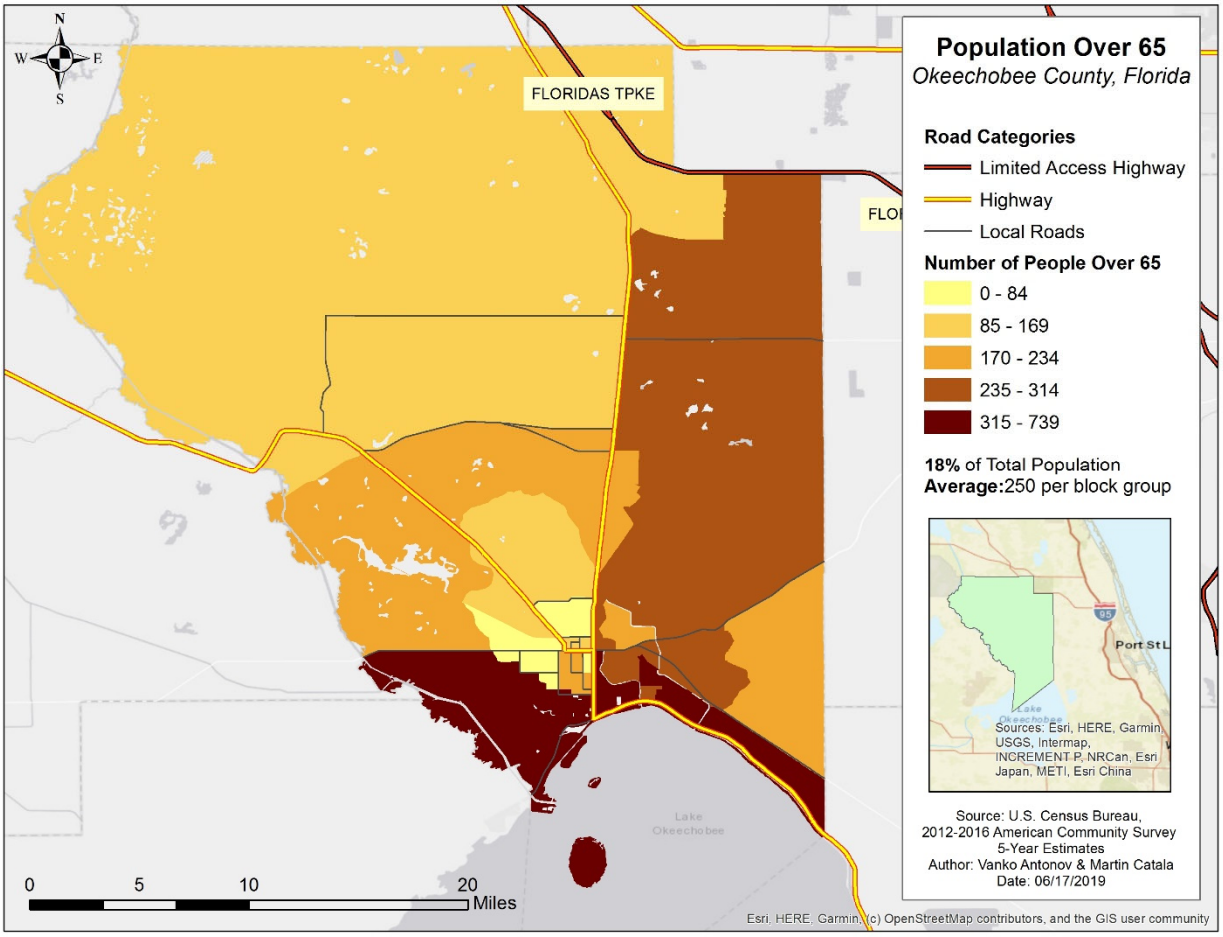


Figure 2-31. Okeechobee County Population over Age 65

Many of the activity centers are in the southern portion of the county, near the city of Okeechobee along the northern border of Lake Okeechobee and along U.S. Highway 441 (Figure 2-32). The activity centers overlap some of the senior and disabled population clusters, while other population clusters are in close proximity to the activity centers.

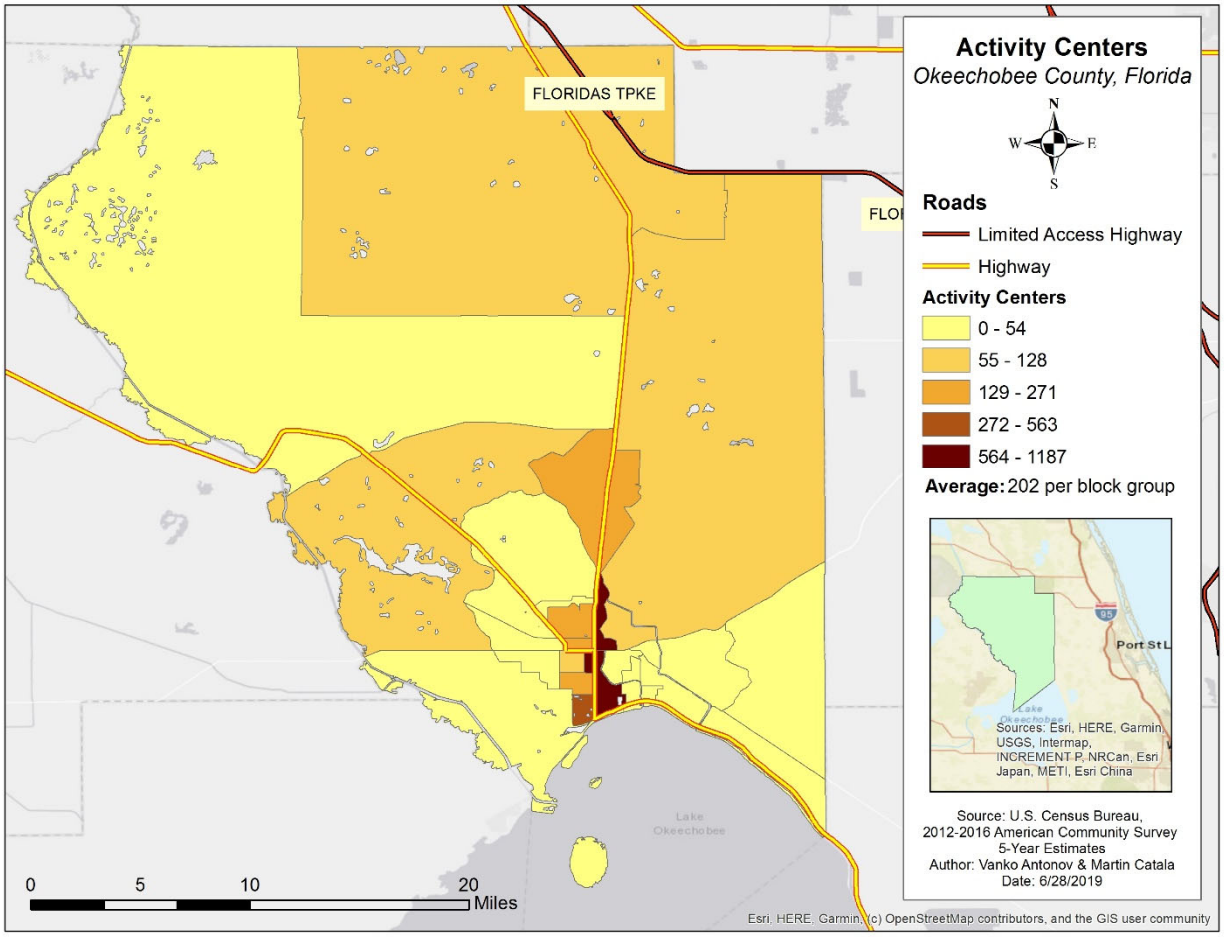


Figure 2-32. Okeechobee County Activity Centers

Polk County

The higher concentrations of Polk County's population with a disability live in the northeastern portion of the county (Figure 2-33). The demographic consists of 13.0% of the county's total population. Polk County has a lower percentage of disabled persons compared to the state average of 13.3% and a higher percentage compared to the District One average of 12.5%. Polk has an average of 135 disabled persons per block group.

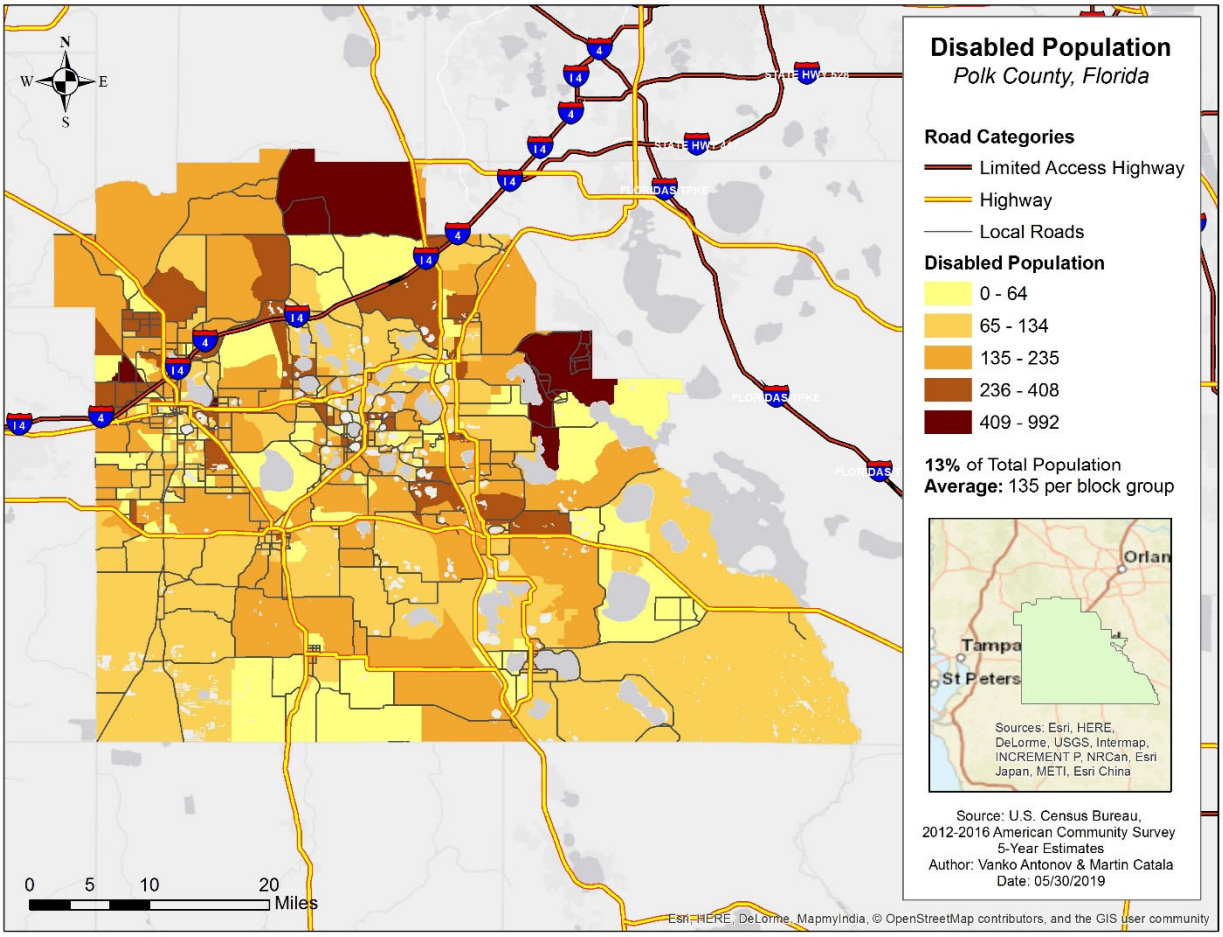


Figure 2-33. Polk County Population Living with a Disability

The highest concentration of the population over age 65 is in the northeastern part of the county (Figure 2-34). Seniors consist of 19% of the county's total population, which is lower than the state average of 20% and the District One average of 25%. Polk County has an average of 375 seniors per block group.

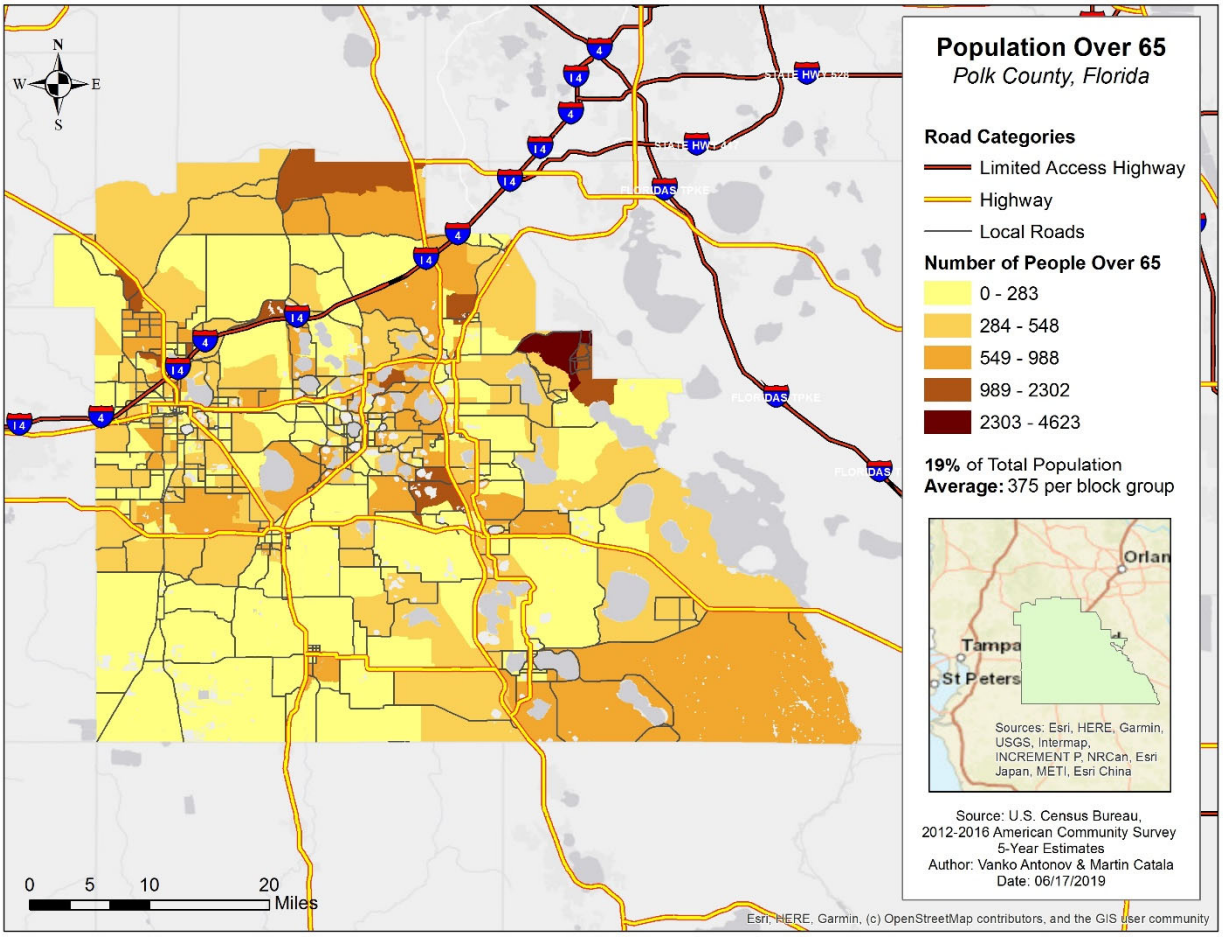


Figure 2-34. Polk County Population over Age 65

The county's activity centers are in and around Lakeland, Winter Haven, and north of Haines City (Figure 2-35). The widely dispersed population centers overlap with the activity centers throughout Polk County.

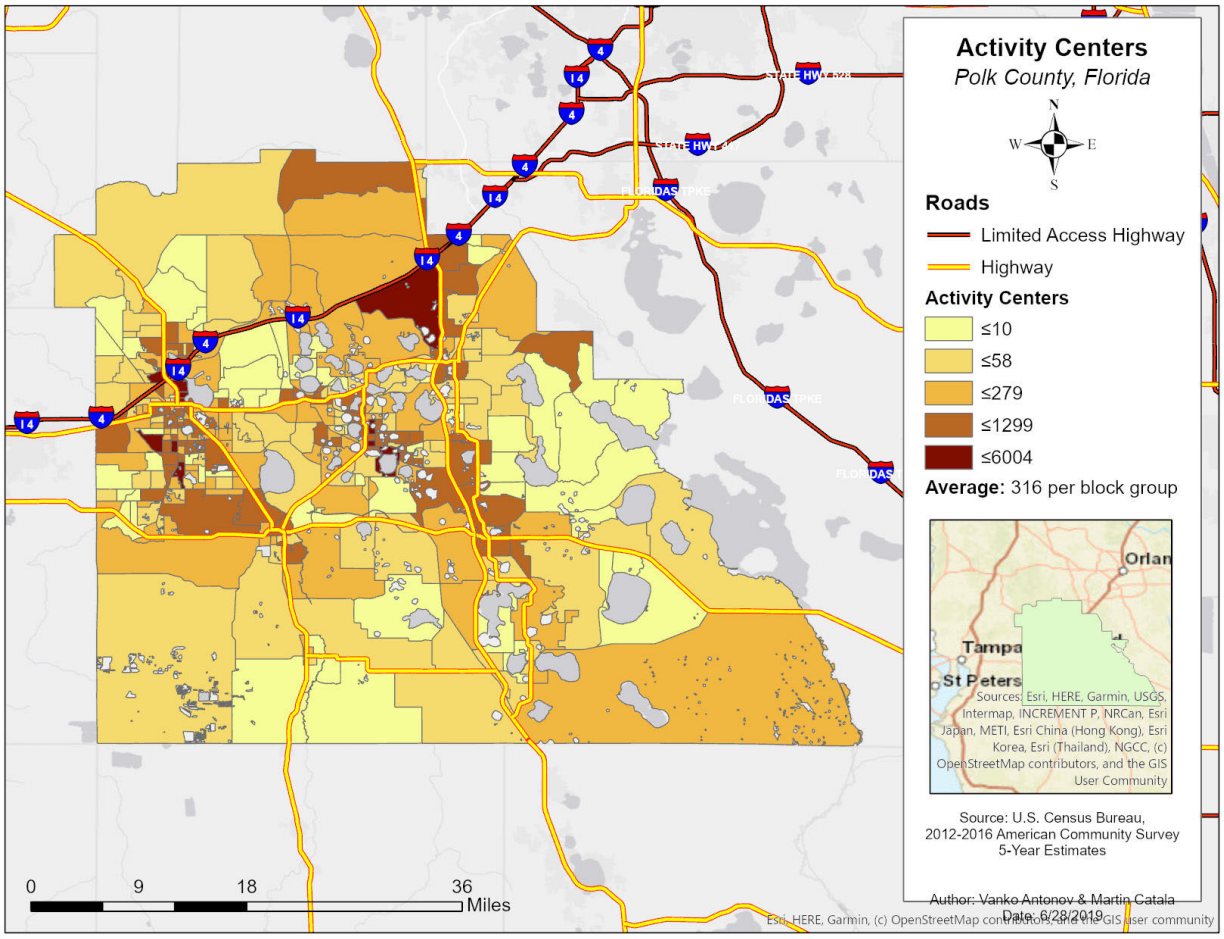


Figure 2-35. Polk County Activity Centers

Sarasota County

The highest concentration of Sarasota County's disabled population is located in the southeastern part of the county and the city of Sarasota (Figure 2-36). This demographic consists of 11.0% of the county's total population. Sarasota County has a lower percentage of disabled persons compared to the state average of 13.3% and the District One average of 12.5%, and has an average of 83 disabled persons per block group.

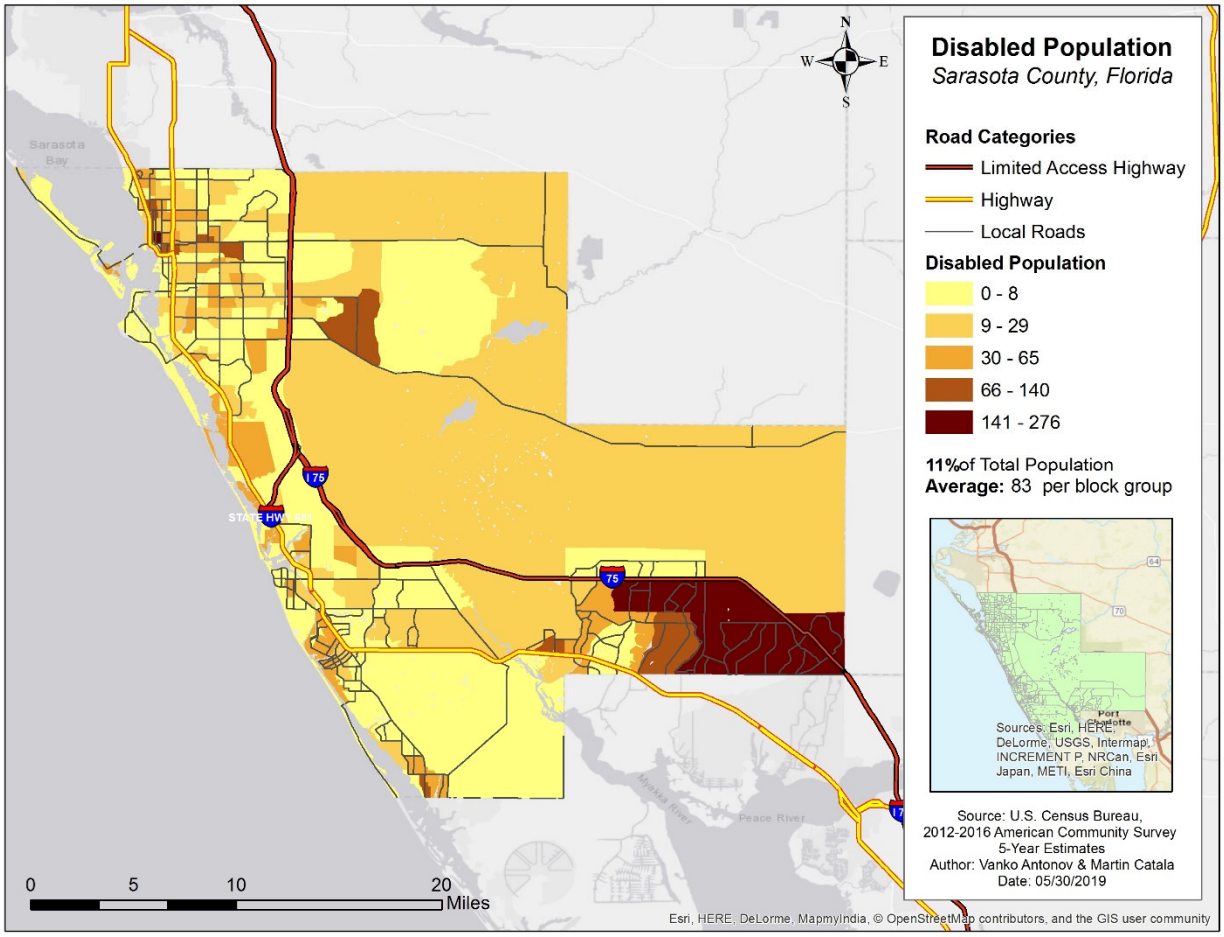


Figure 2-36. Sarasota County Population Living with a Disability

The highest concentrations of the population over age 65 are located in the central and southeastern parts of the county (Figure 2-37). Sarasota County's senior demographic consists of 34% of the county's total population, which is higher than the state average of 20% and the District One average of 25%. Sarasota County has an average of 539 seniors per block group.

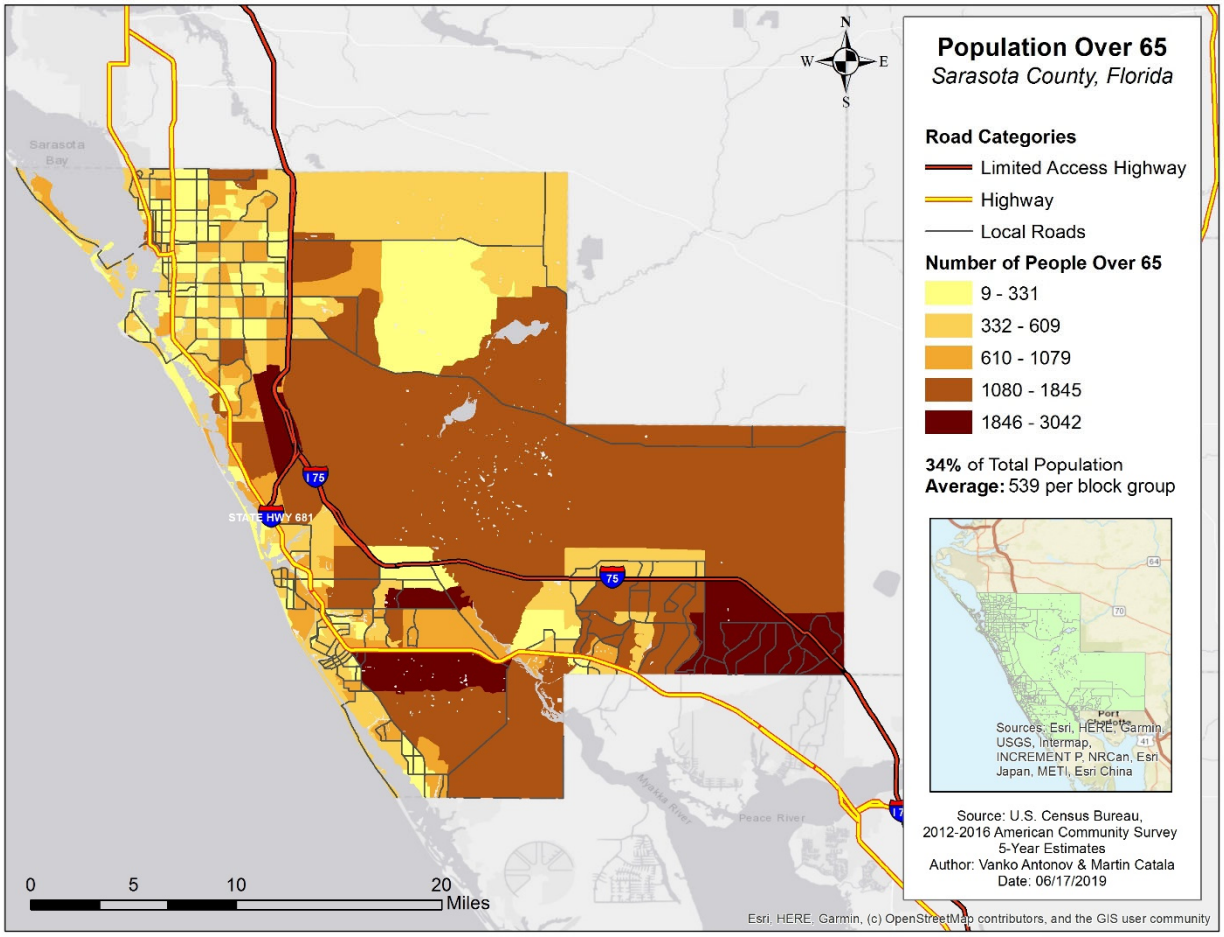


Figure 2-37. Sarasota County Population over Age 65

Clusters of activity are dispersed throughout Sarasota County and overlap some population clusters (Figure 2-38). Many activity centers are adjacent to existing population clusters.

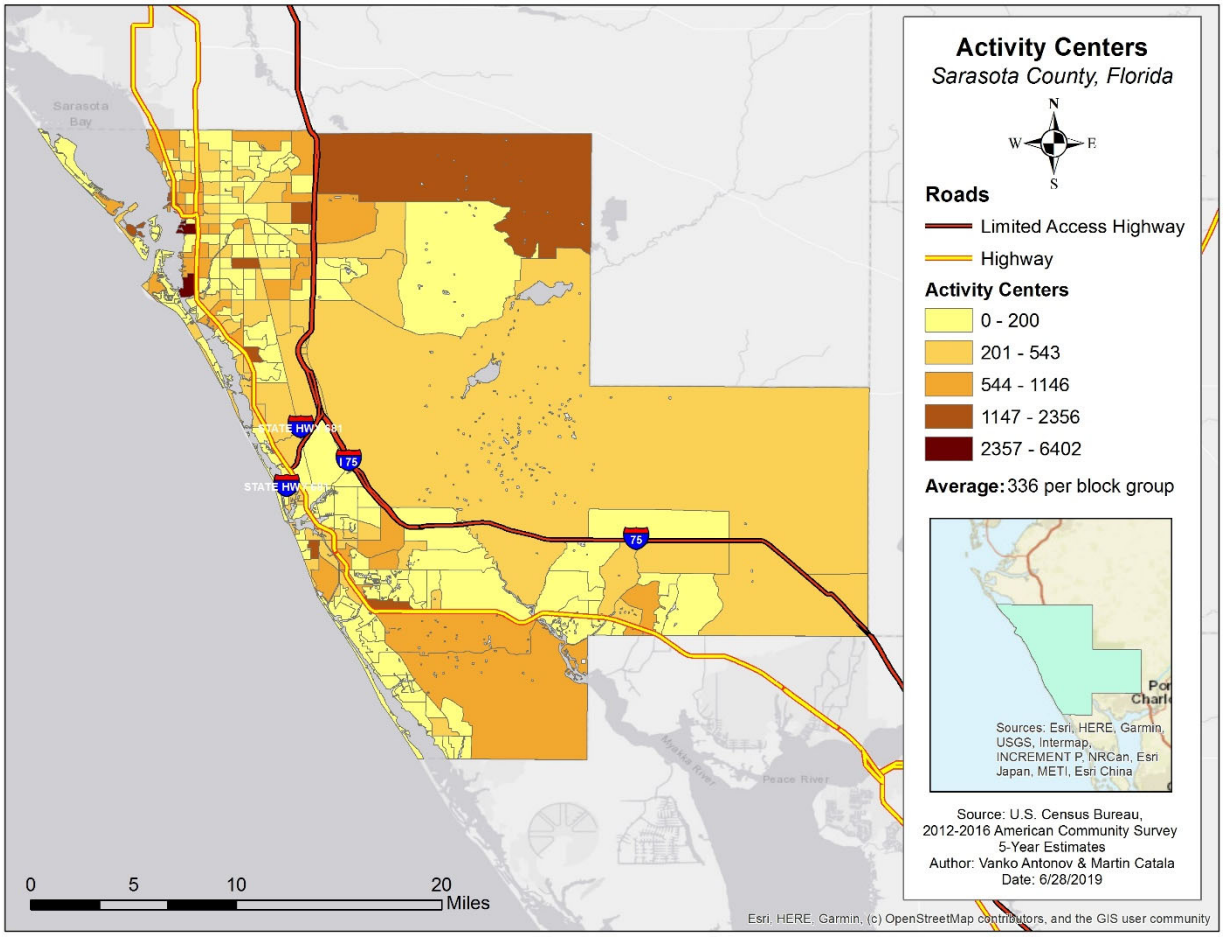


Figure 2-38. Sarasota County Activity Centers

Demographic Summary

The opening section of this report has provided the background information and data that will be utilized in more depth in later sections focusing on recommendations and strategies. The existing Section 5310 program parameters such as eligibility, eligible expenses, and the grant application process have been examined and documented. The funding allocation process and historical grant funding amounts for FDOT District One were examined in detail. The annual performance measures required by the FDOT Central Office for grantees to submit were analyzed. Researchers conducted a human services survey of non–Section 5310 agencies and analyzed those results. Profiles of current CTCs and transit operators that receive Section 5310 funds were presented, including descriptions of their systems, areas served, clientele, and hours of service. Finally, a demographic analysis was completed for each of the 12 counties in District One to identify the transportation needs, service gaps, and opportunities to serve the senior and persons with disabilities markets.

Chapter 3 Enhancing Mobility through Innovative Approaches

Rising demand for specialized transportation services for seniors and persons with disabilities, coupled with increasing costs of providing ADA service, present challenges for transportation providers. The Section 5310 program was designed to allocate funding to states and other designated recipients to assist private nonprofit operators with providing transportation solutions for seniors and persons with disabilities. (NADTC, 2019) (Syed, 2013) Traditional eligible projects include capital purchases, such as vehicles (buses and vans), equipment (wheelchair lifts, ramps, and securement devices), transit-related technology such as routing or scheduling systems, security equipment, fare collection systems, mobility management programs, and procurement of leased or contracted transportation services. (National Aging and Disability Transportation Center, 2019) The Section 5310 has expanded funding-eligible activities, and some providers have responded to this by expanding their portfolio of service options through innovative mechanisms to address specific mobility problems within their communities. An overview of innovative strategies by providers that are designing and implementing mobility programs, including transportation voucher programs, volunteer driver initiatives, demand-response services, and travel and technology training for seniors, are illustrative of best practices by providers.

The expansion of eligible, nontraditional projects under the 5310 program help to support the development of innovative and coordinated approaches for delivering specialized transportation services for older adults and persons with disabilities. Several mechanisms used to expand specialized transportation services are through coordinated mobility management programs and, in particular, the use of mobility managers, transportation voucher programs, volunteer driver programs, and on-demand response services. Transportation voucher programs, volunteer driver programs, and technology-driven demand-response services are increasingly being implemented as part of community-based mobility management programs and also as standalone services deployed by nonprofit organizations and transportation agencies through partnerships with healthcare groups, councils on aging, city and county governments, private transportation providers, and other entities. These innovative approaches aim to improve coordinated access and enhance mobility, and offer insight and opportunity for transportation agencies to implement such projects. The examples provided in chapter 3 exemplify the array of approaches used by transportation service providers, including variations in methods, partnership structures, technologies, and outreach approaches. These programs help to fill critical transportation gaps in communities, and are important components of coordinated mobility management plans to help improve the ability of seniors and persons with disabilities to live and function independently within their communities, to address gaps in public transportation and reduce dependence on ADA complementary paratransit.

The approaches discussed in this memo are considered innovative in that these practices increase service efficiency, enhance customer service, and are cost-effective. They are services that empower their customers, provide choice, enhance mobility, improve accessibility, and prioritize safety for customers. For example, some providers have contracted with public and private entities to leverage funding and deliver services that are cost-effective for the provider, and also generate revenue to help sustain the program. Other services have incorporated cultural competency and sensitivity training to ensure that the transportation operators understand unique challenges and perspectives in order to better the customer experience.

A common theme that emerged from the literature was the emphasis on developing clear goals and objectives to help inform the planning, development, implementation, and evaluation of these mobility services and the significant role that community engagement plays in shaping those goals and objectives.

Mobility Management

- Projects designed with innovation and flexibility to address customer needs.
- Service should be promoted in a way that is easy to understand and utilize.
- Customer feedback is used to adjust service.
- Involves cooperation with partners from a multitude of agencies and organizations.
- Follows a customer-driven approach that allows for a variety of transportation service choices, including bike/ped, public transit, paratransit, carshare, taxi, vanpool, rideshare and ride-hailing, and intelligent transportation systems.
- Provides travel information and trip planning options.

Mobility Management

The term “mobility management” describes the design and delivery of transportation services that is oriented around customer and community needs, and involves working with customers, stakeholders, planners, and other service providers to help establish a holistic transportation service that addresses those needs. The ultimate aim of mobility management is to address individual client needs by providing a range of service options. This involves developing key partnerships, developing agreements among providers and enhancing accessibility and opportunity for customers by providing specialized transportation services to enhance mobility and accessibility. Mobility management is seen as a mechanism to address challenges with providing mobility service for seniors and persons with disabilities; providers have identified a lack of consistent service, lack of adequate travel resources during

peak hours, fragmentation of services, and absence of a common vision and platform to coordinate the multitude of transportation services as presenting significant barriers to providing quality transportation options. In the context of 5310 funded programs, mobility management is a key strategy used to coordinate innovative transportation strategies that address these challenges, with a focus on prioritizing customers' needs while also balancing budgeting and resource considerations. Mobility management programs are by design flexible and customizable, which is important for the program to be able to respond to the particular needs of customers by providing services that are equitable, reliable, and tailored to meet customer needs, and to establish clear goals, objectives, and measurable impacts. Mobility management approaches help to connect and coordinate multiple transportation service providers, and provide alternative travel options for transportation disadvantaged communities. These programs are typically housed in aging resource centers, local government agencies, transit authorities, human and social service agencies, community programs, senior living centers, VA, and local councils, and are comprised of partnerships between nonprofits, private companies, and public entities.

Northern Virginia Mobility Access Project (NVMAP) – Fairfax County, Virginia

The Northern Virginia Mobility Access Project (NVMAP) exemplifies the use of 5310 funds to supplement a multi-jurisdictional mobility management approach. The NVMAP was first established back in 2014 as a result of several collaborative initiatives in Fairfax County, Virginia. Arlington County, the City of Alexandria, Loudon County, and Fairfax County along with a multi-agency stakeholder base with representatives from the Department of Neighborhood Community Services, Department of Family Services, Health Department and Department of Transportation, along with mobility and transportation commission advisors, collaborated to form a Steering Committee and Transportation Advisory Commission to guide development and implementation of NVMAP.

NV Rides

NV Rides was launched in 2014 in Fairfax County, Virginia to provide a coordinated service to manage multiple volunteer driver programs with the main goal of expanding the total capacity of volunteer driver program providers. NV Rides helps to promote awareness of volunteer driver services, and also assists assisting community-based organizations with developing and maintaining a volunteer driver program. NV Rides uses an online ride scheduling software to reduce labor overhead, and implements volunteer drive background driver checks, provides volunteer and participant recruitment, and general program management assistance to organizations that are operating volunteer driver services.

This commission catalogued its array of mobility services, and also created NV Rides, which coordinates volunteer driver programs across Northern Virginia through a ride-scheduling software platform. Funding from New Freedom (Section 5317) and Enhanced Mobility (Section 5310) were used in conjunction with local funding from councils of government (COG) and county support. The NVMAP program is responsible for continuing to develop its volunteer program services by working with a network of faith organizations. NVMAP is also exploring the potential to incorporate TNC partnerships to meet transportation needs for persons with disabilities, investing in mapping tool projects to link service with need, and examining opportunity to use electronic fare payments (smart card) technologies to allow customers to use an array of mobility services, in addition to providing support for the NV Rides volunteer network.

Partnerships Drive Community-Based Mobility Programs

In 2009, the Florida Developmental Disability Council conducted a survey of national transportation providers to better understand how public and private agencies were deploying alternative mobility programs and the extent of these programs, to identify key funding considerations and opportunities, and solicit input recommendations for those agencies that

are considering implementing such programs. (Goodwill, 2010)The authors found that out of 163 responses, 44 percent of the respondents represented a government agency, 18.1 percent identified as private nonprofit organizations, followed by social/human-service agencies, quasi-governmental, or private for-profit organizations, which indicates that mobility management involves cooperative effort between public, private, and non-government sectors. (Goodwill, 2010) Building those effective partnerships is key to obtaining match funds, establishing community support, and leveraging resources. Identifying and communicating a shared vision that outlines clear goals and objectives can help to bring new stakeholders and partners to the table to design an effective transportation service. Outreach and engagement with stakeholders, customers, partners (and potential partners), is critically important to the success of mobility management programs.

Partnership Opportunities

Public Entities		
Transit agencies	Development agencies	Transportation service agencies
City/county council governments	Planning commissions	State Departments of Transportation
Councils on aging	Departments of social services	Human and health services
Regional centers	Senior commissions	
Senior Care		
Home care providers	Adult learning service centers	Retirement communities
Community Organizations		
Independent living centers	AARP chapters	Disability and senior advocacy groups
Senior and human service agencies	Junior league and other groups	Community foundations
Business leadership networks	Senior volunteer groups	Shriners and rotary clubs
Centers of worship	Community action programs	Chambers of commerce
Healthcare Partners		
Regional medical clinics	Dialysis clinics	Community health centers
Hospitals	Addiction and recovery centers	Cancer foundations
National Nonprofits		

American Red Cross	United Way	American Cancer Society
American Heart Association	Meals on Wheels	

Private Sector

Ride hailing companies	Private transportation providers	Technology companies

Case Studies: Partnership Successes

Ride Connection – Portland, Oregon

Ride Connection manages one of the largest volunteer transportation programs in the country. It serves four counties in the greater Portland area and works with over 25 partner organizations, including faith-based organizations, healthcare, senior centers, public agencies, and human service agencies. Ride Connection taps into a large network of volunteers that are recruited from partner organizations. The program is funded through a combination of federal and local sources and private donations.

Ride Connection

Ride Connection is a private nonprofit group that coordinates and supplies transportation services to seniors, persons with disabilities, and other transportation disadvantaged communities in a three county area in Oregon. Ride Connections provides several mobility services, including providing information and referrals for transportation options, public transit travel training, door-to-door ride service, and community connector deviated-route services.

Community Outreach & Partnership Development

Ride Connection staff convened members from the dialysis community in the planning, development, and implementation processes in order to gather input and feedback from those community stakeholders. The program developed an advisory committee that met regularly, and included dialysis patients, transportation providers, healthcare providers, and others engaged in patient health care to ensure effective participatory planning

Door Tran, Inc. – Door County, Wisconsin

In 2007, the United Way of Door County received a grant from the Door County Community Foundation to establish the Door County Transportation Consortium. The Consortium was formed to help mobility provider communications and coordination efforts to effectively manage various transportation services for the County's senior and persons with disability populations. The Consortium established a central communication call center to manage ride scheduling on the various mobility services. The Door County Transportation Consortium then formed the Transportation Resource Improvement Partners (TRIP), which enacted several transportation programs, including a half-price travel voucher program for taxi services, a public shared ride taxi program (Door to Door Rides), a veteran volunteer transportation program, county-wide volunteer transportation program, and vehicle repair grant programs to eligible participants. Funding for these services came from a variety of sources, including donations from trusts and community foundations, the United Way of Door County, local clubs, faith centers, local businesses, and state sources.

Additionally, in 2017, Door County received a $100,000 grant from the Accessible Transportation Community Initiative. The Consortium meets regularly and actively through monthly email communications and yearly meetings. The Wisconsin State Department of Transportation also provided technical assistance with accessing funding for the program's voucher and shared ride programs, demonstrating that every partnership brings unique approaches and benefits.

Door Tran's partner organizations include:

- Door County Transportation Consortium
- The Aging and Disability Resource Center of Door County
- Municipalities
- Taxicab companies
- Community foundations and programs
- Human service agencies
- Medical centers
- Veteran services
- YMCA chapters
- Education institutions
- Senior advisory committees
- Community health programs
- Nonprofit organizations
- United Way

Best Practices: Developing Strong Partnerships & Community Engagement

- **Publish annual reports to communicate program successes to program partners and the community.** Annual reports should include a summary of the program's goals and objectives, information about the transportation service, and measurable impacts on community. The annual report can also be pared down to a one-page program fact sheet that can be used as part of participant, driver, and partner recruitment efforts.

- **Engage the community by promoting the transportation service through presentations at community events**. These could include senior citizen centers, hospitals and other healthcare facilities, faith-based centers, recreational centers, civic meetings, volunteer boards, retiree groups, community service organizations, educational programs, neighborhood groups, information centers, and chambers of commerce. The presentations can be used as opportunities to share program successes and recruit participants. Transportation focus groups, charrettes, community outreach meetings, and surveys prior to program implementation can be used to identify riding habits and transportation needs in a given community. Focus groups and surveys can help inform

community members about development of program and to solicit more public participation and community engagement.

- **Involve citizen groups and stakeholders in developing and evaluating the transportation service program.** Stakeholder meetings prior to project implementation are helpful to gather feedback and input from the community. They offer an opportunity to ask users about their expectations of the program and the most important mobility needs.

- **Invite healthcare providers and representatives from the healthcare community** to sit on governing boards or steering committees. Involving healthcare representatives in the program development phase can help to build relationships with the healthcare community. Demonstrating and effectively communicating that mobility services can help to reduce healthcare costs (such as the cost of missed appointments) can help to encourage buy-in from healthcare providers. If the program demonstrates that it can reduce missed appointments, ER visits, and hospital readmissions, healthcare centers may be more willing to provide local match to establish a joint effort.

- **Conduct a stakeholder analysis to identify agencies with similar missions and visions.** By conducting outreach to agencies that have similar visions and missions, opportunities to address like needs may be identified. Some mobility service organizations have joined mobility management councils or groups to identify potential partners for new programs and services.

- **Leverage key existing relationships.** Many successful senior and disability transportation programs were developed as the result of working with established partner networks as opposed to seeking new partnerships.

- **Coordinate with regional transportation plans** as well as working in tandem with representative community groups to ensure that the mobility service is meeting community-led goals, objectives, and standards. Key community organizations, such as a senior transportation advisory group, can help to develop ideas for improving transportation services by working with partner organizations, planners, service providers, and community members.

Funding Considerations

Meeting local match requirements for Section 5310 funding can be a challenging process, and is often cited by organizations as one of the biggest barriers to program development and implementation. Identifying potential local match contributions and leveraging those key match dollars are essential for service program sustainability. The section below describes a variety of strategies and practices for senior and disability transportation programs to consider when identifying and securing local match funding.

Using Federal Funds for Local Match

Section 5310 requires that state or local funds be used to provide local match. Local match can be obtained from eligible, non-U.S. Department of Transportation funds, such as from the U.S. Department of Health and Human Services, U.S. Department of Labor, and the U.S. Housing and Urban Development. For example, the Older Americans Act (OAA), enacted in 1965, authorizes grants to states to assist with social services, research projects, and training related to human aging issues. A variety of these services are provided under the OAA through state and area agencies on aging, and can be leveraged with 5310 funding to provide transportation services for seniors. While these federal-to-federal grant matches are allowable, each federal agency establishes its own requirements and conditions, so it is important for grant recipients to work closely with their FTA Regional Office to verify allowable federal match. Consider also that the Administration for Community Living (ACL) allows the Older Americans Act Title III B Supportive Service federal funds to be used as a match for 5310.

Strategies for Leveraging Funding

- **Mini-grants can be used to help offset costs and meet match requirements.** Funding from these grants can be allocated towards vehicle and equipment purchases, marketing campaigns, or other capital costs.

- **Diversify match funding sources.** Diversifying match sources, such as using a combination of state, non-DOT federal, and local match can help to leverage 5310 funding and ensure that if one funding stream is no longer viable, there are enough varied funding sources to ensure program financial sustainability. Funding arrangements can include combination funding from state departments of transportation, local match from human and healthcare services, and non-DOT federal funding.

- **Produce net income from advertising and concessions.** For example, vehicle wraps offer a way to advertise partnerships and organizations that provided funding, which in turn helps to promote visibility of the service and partnerships.

- **Ask for voluntary contributions from riders by capturing and sharing costs associated with each trip.** For those organizations that do not charge a fee to customers, distribute quarterly or monthly letters to customers that provides the total rides a customer has taken, the total miles of those rides, and total cost of trips, and ask for a voluntary contribution to help offset trip costs. Agencies could suggest a donation based on income level and level of service use

- **Implement an annual membership fee to use services that is commensurate to a customer's income level.** For example, the Blount County

All Points Transit

All Points Transit performs door-to-door service with a combination of volunteer and paid drivers.

Service Territory:

Montrose, Colorado

Partners:

Area Agency on Aging, Coalition for the Homeless, Montrose Rec District, Warrior Resource Center/Welcome Home Monrose for veterans' transportation, Volunteers of America, TransCare Ambulance, Montrose Community Foundation, LiveWell Montrose/Olathe

Volunteer Recognition

All Points Transit recognizes outstanding volunteer service by providing continual recognition and inviting volunteer drivers to participate in work event parties. The transit agency also hosts an annual volunteer of the year award event to recognize the contributions of their volunteer drivers. Developing professional relationships with paid staff and volunteers help to contribute to higher morale and volunteer retention.

Office of Aging SMiles program uses membership fees to help offset programmatic expenses.

- Leverage local match dollars by creating functional partnerships with local and regional entities to provide in-kind and cash contributions. These entities could include nonprofit organizations, regional transportation planning groups, local and state governments, foundation grants, local area agencies on aging, or county human service departments. Key partnerships may be relied upon to help provide in-kind services, including marketing and promotion, or volunteer driver management. Diverse sources, such as toll or transportation development credits, can also be used to provide match for state projects that involve capital purchases or operating costs.

- **Establish a system for community donation contributions and hold community fundraising events.** All Points Transit, which is a 501c3 organization operating in Montrose, California, uses match from a combination of foundation support, and funding from other nonprofits and local governments. All Points Transit also partners with the City of Montrose to host an annual Oktoberfest celebration, where sponsorship proceeds are used to directly support All Point Transit's Dial-a-Ride and public transit services.

- **Deploy volunteers to supplement paid driver services and reduce program operational cost.** Paid employees and volunteer drivers should be managed under similar policies. Before adding volunteers, discuss with staff and management on how volunteers will supplement services without displacing paid drivers. The same orientation and training should be provided to both paid staff and volunteers.

Innovative Approaches to 5310 Service Models

Mobility management represents a general approach to designing and coordinating services within the larger transportation system, which include services provided through public and nonprofit transportation providers, private operators, volunteer drivers, and others. Mobility management often involves coordinating with multiple service providers and integrating into a single platform, which helps to improve customer service, lower provider costs and expand the availability of services. Services such as transportation voucher programs, volunteer driver programs, and demand-response mobility are often provided under mobility management programs, or as standalone services offered by human and health service agencies and transportation providers. The following section presents an overview of these services, with consideration given to how innovation within these transportation services enhance mobility for seniors and persons with disabilities.

Transportation Voucher and Taxi Subsidy Programs

Transportation voucher programs offer free or reduced fares to eligible customers with special needs access rides provided by transit and paratransit services or through contracted taxicab companies. The fares are often covered in part through agreements with public transit agencies and through arrangements with human service agencies. The benefits of transportation voucher programs are well-documented by the literature, and have been used as a viable alternative mobility option in both rural and urban communities for quite some time. Voucher programs operate in a variety of ways; they have been used to connect riders to existing public transit services, as complementary options to transit, or provided as alternative options in areas underserved by transit and paratransit services. The agencies that manage voucher programs typically coordinate with the transportation providers and handle program administration and planning. Voucher programs provide flexibility for customers by expanding their transportation options and provide solutions for individuals who live in areas that are not well served by public transportation. Another benefit of voucher programs is that they tend to operate well in rural and small urban communities in addition to supplementing transit in denser urban areas.

Wheels-to-Wellness

The **Wheels-to-Wellness** program, in Virginia, sponsored by the Potomac & Rappahannock Transportation Commission and community partners, is a medical transportation assistance program that provides a rechargeable payment card that can be applied to costs incurred for transportation for nonemergency medical trips. The Wheels-to-Wellness program provides subsidized taxi trips for qualified customers, which include senior citizens, persons with disabilities, and low-income residents and provides service within Prince William County, Manassas City, and Manassas Park City. Participants pay a $3 fee for each one-way ride and any additional incurred program payment.

- There are a variety of approaches to designing and managing voucher programs and unique strategies employed to improve customer services and accessibility. In Wisconsin, the North County Independent Living Center established a model where eligible customers were given a checkbook of allowable miles to be used. The organizing agency then partnered with a locally-designated ride coordinator to help riders negotiate with both public and private transportation services to use voucher checks in lieu of direct payment.

- To truly be considered a supplement to paratransit services, taxi voucher programs should contract with taxi providers that have wheelchair-accessible taxis available for customers.

- Some voucher programs have implemented technological tools to help enhance program efficiency and improve access, such as smart cards. For example, smart cards can be pre-loaded with a set number of fixed-price trips as part of a voucher-based system.

Case Studies: Transportation Voucher and Taxi Subsidy Programs

SunLine Transit Agency – Riverside County, California

The SunLine Transit Agency services over 3.5 million passengers annually in the greater Coachella Valley area, which includes Riverside County and the Downtown Riverside Area. The transit agency provides several specialized transportation services for their senior and disabled customers, including reduced transit fares, origin-to-destination ADA paratransit, and a taxi voucher program, which is funded with Section 5310 funding. SunLine contracted with three area providers (American Cab, Desert City Cab, and Yellow Cab of the Desert) to provide 50 percent discounted rides through the SunLine Taxi Voucher Program for eligible customers (adults 60+ years and persons with disabilities). The agency accepts rolling participant applications year-round, and once the application is processed and approved, the agency distributes an activated pay card (SunLine Taxi Smart Card), where customers can add up to $75 per month and the agency will match dollar for dollar, up to $75. The deployment of smart cards is a central feature of the SunLine Taxi Voucher Program, which provides for ease of use and flexibility for customers. Customers are able to access half-fare taxi rides up to a $150 limit every month, where any remaining balance is then rolled over to the next 30-day cycle. SunLine has built flexibility into the program to allow customers to add money value through a phone service, website dashboard, in-person, or through the mail. The contracted taxi providers are equipped to take payment through the Taxi Smart Card. Through this Taxi Voucher Program, SunLine is saving on costs by reducing demand on paratransit services, and has also helped to encourage economic development in the region by assisting the taxi providers to remain competitive with ride-hailing and ride-sharing services.

SunLine Taxi Voucher Program

The SunLine Taxi Voucher Programs services the greater Riverside County area in California. The Taxi Voucher Program is part of a portfolio of services for seniors and persons with disabilities. SunLine contracts with three taxi cab providers, and provides dollar-for-dollar match to eligible customers.

Smart Card Technologies

SunLine manages the discounted taxi rides for eligible passengers through pre-loaded smart cards, which can be accessed through a Web-based dashboard, call center, in person, or through a mailed check or money order. Deploying smart card technologies makes it easy to pay for rides, and has also saved the transit agency on administrative costs and has reduced reliance on more expensive paratransit services.

Wheels-to-Wellness – Prince William County, City of Manassas, Virginia

The Prince William Area on Aging and the Potomac and Rappahannock Transportation Commissions partnered to implement the Wheels to Wellness program for qualifying customers, including the elderly, disabled, and low-income individuals that live within Prince William and Rappahannock Counties. A 2011 study conducted by both organizations found that there were serious gaps in transit coverage in this area, and there was a need for additional mobility options to help connect seniors and persons with disabilities to their medical appointments. The Wheels-to-Wellness program was initially funded with a $372,673 grant from the Potomac Health Foundation, and the program has since received additional funding from the Foundation to continue providing the service. Eligible participants received a reloadable card which permits them to pay for taxi services to medical facilities within a designated area. The amount that participants can spend is determined by need (for example, dialysis patients are preapproved for more trips given the frequency of need). By allocating trips based on need, Wheels to Wellness exemplifies services that are helping to save customer's money and also individualize services to meet their unique mobility needs.

Olathe Taxi Coupon Program – Olathe, Kansas

The City of Olathe, Kansas, which has a population of nearly 140,000 residents, entered into an agreement with local taxi providers to offer rides at a reduced fare for qualifying senior and disabled city residents, to get to their jobs, medical appointments, or other life-sustaining and life-enhancing trips within the city limits. The taxi companies offer door-to-door service using both sedans and City provided ADA wheelchair accessible vans. The City manages the coupon program, and works directly with the taxicab companies to facilitate the program. Seniors or persons with disabilities are eligible to purchase two coupon books—which cover 20 one-way

Image: Olathe taxi operator recognized as paratransit driver of the year

Olathe Taxi Coupon

The City of Olathe Taxi Coupon Program provides eligible seniors and persons with disabilities coupon taxi vouchers at reduced rates to help access medical appointments and other life-sustaining trips within the city parameters.

Working Collaboratively with Transportation Providers

The City of Olathe works closely with its private transportation partners to deliver customer-oriented service. The City helps to secure ADA accessible vans for the taxi providers to use. Engaging proactively and continually communicating with transportation providers is a key element of a successful transportation service partnership. Recognizing the efforts of partner providers and dedicated drivers helps to demonstrate program successes and strengthen those partnerships.

trips—per month. The cost for each coupon is $3.50, which are distributed in books of ten coupons for $35, offering a 79 percent savings for eligible customers. The taxicab partners are reimbursed $12.00 for every coupon that is submitted. The City also allows participants to purchase additional coupons if they provide documentation of need from their healthcare provider. Eligible participants are required to apply, and applications are re-submitted annually to ensure the customer remains eligible to participate. The City of Olathe also ensured that the program would not be solely dependent on one funding stream by using a combination of local government funding and FTA grants to cover programmatic costs. Effective and proactive coordination between the taxi providers and city administration has been essential to maintaining the coupon program, and keeping the coupon process simple for customers helps to retain and recruit participants.

Best Practices: Transportation Voucher and Taxi Subsidy Programs

Organizations embracing innovative strategies with transportation voucher and taxi subsidy programs enhanced customer experience and expanded cost-effective service options. A review of transportation voucher and taxi subsidy programs including reports from the National Aging and Disability Transportation Center, revealed key factors to success. The best practices identified from the review relates to innovative funding tactics, partnership structuring, operational features, customer-care policies and administrative strategies. These practices are summarized below.

- **Implement standards for voucher program design and allocations.** For example, the Connecticut Transit (CTtransit) issues reduced fare photo identification cards for eligible riders, ensuring that eligible customers are utilizing the transit service.

- **Leverage eligible federal funds.** Implement technology innovations that improve program efficiency and access to services.

- **Consider expanding voucher applications.** Allow for eligible participants to trade in vouchers for mileage reimbursement for rides provided through family, friends, and faith organizations.

- **Ensure access to ADA accessible vehicles.** The coordinating agency can assist these providers with procuring wheelchair accessible vans by working with them to secure funding for capital costs.

- **Engage with human service agencies and healthcare providers**. Permit human service agencies to purchase and allocate vouchers to qualifying clients. Designate additional travel vouchers for dialysis patients at no additional cost to the customer.

- **Allow for flexibility in payment systems and provide multiple methods for accepting payment.** For example, electronic voucher cards can be limited for use by single merchant categories, and programmed to have a maximum limit and ability to reject ineligible purchases.

- **Employ a designated ride coordinator.** A ride or care coordinator manages voucher application and distributions, coordinate rides, and negotiates with public and private transportation providers.

- **Empower customer choice by contracting with multiple providers**. Conduct annual procurement for the private providers, and contract with multiple providers to enhance competition. Give customer the option to book rides directly with the provider of their choice, or through a dedicated ride coordinator.

- **Work closely with the contracted transportation providers**. Engage both public and private transportation providers early in the service planning process. Establish fixed prices for trips, which can help reduce administrative burden and costs. Ensure that these providers train their operators in first aid, sensitivity training, customer assistance, and ADA compliance. Provide meaningful recognition of the providers' participation with the voucher program and acknowledge the value of those partnerships.

Volunteer Driver Programs

Volunteer driver programs are increasingly playing a stronger role in helping seniors and persons with disabilities access affordable transportation. A 2009 transportation feasibility study from the Florida Developmental Disabilities Council found that out of 163 survey respondents, 88 percent of those were employing volunteer drivers as part of their mobility management approaches. (Goodwill, 2010)A more recent evaluation from the National Volunteer Transportation Center estimates that in 2018, nearly 700 volunteer transportation programs were operating across the United States, with 13 of those in service in the State of Florida. (Sriraj, 2018)

As the Blount County Office on Aging Director succinctly phrased it in a presentation on developing a successful volunteer transportation program, senior- and disability-friendly transportation services ultimately aim to provide services that promote the "five A's": availability, acceptability, accessibility, adaptability, and affordability. (Shaver, n.d.) To meet these service goals, volunteer driver programs from across the county have developed unique and innovative approaches to delivering these services in the communities. This section provides a deeper dive into the best practices that inform volunteer driver programs and help to overcome common barriers.

Volunteer transportation programs support a wide variety of programs by organizing volunteers to provide transportation to those in need. The programs help to address gaps in public transportation services, and are an important part of mobility management approaches. The programs can be especially impactful in small urban and rural areas where transit options are even more limited. Volunteer programs provide many benefits to recipients and participants, including significant savings for the agencies and organizations providing the services. A recent report from the Minnesota Department of Transportation estimated that volunteer driver programs operating in 2018 saved transportation service providers between $75,000 and $1.48 million. (Minnesota Department of Transportation, 2019) Transportation agencies and human services organizations have exhibited growing interest in volunteer driver programs. The programs not only present opportunities to reduce costs, but also promote community engagement.

Volunteer transportation programs range in both size and scale, from smaller, localized operations that use several volunteers to larger regional or statewide programs that tap into larger volunteer networks. The programs are also successfully employed by county-based programs, human services organizations, transit agencies, Councils on Aging (COA) and faith-based programs. These programs can vary in their service delivery models and approaches. These services can perform either single or multi-passenger rides, can choose to incentivize drivers through mileage reimbursement or other incentive mechanisms, utilize fleet vehicles or require that volunteer drivers operate their personal automobiles, utilize various ride

scheduling software platforms and programs and other organizational and structural differences. (National Volunteer Transportation Center, 2015) Volunteer driver programs rely on various funding support, including taxes, grants, donations and fundraising. Some programs serve as part of a larger portfolio of mobility services, whereas others are stand-alone services provided through an organization or agency, typically through private nonprofits or area agencies on aging. The section below highlights the major differences in approaches and services models.

One of the biggest challenges cited by volunteer programs are attracting volunteers and retaining them, because existing services typically are at or above capacity. Some organizations have tackled this problem by recruiting volunteers from markets with related interests and goals. The American Cancer Society (ACS) Road to Recovery Program is a national effort that connects patients with volunteer drivers in their area to help with transportation to their medical appointments. ACS recruits new volunteers through their extensive network of patients and families. For volunteer programs that do not have extensive existing volunteer networks to tap into, some have dedicated staff, including recruiters and coordinators, to conduct outreach and manage volunteers. Marketing and branding are important tools employed by transportation providers to promote the service, attract and retain ridership, recruit employees and volunteers and to help create public buy-in and community support of the program.

Volunteer driver programs can also face the unique realities of risk and liability and ensure that d ensure that mechanisms are in place to reduce exposure. While the Federal Volunteer Protection Act extends liability for volunteers of nonprofit and government organizations, accidents that involve vehicles owned and/or operated by volunteer drivers are not covered under this Act. Adding additional coverage for volunteer drivers reduces liability—a 2013 report from the Massachusetts Executive Office of Health and Human Services conducted a survey of 53 organizations and found that not a single organization had incurred liability losses from offering volunteer driver services. (Fisher, 2013) While risk and liability can present concerns, particularly as it applies to volunteer transportation, this perception is somewhat exaggerated. Volunteer transportation programs have demonstrated relatively low risk that can be mitigated through standard prevention and liability coverage. (Fisher, 2013)

Service Models

While the primary role of volunteer drivers is to transport people to their appointments, social engagements, and other activities, volunteer transportation services also provide other types of volunteer assistance such as staying with customers at their destination to assist with medical appointments and other tasks, provide door-to-door single origin trips, provide door-through-door with multiple destinations along a trip, and provide transportation assistance during rides, such as helping people in and out of vehicles, etc. (National Volunteer Transportation Center, 2015)

Trip Types

Traditionally, volunteer driver services implemented single-vehicle, single-passenger trips, however, as volunteer driver programs expand into rural areas with longer single trip distances, some programs have instituted multi-passenger rides to help improve efficiency of service and cost savings.

Personal versus Fleet Vehicles

As volunteer programs expand, some services have begun to provide volunteer drivers with the option to use fleet vehicles as opposed to the driver's personal automobile. Fleet vehicles can include a variety of vehicle options, such as ADA-compliant vans and shuttle buses to help improve service and accessibility for service users. As volunteer driver programs are being used more frequently to fill in transportation gaps for nonemergency medical trips, there is a need for service providers to have access to ADA vehicles that can accommodate needs of seniors and persons with disabilities.

Fee Structures

Some volunteer programs have opted to provide rides free of cost to seniors and persons with disabilities, whereas others charge a per-mile or per-ride fare. Some volunteer programs, such as the Senior Miles (SMiles) program from the Blount County Community Action Agency, have adopted a membership-based model where annual dues are collected. Other programs have opted to implement advance notice and linked trip fees. While fares and fees can increase administrative costs, they can also improve financial sustainability.

Incentive Mechanisms

Providing mileage reimbursement and other incentive mechanisms is becoming a more common practice as volunteer driver programs expand. Fuel

Senior SMILES
Neighbors driving Neighbors
865-724-1331

Blount County Office on Aging
www.blountcaa.org

SMiles

Blount County Office on Aging in Eastern Tennessee manages a door-to-door transportation service that services seniors and partners with a local paratransit service for ambulatory customers under its Senior Miles (Smiles) program.

Service Type:

Door-to-Door and Volunteer Driver

Service Territory:

Blount County

Membership-based Services

The Blount County Office on Aging has implemented a membership-based structure to cover operational expenses and leverage other funding sources. The service is designed around an annual membership fee ($25.00), and eligible participants also pay an additional $6.00 roundtrip fee for using the volunteer driver services. A membership program helps to build consistent ridership and contribute to funding sustainability. In the 2017-18 fiscal year, customers provided about 20 percent of Smiles operation budget through ride fees and membership dues.

costs and driver attraction and retention are frequently cited as driving forces of providing reimbursement.

Mobility Management

Volunteer transportation programs can be a useful tool to support mobility management. Some volunteer driver programs utilize mobility managers to help coordinate with outside providers to align services to better improve service and mobility for clients.

Engagement Activities

Many of the successful volunteer driver programs rely upon community outreach and engagement to recruit community members and educate the community about services.

Case Studies: Volunteer Driver Programs

Mountain Empire Transit – Southwest Virginia

Mountain Empire Transit (also referred to as MEOC Transit) provides transportation services under Mountain Empire Older Citizens, Inc. (MEOC), which serves as the area agency on aging and public transit provider for Lee, Wise, and Scott Counties as well the City of Norton in southwest Virginia. In addition to managing transit operations, MEOC manages a comprehensive platform of community services, including senior wellness programs, legal services, volunteer programs, adult day care, employment, family support services and meal delivery. MEOC's unique approach embeds transit services within a larger portfolio of programs, which allows for MEOC to tap into their well-established network of volunteers to support its transit services. MEOC employs a dedicated mobility manager, care coordination staff, and volunteer and paid transportation aids to provide door-through-door assistance for customers with additional needs. MEOC cites the special needs of dialysis patients as an important reason to offer transportation aids, as their dialysis patients tend to be located in more rural areas, which require longer travel distances to medical care centers. The MEOC service was funded through a combination of federal funding, including Section 5311 formula funds, a grant from the Community Transportation Association of America, and local match.

Mountain Empire Transit

Mountain Empire Older Citizens Transit operates in Big Stone Gap, Virginia, and offers a Dial-a-Ride public transit service. MEOC focuses on addressing the needs of older adults and persons with disabilities that require chronic health care management, including providing transportation for dialysis and cancer treatments. A central Care Coordinator helps patients schedule rides and manage other transportation concerns and needs.

Transportation Aids for Enhancing Customer Care

The MEOC deploys both paid and volunteer Transportation Aids to help customers board and disembark vehicles, and provide any additional assistance. MEOC taps into its established volunteer program to recruit volunteer transportation aids, which helps to save on operational expenses. Transportation Aids enhance the door-through-door customer experience, and helps to make transportation solutions more accessible to seniors and individuals with disabilities.

VillageRides - Montgomery County and Prince George's County.

VillageRides is a volunteer driver program supported by the Jewish Council for the Aging, which is primarily funded by the Transportation Planning Board of the Metropolitan Council of Governments. This service provides support to community organizations of seniors who are no longer able to drive. VillageRides utilizes RideScheduler to coordinate ride coordination and dispatch, which helps to reduce administrative costs. RideScheduler houses all the volunteer and rider profile information, and processes all ride requests and dispatching of driving, which also helps to reduce booking and dispatching errors. The scheduler also has a secure communication interface that allows for real-time communication between customers and the driver about the ride.

VillageRides

VillageRides is a service-based organization that coordinates volunteer drivers for Villages and nonprofit organizations in Maryland.

Service Type:

Volunteer Transportation Service

Service Territory:

Montgomery County & Prince George's County in Maryland

Lead Organization:

Jewish Council for the Aging

Marketing Innovation

Use specific marketing and outreach materials that reflect your service community's values and goals. Brand outreach materials that can include

brochures, volunteer ID badges,

magnetic signs for vehicle doors with recognizable logo and cohesive branding.

Best Practices: Volunteer Drivers

Marketing & Outreach

- **Recruit both participants and volunteers through multiple avenues**. This may include word-of-mouth, radio, TV, and targeted advertising. Use newspaper advertisements, church bulletins, radio and TV announcements, newspapers, and presentations at meetings. Encourage existing volunteers to refer new volunteers. The best method is word of mouth, following by media campaigns, presentations to community groups, using existing volunteer drivers to provide testimonials and direct appeals to neighborhood and faith groups.

- **Encourage volunteer drivers and customers to act as program ambassadors, and share their experiences.** Promote program success stories through passengers detailing their experiences using the transportation service and how that has impacted their mobility. By using pictures and stories of your clients and drivers, marketing content is fresh, engaging, and personable.

- **Target recruitment to your community and residents in the area. Focus recruitment efforts on** senior living facilities, faith-based centers, hospitals and other medical centers, and retail plazas.

- **Establish a regular communications plan. Create a** mailing list to develop a stakeholder base to help promote services and recruit volunteers.

Attracting, Retaining, and Managing Volunteer Drivers

- **Incentivize drivers through mileage-based reimbursement or other small incentives.** Make mileage reimbursement rates commensurate with Federal IRS rate (53.5 cents per mile). If applicable, offer mileage reimbursements or stipends to attract volunteers. Incentives can also be given in the form of gift certificates or gas cards. Reward volunteers with a local time bank which allows for the exchange between volunteer time served and help or goods from other members of the time bank.

- **Use a consistent format for tracking and paying out mileage reimbursement**. Make sure to use a consistent form for volunteers to track volunteer mileage and base the reimbursement rate on the same current mileage rate that's used for paid employees.

- **Hold regular recognition events for volunteers.** Host an annual awards recognition event to recognize volunteer contributions and services and hold annual volunteer of the year awards to recognize long-standing volunteer supporter (for example, length-of-service pins).

- **Volunteers and customers can help to engage with the community and are the best advocates for these programs.** A number of volunteer driver programs used testimonials from drivers and riders as the cornerstone of their marketing approach.

- **Leverage partners to promote service and recruit volunteers**. Using partners to help spread the program's message can help to maximize exposure and ensure the program is well-marketed. Allocate administrative

Source: (Minnesota Department of Transportation, 2019)

Faith in Action in Red Wing

Faith in Action in Red Wing (FIARW) is a faith-based nonprofit organization that provides service for seniors and persons with disabilities. FIARW maintains about 70 volunteer drivers and uses volunteer coordinators at churches across the state to help with recruitment efforts. FIARW has provided rides for healthcare appointments, grocery store trips, and social activities.

Using Incentives for Volunteer Recruitment

To recruit and retain volunteer drivers, FIARW provides financial incentives to their volunteers. When a volunteer driver reaches 150 miles, he or she received a $20 gas card; at 400 miles, a $25 gas card; at 700 miles, a $30 gas card; and at 1,000 miles, a $35 gas card.

duties among partner organizations. This administrative burden can be split among a number of organizations. For example, the Old Colony Area Agency on Aging manages a volunteer driver program in southeastern Massachusetts, and partners with Old Colony to provide mileage reimbursement and Councils on Aging to recruit volunteers and manage ride scheduling for customers. This cooperative partnership and allocation of duties can help to mitigate cost and administrative burden to the host organization.

- **Use volunteers to help with program management to reduce overhead**. To reduce program costs, some volunteer transportation services use volunteers to not only provide rides, but also to help with scheduling and dispatching rides, training new drivers and assisting with other administrative responsibilities.

Risk Liability

- **Proper, comprehensive insurance coverage is essential.** Layer liability coverage, including primary automobile insurance, volunteer insurance, general liability, and any state limiting volunteer liability. Ensure adequate coverage by obtaining auto and business insurance, as well as medical insurance to protect volunteers and riders. Coverage can vary depending upon whether or not the service has volunteer owned and operated vehicles, or if volunteer drivers are used to operate fleet-owned vehicles.

- **Ensure that customers understand travel protocol through implementation of travel training and coaches**. Some volunteer services have hired travel coaches or encourage volunteers to function as mobility "ambassadors," to help educate passengers about transportation choices and how to maximize use of available transportation options.

- **Develop a risk management plan.** Risk management plans allow for organizations to prepare for incidents and help inform employees and/or volunteers on the correct procedures for addressing collisions or incidents (Fisher, 2013). Agencies should perform an initial risk management exercise to identify key areas that may present exposure and liability and require that riders are registered within a tracking software system and obtain emergency contact information prior to participating in the program. If providing mileage-reimbursement, provide legal clarification to help insurers comprehend the distinction between paid and volunteer drivers to avoid volunteer drivers from being charged higher insurance rates.

Volunteer Training

- **Conduct volunteer driver orientation and travel training.** Require that volunteer drivers attend a road safety and defensive driving course. Holding a volunteer driver orientation is important to educate volunteer drivers and provides an opportunity to train on etiquette and sensitivity considerations when working with persons with disabilities and older adults.

- Ensure that contracted providers are offering ADA compliant, passenger service and safety training, and operation and equipment training. A number of programs noted that they had implemented training from the Community Transportation Association of America (CTTA), which provides basic driver training, wheelchair certifications, and volunteer driver safety course trainings. Ensuring that staff and volunteer are familiar with wheelchair securement is an important consideration for organizations that provide ADA transportation.

Customer-centered Care

- **Customer-centered Care: Volunteer drivers and assistants can play a larger role in medical advocacy.** Volunteer drivers and assistants are increasingly being used to help facilitate nonemergency medical trips, and a number of volunteer transportation programs have instituted medical advocacy and support training as part of the general volunteer driver training curriculum.

Program Evaluation

- **Distribute annual surveys to program staff, coordinators, drivers, and customers**. These surveys can be used to capture critical quality assurance data, including measures of satisfaction of services, ease of use, and program efficacy. This data should be used for reporting program successes. NV Rides, which operates a volunteer driver program in Fairfax, Virginia distributes survey biennially in order to ensure the program is tracking client and volunteer satisfaction in order to report program quality of service to their partner organizations.

- **Conduct a pre- and post-survey of volunteers that are involved with the program.** The feedback from surveys, along with input from a steering committee or advisory panel can help to develop program improvement targets.

Demand-Response Mobility Services

Innovative Approach: Technologies

Technology plays an important role in the deployment of mobility services and presents opportunities to connect customers, mobility providers, and human service and health agencies in a way that delivers more efficient and effective transportation solutions. Technology can help to improve mobility by coordinating a portfolio of on-demand transportation options, and help to integrate the multitude of services offered by different agencies in a given region through advancements in scheduling and routing systems; development of new customer interfaces, trip planning systems, vehicle communication devices and vehicle locators. In addition, demand response mobility solutions are changing the way mobility is provided, and can refer to a variety of services types and partnership structures, including rideshare coordination programs, neighborhood circulators, partnerships with private transportation network companies and other independent transportation providers. These services can adopt various forms, including point deviation, route deviation, fixed route feeders, and circulators, and offer more flexibility and better efficiency compared to fixed route transit in small urban or rural areas, where density and demand are lower (Volinski, 2019). As mobility technology advanced, public transit agencies have increasingly begun to integrate these on-demand services using their own fleet vehicles, which can help to extend services in suburban, small urban, and rural areas (Volinski, 2019). Some of the key trends currently being discussed in the literature revolve around issues of accessibility, emerging methods for trip scheduling, billing, and payments; e-hailing; expansion of transit and healthcare/human service agency partnerships; identifying most effective models of demand response services to meet senior and disability transportation needs; and data metrics to evaluate performance and impact of demand response specialized transportation services. These demand-response mobility software platforms are providing the means to improve facilitation and coordination of on-demand transportation services provided by transit agencies and human services and health agencies. As transportation options are diversifying and expanding, on-demand technology-based solutions are anticipated to become an integral part of managing mobility services, and can help to address gaps with the specialty transportation market, particularly for nonemergency medical transportation. A brief from the National Aging and Disability Transportation Center identified key areas where on-demand mobility technologies are expected to impact senior and specialized transportation services:

(1) Enhancing efficiency of service including scheduling, coordinating, and dispatching rides

(2) Integration with customer smartphones

(3) Trip planning systems

(4) Vehicle communications

(5) Automatic vehicle location and other mechanisms that facilitate demand-response systems

(6) Billing management services

With the advent of emerging technology and diversity of mobility solutions over the last decade, an array of pilot and demonstration projects have emerged that are helping to explore and define the partnerships between public transit agencies and private transportation companies, such as transportation network companies and taxi services. With traditional transit ridership experiencing some decline, agencies have turned to innovative, creative solutions to help address gaps in transportation service and provide more expansive and cost-effective mobility solutions.

Innovative Approach: TNC Partnerships

Increasingly, TNCs and transit partnerships are also being used to address target market service needs such as first/last mile solutions, and ADA paratransit and dial-a-ride services for customers in lower-density areas that may be outside traditional paratransit and fixed route service boundaries (Curtis, 2019). Through some partnership structures, agencies have chosen to provide subsidies for ride-hail trips rather than operate the service directly, which allows for flexibility for providing on-demand service. A 2018 study from the Chaddick Institute for Metropolitan Development found that there are over 25 active TNC and transit partnerships across the country, and that these partnerships typically followed one of four partnership types:

(1) Incentives to encourage ridership using a combination of transit and ridesharing platforms through waivers, discounts, or other financial mechanisms.

(2) Implementation of smartphone applications that encourage use of rideshare and transit services on the same single trip.

(3) Development of programs to enhance mobility services for disadvantaged transportation groups including seniors and persons with disabilities.

(4) Marketing relationships that promote the use of TNC and transit services to enhance “guaranteed ride home” programs.

Several agencies have opted to partner with TNCs to subsidize rides in order to improve mobility and accessibility for transportation disadvantaged individuals. Within these partnership designs, agency-subsidized trips involve the agency paying part or all of the TNC fare, and typically will employ a contractual relationship with the TNC. Marketing agreements and arrangements are less formal and could involve agencies utilizing advertising space, social

media, and media campaigns to promote TNC rides, and in return, the TNC would provide a small subsidy on trips (Curtis, 2019).

As transit agencies and other providers are seeing that older adults and persons with disabilities are also benefitting from the arrival of innovative mobility strategies, seniors are still the least likely demographic group to utilize TNC services, with a recent study estimating that only 4 percent of older adults have conducted a ride using a TNC (Tooley, 2019). Transportation network companies have responded to this underserved market through deploying a suite of services designed to improve accessibility of TNC services for the senior and disabled consumer, particularly through providing accommodations such as an alternative scheduling options, ADA accessible vans, door-to-door services, and trained drivers (Tooley, 2019). These services are also being implemented by healthcare organizations, such as medical clinics, senior care centers, rehab facilities and home health care centers.

Table 3-1. On-Demand Mobility Application Services

UberASSIST	UberASSIST is a feature provided through the Uber app that provides specialized assistance for older adult and disabled passengers. Drivers are trained by Open Doors Organization to assist customers with embarking and disembarking vehicles and managing wheelchairs, walkers, and scooters.
UberACCESS	UberACCESS is part of the Uber platform of application-based mobility solutions that provides features to improve accessibility for customers with disabilities, including choosing wheelchair accessible vehicles, improved audio, voice over technology, and real-time GPS tracking for caregivers to track rides.
Lyft Concierge and Uber Health	These software platforms from Uber and Lyft that permits healthcare representatives and care coordinators with the option to order NEMT rides for patients and customer. Health care facilities can also contract out with third-party facilitators to manage rides and process payments. Rides are scheduled through a centralized dashboard, and can be ordered even if the customer does not operate a smartphone or use the Lyft phone application since rides are coordinated through SMS text messaging. Rides can be scheduled in advance or at time of service.
Lyft and Circulation	Lyft and NEMT ride service provide Circulation partnered to provide an on-demand application for nonemergency medical appointment transportation. This service allows healthcare providers and customers to directly arrange rides that include options for ADA customers.
Go Go Grandparent	Go Go Grandparent operates like a dispatch service, where seniors and persons with disabilities can call in to request a TNC, negating the need to operate a smartphone app. Customers have to pre-register to establish an account, and then rides are ordered. Go Go Grandparent communicates with the TNC driver to inform the driver of any special needs of the passenger, and also monitors trip activity.
UZURV 360	UZURV 360 is considered a specialized, adaptive TNC that provides door-to-door, reservation-based, and ambulatory on-demand transportation service using credentialed drivers to address gaps in transit programs. UZURV 360 provides three mechanisms to reserve trips, including a smartphone

	application, a call center, and a Web-based application. Reservations are made directly to reserve a car, van, or ADA-accessible paratransit vehicle, and riders are able to access to a portfolio of driver and vehicle information to choose from. The trips are tracked in real-time, and communication is managed through an SMS phone application. API integration enables UZURV to integrate with Lyft to allow for ridership monitoring in real-time, to monitor location, ride status, and estimated time of arrival within the UZURV platform, and includes mechanisms coded into the integration to improve accuracy and communications between the drivers and riders. At present, UZURV has been implemented in municipal ADA and healthcare and other specialty transportation projects within multiple partnerships across 19 states. (Colorado Department of Transportation, 2019)
Roundtrip	Roundtrip is a software service that provides Web-based and mobile-adapted tools to connect users with nonemergency medical transportation services, including rideshare, ride-hailing, ambulatory rides, and other mobility services. This software is primarily used by a care coordinator or the user directly to book NEMT rides. Roundtrip also provides data to the user that can be used to evaluate patient transportation services and health outcomes.
UberHealth	Uber introduced Uber Health, which uses a web- and application-based dashboard that allows users, including healthcare providers, to schedule rides to and from healthcare appointments. This program has been tested in over 100 health facilities across the United States; some of these healthcare facilities fund these services to avoid costs of missed or cancelled appointments. (Collier, 2018)

On-Demand Mobility Services

Increasing demand and rising operation costs of paratransit have propelled some transit agencies to look to alternative options for providing transportation for paratransit customers. Some agencies have opted to employ on-demand services similar to taxi or ride-hailing within a set service area to qualified customers. In 2017, the Kansas City Area Transportation Authority (KCATA) partnered with app-based transportation provider Bridj to launch the RideKC Freedom On-Demand one-year pilot program. This partnership aimed to enhance the mobility of eligible participants, including older adults, persons with disabilities and low-income individuals, by providing customers the option to book a taxi ride through a phone application. Approximately 15,500 trips were provided through the KCATA RideKC On-Demand program in its first five months of service which saved KCATA approximately $166,000 (Greer, 2018). The key differences between on-demand services such as the Freedom On-Demand program and traditional paratransit are that on-demand services do not require a reservation and typically have multiple methods of reserving a ride (either through website, smartphone app, and/or call center). However, ADA rides provided through an on-demand service may be more costly for the customer depending on the trip length as compared to the flat fee fares for ADA paratransit.

Rideshare Coordination

Rideshare coordinating programs, like the Dulles Area Rotating Rideshare Coordinator program, offers rideshare assistance for coordinating transportation services for underserved populations. This type of program involves employing the use of a designated coordinator who works with area employers in consultation with residential, community, faith-based, and healthcare providers to coordinate with rideshare and ride-hailing partner organizations.

The following section provides examples of innovative demand-response mobility programs from across the country for 5310 subrecipients to consider when leveraging funding to support demand-response services. These case studies highlight trends in structuring TNC partnerships, developing partnerships with healthcare to provide NEMT travel, and deployment of technology to improve coordination of demand-response mobility solutions.

Case Studies: Demand-Response Mobility Services

Regional Transportation District and Uber Transit – Denver, Colorado

Denver's Regional Transportation District (RTD) launched a partnership earlier this year with Uber Transit ticketing, which allows riders to purchase transit tickets through the Uber smartphone application. RTD is one of the first transit agencies to launch the Uber Transit ticketing features, which encourages riders to utilize rail and transit though the ride-hailing platform. This collaboration is part of RTD's plan to integrate mobility options by forming public-private partnerships with mobility providers across Denver. This pilot is part of the RTD's plan to take a comprehensive approach to managing mobility programs within the service network, which includes emerging mobility options.

Uber Transit and Regional Transportation District

APP SCREENSHOT: UBER; BACKGROUND RTD

Denver's Regional Transportation District in partnership with Uber, participated in a pilot demonstration of the Uber Transit feature. Uber Transit provides real-time information and directions available from the app to assist customers with trip planning. The transit agency partnered with the TNC to pilot test Uber Transit, an app-based ticketing feature that includes an option for transit riders. App users can view transit routes, and the app is expected to release the option to also purchase transit passes in addition to ride hail options.

Greater Richmond Transit Company – CARE On-Demand

GRTC CARE On-Demand

The Greater Richmond Transit Company launched the CARE On-Demand program in August of 2017 to provide eligible customers the option to use a same-day, direct, nonstop transportation service. CARE On-Demand offers customers the choice of two providers: UZURV and Roundtrip. These services use trained ADA-compliant drivers and vehicles. CARE customers pay a $6.00 fee, and GRTC will cover up to an additional $15.00 for the cost of the ride.

Competitiveness to Enhance Service Quality

Offering customers the choice to choose among providers helps to encourage competition and measures to enhance customer service. This also provided GRTC the opportunity to compare the performance of its two providers, Roundtrip and UZURZ, to help further refine and improve on the program.

The Greater Richmond Transit Company (GRTC) provides paratransit service to the City of Richmond, Henrico County, and parts of Chesterfield County in the greater Richmond, Virginia, area. To address growing demand and increasing operation costs, GRTC chose to expand its paratransit service to include an on-demand mobility option for qualified CARE customers, with the goal of providing customers with a high-quality, reliable, flexible, and responsive service. CARE On-Demand is designed to respond to customer transportation needs and provide rides that can be coordinated on the same-day. Around 2015, GRTC began exploring various on-demand options such as taxi vouchers and TNC partnerships. It was important to GRTC that the service provide equal access to all customers. As part of the request for proposal (RFP) process, GRTC mandated that RFP respondents use a call center for reservations in addition to any mobile or Web-based applications and have the flexibility to reserve a ride the same day or in advance. In August of 2017, GRTC launched the CARE On-Demand service as a pilot with UZURV, which is an adaptive, ride-hailing company that provides paratransit and ADA rides. GRTC subsequently added a second provider, Roundtrip, to address medical service trips and ensure flexibility of services for its customers. Offering two providers has allowed GRTC to give customers options and also encourage competition, which helps to enhance the customer experience. Reservations are made through a smartphone application or through a toll-free number that connects to a call center, which provides more options and flexibility for GRTC customers. One of GRTC's providers began offering discounted rides to those customers that booked through its website or phone app, which helped to encourage customers to improve their technology navigation skills which reduces overhead for the provider. The program is sustained through operating funds, and has since moved from the pilot phase to a regular program service. Initially, GRTC has set a goal of

10 percent utilization, and at present, the service provides approximately 2,300–2,400 trips per month, which represents 11 percent of the agency's total paratransit trips. GRTC reports that the CARE On-Demand program presents cost-savings for the agency, and that the agency plans to continue offering these services to help reduce demand for more costly paratransit trips. (Greer, 2018)

Whistlestop, San Francisco Institute of Aging, and Lyft Partnership – San Francisco, California

In 2016, the Marin Senior Coordinating Council, known as Whistlestop, partnered with the San Francisco Institute of Aging (IOA) and ride hailing service Lyft to launch an on-demand transportation service for seniors traveling to medical appointments and other services. Whistlestop had been providing over 100 rides each day to connect seniors with wellness services, such as health and nutrition classes at Institute of Aging (IOA) campus. The partnership with Lyft came out of this service model that was based on providing safe and dependable transportation options. The Whistlestop/Lyft partnership is a unique service that combines Whistlestop-owned wheelchair accessible vans and drivers and the Lyft Concierge platform software to provide rides to seniors for San Francisco IOA clients to access medical appointments outside the IOA campus. This ADA complementary service aimed to reduce travel time, provide ride scheduling flexibility, and maintain on-time departures, and represents an innovative approach to leveraging public-private partnerships (P3).

HealthTran – Missouri

HealthTran is a program offered by Missouri Rural Health Association, a grassroots nonprofit led by members with a mission to safeguard and improve the health of rural Missourians. It covers a 10-county region that includes Christian, Douglas, Howell, Oregon, Ozark, Shannon, Taney, Texas, Webster, and Wright counties. HealthTran has the capability to coordinate and schedules rides within minutes or a month in advance, and is designed to coordinate transportation services for medical related trips. Underlying the program's success are the partnerships with healthcare providers, community health organizations, employers, and transportation providers. The program began as a grant-funded pilot and is transitioning to a self-sustaining organization, built around relationships with partner healthcare organizations. Initially designed as a three-year pilot program through support from grants and healthcare groups and transportation organizations, the program has moved beyond the pilot stage and is hoping to become sustainable through the use of memberships for organizations and community members.

The program operates as a mobility manager for the region that employs a dedicated HealthTran Coordinator who determines eligibility of participations and coordinates qualifying trips. Upon eligibility determination, the HealthTran staff will contact the patient directly to confirm appointment time, location and will identify transportation options. HealthTran receives referrals from healthcare staff via an email form. To ensure the best options are identified, HealthTran utilizes a technology platform by Feonix Mobility Rising, which links transportation providers and

HealthTran

HealthTran's first passenger pickup

HealthTran was initially launched as a pilot program to collect information and data on the relationship between health and transportation to better understand the ways in which barriers to transportation impact patient health outcomes.

This program aimed to manage health care and transportation through local coordinated service, and to use the collected data to support funding opportunities. This innovative approach involved bringing together partners from local transit agencies, transportation service providers, as well as healthcare partners. The service included managing patient appointments and scheduling transportation services.

Healthcare partners:

Ozarks Medical Center
Southern Missouri Community Health
Missouri Ozarks Community Health
Jordan Valley Community Health
Cox Health Systems
Burton Creek Medical Center
Texas County Memorial Hospital

volunteer drivers with the travel needs of patients. The information is passed along to the transportation provider to arrange for the service.

Partnerships and cooperative agreements are vital to HealthTran's success. Organizations participate in membership plans that have one-time set up and ongoing fees associated with a HealthTran launch. Evidence from the pilot program has been used to promote the program's impact and success, particularly for healthcare providers. HealthTran's healthcare partners have reported reductions in no-show appointments, increased income and Medicare reimbursements resulting in favorable return on investment for the healthcare providers. During the pilot program, HealthTran's referrals to eight transportation companies have resulted in the creation of three full-time positions. This program has also demonstrated cost-savings; HealthTran realized a return on investment of 7 to 1 for each dollar spent on transporting patients to appointments that patients would have otherwise missed. This program enjoyed the support of multiple grant programs including FTA's 5310 program, which funded mobility management activities for the HealthTran program. The fundamental framework of the HealthTran Model is a technology platform that links transportation providers, volunteer drivers, HealthTran members and HealthTran staff through one platform.

United Cerebral Palsy of San Luis Obispo County Ride-On Transportation Travel Management Coordination Center (TMCC) – San Luis Obispo County, California

The San Luis Obispo Transportation Management Coordination Center (TMCC) was developed as a result of a public-private partnership venture that sought to develop a network of transportation service providers and develop a seamless way to integrate trip scheduling and dispatch rides in a coordinated way that benefited personal mobility. This initiative was funded in part through an FTA Mobility Services for All Americans (MSAA) grant, and involved a number of private and public partners.

This initiative was spearheaded by the United Cerebral Palsy of San Luis Obispo (SLO) Ride-On Transportation (Ride-On) in partnership with technology provider RouteMatch. San Luis Obispo County (SLO)is located in central California and spans nearly 3,300 square miles with a population of 281,000 (Shaffer & Allen, 2018). SLO County has a number of demand-response services, including dial-a-ride, paratransit, and fixed-route. Providers include Ride-On transportation, regional transit fixed-route and ADA complementary paratransit from the San Luis Obispo Regional Transit Authority (RTA), SLO Safe Ride, Yellow Cab, Smart Shuttle, City of Morro Call-A-Ride, and Atascadero Dial-a-Ride. The SLO area human service agencies have traditionally supported transportation programs for seniors and persons with disabilities, and the county is also supported by a network of community health centers, community action programs, and transportation service agencies. Ride-On, RTA, and RouteMatch were responsible for the day-to-day management of the TMCC, but this effort came as the result of extensive outreach to public and private partners as well as the community.

A TMCC Advisory Committee was established, and representatives from partner organizations were invited to attend the meeting and become involved with the project. Representatives from government, transportation, healthcare, human service agencies and community action programs attended. Subcommittees were also formed to address specific issues related to managing transportation providers, technology input, and customer engagement and services. Community mobility needs were assessed to identify key needs and gaps in transportation service, and identify opportunities that would best be served by the TMCC. As part of the community outreach process, the Advisory Committee collected public input through a website, bilingual surveys, and phone interviews. One of the main project partners, RideOn, collected feedback from county transportation advisories, county department of social service, senior commission, and adult services to inform the development of the TMCC. As part of the development phase for the TMCC, project partners identified customer needs and constraints that would need to be factored in to the design of the TMCC, including identifying potential issues such as incompatibility with business regulations from the various service providers, different fare structures and systems, cost of developing and maintaining the TMCC, outreach and education strategies, accessibility of seniors and persons with disabilities with navigating the TMCC, and ensuring that these services were offered in both Spanish and English (Shaffer & Allen, 2018).

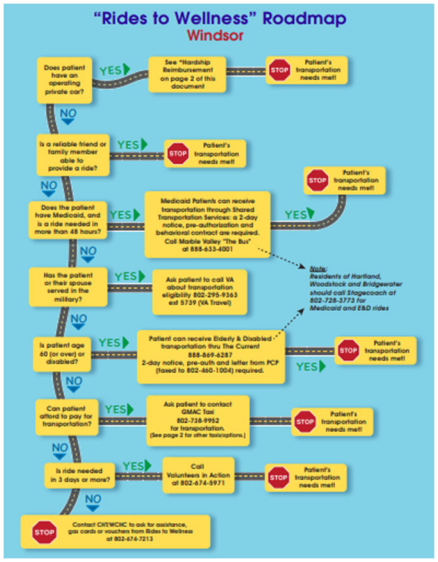
Identifying these constraints early on through extensive public engagement is a useful practice for designing and implementing these technology-driven mobility management systems. The Advisory Committee was especially critical for helping to gather community input and produce a community-based plan on designing a TMCC program that involves defining clear goals and objectives of the TMCC, informing the design process and envisioning design features, formulating the TMCC design assumptions, and identifying key risks and restraints. The project partners also emphasized the importance of designing these TMCC system in a way that makes them scalable and also includes an interface to allow for communications between the various transportation provider's tracking and communications systems to develop a true social service transportation network.

Vermont Rides to Wellness Pilot Programs – Windsor and St. Johnsbury, Vermont

These programs were designed to improve transportation access to healthcare for Vermont residents as part of the FTA-awarded Rides to Wellness (R2W) initiative. The Health Transit Program is administered by the Vermont Agency of Transportation which applied for a federal grant to test out several l mobility pilot models in the state. Community partnerships were formed to establish pilots in the Greater St. Johnsbury Area and Windsor Area, through working with the United Way and Vermont 2-1-1, as well as local and regional partnerships.

St. Johnsbury Area: This came as the result of a partnership between Northern Counties Health Care, Northeastern Vermont Regional Hospital, and the Rural Community Transportation (RCT) to help address transportation barriers for patients, where the healthcare providers will cover the cost of the ride if the patient is unable to make an appointment using volunteer drivers.

Windsor Area: Mt. Ascutney Hospital and Health Center designed a program that coordinates with Volunteers in Action to provide rides. The Community Health Team, as part of this pilot initiative, designed two algorithms that identified the best mobility option for eligible patients. Local funding sources helped to acquire gas cards and transportation service payments for those customers.



Vermont Rides to Wellness

Partners:

The Community Health Team at Northeastern Vermont Regional Hospital (NVRH)
Northern Counties Health Care
Rural Community Transportation
VT Agency of Human Services
Northeast Kingdom Human Services
Northeast Kingdom Council on Aging
NE Vermont Development Agency
Bay Area Addiction & Recovery Treatment (BAART) St. Johnsbury
Vermont Agency of Transportation
The CHT at Mt. Ascutney Hospital
Southeast Vermont Transit
Medicaid transportation provider
Southern Windsor County Regional Planning Commission (RPC)
Volunteers in Action
Adult Day center
Senior Solutions
Vermont Adult Learning
Vermont Agency of Transportation

The Vermont Rides to Wellness pilots were built on the strong partnerships levied between diverse agencies and organizations. To encourage healthcare participation, establishing performance measures that demonstrate reduction in healthcare costs are key to developing these partnerships and getting healthcare buy-in to these mobility programs.

The R2W program strives to develop regional models for conducting information sharing and leveraging resources for transportation solutions coordinated through collaborative programs between social service agencies, transportation providers and health care. This partnership structure helps to market services and leverage local buy-in. The Vermont R2W hired two consulting firms to develop an implementation plan and marketing kit. As part of this initiative, program roadmaps were developed based on input provided by a medical center. These roadmap posters are designed to help connect patients with mobility services by educating healthcare providers on how to navigate the mobility service options.

One of the most important elements of these two healthcare mobility pilots was to establish core performance measures to evaluate the success of these programs, particularly those related to financial benefits, reduction in ambulatory trips, and improvements in health outcomes. The Vermont Rides to Wellness programs consultants developed a clear set of performance measures, summarized below.

Vermont R2W Performance Measures

(1) Identification of transportation barriers according to community health needs assessment

(2) Total cost of care per eligible patient

(3) Compliance percentage for chronic illnesses that require regular medical appointments, such as cancer care and dialysis

(4) Number of emergency room for patients with chronic diseases

(5) Total number of missed appointments as a percent of total appointments.

The performance measures were also evaluated alongside program service outputs to help determine the financial efficacy of the program, including the number of customers served, total number of trips provided, number of gas cards distributed, total passenger miles provided, number of ride requests and referral sources (Lorber, 2018).

Another innovative approach from this pilot was the engagement of Vermont 2-1-1 as a participating partner. Vermont 2-1-1 was listed as an option for customers to call when they needed medical transportation. Once customers called, Vermont 2-1-1 directed these calls to the appropriate provider, whether it be the transit agency, taxi service, VA travel, or the Mt. Ascutney or St. Johnsbury healthcare coordinator teams. Given that the 2-1-1 is a widely recognized call service, this allowed for more patents to become familiar with the program through leveraging this heavily-used communications service.

Best Practices: Demand-Response Mobility Services

Use multiple providers for on-demand services to enhance competition and provide options for customers. When working with several providers, sign a Memorandum of Understanding (MOU) with all providers involved that establishes operating procedures and expectations of service quality.

Employ a third-party consultant to oversee program evaluation and work with transportation network partners to provide data. Consider contracting with a thirty party consultant to conduct program evaluation to ensure a more in-depth and unbiased analysis, and can potentially overcome some concerns with public records request. A third party evaluator may be better equipped to access data exchange with partner organizations, manage public records requests, interpret program findings, and develop a set of recommendations to help communicate the lessons learned of the program with the dialysis community.

Design clear program objectives and establish performance measures. For innovative mobility solutions that engage healthcare partnerships, use healthcare related performance measures to establish financial benefits of these programs, such as reduction in the cost of missed healthcare appointments. Performance measures should account for transportation barriers, community health needs, and total cost of care per patient, appointment compliance percentage for chronic health issue appointments, reduction in number of emergency room visits and total number of missed appointments.

Require contracted service providers to log trip data in order to verify eligibility of trips and track ridership. Ensure that data exchange protocol is well established with program programs to ensure access to ridership data.

Integrate software solutions to help improve efficiency and efficacy of coordinated mobility services. Provide multiple options for booking services, including through phone, phone app, and website. Emerging integrated software solutions, such as GTFS Flex capabilities, are being used to better improve trip planning tools and integrate with ride scheduling and payment interfaces.

Leverage technology and software to optimize data collection efforts. Internet-based ride scheduling software can help to track number of rides, types of rides conducted, and demographic information from customers.

Incentivize customers to take advantage of new mechanisms to schedule rides. Provide a discount for online booking to encourage website and app use, which can help to reduce administrative overhead for managing call centers.

Have a back-up plan for ride scheduling. If using a Web-based or smartphone application to schedule rides, ensure to also implement a centralized center to manage technology-

supported programs and to provide a back-up system for ride scheduling should users be unable or unwilling to use the application.

Pool resources to reduce overhead costs. Negotiate reduced monthly licensing fees and leverage resource to combine software procurements for multiple agencies to reduce overhead. This also helps to reduce upfront investment by individual agencies, prevent procurement delays, and coordinates services among the different agencies.

Consider the "next steps" for the technology. Consider how this technology will be used for program sustainability and enhancement of services beyond initial funding allocations and technology implementation.

Form successful partnerships that involve various public and private sector organizations, including healthcare. Key partnership structures should include healthcare providers, community health organizations, employers, and transportation providers.

Additional Considerations

Vehicles and Equipment Capital Purchases

Lack of wheelchair-accessible transportation service presents additional mobility challenges for seniors and persons with disabilities, which presents opportunities for 5310 funded projects to address gaps in accessible transportation alternatives for the community. Below are some highlights from service providers that have used 5310 funding to support capital investments including vehicle and equipment purchases.

Purchase capital equipment upgrades to enhance service accessibility. 5310 funds can be used for capital costs of equipment and modifications to enhance accessibility, such as retrofitting entrances to accommodate wheelchairs and implement other ADA accessible accommodations that may include: pedestrian cross walk signals, curb ramps, bus benches, enhanced crosswalk markings, re-design and upgrades of on-street transit facilities, bus shelters, improved lighting and sign replacement.

Explore vehicle leasing options to reduce capital expenses. Leasing the vehicles directly from the agency allows for a reduced up-front capital expense and includes maintenance, auto liability insurance, roadside and fleet assistance, which provides added flexibility.

Adopt alternative fuel or energy efficient vehicles into vehicle fleet. Alternative fuel and fuel efficient vehicles can reduce fuel costs and attract participants and staff/volunteers that value environmental sustainability.

LYNX Vanpool

Central Florida transit agency **LYNX** manages a vanpool lease program to assist agencies and organizations with improving the mobility of seniors and individuals with disabilities. The vanpool program works by LYNX purchasing vehicles with funding from FTA grants, who then leases the vehicles to subrecipients through Enterprise.

Strategic Vehicle Leasing

The program subrecipient pays 100% of lease to Enterprise and bills Lynx for 50% and then Lynx reimburses subrecipient 50% of the lease, which helps to reduce capital expenditures for the transportation service provider.

Technology and Travel Training for Seniors

Navigating transit systems and other transportation services can be challenging for individuals with disabilities and older adults. Travel training involves providing instruction to persons with disabilities and seniors on using transportation independently and improving their abilities to access rides. This instruction includes an array of strategies, methods, and curriculum to enhance the travel skills of their clients. A 2017 report prepared by the Center for Urban Transportation found that typical curriculum included in travel instruction involve:

Transit Orientation

Activities that instruct users on transportation systems, options, and services available to them, and instruction on how to read maps and interpret schedules to effectively plan trips, use fare systems, navigate mobility devices, embarking and disembarking the vehicle, and vehicle features.

Familiarization

Training that involves actively facilitating the use of a transportation service with a travel trainer to explain routes and service features.

Travel Training

One-on-one instruction that provides guidance on utilizing varying forms of travel, including understanding new routes, using different modes of travel, or accessing new destinations. Travel training provides an overview of the skills needed to facilitate independent travel on public transportation.

Additionally, the future of transportation programs to meet the needs of seniors and individuals with disabilities will be highly influenced by technology. With the rise in on-demand mobility services, there is a need for technology training to help seniors learn to navigate these emerging transportation options. The following resources can be used to help develop and implement travel and technology training for seniors and persons with disabilities.

(1) TCRP Report 168: Travel Training for Older Adults, Part 1: A Handbook

The TCRP Report 168 provides a roadmap for creating a travel training program to address the special mobility needs of seniors.

(2) NCST: Current Practices Used by Travel Trainers for Seniors

This 2010 report from the National Center on Senior Transportation provides an overview on practices used by travel trainers for seniors.

(3) The Future of Rural Transportation and Mobility for Older Adults: Current Trends and Future Directions in Technology-enabled Solutions

A white paper from CITRIS and the Banatao Institute and Grantmakers in Aging that describes how mobility services are changing for seniors in rural communities through the integration of technological advancements and solutions.

Conclusion

The case studies and best practices serve as a template for grantees and administrators for the development of innovative mobility project proposals. Volunteer transportation and emerging demand-responsive mobility solutions offer opportunities to reduce costs and provide services that may not have been previously available to meet the unique mobility needs of seniors and persons with disabilities. The case studies referenced in this memo demonstrate service development strategies and processes that could be considered for implementation within District One and throughout the state.

Chapter 4 Encourage Innovative Solutions

Some service providers may be limited in their abilities to research or discover innovative solutions due to their focus on day-to-day service delivery, client needs, and operational considerations. As a result, very few examples of partnerships, technology and innovation in Florida were identified during this Section 5310 research effort. FDOT may wish to encourage best practices by infusing illustrations of innovative practices, beneficial partnerships, and technology-driven solutions throughout the application and evaluation process.

Communication Activities

Communication with potential partners is one of the essential activities associated with FDOT 5310 program administration. Each year, FDOT Districts communicate with past, current, and prospective applicants to announce the availability of funding. The Districts also hold annual workshops to present information about the application process, compliance requirements and activities that are eligible to be funded with Section 5310 Program funding. FDOT should consider providing additional information about potential Mobility Management solutions beyond the more "top of mind" traditional capital and operating projects to emphasize innovation, partnership and technology opportunities. This could take the form of a simple information piece or links to relevant websites distributed along with the initial Section 5310 notice of grant availability.

The grant workshops present another opportunity for the Districts to inform applicants by including a presentation about targeted best practices. The workshop could highlight desirable approaches and strategies. Further, the workshop can accentuate how best practices are aligned with evaluation criteria, focusing applicants on the importance of these approaches.

Creating Partnerships

FDOT recognizes the benefits of partnerships to improve services and efficiencies under the 5310 program. Although FDOT can do little to directly create partnerships, it can highlight how existing service efficiency and effectiveness criteria are enhanced through partnerships. Districts can employ educational initiatives and outreach activities through the 5310 application process to create more opportunities for groups to partner, and FDOT Central Office could alter the application and evaluation process to encourage partnerships. Collectively, these actions can result in increased partnerships that produce improved service quality and efficiencies.

The application process is an ideal opportunity to educate 5310 applicants of the benefits and possibilities of partnerships. By highlighting the opportunities and benefits of partnerships during the workshop and application process, FDOT may encourage more partnerships. Illustrating how partnerships can improve "service efficiency and effectiveness" and "maximize transportation benefits to seniors and individuals living with disabilities" will help applicants recognize how partnerships can enhance their application.

Outreach activities are primarily designed to communicate about the availability of funding. However, it may also be used to connect program participants with existing programs that are not currently engaged in the 5310 program. Connecting agencies is an ongoing challenge for human service and healthcare organizations. Combining transportation providers to the maze of connections, hinders the development of partnerships. FDOT's role is limited to encourage partnerships between organizations that support the senior and disabled populations. However, FDOT Districts can highlight opportunities by "seeding" partnerships through information gathering and dissemination.

The Districts can "seed" partnerships by sharing information about programs that serve the intended beneficiaries of the 5310 program but are not actively participating in the program. Districts may increase the likelihood of applicants to seek out partnerships, by identifying these programs and highlighting how program partnerships may improve service efficiencies effectiveness.

List of potential partnerships, when combined with an updated application that includes questions and criteria to encourage partnering, can promote applicants to seek out groups and organizations to begin relationships that are mutually beneficial. Below is a short list of potential partner organizations.

1. Independent Living Facilities
2. Senior Centers
3. Health Clinics and Centers
4. Dialysis Centers
5. Transportation Providers
6. Municipal Governments

Senior Centers and Independent Living Facilities Illustration

Senior Centers and Independent Living Facilities serve seniors and persons living with disabilities (see Figure 4-1). Senior living facilities, adult daycare centers, and congregate dining facilities all represent opportunities to partner with stakeholders.

Table 4-1 provides a list of senior and independent living centers located in FDOT District One that can be shared during workshop sessions to be included in an information package targeted for implementation of outreach and engagement strategies.

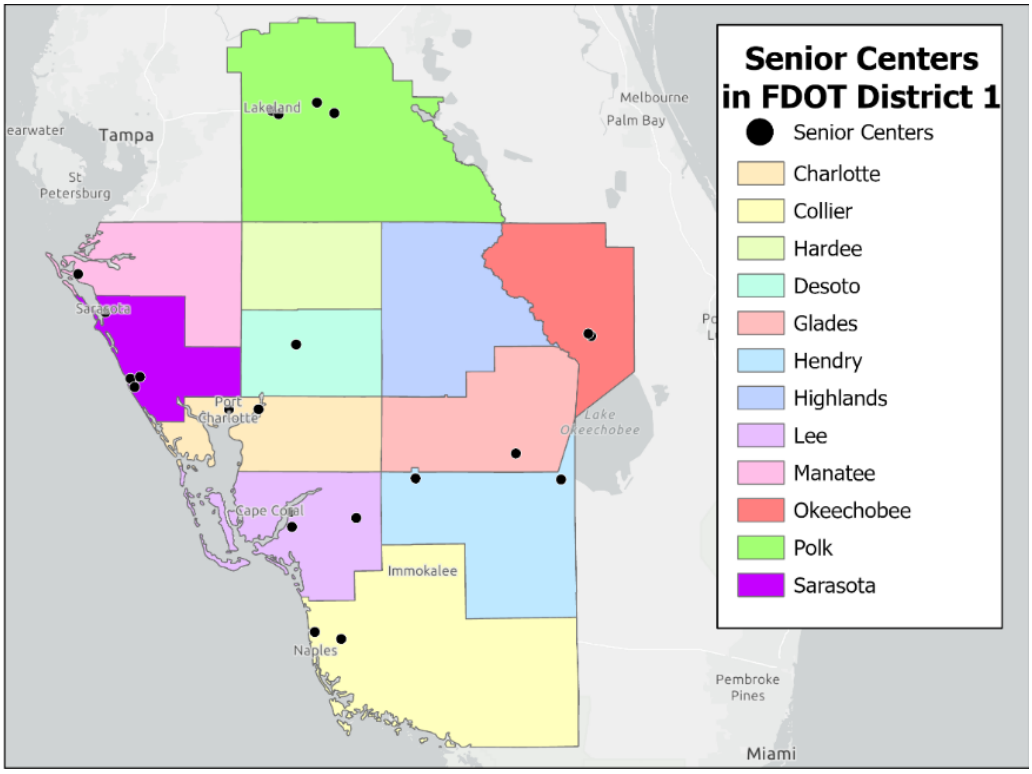


Figure 4-1. Senior and Independent Living Centers Located in FDOT District One Counties

Table 4-1. Senior and Independent Living Centers Located in FDOT District One Counties

County	Senior and Independent Living Centers Located in District One Counties
Charlotte	Senior Friends of Fawcett Memorial Hospital, Senior Friendship Centers
Collier	Naples Senior Center, Golden Gate Senior Center
DeSoto	Senior Friendship Center-De Soto
Glades	Senior Connections of SW FL
Hardee	Southern Oaks Retirement Center, Senior Friendship Center
Hendry	Senior Connections of SW FL
Highlands	Senior Connections of SW FL
Lee	Senior Friendship Centers, Senior Companion Program, Lehigh Acres Senior Center, Senior Center Senior Friends
Manatee	Senior Friends
Okeechobee	Okeechobee Senior Services, Seniors Are Able, Inc., Lottie Raulerson Senior Center
Polk	Lake Wales Senior Center, Lake Morton Senior Center, Lakeland Activity Center for Seniors, Winter Haven Senior Adult Center, Auburndale Senior Center
Sarasota	Senior Friendship Centers, ComForCare Senior Services, Connections for Seniors

Grant Application Process

In addition to direct information sharing through written communication and workshops, the FDOT Central Office could consider adjustments to the grant application manual by including illustrative details of how targeted activities can be supported and funded by the 5310 program. Grant application information from Maryland is illustrative of this approach.

The State of Maryland recognizes the programmatic and customer benefits of mobility management and provides comprehensive examples of mobility management activities in its application manual that are allowable under the Section 5310 program. As seen in the sidebar description (Figure 4-2), Maryland's application provides clear examples of mobility management activities that are eligible for funding.

The Central Office can also add questions that emphasize prioritized practices. TxDOT encourages engaged partnerships by asking about partner involvement. The application assumes the presence of project partners and suggests engagement practices by providing potential examples of involvement. The TxDOT application also suggests that partnerships improve project effectiveness and efficiency. (Figure 4-3)

Establishing programmatic goals and priorities in the 5310 application is another approach to influence 5310 grantees. LYNX, the transit agency and CTC of the Orlando, Florida area is an illustrative example of using goals and priorities to encourage desired project activities through the application process. The priorities are described in the LYNX application guidelines and

MARYLAND'S APPLICATION

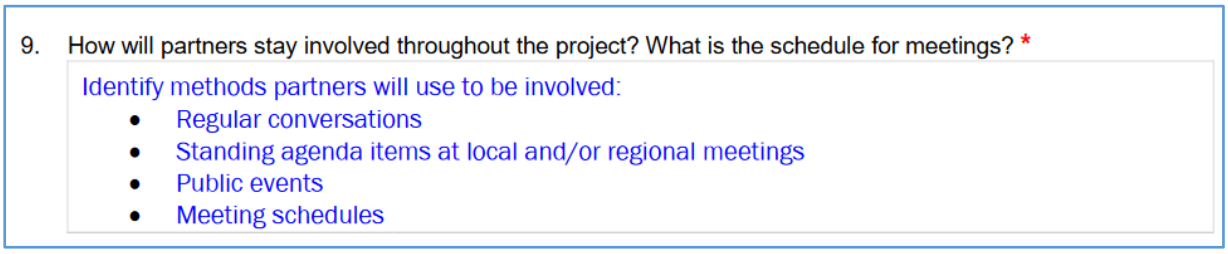
Support for mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management activities may include:

- The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, seniors, and low-income individuals.
- Support for short-term management activities to plan and implement coordinated services.
- The support of State and local coordination policy bodies and councils.
- The operation of transportation brokerages to coordinate providers, funding agencies, and passengers.
- The provision of coordination services, including employer-oriented transportation management organizations' and human service organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
- The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of geographic information systems (GIS) mapping, global positioning system technology, coordinated vehicle scheduling, dispatching and monitoring technologies, as well as technologies to track costs and billing in a coordinated system, and single smart customer payment systems. (Acquisition of technology is also eligible as a standalone capital expense).

Figure 4-2. Maryland 5310 Mobility Management Description

are also part of the evaluation criterion. Figure 4-5 illustrates how the priorities are integrated with the application process.

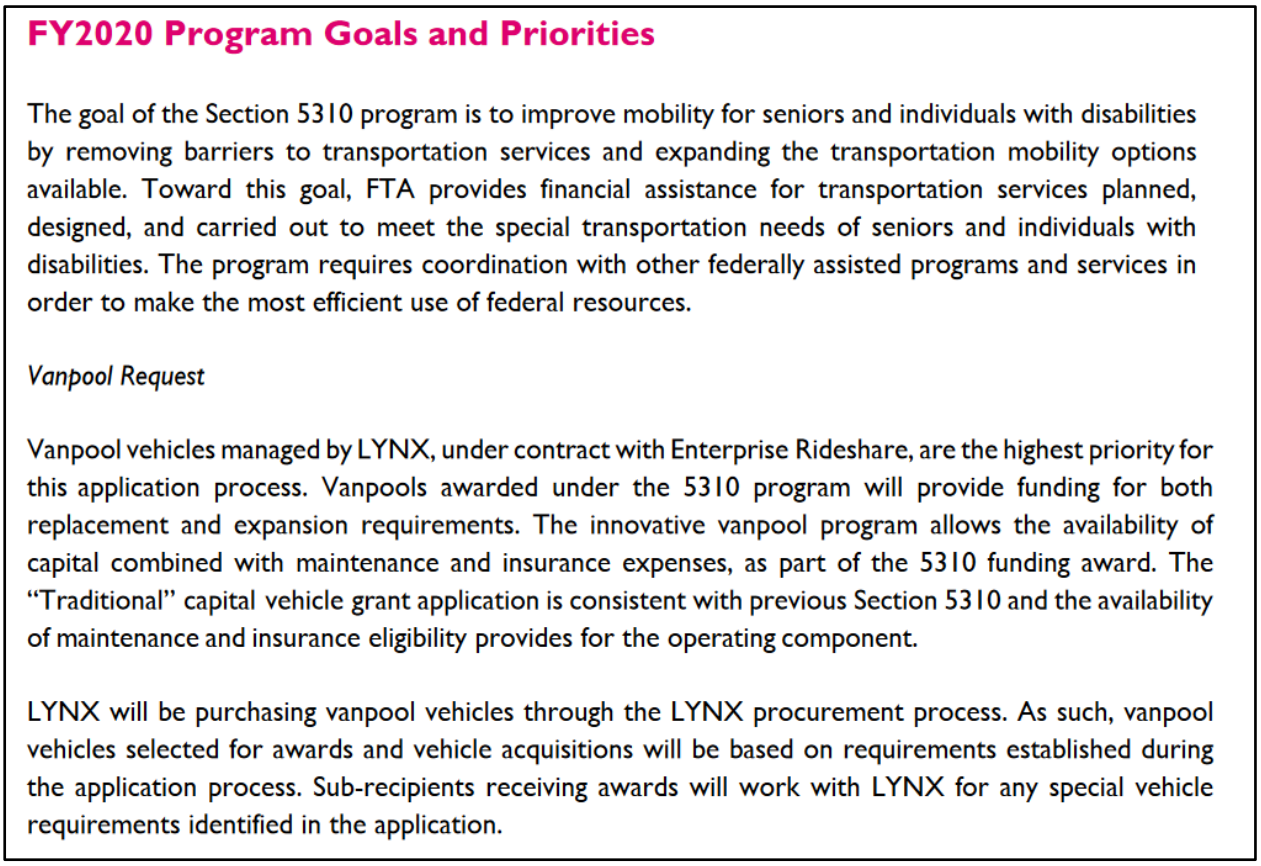
Central Office can use program goals and priorities to accentuate the importance of best practices to further encourage project applicants to integrate more partners within their applications. Figure 4-4 illustrates how program goals and priorities can shape project applications.


9. How will partners stay involved throughout the project? What is the schedule for meetings? *

Identify methods partners will use to be involved:

- Regular conversations
- Standing agenda items at local and/or regional meetings
- Public events
- Meeting schedules

Figure 4-3. TxDOT Partnership Engagement Question


FY2020 Program Goals and Priorities

The goal of the Section 5310 program is to improve mobility for seniors and individuals with disabilities by removing barriers to transportation services and expanding the transportation mobility options available. Toward this goal, FTA provides financial assistance for transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities. The program requires coordination with other federally assisted programs and services in order to make the most efficient use of federal resources.

Vanpool Request

Vanpool vehicles managed by LYNX, under contract with Enterprise Rideshare, are the highest priority for this application process. Vanpools awarded under the 5310 program will provide funding for both replacement and expansion requirements. The innovative vanpool program allows the availability of capital combined with maintenance and insurance expenses, as part of the 5310 funding award. The "Traditional" capital vehicle grant application is consistent with previous Section 5310 and the availability of maintenance and insurance eligibility provides for the operating component.

LYNX will be purchasing vanpool vehicles through the LYNX procurement process. As such, vanpool vehicles selected for awards and vehicle acquisitions will be based on requirements established during the application process. Sub-recipients receiving awards will work with LYNX for any special vehicle requirements identified in the application.

Figure 4-4. LYNX Program Goals and Priorities

3. How will the project address the priorities for the Urbanized Orlando and Kissimmee areas, as outlined in the "2020 Program Goals and Priorities" section the Application Manual?

Figure 4-5. LYNX Emphasizing Priorities

FDOT Central Office routinely adjusts the application process based on systematic feedback from District Managers and the production of annual updates. Changes to the application process can produce more projects that incorporate desired strategies and approaches.

Integrating greater detail regarding activities supported by the program, adjusting the application process and establishing priorities that align with best practices may enhance the 5310 program.

Grant Evaluation Process

The grant evaluation process is guided by the application manual produced by FDOT Central Office. Central Office could alter the evaluation criteria to request greater detail and specificity about technology and partnerships that will influence applicants to employ targeted strategies that integrate partnerships and technology. For example, to encourage greater utilization of technology, Seattle's Community Shuttle for Seniors and People with Disabilities asks for a Technology Plan which describes technology used in scheduling and dispatching trips. (

Figure 4-6)

- A technology plan that describes the technology to be utilized in scheduling/dispatching trips and method and ability to communicate with drivers when transporting passengers. Technology plan may include the use of Trapeze scheduling software and other technology provided by King County Metro as described in Section VI of the funding guidelines.

Figure 4-6. Technology Plan Requirements of Community Shuttles for Seniors and People with Disabilities Application

Wisconsin DOT's application seeks effective ways to encourage partnerships by including scoring criteria related to coordination in the State's evaluation process. (Figure 4-7)

Promotes Service Coordination with Others (*30 points possible*)					
▪ Identifies partners and stakeholders; describes each party's role in providing service. (**10 pts**) ▪ Identifies existing available transportation services; describes how the grant request will complement, rather than duplicate, those services. (**10 pts**) ▪ Describes how the applicant will ensure service coordination. (**10 pts**)	0-20	21-23	24-26	27-30	____/30 *Evaluator Comments:*

Figure 4-7. Wisconsin DOT 5310 Service Coordination Criteria

TxDOT encourages engagement with partners by asking about partner involvement. The application assumes the presence of project partners and suggests engagement practices by

providing potential examples of involvement. The TxDOT application also suggests that partnerships improve project effectiveness and efficiency. (Figure 4-8)

9. How will partners stay involved throughout the project? What is the schedule for meetings? *

Identify methods partners will use to be involved:

- Regular conversations
- Standing agenda items at local and/or regional meetings
- Public events
- Meeting schedules

Figure 4-8. TxDOT Partnership Engagement Question

Missouri's East-West Gateway Council of Governments' 5310 application attributes 20% of the application score to coordination. The scoring criteria includes questions to further guide applicants. (Figure 4-9)

Coordination among Agencies (*20 points*):	
Criteria	*Scoring Explanation*
Points will be awarded based on the coordination efforts and demonstrated partnerships to address gaps and avoid duplicated services.	• *To what extent does the project demonstrate coordination among various entities?* • *Does the proposal describe how key stakeholders will remain involved and informed throughout the process?* • *Did the applicant agency attach one or more letters from other agencies describing how they will be coordinating with the applicant in the provision of transportation services?*

Figure 4-9. East-West Gateway Council of Governments (Missouri) 5310 Application Coordination Scoring

LYNX evaluates grantees on a project's alignment with program priorities. Figure 4-10 illustrates how LYNX emphasizes the importance of a project's alignment with LYNX's goals and priorities.

Budget Considerations (25 points max)	
Are they applying for the Vanpool (identified as a program priority)?	10 points
Are they applying for Operating (identified as a secondary program priority)?	7.5 points
Are they applying for Operating and Vanpool?	5 points
Thorough explanation of Budget Considerations Question 1 in the application	3 points max
Is the math correct and all information in the Budget completed?	7 points max
Is the availability of a Local Match Demonstrated?	5 points max

Figure 4-10. LYNX 5310 Evaluation Criteria

Districts could choose to evaluate the impact technology, partnerships and innovation contribute to existing criteria such as cost efficiency and effectiveness. An example from TriMet in Portland, Oregon shows how best practices can be tied to evaluation criteria.

TriMet asks applicants how a project improves cost-effectiveness through improved technology solutions. Additionally, it asks if a project implements new technology to enhance service or improve cost-effectiveness. By relating established criteria to best practices FDOT can influence applicant's adoption of a desired practice. (Figure 4-11)

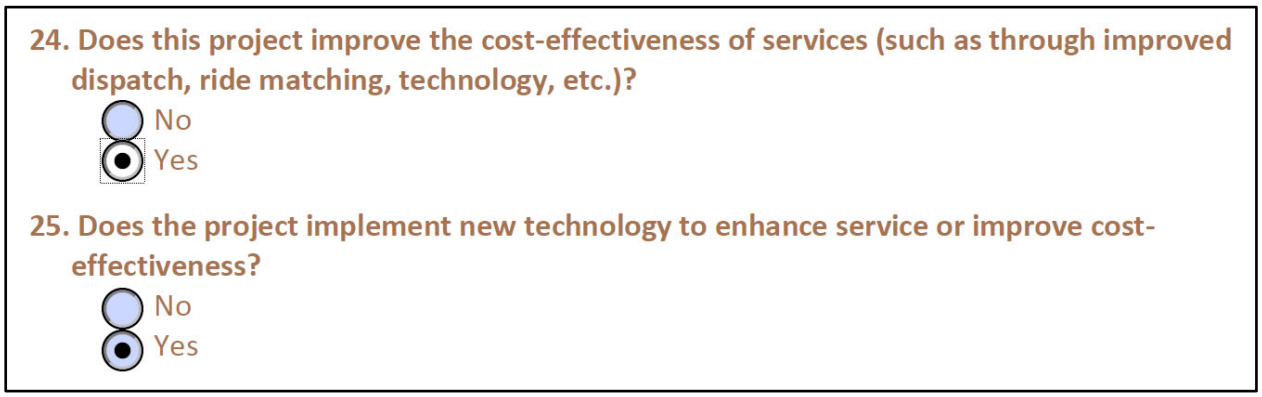


Figure 4-11. TriMet 5310 Technology Related Application Question

To encourage applicants to consider innovative solutions, TxDOT asks applicants to describe innovation aspects of the project and includes targeted examples of innovation. (Figure 4-12)

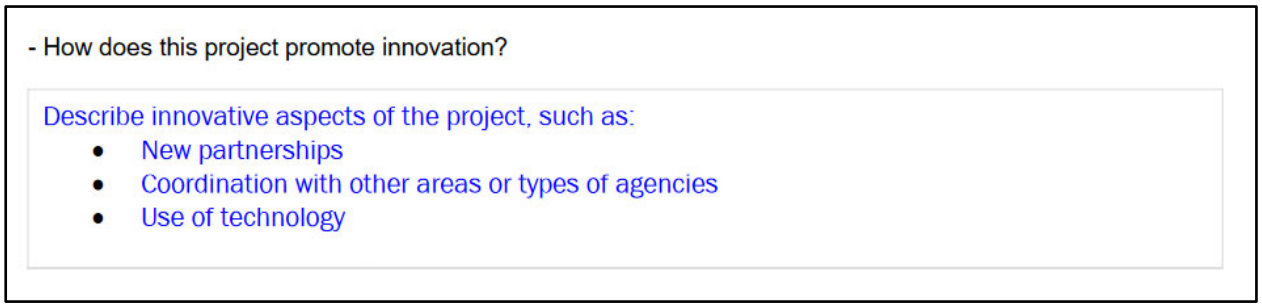


Figure 4-12. TxDOT Innovation Question

The grant evaluation process must conform to the application guidelines established by FDOT Central Office. However, Districts, operating within the application guidelines can assess applications by relating best practice to performance guidelines from Central Office's existing application manual. Districts can ask, "What technology will be used to improve service efficiency", while not deviating from guidelines established by Central Office. Tying the benefits of a targeted best practice to the existing criteria will encourage grant applicants to integrate the desired best practice into the application while maintaining the criteria established in the grant application.

Recommendations

The adoption of the best practices highlighted in this report has the potential to enhance the 5310 program in Florida. This report suggests that FDOT Central Office assess potential changes to the 5310 application and manual to encourage innovation, partnerships, and greater leveraging of technology. District Offices could influence grantees within the existing grant framework without allocating significant new resources by providing information to grant applicants about best practices related to innovation, partnerships, and technology. Further, districts can request grant applicants to describe the impact of technology or partnerships impact efficiency and effectiveness of a project proposal.

FDOT must dedicate more resources for staff to engage stakeholders to produce more opportunities for partnerships and coordination. The current administrative, managerial, and compliance workload of district staff leaves little room for expanded activities. Interviews with FDOT District managers of the 5310 program highlighted the labor-intensive responsibilities of monitoring and executing the grant program. Districts conduct extensive outreach and communication about the availability of Section 5310 funding, assist potential grantees during the application process, and evaluate grant proposals. Further, Districts monitor ongoing projects for state and federal compliance requirements.

Recommendations for the FDOT Central Office to adjust the application and manual to integrate questions, criteria, and priorities that result in the adoption of best practices by grantees will require a more deliberative process. More significant input and feedback from the FDOT Central Office will be necessary before some of the recommendations (i.e., grant application manual and evaluation criteria modifications) can be implemented.

Works Cited

Collier, R. (2018). Uber enters medicine but disrupting health care may prove difficult. *Canadian Medical Association journal*, E756–E757. doi:https://doi.org/10.1503/cmaj

Colorado Department of Transportation. (2019, March 25). *UZURV PowerPoint Presentation.* Retrieved from https://www.colorado.gov/pacific/sites/default/files/UZURV.pdf

Curtis, T. M. (2019). *Partnerships between Transit Agencies and Transportation Network Companies.* National Academies of Sciences, Engineering, and Medicine. Washington, D.C.: The National Academies Press.

Easterseals Southwest. (2019). *Who We Are*. Retrieved from Easterseals Southwest: https://easterseals-swfl.org/who-we-are/

Federal Transit Administration. (2019, December). *Coordinated Public Transit Human Services Transportation Plans*. Retrieved from Federal Transit Administration: https://www.transit.dot.gov/funding/grants/coordinated-public-transit-human-services-transportation-plans

Fisher, T. (2013). *Insurance Issues in Community Transportation.* Quincy, MA: Executive Office of Health and Human Services, Human Service Transportation Office.

Goodwill, J. S. (2010). *Innovative Approaches for Increasing Transportation Options for People with Disabilities in Florida.* Tallahassee: Florida Developmental Disabilities Council, Inc.

Greer, L. F. (2018). *Intelligent Transportation System Benefits, Costs, and Lessons Learned 2018 Update Report.* U.S. Department of Transportation, Intelligent Transportation Systems Joint Program Office. Washington, D.C.: FHWA.

Lorber, J. &. (2018, September). *Rides to Wellness (R2W) Implementation Plan.* Retrieved from State of Vermont Agency of Transportation: https://vtrans.vermont.gov/sites/aot/files/publictransit/documents/Implementation%20Plan-Final.pdf

Minnesota Department of Transportation. (2019). *Minnesota Council on Transportation Access.* St. Paul, MN: Minnesota Department of Transportation.

NADTC. (2019). *Section 5310*. Retrieved from National Aging and Disability Transportation Center: https://www.nadtc.org/grants-funding/section-5310/

National Aging and Disability Transportation Center. (2019, May). *2018 Transportation Trends: Innovative Approaches to Section 5310 Funding Match*. Retrieved from National Aging and Disability Transportation Center: https://www.nadtc.org/wp-content/uploads/NADTC-Trends-Report-Topic-Spotlight-Section-5310-Fund

National Volunteer Transportation Center. (2015). *Tip Sheet Volunteer Transportation Trends.* National Volunteer Transportation Center.

National Volunteer Transportation Center. (2016). *Volunteer Driver Recruitment and Retention Experience and Practice. .* Community Transportation Association of America. Retrieved from https://ctaa.org/wp-content/uploads/2018/10/NVTC_DriverRecruitHandbook_v1.pdf

Shaffer, M. T., & Allen, T. (2018). *Road to Coordination: Lessons Learned while Developing the San Luis Obispo County Travel Management and Coordination Center (TMCC).* Washington, D.C.: Federal Transit Administration. Retrieved from https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/research-innovation/116486/road-coordination-lessons-learned-while-developing-san-luis-obispo-county-travel-management.pdf

Shaver, J. (n.d.). *Volunteer Transportation: Keys of a Successful Program*. Retrieved from National Aging and Disability Transportation Center: http://www.nadtc.org/wp-content/uploads/Blount-Cty-Presentation.pdf

Sriraj, P. H. (2018). *Mobility Management: State of the States Report.* Washington, DC: National Center for Mobility Management, Urban Transportation Center.

Syed, S. G. (2013). Traveling Towards Disease: Transportation Barriers to Health Care Access. *Journal of Community Health,, 38*(5), 976-993.

Tooley, M. (2019, April). *Older Drivers and Transportation Network Companies: Investigating Opportunities for Increased Safety and Improved Mobility.* Retrieved from http://onlinepubs.trb.org/onlinepubs/Conferences/2019/DRT/MelissaTooley.pdf

Volinski, J. (2019). *Microtransit or General Public Demand Response Transit Services: State of the Practice.* National Academies of Sciences, Engineering, and Medicine. Washington, D.C.: The National Academies Press. doi:https://doi.org/10.17226/

Bibliography

American Hospital Association. (March 1, 2018). "Case Study: Denver Health Medical Center Collaborates with Lyft to Improve Transportation for Patients." Retrieved from https://www.aha.org/news/insights-and-analysis/2018-03-01-case-study-denver-health-medical-center-collaborates-lyft

American Public Transportation Association. (n.d.) *FAST ACT: A Guide to Public Transportation and Rail-Related Provisions*. APTA: Washington, D.C. Retrieved from https://www.apta.com/wp-content/uploads/FAST-Act-A-Guide-to-Public-Transportation-and-Rail-Related-Provisions.pdf

Bejleri, I., Noh, S., Steiner, R., Winter, S. & Gu, Z. (August 2018). *Geospatial Model for Identifying Transportation Service Availability Gaps for Florida's Vulnerable Populations*. Final Report. Florida Department of Transportation. Retrieved from https://trid.trb.org/view/1571394

Boeckman, D. (2016, April 15). *Then and Now.* Retrieved from https://www.morha.org/wp-content/uploads/2016/05/HealthTran-2016.pdf

Broderick, A. (April 2018). *The Future of Rural Transportation and Mobility for Older Adults: Current Trends and Future Directions in Technology-enabled Solutions*. CITRIS, the Banatao Institute, and Grantmakers in Aging. Retrieved from https://www.giaging.org/documents/180424_CITRIS_rural_mobility_paper_F.pdf

Burkhardt, J.E. & Kerschner, H. (January 1, 2007). Door-Through-Door Transportation: The Final Frontier. Transportation Research Record, *Transportation Research Record*, *2013*(1), 62–70. https://doi.org/10.3141/2013-09

Burr, TJ. (2018) *All Points Transit: NADTC Webinar Series on Volunteer Transportation*. PowerPoint presentation for National Aging and Disability Transportation Center. Retrieved from http://www.nadtc.org/wp-content/uploads/APT-Presentation.pdf

Collier, R. (2018). Uber enters medicine but disrupting health care may prove difficult. *CMAJ 190(24):* 756-757. Retrieved from 10.1503/cmaj.109-5615

Colorado Department of Transportation. (March 25, 2019). *UZURV.* PowerPoint presentation. Retrieved from https://www.colorado.gov/pacific/sites/default/files/UZURV.pdf

Curtis, T., Merritt, M., Chen, C., Perlmutter, D., Berez, D. & Ellis, B. (2019). *Partnerships between Transit Agencies and Transportation Network Companies*. National Academies of Sciences, Engineering, and Medicine. Washington, D.C.: The National Academies Press. https://doi.org/10.17226/25425.

Dalton, D. (January 2018). Successful Mobility Management Practices for Improving Transportation Services in Small Urban and Rural Area: Final Guide. NCHRP Project 20-65(68). National Cooperative Highway Research Program, Transportation Research Board, National Academies of Sciences, Engineering, and Medicine: Washington, D.C. Retrieved from https://www.michigan.gov/documents/mdot/NCHRP20-6568FinalReportMobilityManagement_621561_7.pdf

DiPetrillo, S., Lubin, A., Loukaitou-Sideris, A., Salehian, C., Gibson, S., Williams, K. & Trent Green, T. (August 2016). *Improving Pathways to Transit for Persons with Disabilities*. MTI Report 12-59, Mineta Transportation Institute: San José, CA. Retrieved from https://transweb.sjsu.edu/sites/default/files/1233-transit-access-for-persons-with-disabilities.pdf

Easterseals Southwest. (2019). *Who We Are*. Retrieved from Easterseals Southwest: https://easterseals-swfl.org/who-we-are/

Eliss, E., Knapp, S., Quan, J., Sutton, W., Regenstein, M. & Shafi, T. *Dialysis Transportation: Intersection of Transportation and Healthcare*. Pre-publication draft of TCRP Research Report 203. Washington, D.C.: Transportation Review Board, 136 pp.

Federal Transit Administration. (n.d.). "Coordinating Council on Access & Mobility FAQs." Retrieved from https://www.transit.dot.gov/ccam/faq

Federal Transit Administration. (May 23, 2019). "Coordinating Council on Access and Mobility Initiatives." Retrieved from https://www.transit.dot.gov/ccam/about/initiatives

Federal Transit Administration. (2019, December). *Coordinated Public Transit Human Services Transportation Plans*. Retrieved from Federal Transit Administration: https://www.transit.dot.gov/funding/grants/coordinated-public-transit-human-services-transportation-plans

Federal Transit Administration (FTA). (n.d.). "Enhanced Mobility of Seniors & Individuals with Disabilities – Section 5310." Retrieved from https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310.

Fisher, T. (2013). *Insurance Issues in Community Transportation*. Executive Office of Health and Human Services, Human Service Transportation Office, Quincy, MA. Retrieved from https://www.mass.gov/files/documents/2016/07/sx/insurance-issues-in-community-transportation.pdf

Fisher, T. (2013). *Volunteer Driver Programs*. Executive Office of Health and Human Services, Human Service Transportation Office, Quincy, MA. Retrieved from https://archives.lib.state.ma.us/bitstream/handle/2452/421350/ocn952604490.pdf?sequence=1&isAllowed=y

Fisher, T. (2016). What to Consider When Establishing a Volunteer Driver Program. Executive Office of Health and Human Services, Human Service Transportation Office, Quincy, MA. Retrieved from https://www.mass.gov/files/documents/2017/10/10/What%20to%20consider%20when%20establishing%20a%20volunteer%20driver%20program%20-%20August%202016.pdf

Goodwill, J., Staes, L., Teague, W., Zavacki, S. & Ball, P. (April 2010). *Innovative Approaches for Increasing Transportation Options for People with Disabilities in Florida*. Florida Developmental Disabilities Council, Inc. Transportation Feasibility Study. Retrieved from https://www.fddc.org/sites/default/files/file/publications/transportation%20feasibility%20study.pdf

Greer, L., Fraser, J., Hicks, D., Mercer, M. & Thompson, K. (March 2018). *Intelligent Transportation System Benefits, Costs, and Lessons Learned 2018 Update Report.* U.S. Department of Transportation Intelligent Transportation Systems Joint Program Office, Report FHWA-JPO-18-641, Washington, D.C.

Hendricks, S.J., Audino, M.J., Okin, P.O. & Biernacki, A. (October 2008). *Programs that Match Seniors with Volunteer Drivers – Practical Recommendations for Organizations and Policy Makers*. National Center for Transit Research, Center for Urban Transportation Research, University of South Florida: Tampa, FL. Retrieved from https://www.nctr.usf.edu/pdf/77717.pdf

Independent Living Partnership. (2019). "TripTrak for Complete Operations Management." Retrieved from https://ilpconnect.org/triptrak-for-complete-operations-management/

Kanarek, J. (n.d.). *Volunteer Transportation: Keys of a Successful Program*. PowerPoint slides. Retrieved from http://www.nadtc.org/wp-content/uploads/NV-Rides-Presentation-Oct-2018.pdf

Kerschner, H. (2013). *Volunteer Transportation: Developments and Trends*. White Paper. National Volunteer Transportation Center.

Koffman, D., Lewis, D., Chia, D., Burkhardt, J. & Bradley, M. (2007). Improving ADA Complementary Paratransit Demand Estimation. National Academies of Sciences, Engineering, and Medicine. The National Academies Press: Washington, D.C. Retrieved from https://doi.org/10.17226/23146

Kraus, L., Lauer, E., Coleman, R. & Houtenville, A. (2018). *2017 Disability Statistics Annual Report*. Durham, NH: University of New Hampshire. Retrieved from https://disabilitycompendium.org/sites/default/files/user-uploads/2017_AnnualReport_2017_FINAL.pdf

Lehman Center for Transportation Research. (2015). *Training Manual for Transit Service Planning and Scheduling.* Miami, FL: Florida International University, National Center for

Transit Research at the Center for Urban Transportation Research. Retrieved from https://www.nctr.usf.edu/wp-content/uploads/2017/02/TrainingManual_FinalReport.pdf.

Libberton, S., Cummings, C., Koch, L. & Thompson, J. (November 2016). *Documentation of FTA Section 5310 Recipients and Projects Before the Enactment of Moving Ahead for Progress in the 21st Century (MAP-21), The National Perspective – an Assessment of Section 5310 Program Administration Under MAP-21*. National Cooperative Research Program, Transportation Research Board of the National Academies, Washington, D.C., Retrieved from http://onlinepubs.trb.org/onlinepubs/nchrp/docs/NCHRP20-65(58)(62)_FR.pdf

Lorber, J. & Falbel, S. (April 2018). *Rides to Wellness (R2W) Implementation Plan.* Aplomb Consulting and Steadman Hill Consulting, Inc. Retrieved from https://vtrans.vermont.gov/sites/aot/files/publictransit/documents/Implementation%20Plan-Final.pdf

Mattson, J. (December 2010). *Transportation, Distance, and Health Care Utilization for Oler Adults in Rural and Small Urban Areas*. Small Urban & Rural Transit Center, Upper Great Plains Transportation Institute, North Dakota State University: Fargo, ND. Retrieved from https://www.ugpti.org/resources/reports/downloads/dp-236.pdf

Mattson, J. (August 2016). *Estimating Ridership of Rural Demand-Response Transit Services for the General Public*. Report 21177060-NCTR-NDSU08. National Center for Transit Research. Small Urban & Rural Transit Center, Upper Great Plains Transportation Institute, North Dakota State University: Fargo, ND. Retrieved from https://www.nctr.usf.edu/wp-content/uploads/2016/09/21177060-NCTR-NDSU08.pdf

Medical Answering Services (MAD). (n.d.). "Ensuring enrollees have safe access to health care." Retrieved from http://www.medanswering.com/transportation-vendors/

Metropolitan Washington Council of Governments. (June 25, 2019). "Enhanced mobility grantees share best practices to meet regional transportation needs." Retrieved from https://www.mwcog.org/newsroom/2019/06/25/enhanced-mobility-grantees-share-best-practices-to-meet-regional-transportation-needs/

Metropolitan Washington Council of Governments. (June 14, 2019). "FTA's Enhanced Mobility Program Case Studies." Retrieved from https://www.mwcog.org/documents/2019/06/14/ftas-enhanced-mobility-program-case-studies/

Minnesota Department of Transportation. (January 2019). *2018 Report on Minnesota Council on Transportation Access*. Minnesota Department of Transportation: St. Paul, MN. Retrieved from https://www.leg.state.mn.us/docs/2019/mandated/190122.pdf

Missouri Rural Health Association. (n.d.). HealthTran Facts & Findings: Gaining Insight of the Transportation Barrier in Rural Missouri for Those With A Medical Need. PowerPoint presentation. Retrieved from https://health.mo.gov/living/families/ruralhealth/pdf/gordon-morris.pdf

National Academies of Sciences, Engineering, and Medicine. (2005). Cost-Benefit Analysis of Providing Non-Emergency Medical Transportation. The National Academies Press: Washington, D.C. Retrieved from https://doi.org/10.17226/22055

National Aging and Disability Transportation Center. (n.d.). *Volunteer Best Practice: Door-through-Door Volunteer Assisted Transportation*, NADTC Best Practice brief. Retrieved from https://www.nadtc.org/resources-publications/nadtc-best-practice-volunteer-assisted-transportation/

National Aging and Disability Transportation Center. (2006). *Transportation Services for People with Disabilities in Rural and Small Urban Communities*, NADTC and Easter Seals Project ACTION Summary Report. Retrieved from https://www.nadtc.org/wp-content/uploads/NADTC-Transportation-Services-in-Rural-and-Small-Urban-Communities.pdf

National Aging and Disability Transportation Center. (2018). *Volunteer Transportation: Keys of a Successful Program Toolkit*. Retrieved from https://www.nadtc.org/resources-publications/volunteer-transportation-keys-of-a-successful-program-toolkit/

National Aging and Disability Transportation Center. (April 11, 2018). "5 Keys to Successful Volunteer Driver Programs." Retrieved from https://www.nadtc.org/news/blog/5-keys-to-successful-volunteer-driver-programs/

National Aging and Disability Transportation Center. (2019). *2018 Transportation Trends*. Retrieved from https://www.nadtc.org/resources-publications/2018-transportation-trends-report/

National Aging and Disability Transportation Center. (2019). "Section 5310." Retrieved from https://www.nadtc.org/grants-funding/section-5310/

National Aging and Disability Transportation Center. (May 2019). 2018 Transportation Trends: Innovative Approaches to Section 5310 Funding Match. Retrieved from https://www.nadtc.org/wp-content/uploads/NADTC-Trends-Report-Topic-Spotlight-Section-5310-Funding-Match.pdf

National Center on Senior Transportation (NCST). (2011). *Taxis for Senior Transportation*. NCST: Washington, D.C. Retrieved from https://www.aarp.org/content/dam/aarp/livable-communities/old-learn/transportation/taxis-for-senior-transportation-aarp.pdf

National Cooperative Highway Research Program (NCHRP). (January 2018). *Expanding Access to Our Communities: A Guide to Successful Mobility Management Practices in Small Urban and Rural Areas*. Retrieved from http://onlinepubs.trb.org/onlinepubs/nchrp/docs/NCHRP20-65(68)_FR.pdf

National Express Transit. (July 23, 2018). How Does Dial-a-Ride Work? *National Express Transit Blog*. Retrieved from https://www.nationalexpresstransit.com/blog/how-does-dial-a-ride-work/

https://www.aarp.org/content/dam/aarp/livable-communities/old-learn/transportation/taxis-for-senior-transportation-aarp.pdf

National Volunteer Transportation Center. (2015). *Tip Sheet Volunteer Transportation Trends.* National Volunteer Transportation Center. Retrieved from https://ctaa.org/wp-content/uploads/2018/10/Tip_Sheet_Vol_Trans_Trends.pdf

National Volunteer Transportation Center. (September 2016). *Volunteer Driver Recruitment and Retention Experience and Practice*. 16-COM-09927. Retrieved from https://ctaa.org/wp-content/uploads/2018/10/NVTC_DriverRecruitHandbook_v1.pdf

Office of Economic & Demographic Research. (n.d.). *Florida Population by Age Group*. Retrieved from http://edr.state.fl.us/Content/population-demographics/data/Pop_Census_Day.pdf

OmniRide. (2019). "Wheels-to-Wellness." Retrieved from http://omniride.com/service/programs/wheels-to-wellness/

Rayer, S. & Wang, Y. (June 2019). *Population Projections by Age, Sex, Race, and Hispanic Origin for Florida and Its Counties, 2020-2045, With Estimates for 2018.* Bureau of Economic and Business Research (BEBR), College of Liberal Arts and Sciences, University of Florida. Florida Population Studies, Bulletin 184: Gainesville, FL. Retrieved from https://www.bebr.ufl.edu/sites/default/files/Research%20Reports/projections_2019_asrh.pdf

Rural Transit Service. (July 2018). *Annual Report 2017-2018*. Retrieved from https://www.ruraltransitservice.org/Portals/0/Docs/annualreports/ANNUAL%20REPORT%202017-2018.pdf?ver=2018-09-23-222521-693.

Saeed, K. & Kurauchi, F. (2015). Enhancing the Service Quality of Transit Systems in Rural Areas by Flexible Transport Systems. Transportation Research Procedia, 2015(10), 514-523.

https://doi.org/10.1016/j.trpro.2015.09.005

Safe Mobility for Life Coalition. (March 2017). *2017 Aging Road User Strategic Safety Plan*. Retrieved from http://safemobilityfl.com/pdfs/FDOT_Aging_SafetyPlan_FINAL.pdf

Schwieterman, J.P., Livingston, M. & Van der Slot, S. (August 1, 2018). *Partners in Transit: A Review of Partnerships between Transportation Network Companies and Public Agencies*. Chaddick Institute for Metropolitan Development, De Paul University: Chicago, IL. Retrieved from https://las.depaul.edu/centers-and-institutes/chaddick-institute-for-metropolitan-development/research-and-publications/Documents/Partners%20in%20Transit_Live1.pdf

Seekins, T., Enders, A., Pepper, A., Stocka, S. (2007). Allocation and Use of Section 5310 Funds in Urban and Rural America. *Journal of Public Transportation 10 (1).* Retrieved from https://www.nctr.usf.edu/jpt/pdf/JPT%2010-1%20Seekins.pdf

Shaffer, M.T. & Allen, T. (April 2018). *Road to Coordination: Lessons Learned while Developing the San Luis Obispo County Travel Management and Coordination Center (TMCC)*. Federal Transit Administration (FTA), FTA Report No. 0119: Washington, D.C. Retrieved from https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/research-innovation/116486/road-coordination-lessons-learned-while-developing-san-luis-obispo-county-travel-management.pdf

Shaver, J. (n.d.) *Volunteer Transportation: Keys of a Successful Program.* PowerPoint Presentation from the National Aging and Disability Transportation Center. Retrieved from http://www.nadtc.org/wp-content/uploads/Blount-Cty-Presentation.pdf

Sorensen, P. (April 15, 2019). *Trip Planning Tools for Flexible Transit Services*. PowerPoint presentation. TRB International Conference on Demand Responsive and Innovative Transportation Services, Baltimore, MD. Retrieved from http://onlinepubs.trb.org/onlinepubs/Conferences/2019/DRT/PaulSorensen.pdf.

Spielberg, F., Stoddard, A.T. & Erickson, J. (December 2009). *Methods for Forecasting Demand and Quantifying Need for Rural Passenger Transportation*. TCRP Web-Only Document 49. Transit Research Cooperative Program: Washington, D.C. Retrieved from http://www.dot.state.oh.us/Divisions/Planning/Transit/Documents/Programs/Publication/Rural%20Demand%20Estimating.pdf

Sriraj, P.S., Hall, E., McCarthy, M., Dirks, L. (September 2018). *Mobility Management: State of the States Report.* National Center for Mobility Management, Urban Transportation Center: Washington, D.C. Retrieved from https://nationalcenterformobilitymanagement.org/wp-content/uploads/2018/10/State-of-the-States-Report-2018_Final.pdf

SunLine Transit Agency. (n.d.). *Short Range Transit Plan: FY 2016/17 – 2018/19*. Thousand Palms, CA. Retrieved from https://www.sunline.org/contact-us

Syed, S.T., Gerber, B.S. & Sharp, L.K. (2013). Traveling Towards Disease: Transportation Barriers to Health Care Access. *Journal of Community Health*, 38(5): 976-993. Retrieved from 10.1007/s10900-013-9681-1

Tooley, M.S. (April 2019). *Older Drivers and Transportation Network Companies: Investigating Opportunities for Increased Safety and Improved Mobility*. [PowerPoint slides]. Retrieved from http://onlinepubs.trb.org/onlinepubs/Conferences/2019/DRT/MelissaTooley.pdf

United States Government Accountability Office. (August 2004). *Transportation-Disadvantaged Seniors: Efforts to Enhance Senior Mobility Could Benefit from Additional Guidance and Information*. GAO-04-971, Report to the Chairman, Special Committee on Aging, U.S. Senate. Retrieved from https://www.gao.gov/assets/250/243864.pdf

U.S. Census Bureau. *2013-2017 American Community Survey 5-Year Estimates*. ACS Demographic and Hosing Estimates Table: United States. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

U.S. Census Bureau. (March 13, 2018). "Older People Projected to Outnumber Children for First Time in U.S. History." *Newsroom*, Release Number CB1841, Retrieved from https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html

UZURV, (n.d.). A *Smart City Solution for Specialty Transportation Needs.* Retrieved from https://uzurv.com/wp-content/uploads/2018/01/smart-city-solution.pdf

Volinski, J. (2019). *Microtransit or General Public Demand Response Transit Services: State of the Practice*. National Academies of Sciences, Engineering, and Medicine. The National Academies Press: Washington, D.C. Retrieved from https://doi.org/10.17226/25414

Washington State Department of Transportation (DOT). (2013). *Volunteer Drivers Guide: A Guide to Best Practices*.

Wilcke, J., Henderson, T., Small, V. & Tsumenmine, Y. Need a Ride: Improving Transportation to Dialysis Treatment (Part 1). *National Kidney Foundation Journal of Nephrology Social Work 40(1)*: 28-42. Retrieved from https://www.kidney.org/sites/default/files/v40a_a4.pdf

Zhao, J. (August 2017). *Cost-Benefit Analysis of Volunteer Driver Programs: Minnesota Case Studies*. Minnesota Council on Transportation Access: St. Paul, MN. Retrieved from http://www.trb.org/Main/Blurbs/176689.aspx

Appendix A – Image Credits

NV Rides, page 71

Source: AARPBulletin. (March 1, 2017). "Can You Give a Lift? Volunteer Drivers Needed." Retrieved from https://states.aarp.org/vermont/vt-need-lift

Image credit: Lexey Swall

Ride Connection, page 74

Source: Ride Connection. (2019). "What is Ride Connection?" Retrieved from https://rideconnection.org/

SMiles, page 88

Source: Blount County Communication Action Agency. (2019). Retrieved from https://www.blountcaa.org/

All Points Transit, page 78

Source: Sandlin, C. (October 7, 2018). "Volunteers of the Year: Honoring the change-makers that better our community." BEACON. Retrieved from https://beaconseniornews.com/cover-story/volunteer-of-the-year-honoring-the-change-makers-that-better-our-community/

SunLine Taxi Voucher Program, page 82

Source: SunLine Transit Agency. (2017). "Taxi Passenger's Bill of Rights." Retrieved from https://www.sunline.org/taxi-passengers-bill-of-rights

Olathe Taxi Coupon, page 83

Source: Cronkleton, R.A. (October 27, 2016). "Olathe cab driver hailed as paratransit driver of the year by trade association." *The Kansas City Star*. Retrieved from https://www.kansascity.com/news/local/article110792197.html.

Mountain Empire Transit, page 90

Source: Gurnon, E. (January 12, 2018). "Getting to the Doctor without a Car in Rural America." Retrieved from https://www.nextavenue.org/get-doctor-car-rural-america/

Image Credit: Knoxville/Knox County Community Action Committee.

Village Rides, page 91

Source: Jewish Council for the Aging. (2019). "VillageRides." Retrieved from https://accessjca.org/villagerides/

Faith in Action in Red Wing, page 93

Source: Minnesota Council on Transportation Access. (May 9, 2018*). Minnesota Volunteer Driver Program Forum*. Retrieved from http://www.coordinatemntransit.org/events/volunteerdriverforum/documents/MCOTA_VolunteerDriverForum_May2018.pdf

Uber Transit and Regional Transportation District, page 101

Source: Wanek-Libman, M. (May 3, 2019). "Denver transit riders can now purchase tickets through the Uber app," *Mass Transit*. Retrieved from https://www.masstransitmag.com/technology/fare-collection/mobile-applications/article/21079013/denver-transit-riders-can-now-purchase-tickets-through-the-uber-app

GRTC Care On-Demand, page 102

Source: GRTC Transit System. (2019). "Care On-Demand." Retrieved from http://ridegrtc.com/services/specialized-transportation/care-on-demand/

HealthTran, page 104

Source: Rural Health Information Hub. (February 6, 2018). HealthTran. Retrieved from https://www.ruralhealthinfo.org/project-examples/859

Vermont Rides to Wellness, page 107

Source: State of Vermont Agency of Transportation. (2019). "Rides to Wellness Pilot Project." Retrieved from https://vtrans.vermont.gov/public-transit/rides-to-wellness

LYNX Vanpool, page 111

Source: Lynx. (October 2, 2018). *Section 5310 Grant Workshops*. PowerPoint slides. Retrieved: https://www.golynx.com/core/fileparse.php/142441/urlt/5310-Workshop-Presentation.pdf