

The Ohio Department of Transportation  
Office of Statewide Planning and Research

**Research Section**

1980 West Broad Street  
Columbus, OH 43207  
614-644-8135

[Research@dot.state.oh.us](mailto:Research@dot.state.oh.us)  
[www.dot.state.oh.us/Research](http://www.dot.state.oh.us/Research)



**Executive Summary Report**

**Ohio Mobility Improvement Study**

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Research Agency:	RLS & Associates, Inc.; Nelson\Nygaard
Researchers:	Robbie Sarles, Richard Garrity, Will Rodman
ODOT Subject Matter Experts:	Marianne Freed & Tony Lococo, ODOT Office of Transit

For copies of this final report go to <http://www.dot.state.oh.us/research>.

## Project Background

Health and human services transportation (HHST) describes a series of services, administered by a multitude of different organizations, directed at various populations – including the elderly, people with low incomes, and individuals with disabilities – that are extensively provided throughout Ohio. All levels of government are actively involved in the provision of HHST services in all 88 Ohio counties. While a myriad of Federal and state programs fund these services, there is little coordination among these various programs, and more importantly, with public transportation, in both the design of service and the development and implementation of regulations that govern these activities. The result is fragmented, often duplicated, service and underutilization of scarce resources.

Public transportation professionals have long recognized the potential benefits of coordination of HHST and public transportation services. Over the last three decades, the State of Ohio, primarily through the Ohio Department of Transportation, has addressed coordination in a number of ways. Yet despite Ohio’s longstanding efforts to coordinate HHST, many obstacles and challenges still exist to prevent the effective coordination of HHST and public transportation, both at the state and local levels. Some of these challenges include:

- ◆ The sheer number of different Federal programs, each with its own eligibility criteria, administrative requirements, and reporting formats, and no Federal mandate to coordinate services.
- ◆ Local “turf” concerns including loss of funding and loss of control over a local agency’s programs.



- ◆ Misinterpretations of rules and regulations, and limited guidance from any agency other than USDOT on transportation coordination issues.<sup>a</sup>

These challenges have only been exacerbated by recent events. The economic climate of the recent recession has resulted in reduced budgetary outlays for human services, and indirectly, has yielded fewer funds for HHST, often a supportive and necessary service to a primary agency activity. Additionally, demographic forecasts for the nation and for Ohio project a substantial increase in the elderly population, potentially posing unprecedented demands on public and specialized transportation services in the next twenty years.<sup>b</sup>

This study is designed to determine whether Ohio can embrace a statewide approach that integrates health and human services transportation (HHST) so that individuals served by these agencies, including the elderly, people with low incomes, and individuals with disabilities, can meet basic mobility needs in an efficient and effective manner. Its success can bring benefits to Ohio and its citizens, including efficiencies in service delivery and decreased cost of services, if a more efficient organization model for HHST was identified as applicable for Ohio and was to be adopted.

## Study Objectives

The Ohio Mobility Improvement Study has the following research objectives:

1. To summarize state level best practices with a particular emphasis on:
  - a. Methods employed (legislation, executive order, memoranda of understanding);
  - b. Major programs encompassed in the coordination efforts;
  - c. Current status;
  - d. Authority/Oversight:
    - i. Administrative Structures/Department(s) with designated authority; and
    - ii. Entity designated to monitor/audit accomplishments;
2. To assess and evaluate state level approaches that work and document critical factors as to why other states' approaches are successful;
3. To document the administrative and procedural linkages between state departments that have resulted in successful program coordination;
4. To provide specific quantifiable benefits associated with a state's program with respect to cost savings, service quality, and resource utilization;

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<sup>a</sup> U.S. General Accounting Office, *Transportation Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist*, GAO-03-697, Washington, D.C., June 2003.

<sup>b</sup> RLS & Associates, Inc., *Cuyahoga County Strategic Plan for Senior Transportation: Final Report*, prepared for the Cuyahoga County Senior Transportation Working Group, July 9, 2004, p. 125.



5. To develop Ohio specific recommendations that will result in better integration of HHST at the state and local levels;
6. To document current ODOT funding practices, resources and utilization/leverage of other funding;
7. To prepare a minimum of three options for Ohio coordination, complete with full documentation on the basis for the recommendation, institutional or infrastructure changes required, and potential cost/benefits for the state and consumers; and
8. To prepare an Implementation Plan (Optional – to be executed with ODOT approval to proceed following review of the Draft Final Report) that details:
  - a. Key action steps/responsible parties /implementation milestones;
  - b. Public/private partnerships;
  - c. Additional technical resources available for assistance during implementation;
  - d. Evaluation/measurement of results;
  - e. Critical path items and related contingency plans; and
  - f. Oversight.

## Description of Work

The study approach consisted of three primary tasks: 1) The documentation of Best Practices employed by other states; 2) Data collection and documentation of baseline conditions in Ohio; and 3) Development of at least three coordination options for consideration by ODOT for implementation.

Task 1 entailed a literature search and survey of states to identify best practices in state policies and administrative actions, including any enacted legislation with regards to statewide HHST coordination currently being used by states across the country. Researchers sought to identify the factors that prompted each state's decision to adopt the various coordination policies and procedures, or in certain cases, enact legislation. Questions were also posed regarding obstacles encountered, state and local outcomes, performance monitoring, and any evaluation of the strategies that were implemented. Outreach was an important part of Task 1, as researchers attempted to reach as many of the entities (local human service agencies, public transit providers, local elected officials, state agencies and officials, etc.) as possible that would be most impacted by the results of this project. First, twelve regional forums, or listening sessions (one in each of ODOT's districts), were conducted. Second, a statewide coordination summit was held in Columbus, Ohio in March 2012 at ODOT Headquarters. The Summit consisted of a presentation by the lead researcher summarizing the intent of the project and the progress to date, followed by presentations by Community Transportation of America (CTAA)— the organization that oversees the United We Ride Ambassadors Program, a Federal coordination initiative—and local representatives of Ohio projects where coordination initiatives have been successful.

Task 2 consisted of an analysis of Ohio's demographic, political, bureaucratic, and economic conditions, the identification of key Federal and state programs that fund or have other involvement in HHST and



documentation of how these programs operate in Ohio, regarding program eligibility, service delivery, costs, billing, and reporting requirements; the current status of public transportation was also documented. Using the information and data gathered as part of the first two tasks, options or alternatives for coordinating HHST in Ohio were developed.

## Research Findings & Conclusions

Research conducted for the Ohio Mobility Improvement Study revealed that Ohio not only can, but should embrace a statewide approach that integrates health and human services transportation (HHST). Key practices associated with successful state coordination efforts include the need for some type of state level policy action—legislation, executive order, or voluntary state agency cooperation. Also, strong leadership at both the state and local levels is paramount to the success of any effort. Further, the state must continually communicate, using a variety of methods, the benefits of coordinated transportation to the local level. Finally, state coordinated efforts can diminish over the years as revenues decline, staff cutbacks and reductions occur, and/or the coordinated effort fails to secure the cooperation of key human service agencies. State coordinated efforts that have continued to make progress are those with strong leadership, dedicated funding for coordination, and those with requirements for multi-agency coordination of transportation-related funding. Ten separate coordination options were developed from the study research and stakeholder input to address these factors. Options ranged from developing legislation to the creation of a State level coordination council and expanding ODOT's existing mobility management program to establishing regional approaches for service delivery and a dedicated funding source for HHST services.

Although ODOT has long been an advocate of coordinated transportation and the efficient and effective use of resources, mobility issues still exist for some of the most fragile Ohioans who require access to needed services and employment to maintain their quality of life. This Study represents what can be a turning point for the State of Ohio in the delivery of programs and services for people with low incomes, older adults, and individuals with disabilities. And, it is evident from this research that Ohio is now at a crossroads where the opportunity exists to take bold efforts to work together to offer a unified program of services to support health and human services transportation in a systematic and coordinated delivery system that embraces a regional network of services across all state agencies. This has the potential to not only directly affect the quality of life for millions of Ohioans, but also assure the more efficient use of tax payer dollars and our transportation system.

## Implementation Recommendations

Based on the identified options, nine recommendations are offered in four categories: Immediate; Short Term; Mid Term; and To Be Considered. The full details of how these recommendations are to be accomplished will be addressed in an implementation plan, if ODOT chooses to advance this project to the implementation level.