ORANGE COUNTY TRANSPORTATION AUTHORITY

HUMAN SERVICES TRANSPORTATION COORDINATION PLAN

DRAFT EXECUTIVE SUMMARY

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SECTION I: INTRODUCTION

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

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

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

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

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

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

Coordinated Planning Requirements

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

1. An assessment of available services that identify current transportation providers (public, private, and nonprofit);
2. An assessment of transportation needs for individuals with disabilities and seniors;
3. Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery; and
4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

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

SECTION II: PEER REVIEW

The Peer Review was conducted to highlight best practices from other public transit and human services coordinated plans/projects in California and across the nation. The review provides an integrated and contextualized assessment of opportunities and targeted strategies culled from recent state and national experience. Members of the project team identified, screened and selected peer agency candidates to interview using a 10-question interview guide. The following five (5) agencies/organizations and their specific programs were interviewed:

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

Findings: Peer Review Assessment and Comparison

Information collected and evaluated by the project team included: program clientele, outcomes and engagement, and funding requirements. The assessment and comparison of the Peer projects and programs are as follows:

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

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

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

- Recognizing the desire in the current environment to avoid the costs and complexity of a large operational footprint for a new and challenging service option, it may be advisable to invite, facilitate, coordinate and/or help fund new partnerships between human service agencies and organizations who would administer and manage programs and projects to increase mobility options for the target populations in Orange County. Facilitating exploratory meetings between the proponents of these models and their likely partners within Orange County would achieve the same outcomes with a much smaller agency footprint.

The gaps in services revealed could be filled by any of these types of projects/programs. There are opportunities to select, modify and/or combine one or more of the programs to meet the identified transportation needs.

SECTION III: TARGET POPULATION DEMOGRAPHIC FINDINGS

Orange County Target Population Demographic Characteristics

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

Methodology

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

Orange County Total Population Estimates and Density

For 2018, ACS data reports Orange County's total population at 3,185,968 persons, an increase of 5.4 percent from 2012 (Table1). The increase in population from the 2000 Census and the 2012 ACS is reported at 6.2 percent. The California department of Finance projects that **the county's total population will increase by an additional 6.3 percent or almost 200,000 people by the year 2030.**

Table 1 - Total Population for Orange County

Total Population for Orange County (2000-2030)					
	2000 Census [1]	2012 ACS [2]	2018 ACS [3]	% Change from 2012	2030 Projection [4]
Total Population	2,846,289	3,021,840	3,185,968	5.4%	3,385,857

[1] Census 2000 Summary File 1

[2] 2008-2012 American Community Survey 5-Year Estimates

[3] 2018 American Community Survey 1-Year Estimates

[4] 2020 California department of Finance July 1, 2010 to July 1, 2060 in 1-year Increments

Orange County's population density is depicted in Figure 1, showing the number of persons per square mile within each census tract. The highest concentration of residents are reflected in the darker areas on the map, and are **found primarily in North County, in the cities of Santa Ana, Garden Grove, Anaheim and Costa Mesa**.

Figure 1 - Orange County Total Population Density
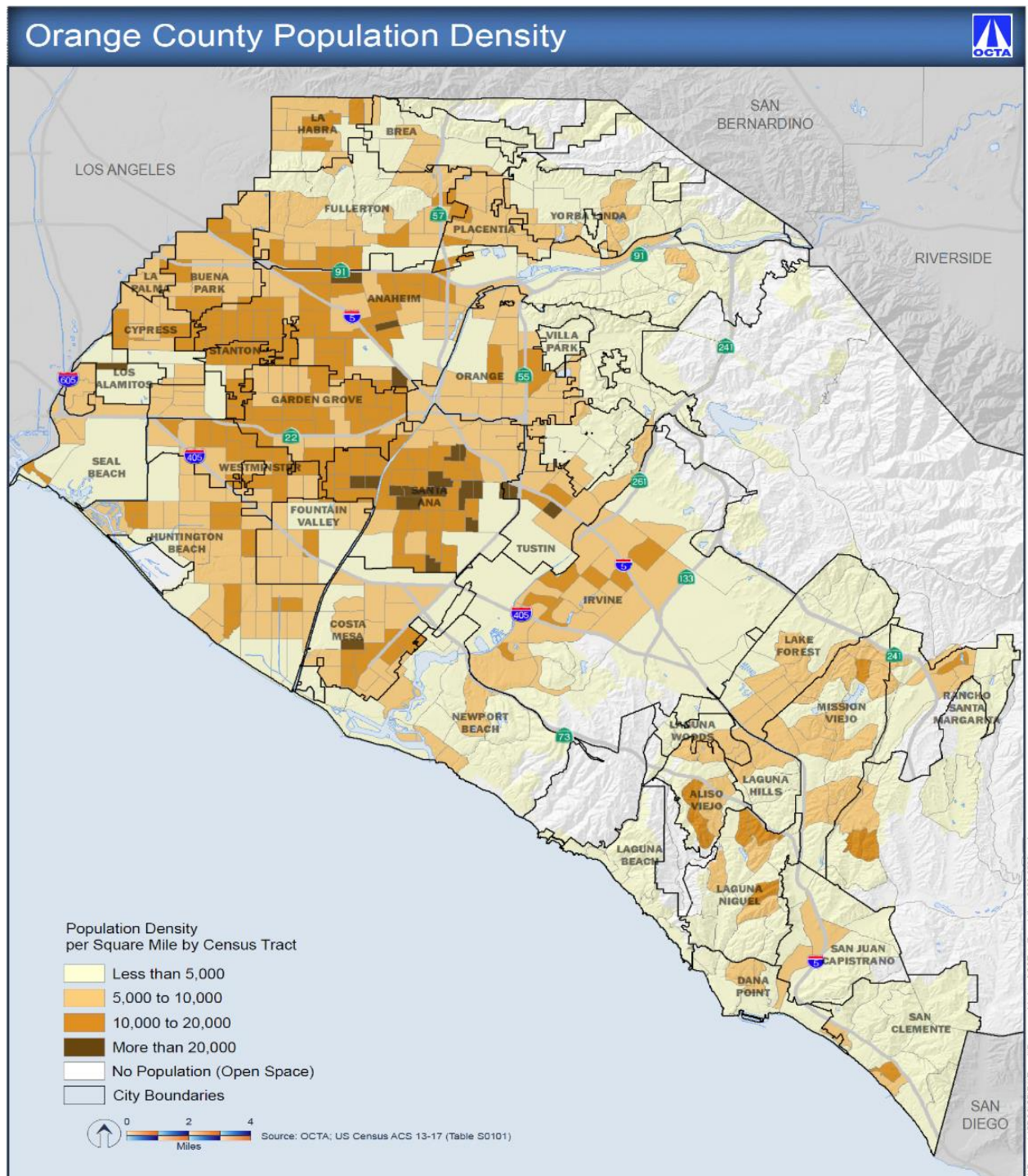
Older Adults

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

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

Persons with Disabilities

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

Persons of Low Income

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

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

Veterans

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

SECTION IV: TRANSPORTATION PROVIDER AND PUBLIC OUTREACH

The community and stakeholder outreach process was severely impacted by the fallout from the pandemic. Due to state and federal social distancing guidelines, face-to-face interviews, in-person meetings and gatherings that are important elements of the Coordinated Plan development process could not be scheduled. In light of the guidance, the decision was made to conduct telephone interviews and videoconference meetings with as many cities, human service agencies, organizations, and members of the target populations as possible, in addition to OCTA program staff.

The project team utilized an Orange County database of human service agency/organization stakeholders serving the target populations. ***The final updated combined database used for the outreach effort included a total of 873 contacts.***

Telephone Interviews

The following five (5) cities, human services agencies, and organizations agreed to participate in the interview process:

- Dayle McIntosh
- Orange County Office on Aging, Age Well, Abrazar
- Braille Institute
- City of Stanton
- 211 Orange County

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

Interview Results

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

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

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

Stakeholder Survey Design and Development

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

The number of survey responses from the initial email blast was less than anticipated. This was primarily due to organizational closures, lay-offs, and employee adjustments to working remotely during the months of March and April 2020. To increase the survey response rate, project team members began telephoning stakeholders. *Members of the project team telephoned 110 stakeholder cities and agencies/organizations in the database,* and *made direct contact with seventy-four (74) stakeholder entities.* However, only thirty-five (35) completed surveys were received.

Survey Findings and Results

Survey results were grouped into three categories for reporting purposes:

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

A summary of the major survey findings are presented on the following pages.

Agency Characteristics

The majority of survey responses were received from public agencies (63%), representative of many of the county's city-operated human service transportation programs (Figure 2). ***The remaining responses (37%) were received by non-profit agencies that either provide transportation or serve clients that have transportation needs***. None of the survey's respondents identified themselves as either faith-based or tribal organizations.

Figure 2 - Respondent Agency Type
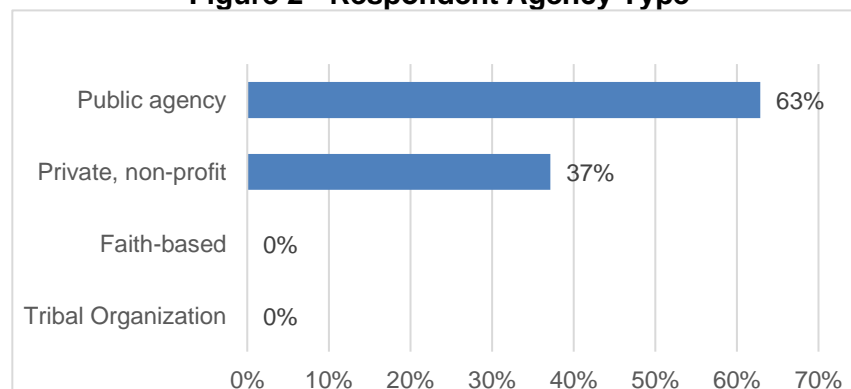
Transportation Needs and Barriers

Agencies were asked to specify the transportation needs most often communicated to them by their clients (Figure 3). ***Traveling to both local and regional medical locations was the most reported transportation need,*** followed by shopping and escorted trips to and through the door. Transportation to or from south Orange County, trips with multiple destinations, and commuting to work sites were also a need often communicated. Traveling to neighboring counties was the least communicated transportation need.

Figure 3 - Transportation Needs Most Often Communicated by Clients
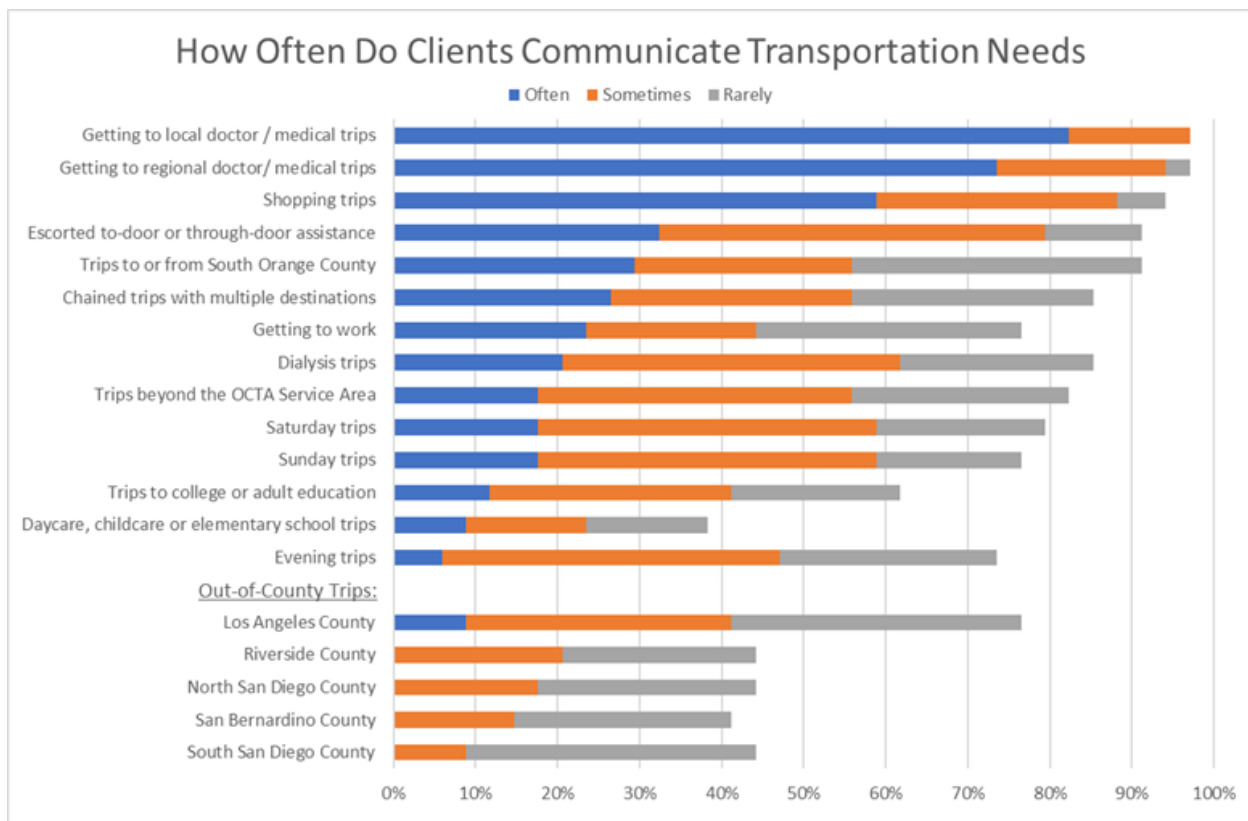
Survey respondents were asked in an open-ended question to describe the barriers their clients express that they experience in accessing transportation (Figure 4). Respondents indicated that a total of ***24 percent of the agency clients communicate difficulty affording the required fare. Long walking distances to the nearest bus stop and the frequency of transit buses is reported by 21 percent of respondents.*** Barriers cited as common amongst older adults and persons with disabilities included difficulty navigating the transit network, and traveling beyond the public transit service area, which was reported by 12 percent of agencies.

Figure 4 - Barriers to Accessing Transportation
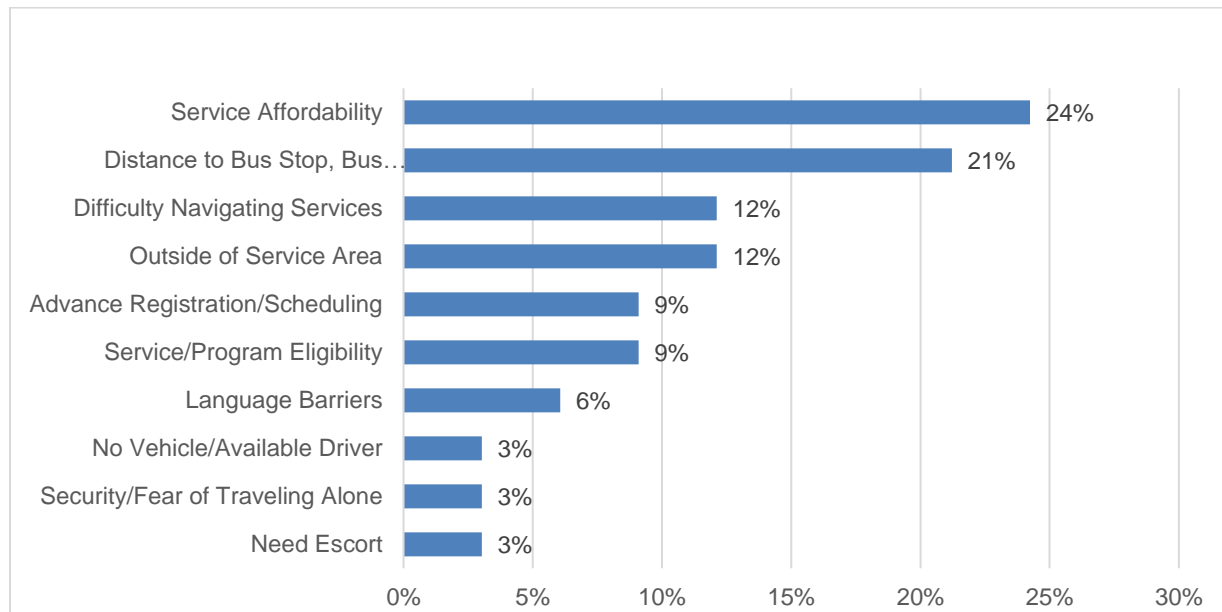
The drivers and vehicle resources utilized by agencies/organizations to provide transportation has resulted in the delivery of 21,568 monthly one-way passenger trips, as reported through the survey and presented in Table 2. When annualized, this equates to almost 260,000 annual trips.

Table - 2 One-Way Passenger Trips

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

SECTION V: DEVELOPMENT OF COORDINATED PLAN GOALS

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

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

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

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

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

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

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

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

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

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

SECTION VI: COODINATED PLAN PRIORITIES

Rationale for Prioritization of Projects

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

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

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

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

Priority Level 1 (High):

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

Priority Level 2 (Medium):

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

Priority Level 3 (Low):

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

VII: RECOMMENDED STRATEGIES/PROJECTS AND PROGRAMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Pursue fee for service transportation agreements with Medi-Cal Service Providers for reimbursement of the cost of Medi-Cal eligible riders' transportation. As per recent changes in State Medicaid transportation regulations, the Media-Cal services providers like Molina are required to purchase transportation services directly. OCTA could enter into these service agreements at negotiated rates for transportation services for eligible (ADA Paratransit) clients. **(PRIORITY 3)**

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

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

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

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

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

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

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

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

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

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

- Promote non-traditional and technology based training. Using online meeting and webinar services is an effective and affordable alternative to in-person training. The use of on-line services expands the reach of the existing programs without additional investments, brings

in additional users and has the advantage of being safer during a pandemic. **(PRIORITY 2)**

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

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

Strategy 3.3 Institute program measurement requirements:

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

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

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

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

Strategy 4.2 Expand volunteer driver services to meet existing needs:

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

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

- Deploy retired OCTA vehicles in community transportation. There may be demand for used vehicles from agencies that operate their own fleets. Generally, transit agencies vehicle agencies are well maintained, and tend to be retired before the useful life of the vehicle is over. Some donor agencies provide further assistance with maintenance of the vehicles and driver training to help recipients become partners in mitigating demand for the ADA paratransit services. **(PRIORITY 1)**

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

- Encourage higher utilization of grant funded vehicles via vehicle sharing. Typically Section 5310 funded vehicles are used at or below the 20 hours of mandated services per week.

  This compares with 40-60 hours of use in the taxicab/private industry. This kind of under-utilization of publicly funded resources could be avoided by promoting higher levels of utilization compared to the prescribed minimum, and encouraging shared use of vehicles between agencies. This could also be accomplished by additional optional scores for applications that propose higher utilization levels. **(PRIORITY 1)**

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

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

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

SECTION VIII: COORDINATED PLAN IMPLEMENTATION ACTIVITIES

Phasing and Timing of Coordinated Plan Strategies

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

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

- Planning and participation with agency/organization partners to identify, secure and leverage funding resources for OCTA projects and programs of local and regional significance.

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

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

Performance Measurement

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

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

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

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

At a very concrete level, OCTA will need to:

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

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

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

Legal and Regulatory Issues

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

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

Funding Availability

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

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

Conclusion

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