

**PUBLIC TRANSIT- HUMAN SERVICES
TRANSPORTATION COORDINATION PLAN
FOR ORANGE COUNTY**

Submitted to:

**Orange County Transportation Authority
Orange, CA.**

Submitted by:



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Introduction to This Plan

Introduction to This Plan

While public transportation addresses the needs of the broad population within Orange County, there are groups for whom it is of particular importance. The elderly, when they are no longer able to drive, must still have transportation if they are to remain independent and have access to critical services. Persons with disabilities face physical, cognitive and mental challenges that increase the difficulty of travel by either personal or public means. And persons of low income struggle to access jobs and services that often require transportation to locations and at times of day that are outside the mainstream. These populations, and their often difficult-to-serve needs, are the topic of this plan.

In recognition of the special needs of the elderly, persons with disabilities and persons of low income, Congress has established new funding specifically to address the transportation needs of these vulnerable groups. To access this funding, a community must actively engage in Public Transportation-Human Services Transportation Coordination. Specifically, they must create a plan which identifies needs not met by current public transit and human services transportation and which proposes strategies for using both current and new funding to meet those needs.

Orange County Transportation Authority (OCTA) has a history both of providing extensive transit services for the general population, and of striving to meet the special needs of seniors and persons with disabilities. OCTA has forged creative partnerships, with cities and human service agencies to construct and fund coordinated responses to specialized transportation needs. OCTA's Senior Mobility Program, which long pre-dates this new federal direction requiring coordination, demonstrates the organization's commitment to meeting the transportation needs of all.

The current array of public and human services transportation in Orange County is currently meeting a wide variety of needs and providing more than 70 million trips per year. These services are heavily used by the three target populations: 80% of fixed route riders are low income, while ACCESS paratransit and senior mobility services are used by thousands of persons with disabilities, including seniors. Despite OCTA's best efforts, however, there remain needs that are not fully met by the current transportation network. The goal of this plan is to identify those needs, and where possible, identify strategies for meeting them.

A strong America depends on citizens who are productive and actively participate in the life of their communities.

Transportation plays a critical role in providing access to employment, medical and health care, education and other community services and amenities. The importance of this role is underscored by the variety of transportation programs that have been created in conjunction with health and human services programs, and by significant Federal investment in accessible public transportation systems throughout the Nation.

*President George W. Bush
Washington DC*

February 24, 2004

-- United We Ride Initiative

Some of the needs identified are long-standing issues of which OCTA is aware and, in some instances, has programs on the drawing board to address. Other needs have emerged because of the growth in specific population segments, particularly the elderly, and will require expansion of programs that target these groups. Some needs are simply “quality of service” issues that any transit agency struggles to address daily. Yet other needs are so specialized and so difficult-to-serve that they may never be met by public transit services and must be addressed by human services systems, if at all. That is the objective of “coordination” – to determine what type of organization is best suited to address specific needs, recognizing that a public transit authority like OCTA cannot do it all.

Input from a broad spectrum of sources has been used in development of this plan: quantitative sources such as census data and a survey of agencies, and qualitative sources including interviews and focus groups with hundreds of individuals.

Some of the needs outlined in the needs assessment portion of the plan are broad and cut across various constituencies. Others are quite specific and are relevant only for those with a particular challenge. The plan attempts to capture all of these needs and then to suggest and prioritize strategies that will provide enhanced transportation for significant numbers of Orange County residents.

The plan is organized into six chapters. The first chapter sets forth requirements the Plan must address in order to draw down these new funding sources. Chapter 2 quantifies the population groups and estimates trips these individuals might need, now and over the next two decades. Chapter 3 considers the public transit resources available and how these compare to estimates of trip need. Chapter 4 considers funding resources of both the public transit and human services industries. In Chapter 5, the major information gathering efforts of the planning process are reported, presenting the market research findings developed from the Plan’s broad-based surveying and public outreach activities. Finally, in Chapter 6, the Plan sets forth four goals and priority strategy areas that the findings suggest, to provide future direction to both OCTA and its human service agency planning partners. Technical appendices include detailed survey findings and summaries of outreach meetings and focus groups.

PUBLIC TRANSIT – HUMAN SERVICES TRANSPORTATION COORDINATION PLAN FOR ORANGE COUNTY

Executive Summary

A COORDINATED PLAN: MEETING A NEED

Orange County's public transportation is an extensive network of public transit routes and services interconnecting the county's 34 cities and linking the north, south and west areas of the county. Its elements include fixed-route local, express and inter-county services, Metrolink station shuttles, the Federally-mandated Americans with Disabilities Act (ADA) program, ACCESS, and other specialized services that are partly supported by Orange County Transportation Authority (OCTA) but operated by cities and other agencies. Orange County enjoys a wealth of public transit services, although some needs of individual seniors, persons with disabilities and persons of low-income are not well-met by the existing fabric of services. This Plan assesses the challenge of providing transportation for Orange County's at-risk populations, and proposes integrated solutions to help meet the challenge of developing cost-effective transportation options to continue to improve the mobility – and thus the health, welfare and economic status – of the county's most vulnerable citizens.

WHY IS THIS PLAN REQUIRED?

This Plan is prepared, on behalf of the Orange County Transportation Authority, in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users, P.L. 109-59), set forth in three sections of the Act: Section 5316-*Job Access and Reverse Commute* program (JARC), Section 5317-*New Freedom* program and Section 5310-*Elderly Individuals and Individuals with Disabilities* program.

The Coordinated Plan establishes the framework for developing a unified comprehensive strategy for transportation service delivery focused on unmet transportation needs of three target population groups -- persons with disabilities, individuals of low-income and seniors. The Coordinated Plan must contain the following four (4) required elements, as identified in the implementing circulars FTA C. 9070.1F, FTA C. 9050.1 and FTA C. 9045.1:

1. An **assessment of available services** identifying current providers (public and private);
2. An **assessment of transportation needs** for individuals with disabilities, older adults and persons with low incomes, based upon an understanding of needs and gaps in service;
3. **Strategies and/or activities and/or projects** to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery;
4. **Priorities for implementation** based on resources (from multiple program sources), time and feasibility for implementing specific strategies and/or activities identified.

HOW WAS THIS PLAN DEVELOPED?

Responding to the Federal guidance around the coordinated plan, an early vision and three working goals were articulated for the Plan’s development:

Vision: **TO IMPROVE MOBILITY IN ORANGE COUNTY THROUGH COORDINATED PARTNERSHIPS AND PROJECTS.**

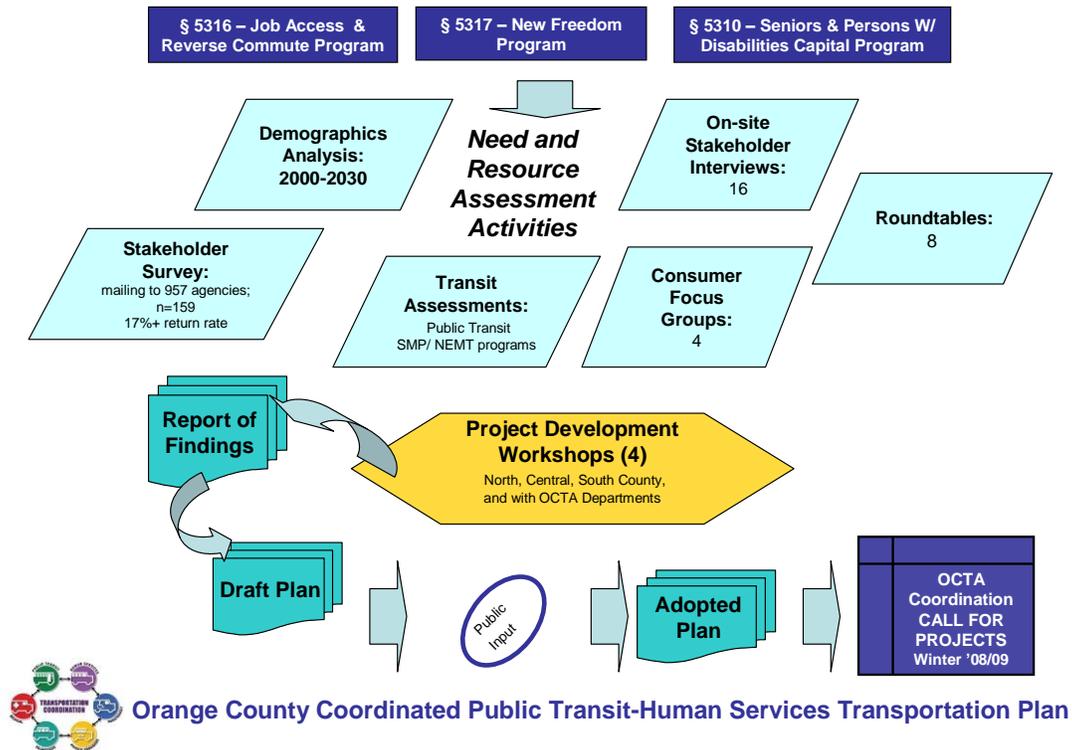
Working goals:

1. To **identify and promote partnerships** to address specialized transportation need by looking for **interested, willing and able partners** among the public and private agencies and organizations working with the target populations.
2. To **identify possible projects** that can respond to needs and gaps emerging through the process.
3. To encourage these new partnerships towards **project development** and in making application for funding under a coordinated planning process.

To meet these, a comprehensive process was designed that included a countywide survey distributed twice to almost 1,000 agencies and an extensive outreach process involving almost 450 individuals who provided direct input to this Plan’s assessment of needs and recommended direction. The overall plan development is depicted in Exhibit ES-1 below:

Exhibit ES-1

A Locally Developed Comprehensive, Unified Plan Tied to 3 Federal Programs



WHICH ORANGE COUNTY RESIDENTS NEED TRANSPORTATION ASSISTANCE?

Population estimates identified Orange County's target population groups and projected the number of trips these persons potentially need. Detailed in Chapter 2 of the Plan, the U.S. 2000 census data defines specific subgroups by which **a range of 412,000 to 450,000 persons are estimated as the countywide target population size.** These individuals are between ages 16 to 64 and are low-income or disabled or are seniors ages 65 and older; together they represent between 14 and 16 percent of Orange County's 2000 population of 2.8 million residents.

Population projections, drawn from the California Department of Finance, suggest that significantly increasing numbers of residents will be within the target population:

- By 2010, 486,000 to 519,000 persons, up to 16 percent of projected 3.3 million residents.
- By 2020, between 611,000 to 646,000 persons, up to 18 percent of 3.5 million residents.
- By 2030, between 771,000 to 807,000 persons, up to 22 percent of 3.6 million residents

Target group average trips per day were estimated to suggest the proportion of these trips that might present for public transit. Public transit trip need was also estimated as a range. Projected **annual trip needs of 11.6 million to 14.5 million public transit trips** are estimated, based upon the 2000 Census population base. In Chapter 3, these trips are contrasted with trips currently provided in FY 2007. For all public transit trips, over 67.2 million trips were provided on both fixed-route and public paratransit. Of these 1.6 million were specialized transit trips of ADA and demand responsive service. It appears then that Orange County is meeting the needs likely to present.

However, the Plan further hypothesizes that, of total public transit trips needed, one in four trips or 25 percent, requires special assistance. Such assistance could be paratransit or individualized service, shuttle services, or information about fixed-route transit. This level of need is estimated at **2.9 to 3.6 million specialized transportation trips** needed annually by the target populations. Contrasted with only the specialized transit trips provided, 1.6 million current specialized transit trips the Plan documents, **trips provided are about half the low-end range of specialized trips needed**, suggesting some latent demand, service gaps or undermet needs exist.

Trips provided can be described as follows, in relation to the 2007 Orange County population:

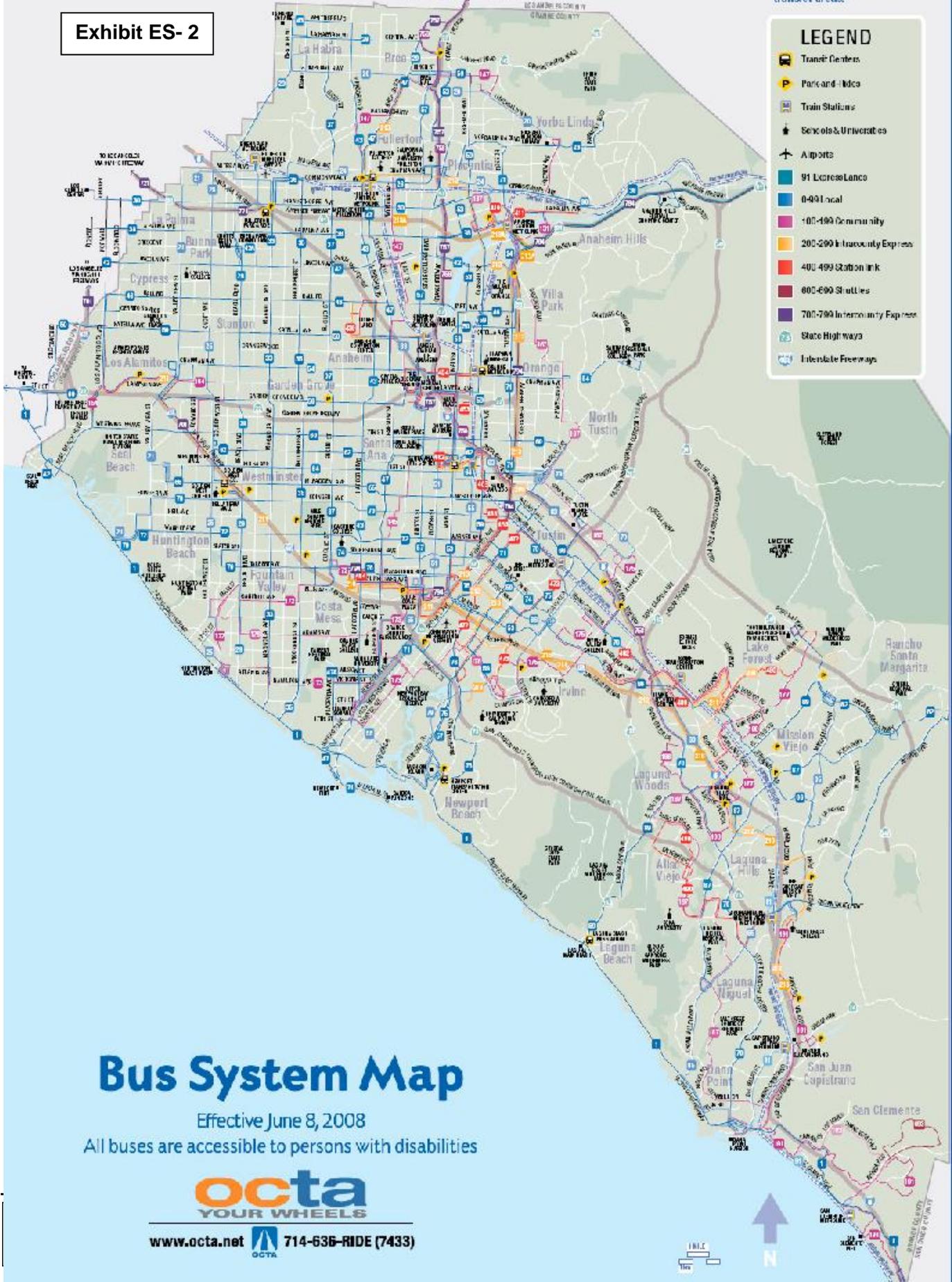
- | | |
|---|-----------------------|
| - All trips | 21.7 trips per capita |
| - Fixed-route only trips | 21.1 trips per capita |
| - All demand response trips of all types reported | 0.6 trips per capita |
| - Only OCTA demand response & Senior Mobility Program | 0.5 trips per capita |
| - Only stakeholder reported trips, no OCTA support | 0.1 trips per capita |

What Public Transit Resources Now Exist?

Orange County does have a significant network of public transit services, with OCTA's primary services presented in ES-2, accounting for almost 98 percent of all transit documented, along with Laguna Beach Transit. Other smaller programs include OCTA's ACCESS program, providing 2 percent of documented trips along with modest additional trips provided through the OCTA's Senior Mobility Programs' 21 cities and agencies, and other coordinated transportation programs, including the County Office on Aging's Senior Non-Emergency Medical Transportation.

Exhibit ES- 2

See reverse of map for close-ups of major bus transfer areas.



Bus System Map

Effective June 8, 2008

All buses are accessible to persons with disabilities



www.octa.net 714-636-RIDE (7433)



WHAT FUNDING IS AVAILABLE?

Funding, of obvious interest to this review, is considered in Chapter 4. For FY 2007, transit expenditures countywide were \$300 million, of which 96 percent were expended for public transit operations. Human service organizations reported \$15.3 million, with the largest proportion spent for direct operations, but also including purchasing bus tokens and passes, taxi vouchers and some mileage reimbursement. These same agencies reported providing 550,000 trips, a small proportion of the more than 66 million trips provided by fixed route but significant when contrasted with almost 1.1 million ACCESS trips provided that year.

WHAT DID THE MARKET RESEARCH SURVEY TELL US?

A survey of potential planning partners develops a picture of specialized transportation resources, needs and gaps in service for Orange County residents. Of the almost 1,000 agencies contacted twice during this process, 159 agencies returned responses, a healthy 17 percent return rate. Results are summarized in Chapter 5. Respondents included a good mix of public and private, for-profit and not-for-profit, including faith-based groups.

Transportation functions of some type are reported by six in ten of respondents (95 agencies-62 percent), including directly providing service, contracting for service, subsidizing bus passes and tokens, arranging for volunteer drivers or arranging transport for the consumer.

Vehicles reported numbered 1,362, of which 409 (30 percent) are in public transit operations. Notably, of the vehicles reported by human service agencies, only one-fifth are lift-equipped, while 100 percent of the public transit vehicles are accessible and lift-equipped. Importantly, respondents indicate that a third of reported vehicles must be replaced within two years.

Trips provided by human service organizations were reported as 184,000 one-way trips for FY 2007, below that of OCTA's *Senior Mobility Program* (300,000 one-way trips) and double the County Office on Aging *Senior Non-Emergency Medical Transportation* (72,000 one-way trips).

There was agreement on the top-ranked need across public transit, human services and private-sector organizations – **non-emergency medical trips ranked as the highest need by 45 percent of all responding agencies**. Among exclusively the 41 human service transportation providers currently providing trips, the next ranked needs were medical trips (76 percent); counseling or mental health treatment (71 percent); shopping with multiple errand trips (54 percent); and training and education (39 percent).

Top-ranked barriers to accessing needed transportation identified by responding agencies included:

- **Difficulty in working with public transit** in terms of its reliability, and its rules and requirements that sometimes conflict with the individualized needs of consumers.
- **Consumers' individualized needs** make it difficult to use available public transit. These needs include assistance in finding and planning trips on existing service, interpreting information about transit, booking trips, special help for individuals on dialysis or with behavioral health needs.
- **Funding challenges** for directly operating or contracting for transportation.
- **Agency restrictions**, structures or organizational limits impacting provision of transportation.

WHAT WE LEARNED FROM STAKEHOLDERS: NEEDS, GAPS AND BARRIERS?

An extensive outreach process, involving both agency representatives and consumers is also described in Chapter 5 of the Plan. A series of workshops, roundtables, meetings, interviews and consumer focus groups were held, involving more than 450 individuals. In addition to other outreach activities, four workshops were conducted – in Orange, Laguna Niguel, in Anaheim and internally with OCTA staff – to report back to participants and invite feedback on early findings. Outreach findings are grouped into four categories of issues:

1. Enhanced Transportation Information and Coordination

Seven strategy areas considered included gatekeeper training, information updates, resource guides, input to service planning decisions, consumer trip planning assistance, mobility training and buddy travel and getting transit information to mono-lingual or isolated communities.

2. Enhancements to Human Services Transportation

Fifteen strategy areas detailed such topics as driver training, volunteer retention and insurance, bilingual drivers, rising fuel costs, enhanced passenger information, accessible vehicles and vehicle replacement, coordinated trip scheduling, vehicle and driver back-ups or shared use, assistance with transit contracting and full cost accounting, operations manager training, services at capacity and Mobility Managers.

3. New/Expanded Services to Meet Specific Needs

Five strategy areas addressed same-day non-emergency medical transportation, transportation appropriate for frail elderly and for medical trips, specialized shuttles or van pools for particular purposes or consumer groups, need for reduced fares.

4. Enhancements to OCTA Services

For *fixed-route services*, *six strategy areas* identified included limited weekend and evening services, reducing overcrowding on selected routes, driver training for fixed-route, pockets of unserved needs, express bus needs, and bus stop signage.

For *ACCESS services*, *nine strategy areas* identified included topics of telephone contact after 5 p.m., call-ahead notification, addressing no-shows, same-day service, ride times, supplemental taxi service quality issues, ADA eligibility processes and reservations.

LEADING TOWARDS RECOMMENDATIONS

Federal guidance suggests that coordination-friendly policies must be developed by regional public transit agencies and human service organizations to ensure that projects seeking funding can be approved and incorporated into the regional Program of Projects (POP), the tool by which Federal funding is assured. Implementation of strategies identified in this Plan will assist OCTA and other organizations in Orange County in promoting a “culture of coordination” to stretch scarce resources and meet mobility needs of the target populations.

Such a culture of coordination is complicated by the differing missions and regulatory requirements of two service industries: *public transit* and *human services* agencies and organizations. While very real differences in mission, language and structures pose significant challenges, nonetheless, continuing such efforts to coordinate will build the capacity of Orange County to address identified needs, growing the quantity and quality of trips provided by leveraging a range of funding resources. Orange County has more history at this than many other areas, with its Senior Mobility Program and its other coordinated programs. To continue to develop cost-effective, responsive services suggested by this Plan, both public transit and human services agencies must be active partners in larger capacity-building efforts.

RECOMMENDATIONS AND PRIORITY AREAS

This Plan’s findings are addressed, in part, by a series of near-term and longer-term activities OCTA has on the drawing board. Nonetheless, continued focus on the identified needs of the target groups can be addressed by the Plan’s vision statement and considered – over time -- in relation to four implementing goals:

VISION: TO IMPROVE MOBILITY IN ORANGE COUNTY THROUGH COORDINATED PARTNERSHIPS AND PROJECTS ON BEHALF OF SENIORS, PERSONS WITH DISABILITIES AND PERSONS OF LOW-INCOME.

- GOAL 1: ENHANCED TRANSPORTATION INFORMATION AND COMMUNICATION
- GOAL 2: ENHANCEMENTS TO HUMAN SERVICES TRANSPORTATION
- GOAL 3: NEW/ EXPANDED SERVICES TO MEET SPECIFIC NEEDS
- GOAL 4: ENHANCEMENTS TO OCTA FIXED ROUTE AND ACCESS

Chapter 6 presents a matrix detailing these goals in terms of strategy areas discussed and their appropriateness for funding through Section 5310, Section 5316 or Section 5317. Such strategies only suggest potential projects, to evolve as the County’s response to this Coordinated Plan unfolds.

Five priority opportunities are proposed, offering guidance for implementation:

- Project Area #1: Enhancements to current non-emergency medical services provided to senior and non-senior persons with disabilities.
- Project Area #2: Enhancements to Human Services Transportation
- Project Area #3: Programs for Vouchers or Subsidized Work/Training-Oriented Transportation for Low-Income Transit Users
- Project Area #4: Human Services Vehicle Replacement and Expansion
- Project Area #5: Mobility Managers to Coordinate Information and Support Services

Each priority area involves considerable implementation detail. All of OCTA’s planning partners concerned with the content of this Plan are encouraged to participate and to assist, as appropriate to each organization. Making choices among equally worthy alternatives, or priorities, requires developing consensus and supporting policy makers in moving forward.

Chapter 1

Context For The Locally Developed Coordination Plan and Orange County's Process

This plan is prepared in response to the coordinated planning requirements set forth in three sections of SAFETEA-LU [*Safe, Accountable, Flexible, Efficient Transportation Act – A Legacy for Users*, P.L. 190-059] Section 5316-*Job Access and Reverse Commute* program (JARC), Section 5317-*New Freedom Program* and Section 5310-*Elderly Individuals and Individuals with Disabilities Program*.

The **Public Transit-Human Services Transportation Coordination Plan**, prepared on behalf of the Orange County Transportation Authority (OCTA), will establish the construct for a unified comprehensive strategy for transportation service delivery focused on unmet transportation needs or gaps in service for Orange County. This plan meets the requirements for coordinated planning efforts as described in SAFETEA-LU, and enables federal funding under the Section 5310, JARC, and New Freedom programs.

1.1 COORDINATION AT THE FEDERAL LEVEL

SAFETEA-LU With the passage of SAFETEA-LU in 2005, the U.S. Department of Transportation (DOT) and the Federal Transit Administration (FTA) conducted a series of “listening sessions” around the country to obtain input on how to implement facets of this complex transportation funding authorization. Guidance was sought from public transit operators, regional transportation planning agencies and metropolitan transportation organizations. Comments on the New Freedom program, JARC, and the 5310 capital program recommended consolidating the coordination planning requirements for these programs.

To that end, the proposed FTA circulars issued in March 2006 and the final circulars issued on May 1, 2007 all included a common Chapter V:

Section 5310 - FTA C. 9070.1F: *Elderly Individuals and Individuals with Disabilities Program Guidance*

Section 5316 – FTA C.9050.1: *The Job Access & Reverse Commute Program Guidance*

Section 5317- FTA C. 9045.1: *New Freedom Program Guidance*.

These circulars' common Chapter V, “Coordinated Planning,” requires that all projects funded through these sections be “derived from a locally developed, coordinated public transit – human services transportation plan” which is “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.”¹ The findings reported here contribute to this

¹ Page V-1 of each of the respective proposed circulars, Section 5310, Section 5316 and Section 5317, issued by the Federal Transit Administration, U.S. Dept. of Transportation, May 1, 2007.

locally developed, coordinated public transit-human services transportation plan to ensure that eligible projects developed for Orange County constituents can be funded. Specifically, the plan's goals should address the general purposes and requirements outlined in Table 1-1.

Table 1-1
Summary of Goals of
SAFETEA-LU's Coordinated Locally-Developed Planning Process

The Coordinated Locally-Developed Plan shall identify transportation needs of individuals with disabilities, older adults and people with low-incomes; provide strategies for meeting those local needs and prioritized transportation services for funding and implementation.

[From the Overview in Chapter 5, Coordinated Planning of each of the
Circulars related to Sections 5310, 5316 and 5317, released May 1, 2007.]

Program Goals that the Plan shall address:

Section 5310 – Elderly Individuals and Individuals with Disabilities Program: “Provision of discretionary capital assistance in cases where public transit was inadequate or inappropriate to serve the transportation needs of elderly persons and persons with disabilities.”

[FTA Circular 9070.1F, p. I-3]

Section 5316 – Job Access and Reverse Commute Program: “Improve access to transportation services to employment and employment-related activities for welfare recipients and eligible low-income individuals” [FTA Circular 9050.1, p. II-1]. In addition, the House of Representatives conference report indicated that the FTA should “continue its practices [with this program] of providing maximum flexibility to job access projects designed to meet the needs of individuals not effectively served by public transportation.”

[HRC Report 109-203, Section 3018].

Section 5317 – New Freedom Program: “Provide additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society.”

[FTA Circular 9045.1, p. II-2].

1.2 FEDERAL TRANSIT ADMINISTRATION (FTA) PROGRAM GUIDANCE

Orange County's coordination plan conforms with FTA guidelines by addressing the four (4) elements required in a coordination plan:

1. An **assessment of available services** that identifies current providers (public, private and non-profit);
2. An **assessment of transportation needs** for individuals with disabilities, older adults, and people with low-incomes – an assessment which can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service;
3. **Strategies and/or activities and/or projects** to address the identified gaps between current services and needs as well as opportunities to improve 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.

1.3 PLAN DEVELOPMENT PROCESS FOR ORANGE COUNTY

The coordination planning process in Orange County incorporated these four plan elements in the following general manner. The **assessment of available services** involved collection of selected passenger boarding and service description information. Additionally, an inventory-process conducted through a broad-based stakeholder survey mailed in January and again in March to almost 1000 agencies helped identify human service transportation resources. Aspects of both service systems are summarized in Chapter 3 while available funding to the two industries of public transit and of human services are identified in Chapter 4.

Contributing to an **assessment of transportation needs** was a census-based analysis of the target populations described in Chapter 2. Needs assessment activities were both quantitative and qualitative. An extensive stakeholder survey saw a return rate of 17 percent. An extensive public outreach process formed a key dimension of the Plan's market-research effort. This entailed a series of interviews, workshops and focus groups conducted to inform, enrich and validate the quantitative findings of need. Outreach involved agencies and individuals known to OCTA staff or identified through the stakeholder survey or found through a chaining reference process to identify new stakeholders, with almost 450 persons directly contributing. The findings of this market research are reported in Chapter 5.

In developing **strategies and projects by which to address needs**, key findings were brought back to stakeholders through three Project Development Workshops held around the county during April. Additionally a similar workshop was held within OCTA in May, with personnel participating from the range of functional areas impacted by this Plan's findings. **Priority areas for implementation** were identified, described in terms of recommended strategies in Chapter 6 of the Plan.

For the early Plan development process, the consulting team with OCTA staff articulated a Vision and working project goals. These were:

Vision: ***To improve mobility In Orange County through coordinated partnerships and projects.***

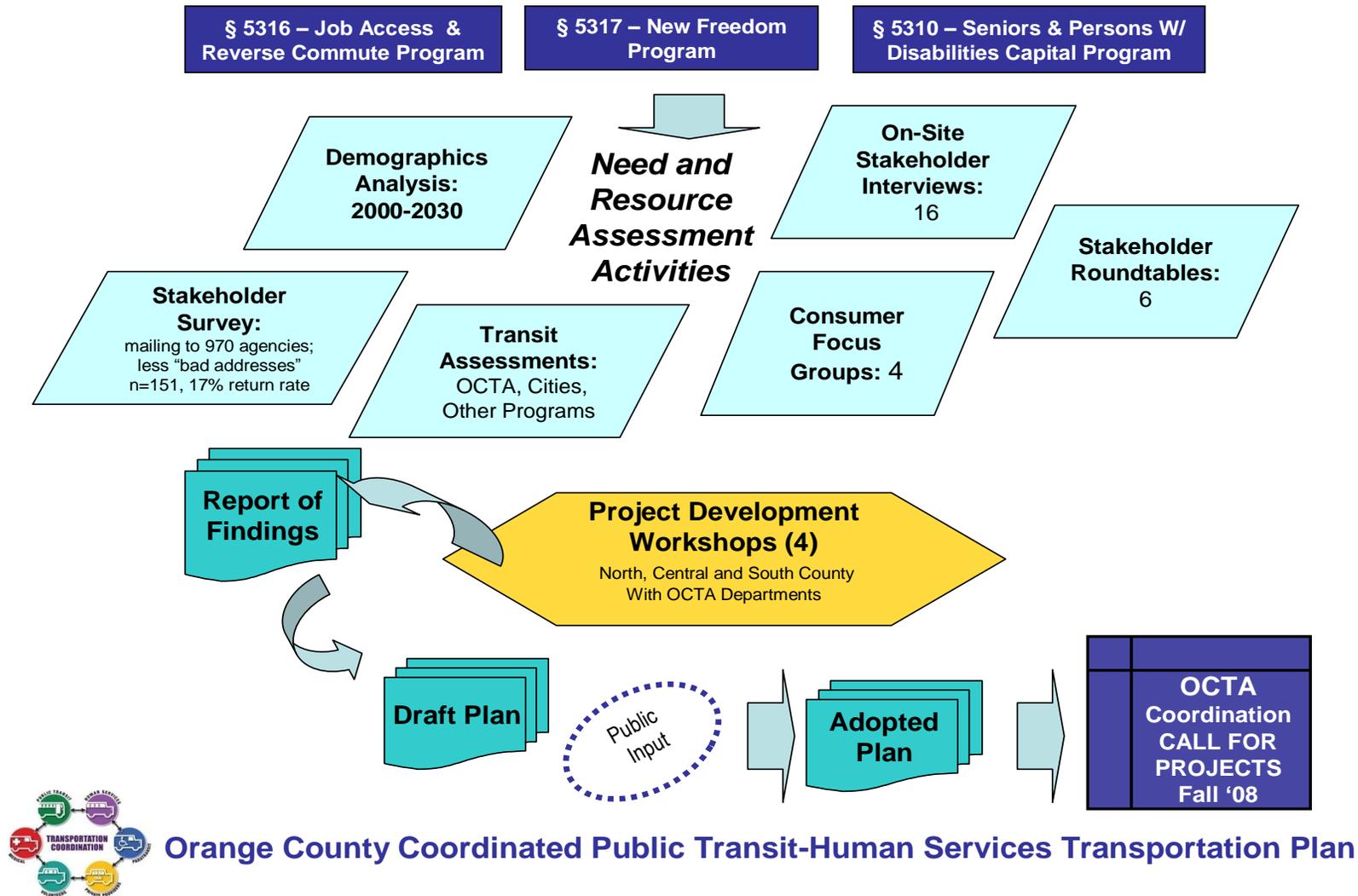
Working goals:

1. To ***identify and promote partnerships*** to address specialized transportation need by looking for ***interested, willing and able partners*** among the public and private agencies and organizations working with the target populations.
2. To ***identify possible projects*** that can respond to needs and gaps emerging through the process.
3. To encourage these new partnerships towards ***project development*** and in making application for funding under a coordinated planning process.

Refinement of these goals, based upon the study process and outcomes are presented in Chapter 6 with the Plan's recommendations. The overall study process by which this was all undertaken is depicted in Figure 1-1 following.

Figure 1-1, Planning Process

A Locally Developed Comprehensive, Unified Plan Tied to 3 Federal Programs



Orange County Coordinated Public Transit-Human Services Transportation Plan

Chapter 2

Target Populations in Orange County

Planning for increased coordination among public and human services transportation providers in Orange County is informed by understanding and measuring the specific populations that use general public dial-a-ride programs. These individuals are best characterized by the target populations of three SAFETEA-LU programs: Section 5310 (Capital Assistance for Seniors and Disabled Individuals), 5316 (Job Access and Reverse Commute), and 5317 (New Freedom). The populations served by these programs are seniors, persons with disabilities, and persons of low income including persons on welfare.

This chapter quantifies Orange County residents within these population groups and a rationale is presented for quantifying the specialized trips these individuals may need. Although children are among those using public transportation services, for purposes of developing this demand estimate, only adult population data is considered, given the summarized census data characteristics available for persons age 16 and above.

2.1 QUANTIFYING THE TARGET POPULATION

The Federal Transit Administration has identified three target populations under the SAFETEA-LU programs, Sections 5316, 5317 and 5310. These are persons of low income, persons with disabilities and seniors.

Table 2-1 identifies the numbers of these individuals in Orange County from among the 2.8 million residents, drawn from the 2000 Census population figures. The California Department of Finance estimates the 2010 county population to be 3.2 million, a 13 percent increase over the 2000 census base used in this analysis.

Table 2-1 considers the adult population only, given the JARC emphasis on employment and work-related activity. Adults are defined as persons age 16 to 64, except for identification of persons below the poverty line who are ages 18 to 64. This table utilizes the 2000 Census figures as the population base for subsequent projections of these target groups. Population growth in Orange County is significant and will impact the future proportions of persons within the target groups of concern to this Plan.

Within Orange County, the 2000 census reports that there were 102,002 children and youth, under age 18, who were in families at or below the poverty thresholds. Although not counted in the accompanying tables, they are obviously in the families that these adults represent.

Table 2-1

TARGET POPULATIONS for JARC, New Freedom, and Section 5310 Programs				
2000 Census Attribute, Summary File 3	Orange County People by Category [1] [2000 Census]	% of Total Orange County Population	Orange County People by Category [5] [2007 Estimate]	% of Total Orange County Population
Total Population [1]	2,846,289	100.0%	3,098,121	100.0%
<i>Percentage of Total County</i>	100.0%			
ADULTS 16-64 [2]	1,875,147	65.9%	2,041,055	65.9%
Low-income (ages 18-64) (Below poverty level as defined by the Census Bureau) [3]	170,724	6.0%	185,829	6.0%
<i>Percentage of Low-Income for Adults (16-64)</i>	9.1%		9.1%	
Disability (non-institutionalized) Ages 16-64 [4] with a "go outside home" disability	133,163	4.7%	144,945	4.7%
<i>Percentage of Adults 16-64 with a "go outside home" disability</i>	7.1%		7.1%	
SENIORS [2]	278,805	9.8%	303,473	9.8%
Seniors, ages 65-74, with % of all seniors	148,105	53.1%	161,209	53.1%
Seniors, ages 75-84, with % of all seniors	96,827	34.7%	105,394	34.7%
Seniors, ages 85+, with % of all seniors	33,873	12.1%	36,870	12.1%
Low Income Seniors (Below poverty level as defined by the Census Bureau) [3]	16,749	0.6%	18,231	0.6%
<i>Percentage of Seniors 65+ below poverty level</i>	6.0%		6.0%	
Disability (non-institutionalized) Ages 65+ with a "go outside home disability" [4]	51,280	1.8%	55,817	1.8%
<i>Percentage of Seniors 65+ with a "go outside home" disability</i>	18.4%		18.4%	
TOTAL TARGET POPULATION RANGES:				
Low End: Adults with disabilities (16-64) and only seniors 75+	263,863	9.3%	287,209	9.3%
Mid Range: Adults with disabilities (16-64) and all seniors 65+	411,968	14.5%	448,418	14.5%
High End: Low income adults (16-64) and all seniors 65+	449,529	15.8%	489,302	15.8%

[1] Census 2000 Summary File 3, Total Population.

[2] Extrapolated from Census 2000 Summary File 3, Sex by Age.

[3] Extrapolated from Census 2000 Summary File 3, Poverty Status in 1999 by age.

[4] Extrapolated from Census 2000 Summary File 3, Age by types of disability for the civilian non-institutionalized population 5 years & over with disabilities. Sub-Area data extrapolated from Census 2000 Geographic County Subdivisions.

[5] California Department of Finance Population Estimate 2007; subgroup estimates based upon percent of census 2000 populations

Poverty Levels For the 2000 Census, the Orange County total population was established at over 2.8 million persons. Of this total, 6 percent, or 170,724 adults in Orange County, were identified as at or below the poverty levels as defined by the U.S. Census. Definitions of poverty by the U.S. Census are made based upon a set of monetary income thresholds that vary by family size and composition. When a family's income is less than the threshold for a family of that size and type, then that family and every individual in it is considered to be in poverty. These thresholds are held constant across the country although local economies may suggest different definitions of poverty.

The Orange County proportion of 6 percent of persons at poverty levels is almost half of the shared statewide mean and national mean of 13 percent.²

Disability Characteristics The second population group of interest is persons with disabilities. A disability is characterized by 2000 Census as persons with difficulty performing selective activities of daily living. While the 2000 Census has a number of variables related to disability status, this analysis uses the "go outside the home" disability, with individuals self-reporting that they have a disability that impacts mobility outside the home. The U.S. Census Bureau classification of this disability includes those who because of a physical, mental or emotional condition lasting 6 months or more, have difficulty going outside the home alone to shop or to medical appointments. For Orange County:

- 4.7 percent of the total population, or 133,163 persons, were adults age 16 – 64 with disabilities.
- 1.8 percent of the total population was persons 65 and older with disabilities, a total of 51,280 senior residents with disabilities, comprising 18 percent of the senior population.

Persons with disabilities and persons of low income overlap to some extent. The Census Bureau documents that the presence of a disability is associated with lower levels of income. In national studies, the Census Bureau has reported that 13.3 percent of persons with no disability had low incomes, 30.4 percent of those with any disability had low incomes, and 42.2 percent of those with a severe disability had low incomes.³

Senior Characteristics The senior population has a variety of characteristics of interest to this discussion. Individuals over age 65 in the 2000 census numbered 278,805 or 9.8 percent of the Orange County total population. This is slightly lower than the state as a whole, with 12 percent of California's population age 65 and older in 2000. Low-income seniors, defined by income in relation to household size, are just over half of one percent of the total county population (0.6 percent) and represent 6 percent of the senior population, age 65 and older. Seniors with disabilities were also identified in the 2000 census, a self-reported category as noted above. Eighteen percent of seniors, or 51,280, characterized themselves as disabled.

² *Income, Earnings and Poverty Data from the 2005 American Community Survey*, p. 22.

³ *Current Population Reports, Series P23-194, Population Profile of the United States, 1997*. p. 32.

A third group of potentially vulnerable seniors are the older senior populations, those 75 and older and those 85 and older. Advanced age is associated with increased rates of disability.⁴ Over 96,000 seniors in Orange County are between the ages of 75 and 84, representing 35 percent of the total county senior population, and another 34,000 are 85 and older, representing 12.1 percent of the senior population. More than 11 percent of the senior population in the state of California as a whole are 85 and older, a percentage that is lower than that for Orange County seniors.

The physiology of aging identifies age 75 as the age point at which the natural effects of the aging processes are increasingly likely to impinge upon lifestyle, health status and general well-being. This is not to say that every 75 year-old is going to have difficulty getting around. However, it does indicate that statistically, there is increased incidence of disease and risk of falling that result in mobility impairments. The consequences of stroke and heart disease, as well as various chronic conditions or degenerative processes can also limit mobility.⁵

For persons age 85 and older, these rates of higher incidence of chronic disease and impairment increase more dramatically. Although not true of every individual 85 or older, this population is highly likely to have increased special needs and requirements when it comes to moving about their local community. This group is also the subset of the senior population that is expected to grow at the fastest rate with the aging of the baby boomers.

2.2 TARGET POPULATION RANGES

As previously presented in Table 2-1, and supported by the discussion above, these groups of individuals are overlapping. Some seniors are low-income and may also be disabled. Some low-income adults, who are not seniors, may be disabled. Some disabled adults are not low-income. Figure 2-1 following depicts the potential overlap within the two groups, seniors and non-seniors.

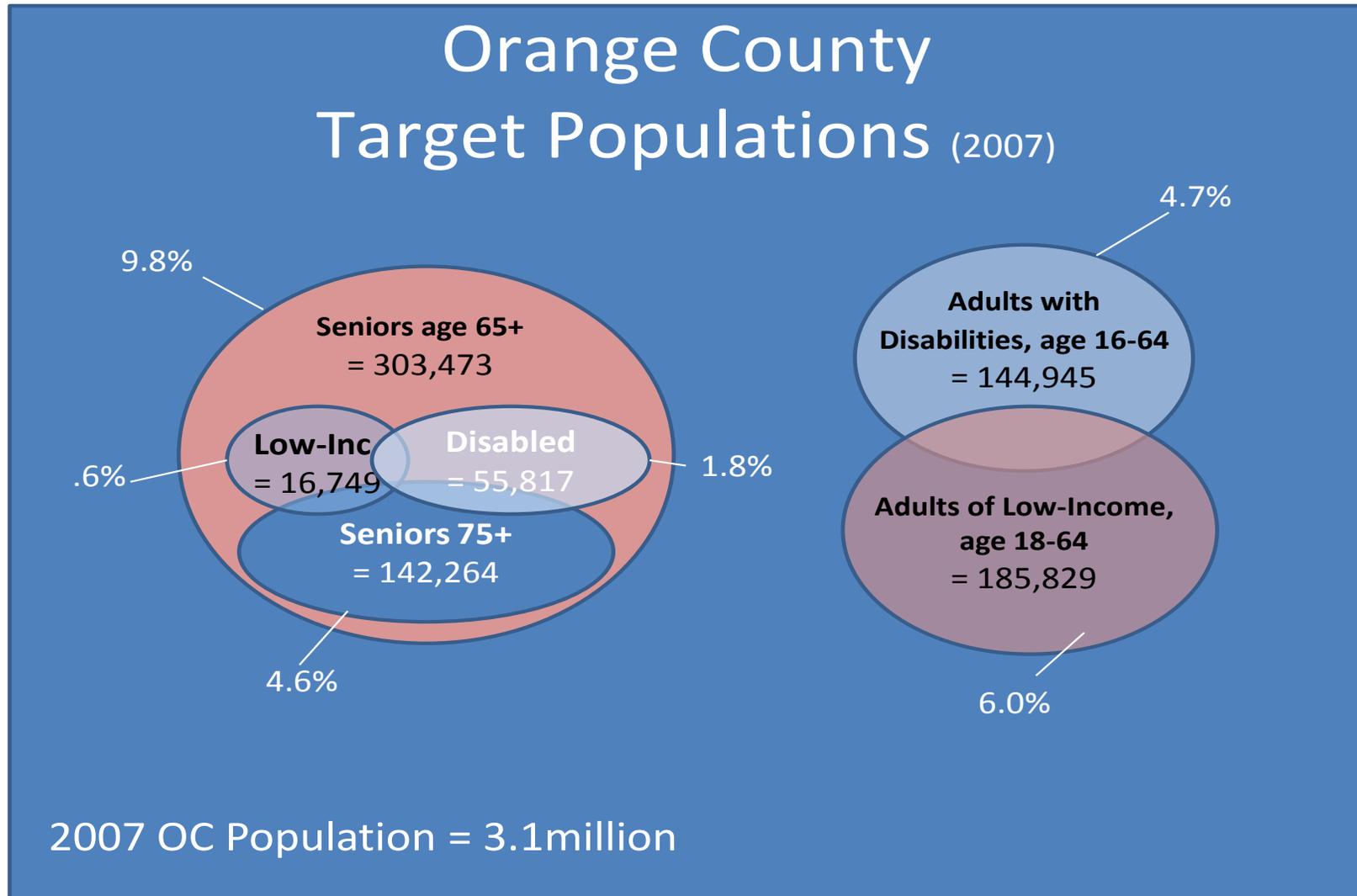
This issue of overlap suggests it is more useful to consider ranges of persons within the target population. This analysis suggests the range to be between 287,000 and 489,000 persons, based upon the 2007 population estimates. Three ranges of target populations are proposed for the County's total population:

- **Low End:** Adults with disabilities (ages 16-64) and only seniors 75+ = **287,209 persons**
- **Mid Range:** Adults with disabilities (ages 16-64) and all seniors 65+ = **448,418 persons**
- **High End:** Low income adults (ages 18-64) and all seniors 65+ = **489,302 persons**

⁴ U.S. Bureau of the Census, *Current Population Reports, Series P23-194, Population Profile of the United States, 1997*. Washington DC, 1998, p. 50-51.

⁵ Spirduso, W. *Physical Dimensions of Aging*, Human Kinetics, 1995, p. 28.

Figure 2-1



2.3 FUTURE POPULATION PROJECTIONS

Anticipating future population impacts, , Table 2-2 depicts population estimates for Orange County for the years 2010, 2020, and 2030. The California Department of Finance estimates that by 2010 the county's population will be 3.3 million, and 3.5 million by 2020. By 2030 the population is estimated to be 3.6 million persons, an increase of 28 percent over the 2000 population.

Table 2-2

TARGET POPULATIONS for JARC, New Freedoms, 5310 Programs -- POPULATION PROJECTIONS				
		Orange County Population Projections from the Center for Demographic Research at California State University, Fullerton		
2000 Census		2010	2020	2030
Total Orange County Population	2,846,289	3,317,721	3,534,218	3,641,856
% Change Over 2000 Population		17%	24%	28%
Adults with disabilities and/or low income adults, ages 18 to 64	133,163 5% to 6% of total population	165,886 5%	176,711 5%	182,093 5%
	170,724	199,063 6%	212,053 6%	218,511 6%
Seniors age 65 and older, including oldest seniors, 85+ (1% of total population), seniors with disabilities (2% of total population) and low-income seniors (1% total population) [1]	278,805 9.8% of total population	320,510 9.7%	433,867 12.3%	588,779 16.2%
TOTAL TARGET POPULATION RANGES:				
Low End Range: Adults w/ disabilities and only seniors 75+	see table 3-1	see table 3-1	see table 3-1	see table 3-1
Mid Range: Adults w/ disabilities and all seniors 65+	411,968 14.5%	486,396 15%	610,578 17%	770,872 21%
% Change Over 2000 Population		18%	48%	87%
High End Range: Low income adults (16-64) + all seniors 65+	449,529 15.8%	519,573 16%	645,920 18%	807,290 22%
% Change Over 2000 Population		16%	44%	80%

Notes:

[1] Senior projections extrapolated from the Orange County Projections 2006 Report by the Center for Demographic Research at California State University, Fullerton

Table 2-2 presents projections of the target populations, based upon Center for Demographic Research at California State University Fullerton total county population projections. These are combined with straight projections of the adult low-income population and the disability adult populations, in combination with a steadily increasing senior population.⁶

⁶ To develop these projections, the low-income population as a percentage of the total is held constant and consistent with the phenomena observed in neighboring Los Angeles County for some decades (SCAG, 2006). The disability population may be an increasing proportion, as increases in the number of adults with disabilities are suggested by evidence in the public health literature. Predicted increases in disability rates among younger cohorts may be rising, possibly due to obesity rates. For this analysis, such possible growth is represented within the range of adults age 16 to 64, inclusive of low-income persons. There is demographic evidence, at the national level, that the proportion of seniors in poverty is decreasing as the baby-boomers age, suggesting that future seniors may be more able to offset the costs of the services they require.

Adults with disabilities (ages 16-64) plus seniors ages 75 and older represent the low end of the ranges. Low-income adults (ages 16-64) plus all seniors represent the high end of the range and, combined, suggest target population ranges of:

- between **486,396 to 519,573 persons** by 2010.
- between **610,578 to 645,920 persons** by 2020.
- between **770,872 to 807,290 persons** by 2030.

The percentages of the target population increase modestly, at the mid range from 17 to 18 percent of the total population and up to 22 percent by 2030 for the range's high end. These rates of change, over the 2000 population, increase as follows with the high end of the range increasing at somewhat slower rates than the lower end:

- by 2010, **increasing range of 15 percent to 16 percent** from the 2000 population.
- by 2020, **increasing range of 17 percent to 18 percent** from the 2000 population.
- by 2030, **increasing range of 21 percent to 22 percent** from the 2000 population.

2.4 TRIP DEMAND ESTIMATIONS

Anticipating the level of trips target population persons need and what proportion of these trips are unmet or undermet is of key interest here. Table 2-3 presents an estimate of the potential trip demand for specialized transit trips hypothesized for these target populations, drawing upon trip making rates in various national research efforts.

Utilizing the population estimates presented in Tables 2-1 and 2-2, Table 2-3 uses average daily trip rates, defined as the number of one-way trips per day made by an individual, developed through national research to establish a total level of trips these groups may be making on a typical weekday. These trip rates are annualized to establish annual trips made. Assumptions are then applied as to the proportion of trips made on transit or specialized transportation.

In Table 2-3, the target population data discussed above returns to the 2000 Census adult population estimates developed in Table 2-1. This revealed that for adults below age 65, between 5 and 6 percent were persons of low-income, disabled, or may fall into both categories, somewhere between 133,100 and 170,700 persons. Seniors in various sub groups are considered, including those who are low income (6 percent of seniors), those with disabilities (18 percent of seniors) and those over age 75 where general health conditions are more prevalent (47 percent of seniors).

Table 2-3 proposes mean trip rates for these persons to estimate:

- the number of total trips taken by these individuals annually;
- the number of these trips potentially taken on public transit; and
- the proportion of these that may require specialized transportation or additional assistance.

**Table 2-3
Specialized Transit Trip Demand Estimation for
SAFETEA-LU Target Populations (2000 Census)**

Orange County Target Population, Census 2000 Base		Column A	Column B	Column C	Column D	Column E
		Mean Trip Rates Per Day ¹¹	Estimated Annual Trips, All Trips (Trip Rate * Target Population * 255 days)	% Trip Made On Public Transit	Annual Trips Potentially on Public Transit (Annual Trips * Public Transit Rate)	Annual Trips Requiring Special Assistance @ 25% of Public Transit Trips
Adults (age 16 – 64)						
Disabled population at 4.7% of adult population, ages 16-64 [133,163 persons]	5% to 6% of adult population (16 - 64)	3.7 ¹¹	125,639,291	8.5% ¹³	10,679,340	2,669,835
Low income population at 6.0% of adult population ages 16-64 [170,724 persons]			161,078,094		13,691,638	3,422,909
Seniors (ages 65+)						
Seniors low-income at 6.0% of age 65+ [16,749 persons]	6% to 18% of senior population	3.4 ¹¹	14,521,383	3% ¹⁵	435,641	108,910
Seniors with disabilities at 18.4% of age 65+ [51,280 persons]			30,859,131		925,774	231,443
Seniors age 75+ when mobility issues become increasingly critical, at 47% of age 65+ [130,700 persons]	47 % of senior population	2.1 ¹²	42,829,877	2% ¹¹	856,598	214,149
Target Population Trip Ranges for Orange County	Low end trip range: Adults with disabilities (16-64) and seniors low income or disabled (up to 36% of seniors)	Trip Making Estimate Ranges to	156,498,422	to	11,605,114	2,901,278
	Hi end trip range: Low income adults (16-64) and seniors 75+ (up to 47% of seniors)		203,907,971		14,548,236	3,637,059
Trips Per Capita, At High End of Ranges [2000 Census Population Base of 2,846,289]			71.6		5.1	1.3

Notes:

- [1] Bureau of Transportation Statistics, 2001 National Household Travel Survey - Trip rates for 65+, Not Employed; Medical Conditions Limiting Travel
- [2] National Cooperative Highway Research Program "Estimating Impacts of the Aging Population on Transit Ridership", p. 17 (2006)
- [3] Sacramento Area Council of Governments Household Travel Survey of 1999; In Senior & Disabled Mobility Study, p. 9 (2006)
- [4] Freedom to Travel, U.S. DOT Bureau of Transportation Statistics (2002)
- [5] Transportation Research Report, TCRP Report 82: Improving Public Transit Options for Older Persons (2002) and 2001 National Household Travel Survey (6%)

Table 2-3 proposes that between 2.9 million trips and 3.6 million trips, as seen in the last column, Column E, characterize the trips needed by the target groups potentially to be addressed through strategies developed through this plan. This is represented as 1.3 trips per capita for Orange County residents.

The methodology for developing this estimate of demand is detailed in Figure 2-2 following. This demand estimate considers all trips potentially taken by the target groups, by a range of modes. And then, anticipating the proportion potentially taken on public transit, it estimates the proportion of those requiring extra help or new services not currently available.

Figure 2-2

Methodology for Developing the Trip Demand Estimate Presented in Table 2-3

Mean trip rates (Column A in Table 2-3) are the *average number of one-way trips per day* made by an individual. Mean trip rates are drawn from various published sources.

6 TARGET POPULATION SUMMARY COMMENTS

This subsection presents a rationale by which to quantify the target populations, utilizing census variables and establishing a range of 263,800 persons up to 449,500 persons based upon the 2000 Census. These individuals represented between 9 percent and almost 16 percent of Orange County's total 2000 population of 2.8 million residents. They are comprised of adults between the ages of 16 and 64 who are low income and/or are disabled and seniors ages 65 and older.

The base target population proportions are projected forward, using general population estimates developed by the California Department of Finance and other assumptions about changes in the senior population and the base adult population. The projections suggest significantly increasing numbers of Orange County residents will be within the target populations:

- By 2010, up to almost 520,000 persons
- By 2020, up to almost 646,000 persons
- By 2030, up to almost 808,000 persons.

At the high end of the ranges presented, the population grows from 21 percent to 22 percent over the thirty-year period. In terms of the rates of growth represented, these are substantial and reflect Orange County's overall continuing growth, increasing by 18 percent between 2000 and 2010 and by as much as 80 percent by 2030, over the 2000 census-based estimates.

Trip demand is also considered in relation to the target population. Using a rationale for *mean trips per day* and estimating the proportion of those trips that might present for public transit, an estimate was developed for public transit demand. This represented a range of 11.6 million trips to 14.5 million trips. This is a conservative trip demand estimate for weekday trips only, exclusive of holidays. Of these, it is hypothesized that one in four trips (25 percent) will require some level of specialized assistance, reflecting the trip demand appropriate to this plan. This is represented as a range of 2.9 million to 3.6 million annual trips for Orange County's 2000 census population. This level of demand is further characterized as 1.3 trips per capita of trips either unmet or undermet need on behalf of the target population



2.5 Target Population Summary Comments

Population estimates identified Orange County's target population groups and projected the number of trips these persons potentially need. Detailed in Chapter 2 of the Plan, the U.S. 2000 census data detail specific subgroups by which **a range of 412,000 to 450,000 persons are estimated as the countywide target population size**. These individuals are between ages 16 to 64 and are low-income or disabled or are seniors ages 65 and older, estimated at about 14 to 16 percent of Orange County's 2000 population of 2.8 million residents.

Population projections, based upon the California Department of Finance numbers, suggest that significantly increasing numbers of residents will be within the target population:

- By 2010, 486,000 to 519,000 persons, up to 16 percent of projected 3.3 million residents.
- By 2020, between 611,000 to 646,000 persons, up to 18 percent of 3.5 million residents.
- By 2030, between 771,000 to 807,000 persons, up to 22 percent of 3.6 million residents

Average trips per day were estimated for these target groups, suggesting the proportion of these trips that might present for public transit. Public transit trip need was also estimated as a range: **annual trip needs of 11.6 million to 14.5 million public transit trips** are projected, based upon the 2000 Census population base. In the discussion of existing transportation resources in Chapter 3, this demand estimate is contrasted with services provided to better understand levels of need, unmet need and gaps in service.

Chapter 3

Existing Transportation Resources and Their Utilization by the Target Populations

This chapter documents the public transit resources available in Orange County. It generally describes the public transit services provided and considers the utilization of these services, in terms of numbers of trips provided and their use by residents of Orange County cities.

3.1 PUBLIC TRANSIT SERVICES IN ORANGE COUNTY

Public transit resources in Orange County include fixed-route and ACCESS services, as well as intercounty express routes and new bus rapid transit services soon to be on-line. Several other specialized transportation programs receiving some subsidy through OCTA are described.

3.1.1 Fixed Route Services in Orange County

OCTA services consist of a traditional local surface bus network that provides service to most residential and employment areas throughout the county. This network includes:

- Community routes that are shorter in length and provide service to select communities;
- Intercounty express routes that connect commuters to Los Angeles and Riverside.
- Intracounty express routes connecting commuters to high density locations;
- Stationlink routes that connect commuters to Amtrak and Metrolink train stations;
and
- Shuttles that carry riders to special locations and events.

Figures 3-1A and 3-1B show the existing network of OCTA's fixed route services, specifically the local and community route structure.

Additionally, a municipal fixed route service is operated by the City of Laguna Beach. Laguna Beach Transit fixed-route services include an intra-city system that serves as a feeder service to the OCTA bus system; Festival Service, which is offered during the ten-week summer festival season; and Charter Service, which allows private parties to schedule private service during non-festival months (September through June.)

Figure 3-1A, OCTA System Map, Central and North County

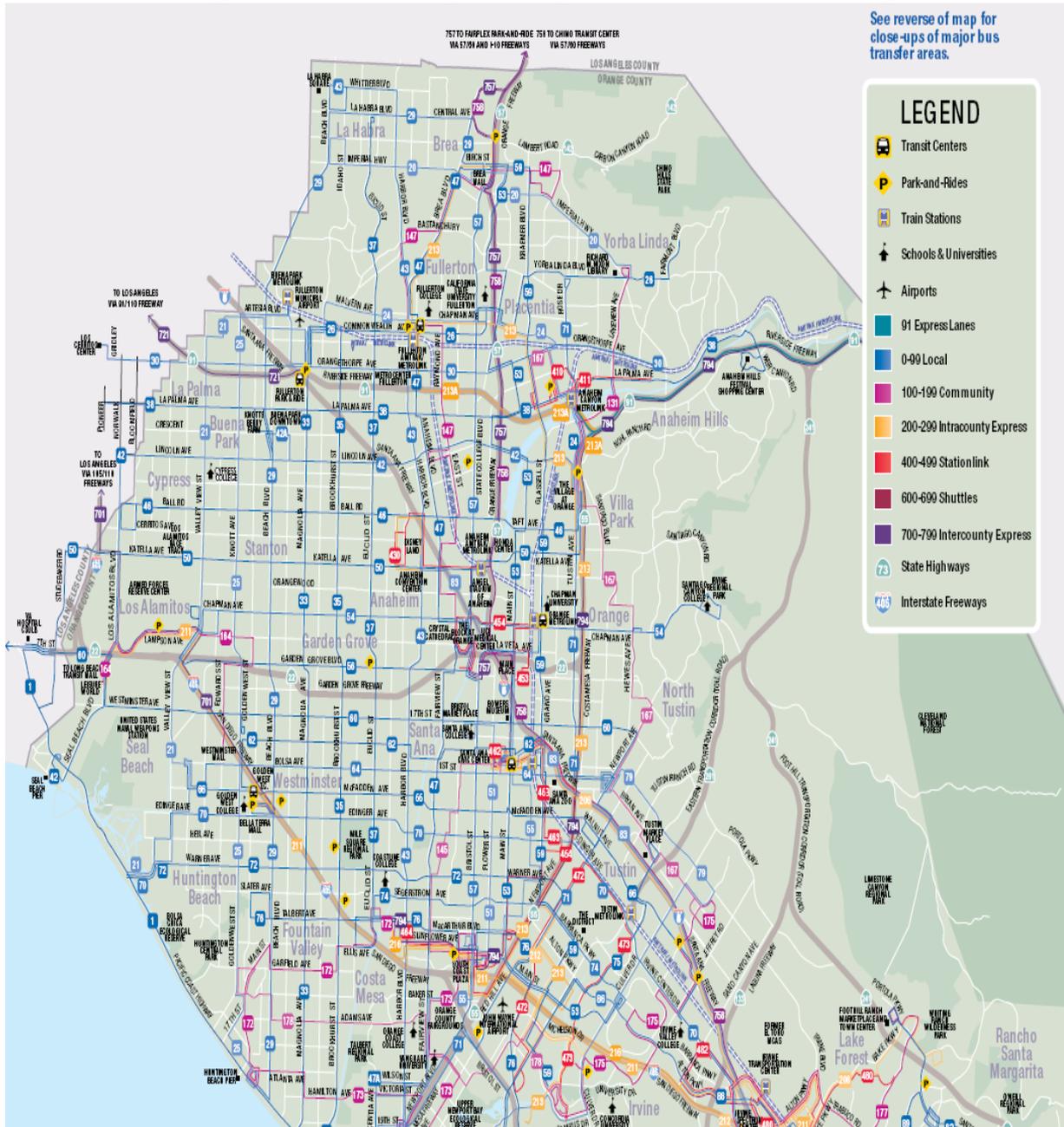
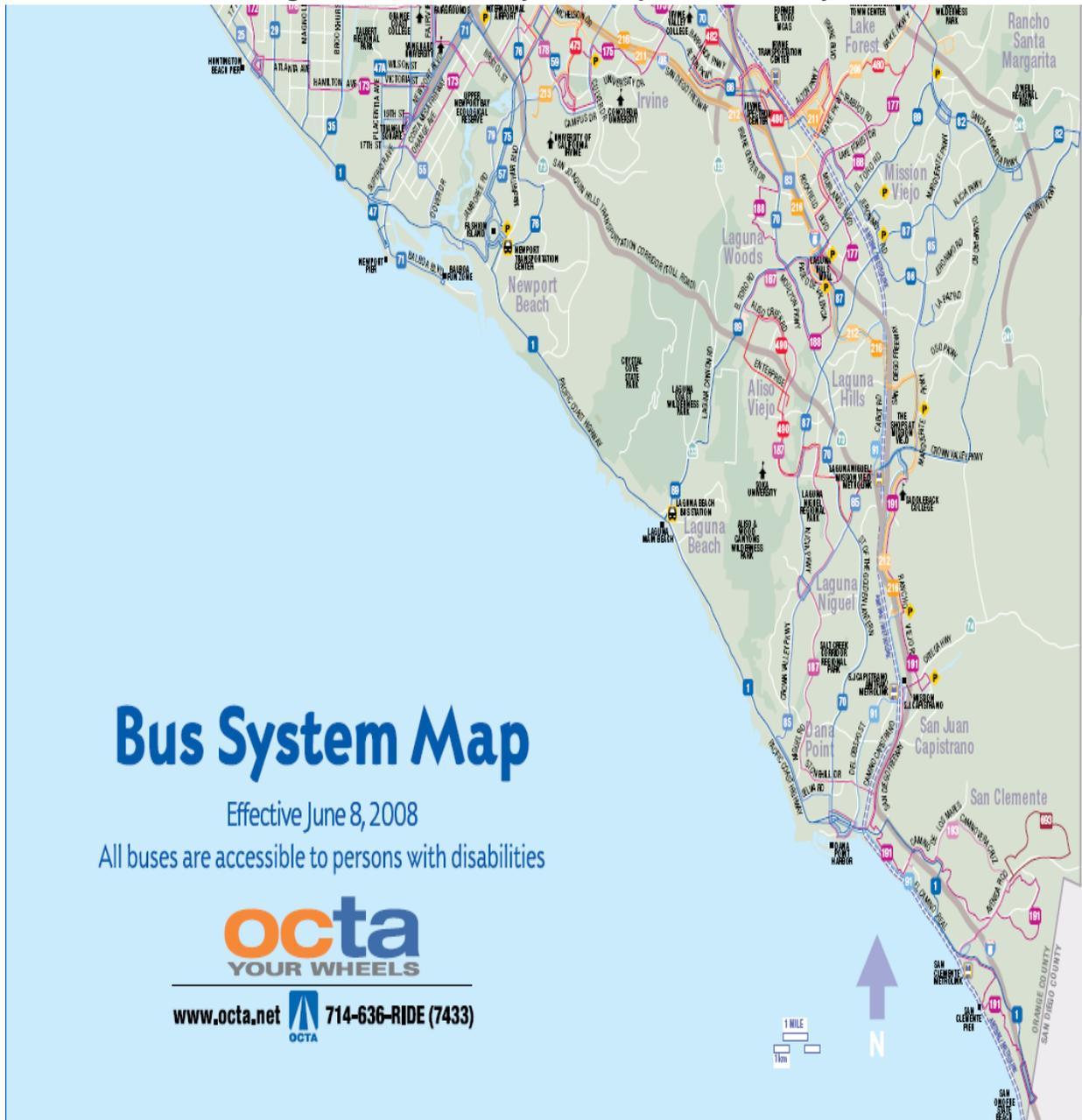


Figure 3-1B, OCTA System Map, South County



3.1.2 OCTA Express Service

The OCTA Express routes offer three different routes for commuters. *Route 757* travels between Pomona or Diamond Bar and Santa Ana, with stops in Brea, Anaheim and Orange. *Route 758* travels between Chino or Diamond Bar and the Irvine Spectrum, with stops in Brea. And *Route 794* travels between Riverside and Corona, and to the South Coast Metro area.

Figure 3-2 , Express Bus Service Map



3.1.3 OCTA Bus Rapid Transit – Bravo!

A new bus service is being implemented by OCTA, called Bus Rapid Transit (BRT), to be identified as Bravo! Bravo! service is designed to decrease travel time for customers and improve travel speed within high ridership corridors. Bravo! buses will offer frequent service weekdays only from approximately 5 a.m. to 8 p.m. and will have a distinct identity separate from standard OCTA buses. Traffic signal synchronization will increase traffic flow through the corridors and will allow Bravo! buses to better serve new bus shelters with enhanced identity.

Figure 3-3, Bravo! Bus Rapid Transit Map



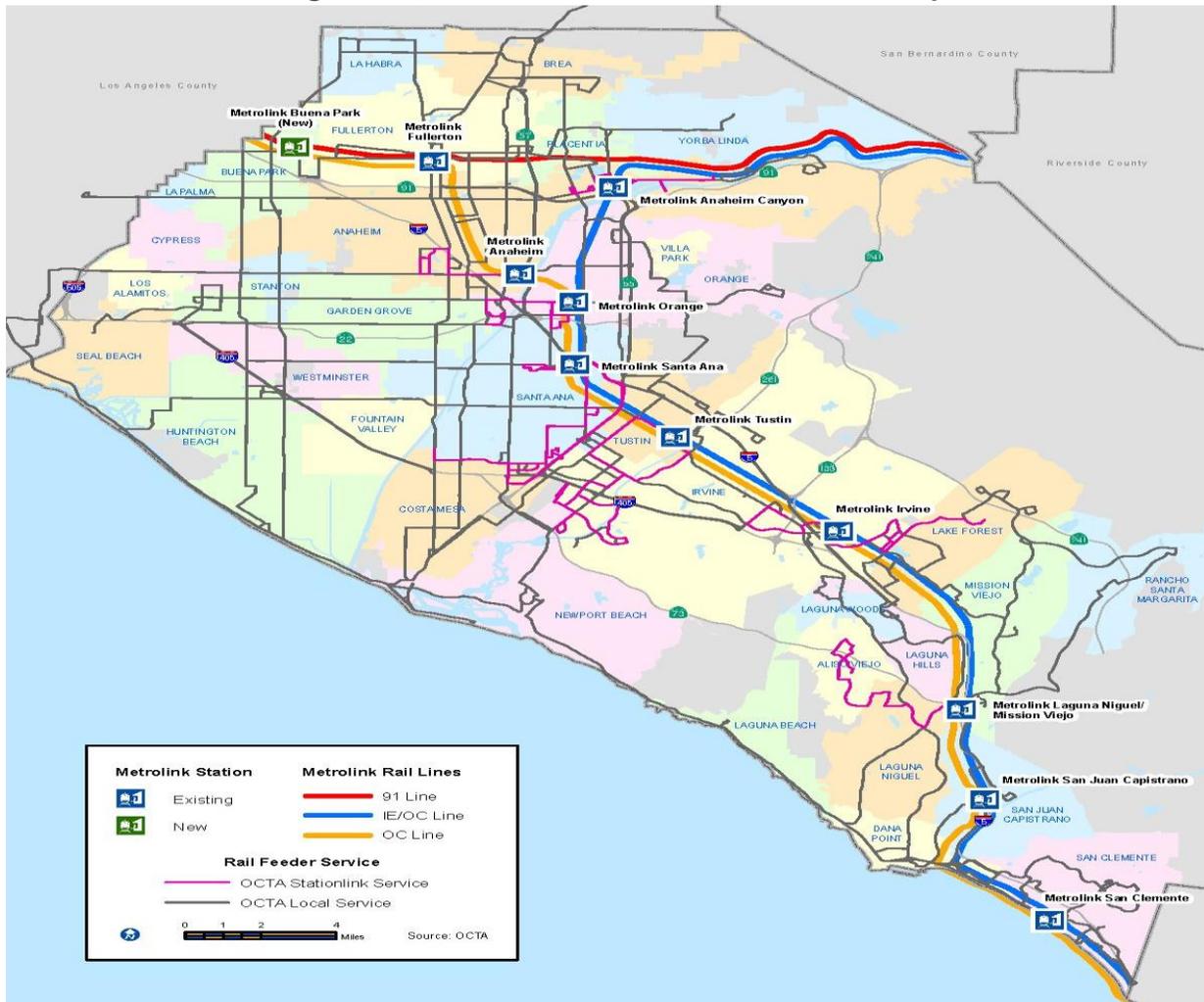
3.1.4 Metrolink Rail Service

Metrolink is Southern California's rail system linking residential communities with employment and activity centers. Metrolink is operated by the Southern California Regional Rail Authority (SCRRA), a joint powers authority of five member agencies representing the counties of Los Angeles, Orange, Riverside, San Bernardino and Ventura. As one of five member agencies, OCTA administers all of Orange County's Metrolink rail corridor service.

Orange County's Metrolink commuter rail service serves 11 stations in Orange County and provides a total of 44 round trips every weekday on three lines:

- Orange County (OC) Line: with daily service between Los Angeles Union Station and Oceanside
- Inland Empire-Orange County (IEOC) Line: with daily service between San Bernardino and Oceanside
- 91 Line: service between Riverside and Los Angeles Union Station, via Fullerton and Buena Park

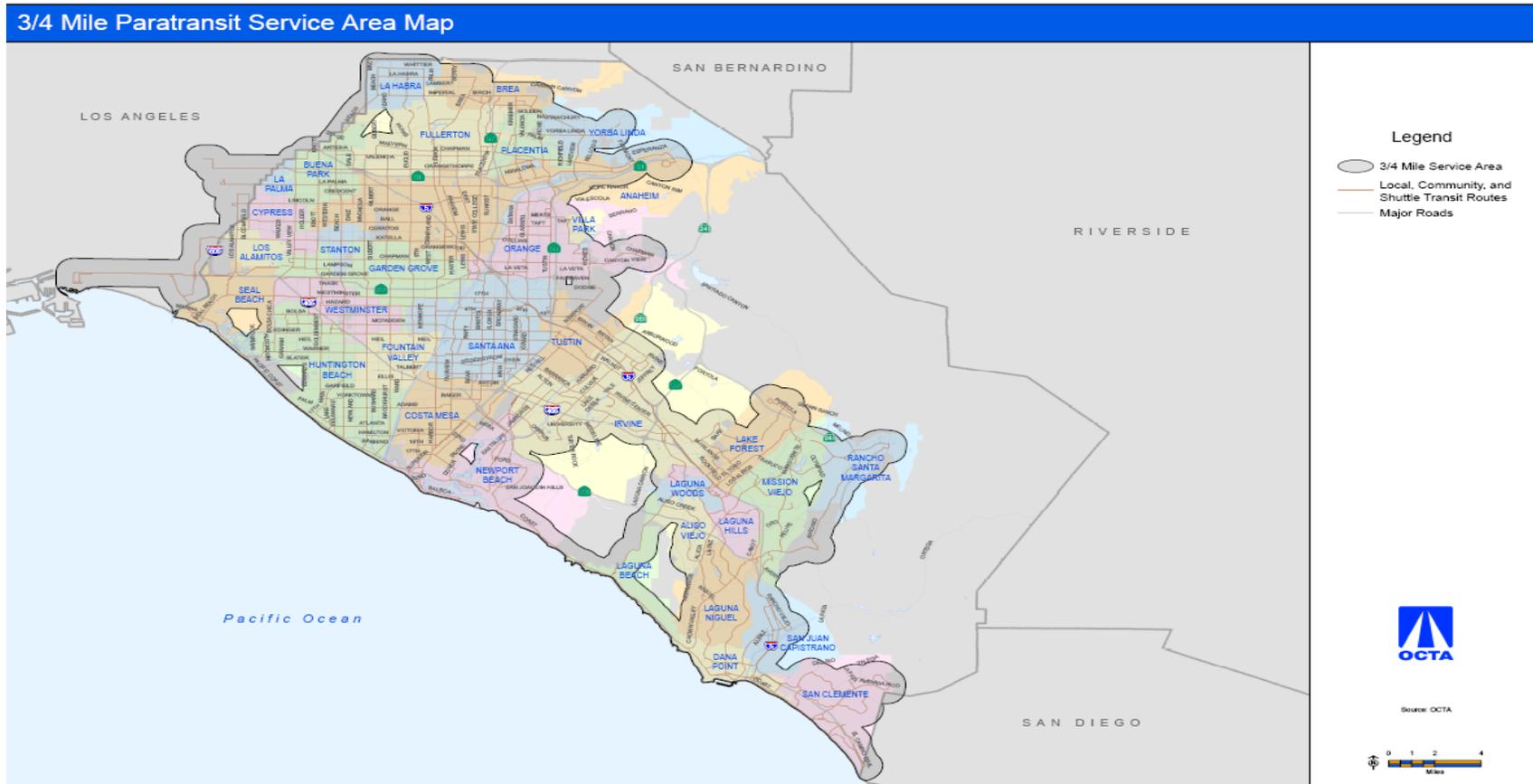
Figure 3-4, Metrolink and Stationlink Service Map



3.1.5 ADA Complementary Paratransit

ACCESS is OCTA's shared-ride service for people who are unable to use the fixed-route bus service because of functional limitations caused by a disability (Figure 3-5). A person is eligible for ACCESS service if they are unable to board or exit a fixed-route bus, get to or from a bus stop due to physical and/or environmental barriers, or do not understand how to ride the bus. These passengers must be certified by OCTA to use the ACCESS system by meeting the Americans with Disabilities Act (ADA) eligibility criteria.

Figure 3-5, ACCESS Paratransit Service Map



3.1.6 OCTA's OCTAP Program

The Orange County Taxi Administration Program (OCTAP) is a regulatory program operated by the Orange County Transportation Authority (OCTA). Pursuant to California law, OCTAP regulates taxicab companies, taxicab drivers and vehicles on behalf of participating Orange County cities. OCTAP began operation in January 1998.

OCTAP issues taxicab business permits, driver permits and vehicle permits after the following conditions have been met.

Taxicab Company Business Permits are issued after:

- Background investigation of company ownership
- Review of vehicle insurance
- Review of company business documents
- Payment of applicable fees

Taxicab Driver Permits are issued after:

- Criminal background and DMV investigation
- Annual drug and alcohol test
- Payment of applicable fees

Taxicab Vehicle Permits are issued after:

- A multi-point vehicle inspection
- Proof of insurance and vehicle ownership
- Payment of applicable fees

As of May 2008, OCTAP had permitted 23 taxicab companies, 817 taxicab vehicles and 1,236 taxicab drivers.

3.1.7 OCTA Subsidy to Specialized Transportation Programs

There are several programs that receive varying levels of support from OCTA but are operated by and are the day-to-day responsibility of other jurisdictions or organizations.

3.1.7.1 Senior Mobility Program

OCTA's Senior Mobility Program (SMP) is designed to fill the gap between local fixed route buses and ADA paratransit or ACCESS service by providing local transportation services to seniors with a transit program that best fits the needs of older adults in local communities.

Participating cities include: Anaheim, Brea, Buena Park, Costa Mesa, Huntington Beach, Irvine, Laguna Niguel, Laguna Woods, La Habra, Lake Forest, Newport Beach, Placentia, Rancho Santa Margarita, San Clemente, Santa Ana, Seal Beach, Westminster and Yorba Linda. In addition, Abrazar, the Vietnamese Senior Center and the Korean American Senior Association of Orange County have chosen to participate in the Senior Mobility Program.

3.1.7.2 OCTA Special Programs

Additionally, OCTA provides a modest subsidy to selected adult day health care and adult day care programs that manage their own transportation services. These include such programs as Orange County ARC, Acacia Adult Day Services and the Alzheimers' Family Services. Also within this program OCTA provides some support to senior nutrition programs through contracts with senior centers.

3.1.7.3 Office on Aging Senior Non-Emergency Medical Transportation

The Office on Aging administers the Senior Non-Emergency Medical Transportation (SNEMT) Program, funded largely by Tobacco Settlement Revenues. The Office on Aging handles eligibility and registration of consumers and contracts for the direct provision of services. The SNEMT program provides transportation to older adults who are in need of cost-free transportation to and from medical appointments, dentists, therapies, exercise programs, testing and other health related trips.

3.2 TRANSIT TRIPS CURRENTLY PROVIDED

3.2.1 Counting Trips from Available Sources

Assessing available transportation resources within Orange County requires an understanding of the usage levels of these services. Table 3-1 presents both public transit and specialized transit trips reported for FY 2006/07, the year for which the most complete data is available.

- Public fixed-route transit reports over 65.6 million trips provided by OCTA and Laguna Beach Transit, representing almost **98 percent of the total trips reported** on Table 3-1.
- Public demand response programs provided were just over 1 million trips or just under **2 percent of the total trips reported**. These trips were provided by Orange County Transportation Authority's ACCESS.

- Orange County Senior Mobility Programs have 21 agencies providing a total of 232,130 trips or **0.3 percent of the total trips reported**.
- Orange County Coordinated Transportation Programs reported over 69,000 trips or **0.1 percent of the total trips reported**. The providers of these trips include the Office on Aging's senior non-emergency medical transportation providers: Saint Anselm's, South County Senior Services, and Saint Jude's Hospital.
- Stakeholder survey respondents reported additional trips provided that are not otherwise accounted for in the above numbers.

Considering just human service agency trips, reported trips provided by 11 agencies annualized to almost 71,000 trips. The public transit agencies and commercial providers are excluded from this number so as not to double count. These trips are modest in number, one half of one percent of the total trips reported, and slightly more than the 62,000 trips provided by Measure A providers for this period. Clearly the human service agencies are providing significant numbers of trips, even with this modest sample of just 11 agencies reporting trips.

Presented at the bottom of Table 3-1 are a series of trip totals and per capita indicators for these various types of transportation services in relation to 2007 population. Such indicators represent measures for assessing progress in developing more, additional transit services.

- All trips	21.7 trips per capita
- Fixed-route only trips	21.1 trips per capita
- All demand response trips of all types reported	0.5 trips per capita
- Only OCTA demand response and SMP trips	0.4 trips per capita
- Only stakeholder reported trips, no OCTA support	0.1 trips per capita

Trips per capita indicators provide ways of considering the varying levels of resources currently available within Orange County to the population as a whole. They also suggest baseline service levels against which to compare future service levels.

**Table 3-1
FY 06-07 Public Transit and Other Specialized Transit Trips Provided in Orange County**

California State Dept. of Finance 2007 Population for Orange County [1] =	3,098,121	Trips	% All Trips
Public Bus, Fixed Route [2]		65,643,592	97.6%
OCTA FR	65,181,592		
Laguna Beach	462,000		
Public Demand Responsive [2]		1,061,845	1.6%
OCTA ACCESS	1,061,845		
Senior Mobility Program [2]		232,130	0.3%
Huntington Beach - Rogers Senior Center	38,874		
Santa Ana - City of	34,214		
Irvine - Trips program	19,014		
Seal Beach Senior Center	16,605		
Korean American Senior Association	14,752		
Westminster Senior Center	14,224		
Newport Beach - Oasis Senior Center	13,245		
La Habra Senior Center	11,323		
Anaheim Senior Center (Brookhurst)	10,781		
Brea Senior Center	10,241		
Costa Mesa - Senior Mobility	9,009		
Laguna Woods SMP	8,433		
Buena Park Senior Center	7,500		
Vietnamese Community of Orange County	4,932		
San Clemente Senior Center	4,022		
Placentia Senior Center	3,716		
Lake Forest	3,704		
Abrazar	3,147		
Laguna Niguel Senior Center	2,110		
Yorba Linda - TRAILS	1,777		
Rancho Santa Margarita	507		
Other Coordinated Transportation Programs [2]		69,143	0.1%
Special Agency Trips / South County Seniors	37,298		
Orange County ARC	14,052		
Acacia Adult Day Services [Started Jan. 2007]	9,938		
Alzheimer's Family Services [Started Nov. 2006]	7,855		
Senior Non Emergency Medical		72,080	0.1%
Saint Anselms (Abrazar and Vietnamese Community of OC)	60,000		
South County Senior Services	12,080		
Saint Judes			
Stakeholder Survey with Human Service Agency Trips Reported [3]		184,152	0.3%
ALL TRIPS: Including Public Transit, OCTA-Senior Mobility Programs, OCTA-coordinated transportation programs, OoA Senior Non-Emergency Medical, and stakeholder survey human service agency trips.		67,262,942	100%
<i>Trips per Capita for 2007 Total OC Population</i>		21.7	
ALL DEMAND RESPONSE/ SPECIALIZED TRANSIT TRIPS: Public demand response, Senior Mobility Program providers, Senior Non-Emergency Medical, coordinated transportation programs, and stakeholder survey human services trips reported		1,619,350	2.4%
<i>Trips per Capita for 2007 Total OC Population</i>		0.5	
ONLY TRANSIT FUNDED DEMAND RESPONSE/SPECIALIZED TRANSIT TRIPS: Public demand response, Senior Mobility Program providers, and Senior Non-Emergency Medical		1,366,055	2.0%
<i>Trips per Capita for 2007 Total OC Population</i>		0.4	
STAKEHOLDER SURVEY:		184,152	
<i>Trips per Capita for 2007 Total OC Population</i>		0.1	

Notes:

[1] State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA. July '07

[2] Orange County Transportation Authority FY 06/07 Statistics Summary. OCTA ACCESS Trips are recorded bookings and may be counting no-shows.

[3] 2007 Orange County Public Transit-Human Services Coordination Plan by A-M-M-A. * Survey trip total excludes public transit operators, Senior Mobility Program providers, Senior Non-Emergency Medical Transportation providers, and coordinated transportation programs that reported trips but are already counted in their respective categories. Excludes commercial providers and school districts.

3.2.2 Contrasting the Demand Estimate with Trips Provided

Trips by the different service provision modes identified in the preceding Table 3-1 accounted for over 67 million trips provided during FY 2006/07. The demand estimate presented previously in Table 2-3 suggests that the target populations have demand levels of between 2.9 million and 3.6 million trips, using the 2000 Census population as a base from which to estimate this demand.

With Orange County, as a whole, the provision of 67 million trips represents 21.6 trips per County resident per year, calculated with 2007 California Department of Finance population estimate for the County's total population. This **21.6 trips per capita measure** is well above the **1.6 trips per capita** estimate of need that was developed in Chapter 2 and presented there in Table 2-3. This indicator suggests that certain levels of demand are in fact being met.

However, looking **only** at the demand response and specialized transit trips provided by OCTA and others, these total 1.3 million trips or **0.4 trips per capita**. This is well below the estimate of need of 1.6 trips per capita that was calculated against a 2000 population base that has been growing for seven. Relating **trip demand** to **trips provided** is complicated by the fact that members of the low-income population can use public fixed-route services.

The demand estimate for this plan is not looking solely at the demand responsive trip needs of a senior population and/or persons with disabilities as they have been in the past when the JARC target population was not considered. Nonetheless, clearly there is a need to grow trips on two dimensions:

1. growing the volume of total trips, across all modes, given this county's anticipated population growth and
2. growing the type of trips provided which is suggested by the descriptions of need presented in subsequent sections of this document.

While there is certainly need for increased quantity and types of trips to be made available for these target populations, the demand estimate is sufficiently close to the current range of trips provided to suggest that this task is achievable.

3.3 TRANSIT TRIPS UTILIZED BY ORANGE COUNTY CITIES

When looking at specific datasets, one can get an idea of trip utilization for Orange County. In this case, datasets were broken down by city, target-group (i.e. senior, low-income, or disability), and transit mode (fixed-route, ACCESS, and Senior Mobility program). The result is presented in the following tables and maps. In addition, the cities are broken down into quartiles

which gives a better indication as to which areas may have higher or lower utilization of the given transit mode.

Table 3-2 shows the fixed route boardings and the target-group size for the thirty-four cities. With these datasets, an average of boardings per seniors and low-income adults is shown in the third column. The trip utilization ratio is then calculated using the average boardings for all Orange County cities. This ratio represents the likelihood that persons in the target groups will be using fixed-route service in each city. Figure 3-6 shows that fixed route ridership is prevalent in the central part of the county with Santa Ana and Anaheim as the top two, with 21.6 million and 10.8 million annual boardings respectively. With a small target-group population, fixed-route boardings in the City of Laguna Hills are relatively high when compared to other cities, just above Orange and Costa Mesa.

This same analysis was also conducted for ACCESS bookings for Orange County. In this case, the target population is seniors and persons with disabilities. Average boardings and trip utilization are calculated in the same manner as fixed route boardings. Figure 3-7 shows that the trip utilization for ACCESS bookings is much more spread out throughout the County. People that live in Mission Viejo may be more likely to book a trip on ACCESS, followed by the cities of Laguna Hills and Fountain Valley. In the case of Mission Viejo, this high level of ACCESS bookings is probably a direct result of the location there of the Vocational Visions program, one of the largest day-program facilities in south Orange County, oriented to persons with developmental disabilities. Appendix A includes tables showing the quartile data by city for ACCESS bookings.

Senior Mobility programs are only available in eighteen cities in Orange County. The target population in this case is seniors only. Figure 3-8 shows that the Senior Mobility program is highly utilized in the central part of the County, with Brea as the only city in the north with high utilization. The top three cities whose consumers are high users of the Senior Mobility resources are Brea, Huntington Beach and Santa Ana. Appendix A includes tables showing the quartile data by city for Senior Mobility program providers.

Table 3-3, presented following the maps, summarizes the trip utilization for all cities and all transit modes. Interestingly, only four of the eight cities in the first quartile have a Senior Mobility program. The remaining four either have high utilization of fixed-route boardings, or of ACCESS bookings, or both. It is also relevant to note that, with smaller target populations compared to other cities, Mission Viejo and Brea show much higher than average uses of the ACCESS and Senior Mobility programs respectively.

NOTE: *On Table 3-2 following, the trip utilization ratio reflects the percentage above or below the countywide median of 100 percent. So, for example, Santa Ana with its 263 percent trip utilization rate is 163 percentage points above the countywide trip rate utilization of boardings per target group member (100 percent).*

Table 3-2

**OCTA FIXED ROUTE BOARDINGS
BY SENIORS AND LOW INCOME ADULTS
TRIP UTILIZATION RATIOS
ORANGE COUNTY CITIES
2007**

Fixed Route Ranking	Orange County Cities	Fixed Route Boardings	Seniors & Low Income Adults	Boardings Per Senior	Trip Utilization Ratio
<i>1st Quartile</i>					
1	SANTA ANA	21,621,546	54,590	396.1	263%
2	ANAHEIM, ANAHEIM HILLS	10,841,297	51,378	211.0	140%
3	LAGUNA HILLS	992,353	4,827	205.6	137%
4	ORANGE	3,854,090	19,595	196.7	131%
5	COSTA MESA	3,420,584	18,067	189.3	126%
6	WESTMINSTER	2,905,858	16,559	175.5	117%
7	STANTON	1,189,853	7,216	164.9	110%
8	TUSTIN	1,299,032	8,136	159.7	106%
<i>2nd Quartile</i>					
9	GARDEN GROVE	3,986,351	28,880	138.0	92%
10	BUENA PARK	1,561,712	12,230	127.7	85%
11	FOUNTAIN VALLEY	907,230	7,713	117.6	78%
12	FULLERTON	2,653,633	23,105	114.9	76%
13	LAGUNA BEACH	442,558	3,996	110.8	74%
14	BREA	527,026	4,924	107.0	71%
15	LOS ALAMITOS	173,727	1,910	91.0	60%
16	NEWPORT BEACH, CORONA DEL MAR	1,118,668	14,509	77.1	51%
<i>3rd Quartile</i>					
17	HUNTINGTON BEACH	1,984,142	27,765	71.5	48%
18	LAKE FOREST, FOOTHILL RANCH	469,787	7,063	66.5	44%
19	DANA POINT, CAPO BEACH	386,197	6,011	64.2	43%
20	PLACENTIA	400,798	6,518	61.5	41%
21	LA HABRA	634,572	10,433	60.8	40%
22	IRVINE	1,189,661	19,979	59.5	40%
23	CYPRESS	374,359	6,501	57.6	38%
24	SAN JUAN CAPISTRANO	332,209	6,443	51.6	34%
25	MISSION VIEJO	616,107	12,107	50.9	34%
<i>4th Quartile</i>					
26	RANCHO SANTA MARGARITA	118,264	2,424	48.8	32%
27	LAGUNA NIGUEL	317,079	7,175	44.2	29%
28	LA PALMA	68,250	2,042	33.4	22%
29	SAN CLEMENTE	226,757	8,870	25.6	17%
30	ALISO VIEJO	44,687	1,899	23.5	16%
31	LAGUNA WOODS	279,818	14,277	19.6	13%
32	SEAL BEACH	175,896	9,704	18.1	12%
33	YORBA LINDA	59,710	5,454	10.9	7%
34	VILLA PARK	7,781	986	7.9	5%
All Orange County Cities		65,181,592	433,286	150.4	100%

Source: Census 2000, P8 & P41, OCTA

Note: Seniors include people 65 years of age and over

By: GIS Workshop, A-M-M-A, April, 2008

Figure 3-6

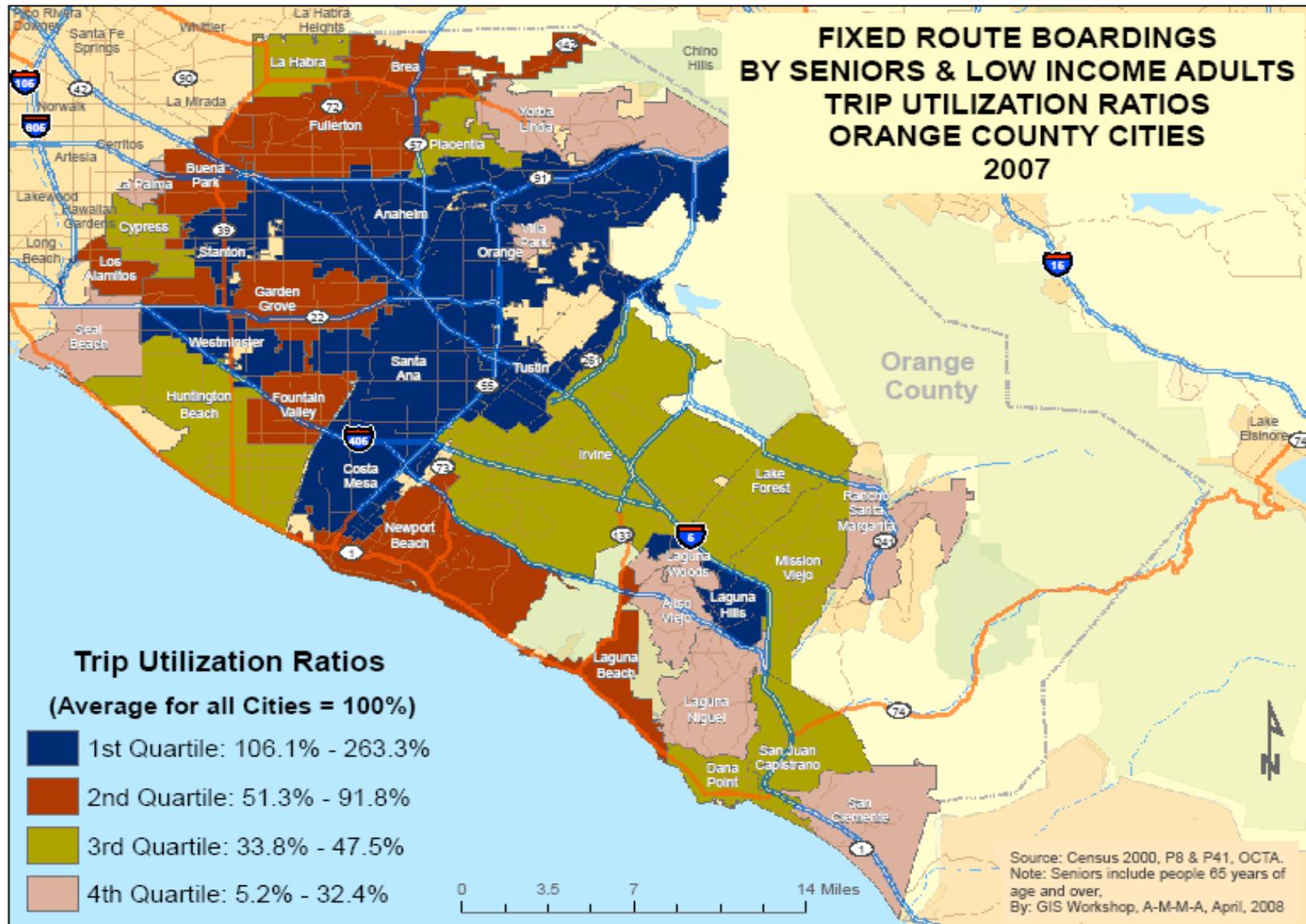


Figure 3-7

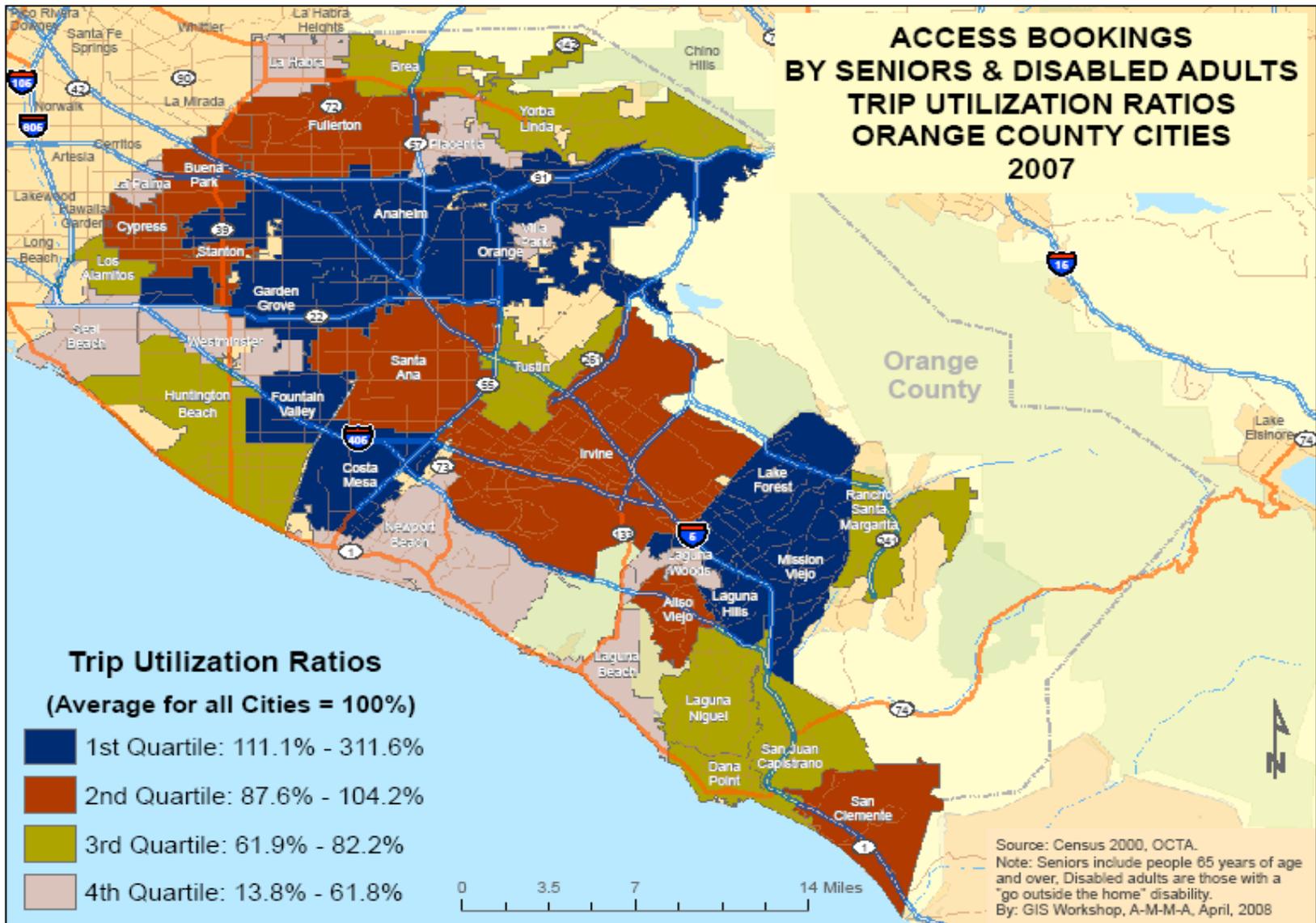


Figure 3-8

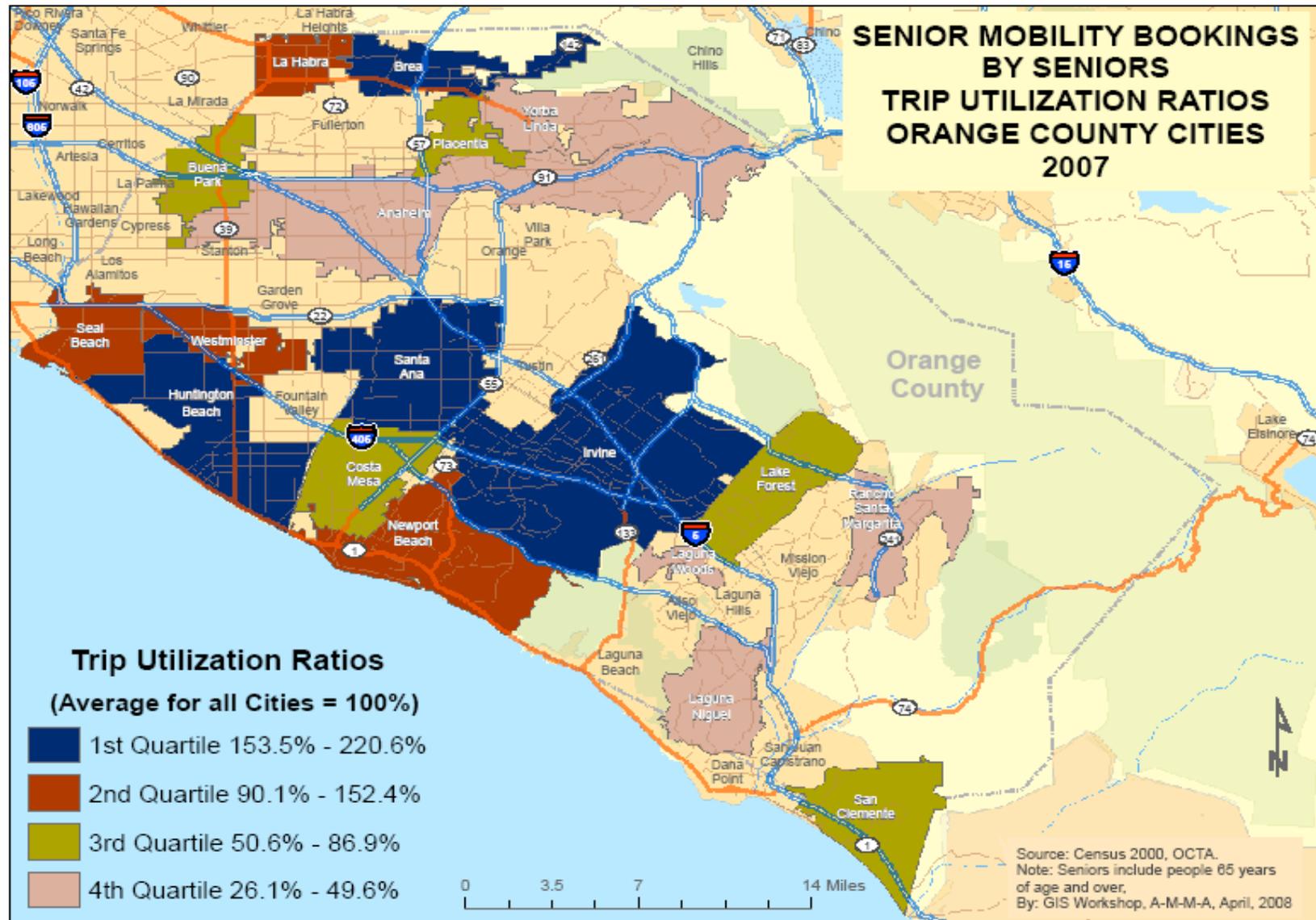


Table 3-3
SUMMARY
TRIP UTILIZATION RATIOS AND RANKINGS, Sorted by Fixed Route Usage
FIXED ROUTE, ACCESS & SENIOR MOBILITY RIDERSHIP
ORANGE COUNTY CITIES
2007

Orange County Cities		TRIP UTILIZATION RATIOS					
		Fixed Route		ACCESS		Senior Mobility	
Fixed Route Rank		%	Quartile Rank	%	Quartile Rank		Quartile Rank
<i>1st Quartile</i>							
1	SANTA ANA	263%	1	91%	2	157%	1
2	ANAHEIM, ANAHEIM HILLS	140%	1	133%	1	34%	4
3	LAGUNA HILLS	137%	1	184%	1		
4	ORANGE	131%	1	138%	1		
5	COSTA MESA	126%	1	111%	1	81%	3
6	WESTMINSTER	117%	1	59%	4	123%	2
7	STANTON	110%	1	88%	2		
8	TUSTIN	106%	1	82%	3		
<i>2nd Quartile</i>							
9	GARDEN GROVE	92%	2	138%	1		
10	BUENA PARK	85%	2	91%	2	87%	3
11	FOUNTAIN VALLEY	78%	2	172%	1		
12	FULLERTON	76%	2	98%	2		
13	LAGUNA BEACH	74%	2	37%	4		
14	BREA	71%	2	80%	3	221%	1
15	LOS ALAMITOS	60%	2	77%	3		
16	NEWPORT BEACH, CORONA DEL MAR	51%	2	41%	4	90%	2
<i>3rd Quartile</i>							
17	HUNTINGTON BEACH	48%	3	63%	3	163%	1
18	LAKE FOREST, FOOTHILL RANCH	44%	3	145%	1	61%	3
19	DANA POINT, CAPO BEACH	43%	3	65%	3		
20	PLACENTIA	41%	3	62%	4	72%	3
21	LA HABRA	40%	3	23%	4	145%	2
22	IRVINE	40%	3	98%	2	154%	1
23	CYPRESS	38%	3	88%	2		
24	SAN JUAN CAPISTRANO	34%	3	78%	3		
25	MISSION VIEJO	34%	3	312%	1		
<i>4th Quartile</i>							
26	RANCHO SANTA MARGARITA	32%	4	69%	3	26%	18
27	LAGUNA NIGUEL	29%	4	80%	3	32%	17
28	LA PALMA	22%	4	53%	4		
29	SAN CLEMENTE	17%	4	104%	2	51%	13
30	ALISO VIEJO	16%	4	88%	2		
31	LAGUNA WOODS	13%	4	29%	4	50%	14
32	SEAL BEACH	12%	4	14%	4	152%	5
33	YORBA LINDA	7%	4	62%	3	33%	16
34	VILLA PARK	5%	4	52%	4		

Source: Census 2000, OCTA

By: GIS Workshop, A-M-M-A, April, 2008

3.4 RESOURCE AND UTILIZATION SUMMARY COMMENTS

Orange County's considerable public transit services were reviewed here programmatically by the types of services and programs offered by OCTA and others. They were reviewed also in relation to the County's geography, looking at utilization rates of various public transit programs by city. And, these resources were reviewed for the county as a whole, in relation to selected per capita measures.

Relating these resources to need in terms of the trip demand estimate presented in Chapter 2 is encouraging. The current volume of all trips provided is well above the demand levels suggested. The County's FY 2006/07 trips totaled more than 67 million across all service provision modes, including public fixed route and demand responsive service, Senior Mobility Program providers, Senior Non-Emergency Medical providers, and a small survey response from human service agencies.

A breakdown of the 67 million trips, which can be represented as 21.7 trips per capita, shows the demand response trips totaled almost 1.3 million trips and account for just 0.5 trips per capita. The demand response level of currently available trips is ***less than half the per capita indicator of 1.3 of trip demand estimate of trips needed.*** This is somewhat mitigated by the fact that low-income individuals are likely to use public fixed-route services and are therefore reflected in that 21.7 trips per capita level of service. Nonetheless, the demand estimate of needed trips suggests the scale of latent demand for transportation by these target groups. It is encouraging that such latent demand is reasonably low, within reach of the specialized transit trips now provided and presumably by public fixed-route as well.

This planning process therefore documents that significant transportation resources do exist in Orange County. Changes to the current picture include the surging price of gasoline, which will of course be hardest on those with the least means. This will likely increase levels of demand by target population members. Additionally, unmet or undermet transit needs by a growing senior population and increasing proportions of persons with disabilities will continue to drive demand for specialized transportation alternatives. A goal suggested by this Plan then is to ***provide high quality transit and specialized transportation services to meet growing demand of a range of types,*** including some portion of the individualized trips needed by target population individuals.

Chapter 4

Funding Available to Address Needs

The availability of funding frames opportunity for solutions to the array of issues this Plan has identified. This chapter identifies a range of funding sources available for transportation of the target populations in Orange County. Estimated funding levels are provided for funding sources where available, usually involving specific transportation funds.

Although many people consider “transportation funding resources” to be only those funds controlled by OCTA, this is not the case. There are many programs providing funds for social service programs which can be used for many purposes including transportation. The amounts available for transportation are most often part of a larger funding category and thus impossible to identify separately as transportation funding sources.

In addition to the social service funding programs available for many purposes including transportation, there is also a local funding source used for transportation and funded through a separate public agency. As noted later in this chapter, in Orange County, Tobacco Settlement funds are used for the Senior Non-Emergency Medical Transportation program managed by the County Office on Aging.

All of these other funding sources can be used, through coordination activities, to expand the transportation available to persons in the target groups, supplement public transit funding, and potentially reduce some of the demand on public transportation.

4.1 STAKEHOLDER SURVEY FINDINGS REPORTED

More than 150 agencies responded to the survey sent out in developing this plan. The surveys identify the funding sources for transportation programs managed by both public and private agencies, and demonstrate the range of fund sources used by agencies in Orange County for their transportation programs.

Just under one-third of the agencies responding to the survey identified the amounts they spend on different types of transportation expenditures, including vehicles, operations, insurance, bus passes, taxi vouchers, and mileage reimbursements. The vast majority of these funds (87%) are spent by the two public fixed route transit systems, OCTA and Laguna Beach Transit. However, it is important to note that many other sources account for the remaining 13% identified. The total amount spent by the remaining programs probably represents a higher percentage because many of these agencies did not identify their transportation budgets.

The funding sources identified include some transportation funds from state, local, and federal sources. However, most funding sources used by responding agencies are from federal and state agencies focusing on education, health, and other human service programs.

Although most transportation funds go to public transit and paratransit services, private non-profit agencies are also recipients of some of these funds. For example, four private non-profit agencies identified Section 5310 as a source of funding for their transportation programs.

4.2 FEDERAL TRANSPORTATION FUNDS

4.2.1 Specialized Transportation

- Section 5310 provides capital grants for the transportation of seniors and people with disabilities. Funds are allocated to the state. For the current funding cycle, approximately \$12 million in federal funds is available for California agencies, through a competitive application process. During the last funding cycle, in 2006, four Orange County agencies were approved for projects totaling approximately \$500,000.

Agencies must provide a cash match of about 12 percent local funding to obtain an 88 percent Federal grant.

- Section 5316 provides grants for Job Access and Reverse Commute transportation projects. Funding is available for transportation of low-income persons to and from employment-related activities. Section 5316 funds are allocated to states and to urbanized areas. For Fiscal Year 2006 through 2009 the amount allocated to Orange County was \$7.3 million.

These funds must be leveraged by matching with other non-Federal Department of Transportation funding although agencies may use other Federal funding sources. Matches of 50 percent for operating and 80 Federal to 20 percent local match are required for capital projects. In-kind matching is allowable under certain circumstances.

- Section 5317 provides grants for New Freedom programs, supporting new or expanded transportation projects providing service beyond basic requirements of the Americans with Disabilities Act (ADA). Section 5317 funds are allocated to states and urbanized areas. For Fiscal Years 2006 through 2009 the amount allocated to Orange County was \$3.4 million.

Section 5317 funds must be leveraged by matching with other non-Federal Department of Transportation funding although agencies may use other Federal funding sources. Matches of 50 percent for operating and 80 Federal to 20 percent local match are required for capital projects. In-kind matching is allowable under certain circumstances.

4.2.2 Other Federal Funds

Orange County receives funding through other federal transportation programs for public transit. OCTA's Fiscal Year 2008-09 budget projects funds from federal sources totaling \$103 million. These federal sources include: Section 5307 providing funds for urbanized area public transit; Congestion Mitigation and Air Quality, providing funds for transportation projects improving air quality; and Section 5309, providing funding for buses and other bus-related expenses.

4.3 STATE TRANSPORTATION FUNDS

4.3.1 State Transportation Funds

OCTA expects to receive \$246.3 million in FY 2008-09 from state sources. California's Transportation Development Act, is the major state transportation funding source and is expected to provide \$112.7 million this fiscal year to OCTA for transportation purposes including transit, local streets and roads, and pedestrian pathways. Other state transportation funding sources include Proposition 1B funds and the State Transit Assistance Fund.

Information on state transportation funds available in Orange County is based on the OCTA budget for Fiscal Year 2008-09. It should be noted that the amounts are uncertain because of the likelihood that transportation funds will be diverted to the state's general fund to cover expenses. The amounts which might be borrowed or diverted this year are uncertain until adoption of the state budget; however public transportation reductions for FY 2008-09 could exceed \$1 billion statewide, and would affect Orange County as well as other regions in the state.

4.3.2 Other State Funds

Many departments within the State of California provide funds to local agencies for a variety of purposes. These purposes may explicitly or implicitly provide funding for transportation.

➤ Department of Education

Funds are allocated for home-to-school transportation and special education transportation. The proposed FY 2008-09 budget statewide includes an increase in funding for home-to-school transportation. Five agencies responding to the survey identified the Education Department as a source of funds for transportation.

➤ Department of Developmental Services (DDS)

DDS allocates funds to each of the state's regional centers for persons with disabilities for many services, including transportation. A portion of the DDS budget statewide is from the state's Public Transportation Account. The Regional Center of Orange County provides these services in Orange County. Five agencies responding to the survey conducted as part of this study indicated that they have received DDS funds for transportation.

➤ Department of Aging

The California Department of Aging contracts with Area Agencies on Aging which manage state- and federal-funded services for older adults, including the Older Americans Act. Funds are provided for many services, including senior centers and transportation. The proposed state budget for 2008-09 includes budget decreases for the Department of Aging. Four agencies responding to the survey indicated using funds from the Department of Aging for transportation.

➤ Other

Funds are also available through the California Department of Rehabilitation and Department of Health Services, among others. These departments were identified by survey respondents as sources for transportation funding. However, although these departments recognize transportation as an eligible expenditure, transportation is not identified as a separate budget category. Finally, the Department of Social Services allocates funds to counties intended for the transportation needs of CalWORKs participants.

4.4 LOCAL TRANSPORTATION FUNDING PROGRAMS

➤ Measure M

In 1990 Orange County voters passed Measure M, a ½ cent sales tax measure providing funds for different types of transportation projects: freeways, transit, local streets and roads, and regional streets and roads. The majority of transit expenditures under Measure M have been for rail transportation. Other transit

funds have been allocated to stabilizing senior and disabled fares. In 2006, Measure M was continued for an additional 30 years. The renewed Measure M also allocates funds to freeway projects, regional and local streets and roads, and transit projects. The funds for transit projects will be used for Metrolink, reduced fares for seniors and people with disabilities, and local bus circulators.

Measure M makes up the primary local funding source for OCTA's FY 2008-09 budget, and is expected to provide \$282.5 million for projects during the current fiscal year.

➤ Senior Mobility Program

OCTA provides funds and vehicles to participating cities and organizations operating transportation programs for seniors in their communities. OCTA provides 80% of the funds through TDA Article 4.5 funds. Other funds are provided by the Office on Aging, using Older Americans Act Title IIIB funds.

➤ Office on Aging Senior Non-Emergency Medical Transportation

The Orange County Office on Aging has used Tobacco Settlement Revenues for the Senior Non-Emergency Medical Transportation program. Under this program, transportation is provided to older adults needing transportation to non-emergency medical appointments. Six agencies responding to the survey identified Tobacco Settlement funds as one funding source for their transportation programs.

4.5 OTHER POTENTIAL FUNDING FOR SPECIALIZED TRANSPORTATION

There are many other sources of funding for more general purposes which can also be used for transportation, as a necessary means of enabling members of the target populations (seniors, persons with disabilities, low-income persons) to obtain vital services. Because these funds are not specifically targeted for transportation, it is difficult if not impossible to identify the transportation expenditures within these categories. In addition, local jurisdictions and other agencies might not spend any portion of these funds on transportation. Several of these funding sources are discussed in the following paragraphs.

➤ Older Americans Act

Title IIIB of the federal Older Americans Act provides funding for supportive services and senior centers. Transportation is one purpose for which Title IIIB funds can be spent.

➤ Ryan White CARE Act

This act provides federal funding for people living with HIV/AIDS for health care and related services. These related services can include transportation, depending on local decisions.

➤ Chaffee Act (Foster Care Independence Act)

The Chaffee Act expanded provisions for independent living programs for youth transitioning from the foster care system. The act provided states with funding and with flexibility in designing programs for this group. In preparing for the transition from foster care, funds can be spent on a variety of independent living programs including education, training, daily living skills, etc. Transportation can be a service furthering these purposes.

➤ CalWORKs

CalWORKs is California's Temporary Assistance for Needy Families (TANF) program. The program is designed to move recipients into the workforce supported by a range of services including transportation. Funds for CalWORKs are allocated by the California Department of Social Services, and includes federal funding from the Department of Health and Human Services.

➤ Other

Agencies also identified other funds for client transportation, including donations, grants, client and passenger fees, and similar sources.

4.6 FUNDING SUMMARY COMMENTS

This discussion describes the funding sources for transportation, the new Federal programs of interest to this Plan and other Federal, State and even Local levels sources. Funds largely utilized by OCTA include Federal Transit Administration (FTA) funding, the California Transportation Development Act funding and Measure M as the primary resources by which to meet Orange County residents' public transportation needs. Clearly they provide the largest "pots" of funding for public transport.

That said, there are other funds, although modest in scale compared to public transit dollars, which do focus on the constituencies of interest to this Plan and, in particular, on specialized transportation strategies that can fill some of the gaps and needs this Plan identifies. Among those identified in Orange County, through the stakeholder survey and outreach efforts were:

- Federal sources of Temporary Assistance for Needy Families (TANF/ CalWORKs); Older American Act, Title IIIB; Ryan White CARE Act and Chafee ACT (Foster Care Independence Act)
- California sources of Departments of Education, Developmental Services, Rehabilitation and Tobacco Settlement Revenue funds

JARC and New Freedom program funding each require matching funding, with match dollars allowed from other Federal dollars (other than FTA funding) or with in-kind, volunteer support. This chapter has identified a breadth of programs with resources and programmatic direction to provide that match. The Plan's recommendations must ensure that projects requesting funding do indeed call upon this range of resources to extend the comparatively modest dollars represented by these programs.

Chapter 5

Market Research Methods and Findings

This chapter reports on two key research activities into the transportation needs of the targeted markets for JARC, New Freedom, and Section 5310 funding. Findings are summarized from a countywide stakeholder survey and from an extensive outreach process.

5.1 WHO WE SURVEYED & KEY FINDINGS: STAKEHOLDER SURVEY

A mail-back, stakeholder survey was designed to bring quantitative descriptions into the assessment process. The survey invited input from existing public transportation services, non-profit human service agencies and organizations, from cities and from for-profit providers.

5.1.1 Survey Processes

Considerable effort was made to construct a master database reflecting the breadth of human services agencies and organizations involved with public transit and transportation in some way, within Orange County. Listings were compiled from the California Highway Patrol (CHP) terminal inspection reports which reflect transportation operators that are inspected annually for safety and compliance with California code. There were 331 current records for the 2006 year in the CHP terminal yard inspection listing. Various OCTA contact listings were consolidated. Additionally, Internet searching was done to identify lists of senior centers, adult day health care centers, and major social service agencies among others.

An initial database of 1005 records was constructed through these processes. Deletions of duplicate records and consolidation of other records where two contacts existed were necessary before a mailing could be conducted. The list was further reduced by bad address and returned mail, and revised by new address information for a final database count of 957 agencies.

The mail-back survey tool itself, derived from earlier versions used in Los Angeles, San Luis Obispo, and Riverside Counties, was modified to reflect Orange County. The survey was designed around two primary objectives. First, it was intended to be easy-to-answer, short with no more than two-pages, and with many check-box and closed-ended responses. Secondly, it was applicable to agencies that do not provide transportation and to agencies that do provide transportation. The rationale for this is that both groups have some understanding of unmet transportation needs, albeit from different perspectives.

The first survey page asked questions about agency characteristics and transportation needs; the second page explored the agency's transportation function.⁷ The survey was mailed twice,

⁷ The final version of the survey included 21 questions, which in addition to contact information asked four agency characteristic questions, four questions on needs and coordination issues and 13 questions about the transportation services provided. There were three open-ended questions.

in January 2008 and again in March, with a total of 159 agencies responding by the final response date, a survey return rate of 17%.

5.1.2 Key Stakeholder Survey Findings

Responding agencies were representative of the mix of organizations involved with the transportation needs and resources of the target populations. The largest proportion of respondents were non-profit (58 agencies – 37 percent), followed by public agencies (46 agencies – 28 percent) and private for-profit (44 agencies – 28 percent). Ten faith-based (6 percent) and no tribal organizations responded (Table 5-1).

Respondents serve a reasonable mix of target group members and reported a combined caseload of over 208,000 persons. Persons with disabilities were most heavily represented among responding organizations, but no subgroup was greatly under-represented. An estimated five percent of this total caseload is traveling daily, over 30,000 persons, and one in three of these, or 10,000 persons, are reported to have some type of transportation need. Of the total caseload, just 1 percent are in wheelchairs or require lift-equipped service.

Among the human services organizations, six in ten agencies (62 percent -- 95 agencies) reported a transportation function of some type, in addition to the two responding public transit agencies, OCTA and City of Laguna Beach. Two out of three of transportation-providing human service agencies (40 agencies) **directly operate transportation**, almost a third (30 agencies) **contract with another entity**, and 18 agencies **subsidize bus passes, taxi vouchers or mileage** reimbursement. Another 15 organizations support a **volunteer transportation function**, while 27 agencies **assist consumers with information** about transportation.

Respondents reported 1,362 vehicles of which 409 were operated by human service organizations. While 100 percent of the public transit operated vehicles are lift equipped, just 21 percent of the human service agency vehicles have lifts. It was also reported that 35 percent of the human service agency vehicles (143 vehicles) will likely need replacing within the next two years.

Agencies providing transportation were far more likely than other agencies to be interested in various coordinated functions. These 95 agencies identified, on average, almost three functions each that they would consider coordinating out of a list of 15 functional areas. Agencies not providing transportation reported high levels of “no interest in coordination at this time.”

Dollars expended on transportation by this sample totaled almost \$380,000 million, and while 96 percent of that is expended by the two public operators, over \$15.3 million in transportation expenditures was reported by human service agencies and organizations. These agencies reported trips that annualize to over 550,000 one-way passenger trips, again a small proportion compared with the 66.6 million public transit trips, but significant when contrasted with the almost 1.1 million ACCESS ADA trips.

Table 5-1
Agencies Responding to the Stakeholder Survey, Sorted by Legal Type

<u>Private for-profit</u>	
ABC ADHC	Helena House
Accent Living	Huntington Westminister
AEGIS Of Laguna Niguel	Independent Living Solutions
Alicia Parkway Guest Home - ORPAS Inc.	Ingrid's Home & Garden
Aliso Laguna Villa	Karltan Residential
Alta Gardens Care Center	Katella Senior Living
Anaheim Healthcare Center	Kisco Retirement Inc / Park Terrace
Anaheim Hotel Partnership	Leisure Tower Guest Home
Anaheim Terrace Care Ctr	Leisure World Health Center
Circle Of Friends	Newport Beach Dialysis (RRI)
Cross Creek Cottages	Palm Villiage - BMD Rescue
Davita Crossroads Dialysis	Park Regency Care Center
Davita Dialysis Fullerton	Parkview Villa
Davita Santa Ana Dyalysis Center	Radisson Suites Hotel
Davita Tustin Dyalysis	Real Challenges
Evergreen At Fullerton	Recovery Homes Of America Inc
Flagship Healthcare	Robin Dale Home
Fmc Dialysis Service North Orange	Royal Inn
Fountain Care - Orange	The Gardens Of Brea
Fountain Glen Senior Apartments	Villa De Martin Jude Homes - Chateau Home
Fresenius Medical Care Dialysis Service	Windsor Gardens Of Anaheim
Garden Park Care Center	Winways Therapy
<u>Private non-profit</u>	
ABRAZAR Inc.	Jewish Community Center of Orange County
Acacia Adult Day Services - Adhc	Korean American Senior Assn of Orange County
Adult Day Healthcare	Laguna Beach Seniors Inc.
Adult Day Serv of OC	Living Stream Ministry
AIDS Services Foundation	Mardan Center
American Legion Post 555	NAMI Orange County
Boys & Girls Club of Anaheim	Oak View Family Resource Center
Boys & Girls Club of Fullerton	Oak View Renewal Partnership
Boys & Girls Club of Huntington Valley	Orange County ARC
Boys & Girls Club of Lahabra/Brea	Orange County ARC - Life Unlimited
Casa De Amma	Orange Senior Center
Cerritos Senior Center	Project Independence
Costa Nevporte	Pyramid Autism Center
Creative Identity	Regional Center Of Orange County
Crosspoint Baptist Church	Rehabilitation Institute Of Southern California
CSUF Disabled Students Services	Saint Anselm's Cross Culture Community Center
Disney Goals	Shepherd Academics
Easter Seals	South County Senior Services
Encore Program	Spruce Home
Fountain Valley Senior Club	Stoneybrooke Christian Schools
Goodwill of Orange County - Behavior Alternatives	Triangle Terrace
Goodwill of Orange County - Deaf Services	UC Irvine Family Health Care
Goodwill of Orange County - Habilitation Counseling	Vietnamese Community Of Orange County
Goodwill of Orange County - Industrial Habilitation	VIP Adult Day Health Care
Goodwill of Orange County - Mco/Scop	Vocational Visions
Goodwill of Orange County - Supportive Employment	Walnut Manor Care Center
Hope University - Hi Hopes Identity Discovery	Westminister Terrace
Integrity House	Westview Garden Grove
Irvine Adult Day Health Services	Westview Services

**Table 5-1
Agencies Responding to the Stakeholder Survey, *continued***

<u>Public Agencies</u>	
Adult Protective Services	Fairview Dev Center Program 1
Anaheim Crest Nursing Center	Fairview Dev Center Program 2
Brea Community Senior Center	Fairview Dev Center Program 4
Chapman Ed Center-Gg	Fairview Dev Center Program 5
City of Anaheim - Senior Wheels Program	Fairview Dev Center Program 6
City of Anaheim - Site 1	Fullerton Senior Center
City of Corona Senior Center	Futures - Mission Viejo
City of Cypress Senior Center	Orange County In Home Supportive Services (IHSS)
City of Huntington Beach-Senior Transportation	Orange County Social Services Agency [1]
City of Irvine Trips Program	Orange County Transportation Authority - Access
City of Laguna Beach Transit	Orange County Transportation Authority - Fixed Route
City of Laguna Niguel - Sea Country Senior Center	Renal Advantage Inc.
City of Laguna Woods	Santa Ana Senior Center
City of Lake Forest	Southwest Senior Center
City of Mission Viejo	Westminster City Senior Center
City of Newport Beach, OASIS Senior Center	BOUSD
City of Orange	Edison High School
City of Rancho Santa Margarita	Irvine Unified School District Career Link Program
City of San Clemente	Newport Mesa Unified School District Bridges Project
City of San Juan Capistrano	Newport Mesa Unified School District - Estancia High School
City of Yroba Linda - Trails	Newport Mesa Unified School District T2 Program
County of Orange - In Home Supportive Services	Ocean View School District
Creekside Education Center	Saddleback Valley Unified School District
<u>Faith-based</u>	
Bethel Towers of Costa Mesa	Mariners Church
First Chinese Baptist Church, Fountain Valley	Quaker Gardens
First Christian Church of Anaheim	Richfield Community Church
First Presbyterian Church of Fullerton	Sword Of Truth Christian Outreach Ministries Inc
Grace Lutheran Church	The Rock

[1] Orange County Social Services Agency includes:

- Orange County Social Services Agency. Adult Protective Services
- Orange County Social Services Agency. Assistance Programs
- Orange County Social Services Agency. Family Self-Sufficiency

Appendix B-1 presents a narrative of the full survey results.

Appendix B-2 presents the survey form and cover letter, distributed to almost 1,000 agencies.

Appendix B-3 presents the Microsoft Access database reports showing the raw responses by survey question.

5.2 WHO WE TALKED TO: STAKEHOLDER/ CONSUMER INTERVIEWS

Between February and May 2008, the consulting team conducted an extensive outreach effort to collect qualitative data regarding the transportation needs, utilization and barriers of the three target populations. During this process more than 450 individuals provided input through various workshops, meetings and interviews and consumer focus groups. Three types of outreach efforts were conducted:

- The consulting team contacted and arranged personal interviews with representatives from a wide variety of human services agencies. The interviews were held with individuals or small groups of staff from the agencies and included an in-depth exploration of the characteristics, transportation needs and transportation barriers of their clients and constituencies.
- Consulting staff also met with many larger groups of stakeholders who work with target populations. Some of these roundtables were organized specifically for this purpose. In other cases, the Coordination Plan was added to the agenda of existing meetings.
- Working through key human service agencies, the consulting team organized and conducted focus groups with consumers within the target populations to explore first hand their transportation challenges and needs.

Following is a list of agencies/groups participating in these outreach components.

Workshops and Roundtables

- OCTA Community Transportation Services Open House
- Department Heads Transportation Roundtable (CalWORKS/TANF)
- OCTA Special Needs in Transit – Ad Hoc Committee
- Caltrans Section 5310 Applicant Workshop
- Dept. of Public Social Services, FACT Partners Meeting
- FACT Countywide Meeting – Families and Communities Together
- CalOptima/ California Health Services Community Choices Forum

Meetings/Interviews

- OCTA Special Needs in Transit Committee
- Orange County Adult Transition Task Force
- Office on Aging Providers Meeting
- Orange County Office on Aging Senior Citizens Advisory Council
- OCHCA, Dept. of Behavioral Health
- California Dept. of Rehabilitation
- INTERLOCK, Adult Day Health Care Providers
- Office on Aging, Senior Non-Emergency Medical, Stakeholders Collaborative
- Community Action Partnership of Orange County
- Families and Communities Together (FACT) Oak View Steering Committee, Oak View Family Resource Center

- Families and Communities Together (FACT) Partners Meeting, Dept. of Public Social Services
- Saddleback Community College
- SCAC Transportation Committee
- St. Anselm's – Transportation Program
- CalOptima
- Saddleback Valley Unified School District
- Vocational Visions
- Adult Transition Task Force, Orange County Secondary Schools

Consumer Focus Groups

- FACT Corbin/ Carr Center – *Hispanic Low-Income Women's Group*
- Independent Living Centers, Consumer Meeting – *Adults with Disabilities*
- Department of Rehabilitation, Consumer Meeting – *Adults with Disabilities*
- Goodwill Industries – *Low-Income Workers, Some with Disabilities*

As the next step in the outreach process, all of these stakeholders, as well as organizations which participated in the survey, identified in Table 5-1, were invited to participate in a series of Project Development Workshops. Three workshops were conducted in Orange, Laguna Niguel and Anaheim during April. The workshops were used to provide the participants with an overview of the study findings and give them an opportunity to provide additional input to the Coordination Plan's recommendations.

Summary notes from the outreach meetings, interviews and focus groups are included as Appendix C. The information collected through these efforts provides an important basis for the analysis of needs, gaps and barriers discussed in the next section.

Appendix D presents selected outreach flyers and meeting notices used to invite strategic planning partners to outreach events.

5.3 WHAT WE LEARNED: NEEDS, GAPS AND BARRIERS

This section summarizes what was learned from the planning process with its qualitative and quantitative data collection efforts. It inventories and details the transportation needs of the target groups which are perceived to be **not fully met** by the currently available public transit and human service transportation services that are available. This section also highlights **possible strategies** which arose during the interviews and project development workshops when we discussed these findings with stakeholders.

The issues have been organized in four categories:

■ Enhanced Transportation Information and Coordination

This category addresses needs related to assisting consumer and human service agencies in better utilizing existing services.

■ Enhancements to Human Services Transportation

This category addresses the challenges faced by Human Service Transportation providers and their need for support to aid them in meeting consumer needs.

■ New/Expanded Services to Meet Specific Needs

This category addresses the need for services which do not currently exist or which require significant expansion of existing services to meet consumers' needs.

■ Enhancements to OCTA Services

This category addresses ways in which OCTA's existing services could be enhanced to more effectively meet the needs of users who are elderly, have disabilities or are of low income. This does not include major service expansions, simply enhancements to the way in which current services are provided.

Where appropriate, stakeholder or user quotes are included to illustrate the needs identified. It is important to remember that these quotes represent the opinion of a single individual or small group. However, they illuminate a broader theme heard during the outreach process.

5.3.1 ENHANCED TRANSPORTATION INFORMATION

Despite the fact that OCTA has an effective passenger information program that includes a comprehensive bus book, web site with automated trip planning and information at bus stops, many riders in the target groups are unfamiliar with public transportation and find the system daunting. Likewise, those unable to use fixed route service find the application process and rules associated with ACCESS to be confusing.

It often falls to case workers at social service agencies to help consumers navigate the transit network. Unfortunately, our outreach revealed that many of these “gatekeepers” are no more familiar with the available transportation services than their clients. They have difficulty planning bus trips that often require multiple transfers, they struggle with detours and service changes they don’t know about, and they simply aren’t aware of all of the options available to their mobility impaired clients.

In addition, we heard from them about the challenges that target consumers face in accessing transportation information because of low literacy levels, language barriers and issues of dementia.

The need for an enhanced, better coordinated and more pro-active information program emerged prominently in both the outreach effort and the stakeholder survey.

- 🗨️ *Not sure that transportation isn’t great...but information isn’t there. Literacy and reading level are issues for our consumers. So our receptionist answers questions all day about how to get places by bus. (He wasn’t familiar with OCTA Trip Planner)...Orange County Partnership*
- 🗨️ *Location of social service agencies is always at least two bus transfers away from where poor people live [making trip planning a challenge]....Orange County Partnership*
- 🗨️ *Recent detours on the route have caused confusion. Drivers are unable or unwilling to provide information and staff at Goodwill have not been notified...Goodwill Industries*
- Centralized information was the second ranked coordination opportunity in the stakeholder survey. Both agencies providing transportation and those not directly providing transportation are offering information assistance to consumers. An identified need for centralized information suggests that existing information resources with OCTA and Office on Aging may not be sufficiently marketed.

A variety of strategies for enhancing information availability were offered by participants, several focusing on how social service workers interacting with target populations can be better informed.

5.3.1.1 Gatekeeper Training

Several agencies said they would appreciate “transit training” for their front line staff people to assist them in helping clients with transportation. They suggested that this training would include tools for individualized trip planning as well as a better understanding of all the transportation options available. Agencies indicated a need that such training be repeated on a periodic basis given staff turn-over and changes in the transportation network.

5.3.1.2 Information Updates

Caseworkers, especially those who provide travel training to clients, felt they needed to be better informed about service changes. Even temporary detours could significantly impact their clients and require that they provide updated travel training. They suggested regular updates via an electronic or printed newsletter.

5.3.1.3 Resource guide of all available transportation services for social service workers

It was recommended that a resource guide be developed which includes all transportation services, both public and human services, available in Orange County, and details how to access each. Apparently such a guide existed at one time but it has not been updated in recent years. It was suggested that the guide include a searchable on-line version (with links to appropriate service websites), but also that a hard copy be created which case workers could refer to "in the field". The guide could build on such resources as the 211 call center and/or the Rainbow book.

There was also discussion of how these same social service workers might communicate back to OCTA about the needs of their clients.

5.3.1.4 Input to Service Planning Decisions

Social service agencies have a wealth of information about the unmet transportation needs of their clients, but little knowledge of how to effectively communicate this information to OCTA or how to serve as advocates for their constituents in OCTA's service planning process.

One example of this problem arose during the outreach effort. There are several SSA facilities located on Eckhoff Street which serve a large number of target population clients.

 *Children and Family Services have up to two hundred (200) clients who travel to our offices daily. Three of our main offices are located at 744, 800 and 840 N. Eckhoff Street in Orange. Our main facility is open to serve clients 6 days a week for visitation and consultation. In addition, we have over one thousand (1,300) staff located in these facilities.*

These facilities are about ½ mile from the closest bus stop, the margin of what is considered within transit's walk distance. However, many of the clients who visit the facility have difficulty with the distance because they have small children, children in strollers, and/or babies that are carried. They must cross numerous busy intersections before arriving at the SSA location.

Children and Family Services spends over \$66,000 for approximately 2200 bus vouchers per month and feels that they generate enough transit trips to justify a closer bus stop. However, they have no voice in OCTA's planning process and do not know how to gain one.

The outreach effort also resulted in a number of suggestions for how transit information might be better relayed to consumers within the target populations.

5.3.1.5 Trip Planning and Arranging Assistance

Consumers (particularly frail elderly) are often confused about what service to use for intra or inter-city trips.

💡 *When can they use their local senior mobility program, when is SNETM appropriate and when should they use ACCESS? What other options are available?*

While the Office on Aging can provide them with phone numbers for various service providers, the needs of the consumer go well beyond this. There is a perceived need for a single source for trip planning and arranging that elderly consumers, as well as other frail persons, can rely upon to help navigate the transportation system.

5.3.1.6 Mobility training, buddy travel opportunities for individuals

Many people who come to need transportation services have little experience with how to use them: seniors who can no longer drive, individuals that have recently become disabled, low income workers who can no longer afford to drive. A need was expressed for mobility training programs (such as senior buddy programs) which could address their fears and teach them to use available public transit services effectively.

💡 *Seniors want the convenience of driving. How to move them to transit? Allow them to ride free, provide travel training....Orange County Social Services*

5.3.1.7 Getting transit information to mono-lingual and isolated communities

Orange County's low income population is ethnically diverse and often non-English speaking. There are a number of isolated communities who do not utilize public transportation because of lack of knowledge or fear. A suggestion for reaching these mono-lingual populations with transit information involved "training trainers" in the various communities to perform outreach in their native languages. They would provide mobility training that would enhance opportunities for these low income populations, including Hispanic, Vietnamese, Korean, Hmong and Middle Eastern individuals, to access training, work and other services.

💡 *Language is a barrier to transportation for many. We need travel training in different languages. Need to be very geographically specific as people don't know the area.*

5.3.2 ENHANCEMENTS TO HUMAN SERVICES TRANSPORTATION

A number of targeted transportation services are currently provided by human services agencies such as senior centers, St. Anselm's, Community Action Partnership of Orange County and other organizations. Other human services organizations contract for or subsidize transportation for their clients. Through the agency survey and outreach effort, these organizations identified challenges they face in delivering or facilitating transportation, and support services which would allow them to enhance the quality and efficiency of their programs. Following is the array of issues and suggestions which arose:

5.3.2.1 Driver training for small organizations

Training drivers to operate passenger services can be a costly proposition for small operators who employ only a handful of drivers.

💡 *It costs \$1500 plus a week's pay in Riverside to train a driver...St. Anselm's*

A coordinated driver training program for human service agencies, or the ability to piggyback on OCTA's driver program, were suggested strategies.

5.3.2.2 Difficulty recruiting and retaining driver volunteers (especially for inter-community trips)

While volunteer drivers can be an economical way to serve individual trips, agencies say they have trouble recruiting and retaining volunteer drivers, especially for longer inter-community trips, such as those required for many medical appointments. Agencies felt that a countywide recruitment program might aid them.

5.3.2.3 Insurance for volunteer drivers

Many agencies would like to use volunteer drivers but struggle with how to insure them. Their risk management personnel tell them it is not possible, even if they have willing volunteers. A program which would train and insure volunteer drivers for use by various agencies would make this a more viable option for many organizations.

5.3.2.4 Need for bi-lingual drivers (Spanish, Vietnamese, Korean)

Human services organizations often work with new immigrant populations that are mono-lingual. Hence they need drivers that speak various languages – particularly Spanish, Vietnamese and Korean. Assistance recruiting and training these drivers would be helpful.

5.3.2.5 Rising fuel costs (for those with fixed price contracts)

Fuel costs are impacting all transportation providers, including human services providers, particularly those who have fixed price contracts for services, but not fixed price contracts for fuel.

5.3.2.6 Enhanced passenger information and marketing

Many of the human services providers have limited capacity to create effective passenger informational and communications tools for use in educating potential users about what they offer and how to use their services. This is an area where technical assistance for small transportation operators would be extremely valuable.

5.3.2.7 Need for accessible vehicles and vehicle replacement

During the next two years there will be a critical need to replace aging human services vehicles and to increase the wheelchair accessibility of these services.

- Agencies which responded to the project survey operate in excess of 400 vehicles within Orange County. More than a third of these are in need of replacement within the next two years. Of those reported in the project survey, only 22% were wheelchair lift equipped.

5.3.2.8 Coordinated trip scheduling and dispatch

Human services personnel often promoted a coordinated trip scheduling function that would serve non-ADA riders, including low-income persons, but is essentially a trip brokering function. They would like to be able to call a one-number option to obtain a ride for a consumer.

- This was the area of coordination which the stakeholder survey found to be attractive to the largest number of respondents. Transportation-providing agencies were somewhat more nuanced in their understanding of coordinated trip scheduling and saw this as an opportunity for sharing of vehicles or “booking” a ride for a consumer that they could not serve on another agency’s vehicle heading in the same direction.

5.3.2.9 Need for vehicle and driver back-ups

Most human services agencies operated with only a few vehicles and drivers. When a vehicle is down or a driver absent, they don’t have backup resources. A pool of backup vehicles or drivers which could be accessed at these times would increase service reliability.

5.3.2.10 Shared use vehicle and driver for episodic needs

Some agencies which do not generally provide transportation need to do so episodically, for example, to transport clients to special workshops, training programs or other activities. Contracting with private charter companies for these purposes is not generally a cost effective option.

Both the need for backups and the need for episodic transportation could be accommodated by a shared pool of vehicles and drivers that would be available to human service agencies throughout the county.

5.3.2.11 Assistance contracting for transportation services

When human services agencies need to contract for transportation services, they have little or no experience regarding how to structure an RFP that will attract realistic, cost effective bids from transportation providers. Nor are they aware of the various providers (non-profit or for-profit) that might meet their needs. This is an area where technical assistance to these providers would result in better coordination of and more cost effective services.

5.3.2.12 Full cost accounting assistance

Another area where human services providers need technical assistance is in determining the full cost of operating their services. This is important in applying for funding, and even more important if they contract to provide services for other agencies.

5.3.2.13 Training for Operations Manager for smaller providers (RTAP, CalACT, targeted training)

Small transportation providers need training for management and supervisory staff, as well as for drivers. Some of this training might be provided by linking them with existing programs, such as Rural Transportation Assistance Program (RTAP) and University of the Pacific's Transit (UOP)/Paratransit Management Certificate program, of which they might not be aware. Membership in CalACT, the small transportation providers' statewide association, would ensure expanded training opportunities. In other cases, very targeted types of training might be appropriate.

5.3.2.14 Capacity issues on Senior Mobility Programs (Newport Beach and Irvine)

The senior mobility programs funded by OCTA have proven quite popular and are a cost effective way to meet the transportation needs of seniors who may not be easily served by fixed route or ACCESS services. However, some of these programs (Newport Beach and Irvine) are at capacity and are not able to meet the demand for trips.

5.3.2.15 Mobility Manager at regional, agency or program levels

Understanding and coordinating the mix of public transit and human services transportation services that are available is a time consuming effort. Currently, most human services agencies have no one whose primary responsibility relates to facilitating transportation for clients. Each of the three funding sources addressed by this plan allow for the establishment of Mobility Managers to facilitate the development, operation, coordination and communication of transportation services for the target populations. Such Mobility Managers can provide the focal point for meeting many of the needs outlined in this section.

5.3.3 NEW/EXPANDED SERVICES TO MEET SPECIFIC NEEDS

5.3.3.1 Same Day Non-Emergency Medical Transportation Service

The most frequently voiced need for enhanced transportation service was for same-day non-emergency medical transportation for doctor's appointment, urgent care visits and hospital releases. This need exists among all three of the target population. It is the greatest among seniors and persons with disabilities who make frequent medical trips, and who often need door-to-door assistance, beyond what is provided by ACCESS.

- 🗣️ *We need same-day service to get to doctors or urgent care...Goodwill Consumer Group*
- 🗣️ *I am an ADA rider who is also a parent; my son recently needed same-day medical treatment and I had no way to get him to medical services that day....Dept. of Rehab Consumer Group.*
- 🗣️ *Our children sometimes have to get to the doctor when my husband has the car or we can't afford to fill it with gasoline that day. I wish there was a door-to-door transportation for low-income persons when they have to transport their children to medical service.....FACT/ Carr Family Resource Center – Hispanic Women's Drop-In Center*

5.3.3.2 Transportation appropriate for frail seniors and for medical trips

In Orange County, there are currently three program approaches to same-day medical transportation: one offered to seniors by the Office on Aging, with Tobacco Revenue Settlement funding; one providing vouchers to CalOptima consumers who are income-eligible for that program; and some intra-community medical trips provided through by the Senior Mobility programs. Each of these offers specific limitations that make them difficult, impractical or limiting for some clients. Possibly some coordination opportunities among these programs exist.

- 🗣️ *Frail seniors typically qualify for ACCESS and thus cannot use the SNEMT services that offer a higher level of personal assistance. It is these seniors who need the help most who don't get it....Dale McIntosh Center*
- 🗣️ *Use of ACCESS to get to medical appointments is complicated where the shared-ride nature of the trip can mean that a consumer is late for an appointment. Difficult to ensure that the appointment time can be kept on ACCESS which promises pick-up time, within a window, and not promised delivery time....California Community Choices Forum*
- 🗣️ *Seniors enjoy the higher level of personal assistance provided by local senior mobility programs. However, medical trips often require travel outside of jurisdictions and are therefore not served by these programs....Project Development Workshop Participant.*

5.3.3.3 Specialized shuttles or vanpools with work orientation

Many low income workers and those just entering the work force find employment in the service industry. They work at hotels, hospitals and at services such as UPS where non-traditional work hours and weekend work are the norm. Others take evening classes at local community colleges to improve their skills and employability. And many need to travel to locations that are quite distant from their homes. According to representatives of Orange County's Social Service Agency, getting workers to potential jobs via public transportation can be very difficult.

💡 *They can't get there in a reasonable amount of time...SSA Representative*

💡 *Hours of work for lower level, service jobs often involve weekends and evenings when bus service is limited or not available...SSA Representative*

If key destinations can be identified, there appears to be potential for subsidized van pools that would meet the needs of low income individuals traveling to work or training, possibly dropping children along the way.

5.3.3.4 Specialized shuttles for other purposes

Several agencies' representatives also identified several other groups that have difficulty using traditional transit or paratransit services.

- **Mothers with young children -- work/ daycare**

💡 *There is the problem of getting kids to day care or to elementary school, then going to work. It's difficult to make multiple stops on bus.*

- **Frail elderly persons going shopping**

Elderly, who require door-to-door service, need transportation for more than medical trips. While the senior mobility programs fill this need in some areas, they are not in all jurisdictions and are at capacity in others.

- **Youth for athletic/after-school transportation**

Children of low income, working parents often lack transportation for athletics and other after school programs.

- **Behavioral health consumers – to secure medication/treatment**

Behavioral health clients may have difficulty using fixed route service for a variety of reasons including cost, the need to travel with multiple children and the effects of their behavioral health conditions.

5.3.3.5 Need for reduced fares or fare vouchers to make transportation “accessible” for low income populations

Many low income workers and those seeking work rely on public transportation as their primary commute mode. As gas prices continue to rise, even larger numbers of low income workers are turning to public transportation for an affordable way to work. However, according to social service providers working with low income workers, many of their clients cannot afford the services they need.

💡 *Many clients can't afford ACCESS or even fixed route fares and none of SSA's clients use Metrolink...it's not affordable....SSA Representative*

☑ Human services agencies are spending \$1.5 million on transit passes. Human service representatives recommended a means-tested, low-income transit fare or voucher program to subsidize transit fares for the lowest income users.

5.3.4 ENHANCEMENTS TO OCTA SERVICES

This section will address ways in which stakeholders and consumers feel that OCTA's existing services could better meet the needs of the elderly, persons with disabilities and persons of low income. These do not involve major service expansions, simply modifications in the way that OCTA operates. Many of these changes are unlikely to involve funding from the three sources addressed in this plan. However, they are an important component of the coordination process. They are broken into three groups relating to fixed route services, ACCESS services and fares (discussed above under 5.3.3.5).

Enhancements to fixed-route services

Many elderly individuals, persons with disabilities and low income persons rely on fixed route services. These are issues that arose in our discussions with stakeholders and consumers.

5.3.4.1 Limited Weekend and Evening Service

A frequent complaint about fixed route service is that it does not serve evening and weekend workers well.

💡 *Buses don't run early enough for 8 a.m. work shift. Buses only run hourly and connections are impossible. Goodwill stores are open on Sat. and Sun. and many workers need to get there by transit. There is no way to get to the Orange Store on weekends...no transit service at all....Goodwill Consumer Group*

According to social service workers, hospital, nursing home & hotel jobs where they are able to place many entry level workers are particularly problematic, as they usually require evening and weekend work.

Fixed route services also fail to meet the needs of those training for the workforce who attend evening classes at community colleges where bus service ends before classes get out.

🗣️ *Saddleback Community College has classes til 9:50 p.m., but the last bus leaves at 7:10 p.m....Saddleback CC Representative*

Solutions suggested by stakeholders and consumers included expanding Night Owl service to additional high-use routes or offering other specialized services during night and weekend hours.

5.3.4.2 Overcrowding (afternoons 4-7 p.m.)

Consumers were very concerned with overcrowding, particularly during the afternoon peak. Routes which were cited as the most over-crowded included 46, 47, 43, 57, 29 and 37. This was a key issue with both the Goodwill and Department of Rehabilitation Consumer Groups. Users recounted instances of being left at the stop to wait 30 minutes for the next bus.

🗣️ *This is particularly problematic for persons in wheelchairs who are left waiting because there is no room to load the wheelchair, without throwing other passengers off the bus....Goodwill Consumer Focus Group; Dept of Rehab Consumer Focus Group.*

5.3.4.3 Driver training on fixed route service

Stakeholders and consumers identified a number of ways in which the sensitivity of fixed route drivers to the needs of the target populations could be improved. They recommended enhanced driver training in the following areas:

- Sensitivity to persons with disabilities. One example: not passing by persons in wheelchairs to “save time”
- Consistency in wheelchair securement and lift and ramp deployment
- Calling stops consistently
- Safety related to waiting for people to be seated
This is particularly an issue for elderly, persons with disabilities, and women with strollers
- Enforcing front seats for seniors and persons with disabilities
- Training in functional Spanish to assist the many Spanish speaking riders
- Cultural sensitivity. Understanding of how to communicate with persons of different cultures without embarrassing or offending them

5.3.4.4 Pockets of unserved need and key destinations without adequate public transportation.

There are pockets of Orange County which lack or have very little fixed route service. Those noted by respondents included:

- San Juan Capistrano (behind the Mission)
- San Clemente apartments along railroad track
- Ladera Ranch
- Yorba Linda (east)

In addition, there are high traffic locations such as the SSA facilities located on Eckhoff Street which serve a large number of target population clients that are not well served by the fixed route network.

5.3.4.5 Need for express bus network to speed travel over longer distances

One repeated complaint about the fixed route network is the amount of time required to make trips between communities.

💡 *There are no direct connections for South County trips to central social service agency facilities in North Orange County. It takes over two hours...SSA Representative*

💡 *People work where they can find a job and getting there by transit can take hours...SSA Representative*

One recommended solution was that OCTA implement a network of express routes that would speed inter-community travel and then connect with local routes.

5.3.4.6 Bus Stop Signage and Amenities

Seniors and persons with disabilities who do utilize the fixed route network, complained about the lack of amenities at many stops. Bus stop signage, passenger information and shelter from the elements are important to all riders, but particularly to these populations who may find waiting in the cold or heat especially difficult.

Enhancements to ACCESS services

ACCESS is the primary transportation mode for many persons with disabilities. They had a number of recommendations for making the service “work better” for them.

5.3.4.7 Need telephone contact to ACCESS after 5 PM

ACCESS riders with pickups scheduled after 5 p.m. when the reservation center closes feel stranded. If their bus is late or does not show up, they have no one to call. They are often left waiting, after dark, in uncomfortable situations. They feel that an afterhours hotline (possibly a line into dispatch) is needed for ride tracking and emergency cancellations.

💡 *When ACCESS doesn't show up at night she doesn't have a way to call. They close the phone lines at 5. Very scary being stranded....young woman, DOR Consumer Group*

5.3.4.8 Need call ahead notification for ACCESS riders

Many persons with disabilities that use ACCESS feel that the five minutes that the van can wait for them is insufficient for them to get from their door to the vehicle. And if their home does not provide a view of the curb where they will be picked up, they wait outside for long periods of time or risk being marked as a no-show.

 *Long waits in the elements aren't reasonable and they put the rider out of phone range in case ACCESS tries to contact them. ...Dale McIntosh Center Counselor*

ACCESS riders interviewed unanimously endorsed the concept of call-ahead notification. An automated call to riders when the van is 10-15 minutes away from their pickup would give them sufficient time to reach the stop.

5.3.4.9 Addressing no-shows

ACCESS users also noted that the call-ahead notification would significantly reduce no-shows by giving consumers time to get to the pickup point and not be left; and by reminding frail seniors who are often forgetful that their ride is on its way.

Another frequent reason for no-shows, they noted, was that the consumer and van are at different places. Stakeholders noted that there need to be more clearly defined pickup locations at key destinations such as Saddleback College, shopping malls and large apartment complexes. Such defined pick-up locations need to be clearly communicated to the ACCESS drivers so that they can find their riders.

5.3.4.10 Need same day service for a limited number of trips

ACCESS riders, like many other groups, expressed the need for same day trips, primarily for medical visits that could not be anticipated. OCTA now provides a limited number of subsidized taxi vouchers which can be used by ADA eligible persons for these purposes (and other purposes as well). However, these vouchers have not been fully utilized. Potential reasons for this low utilization include: lack of awareness regarding availability (there were never mentioned in interviews), and the fact that longer trips can be quite expensive, as the vouchers cover only a limited value.

In addition to the specific recommendations noted above, consumers had a number of general quality concerns about the service provided by ACCESS. It is not atypical to hear these types of quality issues from regular riders and most of these are issues that ACCESS works to address daily. However, for the sake of fully reporting the input received, these issues are documented here.

5.3.4.11 ACCESS ride times increasing as congestion increases

Consumers noted that ACCESS ride times appear to be increasing and that they are "routinely on van for two hours."

5.3.4.12 Taxi service used to supplement ACCESS

There were significant complaints on taxi services used to supplement ACCESS service. Comments related to taxi drivers smoking, using cell phones while driving, arriving very late or not showing up at all. Individuals also recounted incidences of passengers with guide dogs being denied service and of blind riders being dropped at the wrong address.

 *The problem is with Yellow Cab, not with Call Oscar... Dale McIntosh Stakeholder/Users*

5.3.4.13 6400 series vehicles used on weekends are inadequate

Wheelchair users complained that the 6400 series ACCESS vehicles used on weekends accommodate only one wheelchair and are insufficient to meet demand.

5.3.4.14 Eligibility process is confusing and difficult for consumers new to system

Stakeholders noted that the ACCESS eligibility process can be confusing for new users, particularly seniors with some level of dementia.

5.3.4.15 Reservation center needs to be sensitive to needs of hearing impaired

Challenges facing the hearing impaired in communicating with ACCESS reservations came up in two consumer groups. One group noted that the TTY/TDD was out of service for several months before it was recently fixed. In another, a hearing impaired ACCESS rider described the following situation:

 *She calls the reservation center and leaves a message using the TTY or the relay service. However, they respond to her with voice calls and when they get the TTY tone, hang up thinking it is a fax....DOR Consumer*

5.4 MARKET RESEARCH SUMMARY COMMENTS

This chapter has described the countywide survey of representative stakeholder agencies and extensive outreach efforts to talk with both agency staff and consumers. These brought forth a wealth of comments on the needs, gaps and barriers that limit the mobility of seniors, persons with disabilities and persons of low-income. Those comments were organized and discussed in relation to the following four areas of need and the strategies suggested by each.

1. Enhanced Transportation Information and Coordination

Seven strategy areas considered gatekeeper training, information updates, resource guides, input to service planning decisions, consumer trip planning assistance, mobility training and buddy travel and getting transit information to mono-lingual or isolated communities.

2. Enhancements to Human Services Transportation

Fifteen strategy areas detailed such topics as driver training, volunteer retention and insurance, bilingual drivers, rising fuel costs, enhanced passenger information, accessible vehicles and vehicle replacement, coordinated trip scheduling, vehicle and driver back-ups or shared use, assistance with transit contracting and full cost accounting, operations manager training, services at capacity and Mobility Managers.

3. New/Expanded Services to Meet Specific Needs

Five strategy areas addressed same-day non-emergency medical transportation, transportation appropriate for frail elderly and for medical trips, specialized shuttles or van pools for particular purposes or consumer groups, need for reduced fares.

4. Enhancements to OCTA Services

For *fixed-route services*, *six strategy areas* identified included limited weekend and evening services, overcrowding on selective routes, driver training for fixed-route, pockets of unserved needs, express bus needs, and bus stop signage and amenities.

For *ACCESS services*, *nine strategy areas* identified included topics of telephone contact after 5 p.m., call-ahead notification, addressing no-shows, same-day service, ride times, supplemental taxi services, 6400 series vehicles, ADA eligibility processes, and reservation center needs.

Chapter 6

Translating Needs Into Projects – Recommendations

OCTA provides high levels of transit service within Orange County. These services are used extensively by seniors, persons with disabilities and persons of low-income, the target populations of this Plan. However, some of the transportation needs identified for these target groups are difficult to meet with traditional transit and paratransit. Therefore, this Plan seeks to articulate goals by which alternative strategies can be implemented for meeting these hard-to-accommodate transportation needs.

In some cases, such strategies may be accomplished by OCTA itself. And in fact, OCTA has programs currently in development which will address several key findings. For example:

- A technology solution which will provide call-ahead notification to ACCESS users will be implemented within the coming year.
- An express bus network which will reduce travel times for long trips is currently in the planning stages.
- Increased Metrolink service going to 20 to 30 minute frequencies during peak periods, beginning in 2010.
- Measure M Reauthorization monies which will become available in 2011 will allow for expansion of the senior mobility and senior non-emergency medical services.
- Go Local planning and those initiatives that OCTA chooses to fund will enhance commuter options within some communities.

In many cases, however, the types of transportation services necessary to meet specialized needs are best provided by human service organizations that already have a relationship with the target groups to be served. A key objective of this Coordination Plan is to provide human-service organizations with the basis on which to submit proposals to provide specialized transportation services using FTA Sections 5310, 5316 and 5317 funds

6.1 DISCUSSION OF NEEDS AND GAPS IN RELATION TO FTA FUNDING

The preceding discussion of needs and strategies, largely presented in Chapter 5, is reviewed here in relation to the Federal funding sources of specific interest to this Plan. Four key areas were identified as categories for grouping needs and service gaps. These areas inform the Plan's Vision articulated at the outset, establishing a backbone for its implementing goals:

Vision: To improve mobility in Orange County through coordinated partnerships and projects on behalf of seniors, persons with disabilities and persons of low-income.

Coordinated Plan Implementing Goals:

1. Enhanced Transportation Information and Communication
2. Enhancements to Human Services Transportation
3. New/ Expanded Services to Meet Specific Needs
4. Enhancements to OCTA Fixed-Route and ACCESS

This subsection considers these four goal areas in relation to funding projects under Section 5310 – capital projects for seniors and persons with disabilities; Section 5316 – JARC program; and Section 5317 – New Freedom program. For each individual strategy, the potential funding source is identified as:

- a high priority possibility,
- a possible use for funding, or
- an unlikely or not eligible use for funding.

Table 6-1 portrays the funding options by strategy, limited in some cases. For example, Section 5310 is allowable for vehicle-related purchases and has been identified as a funding source for Mobility Manager functions. For seniors who are not disabled, general transportation services must be funded from sources other than JARC and New Freedom. For youth in after-school programs, without a strong link to how this enables their parents to seek and retain employment, JARC funding will not be an option. Similarly, for these youth, a strong case for disabilities will have to be made, in order to justify a New Freedom proposal.

Goal #1 Information and Communication strategies identify a number of tools by which to improve the availability of information. Many of these focus on improving the quality of information in the hands of the individual – usually a caseworker – at the time when a consumer needs that information. Such consumers may be frail seniors, mono-lingual individuals or those needing to travel between cities or between counties. Such assistance may be through gatekeeper training, provision of additional informational tools oriented to the breadth of transportation resources available, or enhancing existing transportation resources to promote more “destination-oriented” information. Importantly, this goal includes building a strategy that enhances and improves communication between OCTA and human services agencies. While OCTA does staff existing advisory committees that invite such exchange, inclusion of agency representatives of the JARC target population is indicated. Historically, the focus has been on advocates of the Americans with Disabilities Act riders or of seniors but not with the human service network working with Orange County’s low-income populations. Many of the Goal #1 strategies can be implemented or guided by a mobility manager, potentially at the direct service, agency system or regional levels within Orange County.

Goal #2 Enhancements to Human Services Transportation strategies identify a breadth of activities geared towards increasing the capacity and improving the quality and responsiveness of the transportation services these agencies provide. Almost 100 human service agencies, 67 percent of the survey returns, reported some type of transportation function, a substantial number of organizations. These agencies are critical partners to OCTA in meeting increasing transportation demand by the target populations and in providing the tailored services that will truly meet some of these hard-to-meet needs. The strategies in this goal include attention to driver training of various types, fuel costs, insurance, and full cost-accounting to ensure recovery of costs; vehicle replacement and vehicle back-up; strategies for meeting episodic need or over-capacity services. Projects responsive to this goal will strengthen and build the capacity of the human services transportation network of providers.

Goal #3 New/Expanded Services to Meet Specific Needs speaks to developing selected services that may not be currently in place but were identified as solutions to needs. Some of these may be met, in time, by the traditional fixed-route service network as it expands its service area and span of coverage. Late evening and early morning service, as well as expanded weekend service will assist the low-income, service-oriented travelers with their third-shift work schedules. Modifications to non-emergency medical transportation services are described to be responsive to consumers' needs. And various purpose or trip-specific shuttles are suggested. A final strategy area involves vouchers and user-side subsidy support for lowest income riders.

Goal #4 Enhancements to OCTA Services, both fixed-route and ACCESS, are identified as they relate to the Plan's findings, some of which can be funded with JARC or New Freedom.

With regard to fixed-route service, as noted previously, any enhancements that support the 3rd shift and non-traditional hours that low-income workers commonly work will assist these individuals. Increased weekend service will also meet this need. Issues to address with some focused driver training were highlighted in Chapter 4 and are likely to improve the quality of the ride for target group members. Unserved areas were identified by community name in the Plan and are not uncommonly areas where target group members live. Express needs may well be met with the upcoming start of the Bravo! Bus services. Bus stop amenities were requested by all target groups, to ease the wait for the vehicle.

ACCESS service enhancement strategies are identified as well, as an outgrowth of stakeholder comments. Two areas related to improved communications with riders after 5 p.m. and a call-ahead capability. ACCESS riders are asking also for clearly defined pickup locations, such as at Saddleback Community College or in larger apartment complexes where buses and riders often do not connect. A final strategy area is for same-day service capabilities, a service enhancement that can potentially be funded with New Freedom monies.

Table 6-1, Analysis of Needs and Gaps in Relation to FTA Funding

Chart Legend:

Page reference: Refer to this page(s) for more information about the need and potential strategies.

High Priority Use of Funding Source	Potential Use of Funding Source	Unlikely Use of Funding Source
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GOAL - Area of Need Identified through Outreach and Stakeholder Survey	Page Ref.	Potential Strategies Appropriate to Each Funding Source		
		§ 5310: Capital – Seniors & Persons with Disabilities	§5316: Job Access Reverse Commute [JARC] -- Low Income Individuals	§5317: New Freedom -- Person with Disabilities
Goal #1 - Enhanced Transportation Information & Communication				
Gatekeeper training and communications relating to fixed route services	49		Trip Planning Training and resources for SSA and other jobs related agencies.	
Resource guide of all transportation services available	50	Mobility Manager to conduct outreach to social service agencies – serve as a resource, develop resource guide		
Enhanced communication between human services and OCTA regarding need for service to key destinations.	50	Mobility Manager	Mobility Manager	Mobility Manager
Single source of info to assist seniors and low-income persons with planning intra and inter-city	57	Mobility Manager	Mobility Manager	Mobility Manager
Mobility training/buddy travel opportunities for individuals	51			
Information for mono-lingual and isolated ethnic communities	51	Mobility Manager	Mobility Manager	Mobility Manager
Goal #2 - Enhancements to Human Services Transportation				
Mobility Manager at regional, agency or program level	54	Mobility Manager	Mobility Manager	Mobility Manager
Driver training for small organizations	52	Technical Assistance to Human Service Transportation Providers, utilizing Mobility Manager funding (See page --)		
Difficulty recruiting and retaining driver volunteers (especially for inter-community trips)	52			
Bi-lingual drivers (Spanish and Vietnamese)	52			
Rising fuel costs (for those with fixed price contracts)	52			
Assistance contracting for transportation services	54			
Full cost accounting for providers	54			

High Priority Use of Funding Source	Potential Use of Funding Source	Unlikely Use of Funding Source
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GOAL - Area of Need Identified through Outreach and Stakeholder Survey	<i>Page Ref.</i>	Potential Strategies Appropriate to Each Funding Source		
		§ 5310: Capital – Seniors & Persons with Disabilities	§5316: Job Access Reverse Commute [JARC] -- Low Income Individuals	§5317: New Freedom -- Person with Disabilities
Goal #2, cont. – Enhancements to Human Services Transportation				
Accessible vehicles and older vehicle replacement	53	Vehicle Replacement Program – 88% Federal match	Vehicle Replacement Program – 80% Federal match	Vehicle Replacement Program – 80% Federal match
Need for vehicle and driver back-ups	53	Pool of Shared Vehicles and Drivers for use by agencies serving target populations		
Episodic transportation needs	53			
Capacity issues on Senior Mobility programs	54			
Goal #3 - New/Expanded Services to Meet Specific Needs				
Weekend and evening hours – inability to access key work and training destinations at night: hospitals, hotels, community colleges	56		Evening shuttle or vanpool program targeting key after hours employers with many entry level jobs	
Same day Non-Emergency Medical Transportation service, with door-to-door assistance, for seniors & persons with disabilities	55			
Transportation appropriate for frail seniors and medical trips	55			
Specialized transportation for mothers with young children-work/daycare	56		Day Care Shuttle for working mothers	
Specialized transportation for frail elderly for shopping	56			
Transportation for low income youth/ learning-disabled youth for athletic/after-school transportation	56		Emphasis on work-related trips for parents	Emphasis on students' disability status
Transportation for behavioral health consumers – to secure medication/treatment	56			
Reduced fares to make transportation “accessible” for low-income populations and disability populations.	57		Match funding potential to leverage dollars currently being used by human services to purchase passes for clients – expands availability	

Table 6-1, cont'd, Analysis of Needs and Gaps in Relation to FTA Funding

Chart Legend:

Page reference: Refer to this page(s) for more information about the need and potential strategies.

High Priority Use of Funding Source	Potential Use of Funding Source	Unlikely Use of Funding Source
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GOAL - Area of Need Identified through Outreach and Stakeholder Survey	Page Ref.	Potential Strategies Appropriate to Each Funding Source		
		§ 5310: Capital – Seniors & Persons with Disabilities	§5316: Job Access Reverse Commute [JARC] -- Low Income Individuals	§5317: New Freedom -- Person with Disabilities
Goal #4 - Enhancements to OCTA Services				
OCTA Fixed Route				
Weekend & evening service	57			
Reduce overcrowding (afternoons 4-7 p.m.)	58			
Enhance driver training	58		Mobility manager - training opportunities	
Pockets of unserved need and key destinations without adequate public transportation.	58			
Express bus network to speed travel over longer distances.	59			
Bus stop signage and amenities	59			
OCTA ACCESS				
Telephone contact to ACCESS after 5 PM	59			
Call ahead notification for ACCESS riders	60			
Clearly defined pickup locations at key destinations	60			
Same day service for a limited number of trips	60			

6.2 ESTABLISHING PRIORITY OPPORTUNITIES—FIVE PROJECT AREAS

6.2.1 Setting Priorities for Orange County's Coordinated Plan

Several different factors were considered in developing priorities. In part these are an outgrowth of the market research effort which, through survey and dialog with stakeholders, identified areas of high concern and considerable opportunity. But several other considerations are at play. These include:

- **Sustainability concerns** – if a project is funded with JARC or New Freedom, can it reasonably be continued with other resources or, if it can't, can it be constructed as a time-limited project? This immediately raises concerns about projects that may require significant on-going funding beyond the two to three-year timeframe of Section 5316 and 5317.
- **Project administration: few projects versus many** – With its Senior Mobility Program and its other special agency programs, OCTA has a number of smaller-scale projects in place. OCTA administration did not desire a great proliferation of small projects but preferred to encourage more focused, somewhat larger-scale efforts.
- **Leveraging non-transit funding** – One of the opportunities this Plan allows is that of leveraging other dollars to extend scarce resources. Projects that can leverage resources, outside of OCTA funding, are of particular interest. Conversely, for the human service organizations, the opportunity of these new fund sources can enable dollars they are already spending to go farther.

These considerations contribute to determining the priority project areas recommended by this Plan. The following five needs have been identified as “high priority” topics for project applications. These needs appear to impact large numbers of consumers, are allowable uses of the available funding sources and are judged to offer viable opportunities for the implementation of effective programs.

6.2.2 Five Priority Project Areas

Project Area #1: Enhancements to current non-emergency medical services provided to senior and non-senior persons with disabilities.

Funding Source: 5317 New Freedoms for Persons with Disabilities

Orange County has quite a high level of transportation services for seniors and persons with disabilities, provided by ACCESS, the Senior Mobility Programs (funded through OCTA) and the Senior Non-Emergency Medical Transportation Program (funded through tobacco settlement funds). However, both consumers and stakeholders felt that there was a distinct need for enhancement of these programs to accommodate three specific limitations.

- The most commonly expressed limitation was the absence of same-day non-emergency medical transportation. This was the most commonly expressed problem by both senior and

disability groups who noted that when you are ill and need to go to the doctor or urgent care immediately, there is no reasonable transportation option.

- A second limitation was expressed by seniors who currently use the Senior Mobility programs for medical trips. This was the inability of these programs to take riders to medical appointments which are outside of the local jurisdictions in which they operate. Users are very satisfied with the quality of these services and the level of assistance they provide, but must turn to unfamiliar transportation modes when they need to see a specialist or seek other medical care.
- The third limitation was expressed by disabled seniors who are ADA eligible and hence ineligible to use the Senior Non-Emergency Medical Transportation Services. These seniors are often the most frail transportation users and require service well beyond the curb-to-curb norm offered by ACCESS. Yet their very frailty causes them to qualify for ACCESS and hence not be able to utilize the SNEMT service which does provide the higher level of door-to-door or door-thru-door assistance they desire.
 - ✓ *It's not fair that seniors who are ACCESS eligible cannot use NEMT. These services work better for medical appointments than ACCESS....Dale McIntosh Program Manager*
 - ✓ *Use of ACCESS to get to medical appointments is complicated where the shared-ride nature of the trip can mean that a consumer is late for an appointment. Difficult to ensure that the appointment time can be kept on ACCESS which promises pick-up time, within a window, and not promised delivery time....California Community Choices Forum*

There has been some previous recognition of this need among specific groups. For example:

- ✓ CalOptima provides their One Care members (those with both Medicare and Medicaid coverage) with 50 one way taxi trips for medical related transportation.
- ✓ OCTA provides a limited number of subsidized taxi vouchers which can be used by ADA eligible persons for these purposes (and other purposes as well). However, these vouchers have not been fully utilized. Potential reasons for this low utilization include: lack of awareness regarding availability; the fact that longer trips can be quite expensive, as the vouchers cover only a limited value; many of those with same-day emergency medical needs are not ADA certified and therefore not eligible for this program.

It is clear from the findings of the outreach effort that there is a significant desire for the enhancement of currently available non-emergency medical transportation services. Human service organizations are encouraged to develop proposals for new or enhanced transportation services to meet these needs. Possible approaches to such service might include, but are not limited to:

- Expansion of current programs (i.e. senior mobility programs or senior non-emergency medical transportation) to address same day and cross jurisdictional trips for persons with disabilities.
- A subsidized taxi program which specifically addresses same day medical transportation for persons with disabilities.

To qualify for 5317 New Freedoms money, the project must address the needs of persons with disabilities – either disabled elderly or disabled non-elderly. These individuals do not necessarily need to be ADA certified.

Project Area #2: Enhancements to Human Services Transportation

Funding Source: 5316 Jobs Access Reverse Commute or 5317 New Freedoms

Transportation-providing agencies contacted through the outreach effort and responding to the stakeholder survey identified a number of support functions and enhancements that they need to increase their capacity, improve efficiencies and cost-effectiveness, and to advise more consumers of the availability of their services. Human services organizations responding to the survey are managing a reported \$ 6.6 million in direct operations of vehicles and describe numerous issues around this function which they readily acknowledge as neither part of their core mission nor one for which they are well-equipped.

Various kinds of technical assistance, staff-level and driver training, as well as operational support were identified as needs. Agencies reported they wanted help with the following:

- Advisement, assistance and guidance around insurance issues, particularly where these involve volunteer drivers or part-time drivers
- Management support around full-cost accounting, to assist agencies in better understanding their costs and therefore representing those accurately in grant applications and contracting arrangements.
- Support functions related to drivers around driver training, driver recruitment and drug-testing, and possibly driver back-up assistance when no driver is available for a scheduled service.
- Advertisement and marketing assistance to help agencies inform prospective riders about their services, its availability and its limits.
- Assistance with contracting to provide agencies with the tools they need to contract for transportation on a trip-by-trip basis, for individuals, for an agency on an event-basis, or in relation to transportation program.

OCTA does provide a form of technical assistance through its regular meetings of the Senior Mobility Program managers. The Community Services Department brings these managers together and gathers a variety of resources, information and opportunities. One approach could be to expand and formalize that effort, under OCTA leadership. It could be offered on a

fee-based basis, for a nominal fee or a membership fee, thereby encouraging participating agencies to send personnel.

Another alternative could invite one or more proposals from the existing transportation providing agencies to further develop resources of value to their peer agencies. Several agencies, including the Irvine TRIPS, South County Seniors Transportation, and St. Anselm's, are already providing a range of such services informally through the leadership of their respective managers. Such assistance could be formalized through a funded grant activity, providing a variety of training, hands-on technical assistance and consultation activities.

A further alternative could utilize existing resources that support the training and capacity-building of small operators. For example, the CalACT RTAP program could in some manner be subsidized to bring its rural providers' training programs to Orange County and offered to specialized transportation providers. A related resource is the Paratransit/ Transit Management certificate program that is offered by the University of the Pacific. Scholarships or tuition reimbursement programs could be provided through OCTA, much as SANBAG does for San Bernardino valley transportation providers.

Both OCTA and human service organizations can be encouraged to develop programs supporting the management and operational capabilities of small providers within Orange County.

Project Area #3: Subsidized Work and Training-Oriented Transportation for Persons of Low-Income

Funding Source: §5316 Jobs Access Reverse Commute

Many low income workers and those just entering the work force find employment in the service industry. They work at hotels, hospitals and at services such as UPS where non-traditional work hours and weekend work are the norm. Others take evening classes at local community colleges to improve their skills and employability. And many need to travel to locations that are quite distant from their home. According to representatives of employment services such as CalWORKs, it is difficult for many of these workers to use traditional transit services to access available jobs and training, yet they are unable to afford private transportation. Lack of transportation keeps many such workers from securing or maintaining regular employment.

During the outreach component of this project various suggestions were made for addressing this need.

- Expanded hours of service on OCTA routes
- Network of express buses to better serve long distance commutes (something OCTA is working towards)
- Increased levels of service in more remote areas such as South County

However, the suggestion which appears to be the most targeted and achievable within the available funding is the establishment of subsidized van-pools for low income workers and

students traveling to key destinations, such as major worksites (hotels, hospitals, industrial parks) and community colleges.

Traditional vanpools generally require a 100% recovery of costs from riders. Hence fares are out of reach for lower income workers. In addition, most existing vanpools operate during typical commute hours, not early morning, late night and weekend hours these workers require.

The objective of this strategy would be to use 5316 Jobs Access Reverse Commute funding to establish subsidized vanpools which would address the need for affordable transportation for low income workers and job seekers. These vanpools would focus on key employment and training destinations of particular interest to low-income workers and job seekers, and would offer subsidized fares for those of low income. The vanpools might incorporate features of particular value to workers, such as stopping at day-care facilities or major transit centers. Such vanpools could be sponsored by OCTA (through the provision of vans, maintenance, driver training and support) but would need to be operated in partnership with human-service organizations such as CalWORKs and/or Goodwill that work with low income workers and job seekers. These organizations would need to identify the employment and training destinations to be served, recruit low income riders and drivers, and coordinate with employers to ensure that all employees at the work site have the opportunity to utilize the service on either a subsidized or full fare basis.

FTA 5316 funding requires a 50% match in cash funding or in-kind services. Human service agency staff time involved in administering the program could provide a portion of the match. Transportation funds, currently used to buy gas cards or reimburse low income clients in other ways, may provide another portion of the match.

Many low income workers and those seeking work are able to rely on public transportation as their primary commute mode. As gas prices continue to rise, even larger numbers of low income workers are turning to public transportation for an affordable way to work. However, for the lowest income workers and those who are trying to re-enter the workforce, even the cost of bus fare can be prohibitive, while the cost of longer distance services such as Metrolink are totally unaffordable.

✓ *Our clients need to use the bus to get to clinics, but can't afford the fare. We need reduced bus fares for low income people....Behavioral Health*

The CalWORKs program provides transportation assistance (often in the form of a bus pass or voucher or mileage reimbursement) to clients in the Welfare to Work program for a limited time. Other programs provide passes to clients who are disabled. However, there appears to be a need for a broader reaching program which would provide subsidized fare vouchers to low income workers who meet specific income requirements. Such programs do exist in other communities including Tucson, Arizona and Calgary, Canada, as well as Riverside, California.

Subsidizing fares on current fixed route or paratransit service is not, however, an allowable use of JARC/ New Freedom funds. Human service organizations can use JARC/New freedoms

monies to purchases human services trips, however, to subsidize transit trips they must continue to use other sources of funding.

Project Area #4: Human Services Vehicle Replacement and Expansion

Funding Source: §5310 Seniors and Persons with Disabilities, §5316 or §5317

Human service organizations report in excess of 400 vehicles operating within Orange County. Most of these are in need of replacement within the next two years. Of those reported in the project survey, only 22% were wheelchair lift equipped. Hence there is significant need to replace existing older vehicles with new, lift equipped vehicles. FTA's Section 5310 capital program provides capital funding, with a local match requirement of only 11.47%. Agencies in need of new or replacement vehicles to serve the needs of the elderly and persons with disabilities can apply for this funding.

Vehicles which are used to serve persons with disabilities and low income persons can also be funded under FTA 5317 New Freedoms and 5316 JARC programs. These programs require a 20% match for capital purchases.

Project Area #5: Mobility Managers to Coordinate Information and Support Services

Funding Sources: §5310, §5316 or §5317

Among the needs identified in the outreach effort, was the need for enhanced information and support services for human service agencies attempting to provide transportation to or assist their clients with accessing transportation.

Many human services agencies working with the target populations of elderly people, persons with disabilities and low income individuals are charged with helping their clients get to social services, medical or counseling appointments, training programs and jobs. Interviews with managers and case workers in these organizations found that they were often ill equipped to perform this function in that they did not truly understand what transportation services were available or how to use them effectively. Most have never used public transportation themselves, and have little understanding of how to plan trips that often require one or more transfers. Nor are they necessarily aware of the specialized transportation services that might be available to their clients. Within these organizations there is no "transportation" specialist, nor is there a comprehensive transportation resource guide. Case workers and managers must largely "figure it out on their own."

Other human services agencies are involved in actually providing transportation to the target populations. However, they face challenges as well.

- The expense of providing training for small numbers drivers
- Difficulty recruiting and retaining volunteer drivers (especially for inter-community trips)
- Need for bi-lingual drivers (Spanish and Vietnamese)
- Rising fuel costs (for those with fixed price contracts)

- Need for vehicle and driver back-ups

In both of these instances, there is the opportunity to enhance the operation and utilization of existing transportation services through coordination and education.

All three of the funding sources addressed by this plan allow funding for Mobility Managers. These are positions dedicated to the function of organizing and coordinating transportation services, information, and support. These mobility managers can be placed at various levels within human services and transportation organizations. For example:

- Agency Level: A mobility manager within the county SSA department, as one example, might serve as the agency's transportation specialist. He/she might collect information about all available transportation services, train case workers about services available to their clients, provide trip planning support, and coordinate the issuance of free transit passes to eligible clients. This person might also be the primary point person for the low-income worker vanpool program described previously.
- Regional Level: A mobility manager at the regional level might be responsible for creating and maintaining a complete data base of transportation services available within the county. This data base might be published in printed form and also maintained on line in a searchable form. This would allow social service workers to easily find out what services are available to clients with specific needs or characteristics. In addition, this person could help connect specialized transportation providers with agencies seeking to contract for transportation. He/she could also provide assistance to agencies in developing RFQs and contracts for transportation services.
- Program Level: A mobility manager within a specific program such as Vocational Visions or adult day health care centers could provide the trip arranging, transportation case management function identified as a critical need by agency personnel. This individual could follow-up on the day-to-day transportation issues and needs that present, and could also participate in countywide training and transit planning opportunities to be educated about and provide input to regional transportation planning discussions.

Organizations involved in providing or coordinating transportation services for the target populations can apply for funding to establish a mobility manager position. Applications should be submitted to the funding source appropriate for the agency's specific clientele. Funds for what is essentially a planning activity are treated as "capital" and therefore require a cash or in-kind match of only 20%.

6.3 IMPLEMENTATION ISSUES

The Federal circulars require that a competitive process be undertaken to identify and select those projects to which JARC and New Freedom funding should be directed. The following suggests a possible sequencing of activities to implement this plan:

1. Open negotiation among agency service systems around targeted van pool services to address selected, identified needs.
2. Explore specific alternative work-trip opportunities, such as van pool, ride share or other voucher-based programs that might reasonably be introduced for the low-income worker.
3. Identify key project areas to include in a two-year Call for Projects, potentially including an initial identification of selected project areas.
4. Design an initial Call for Projects around such selected areas and distribute the Call notice with link to the Coordinated Plan to stakeholder agencies.
5. Provide technical assistance to agencies during the Call for Projects process to assist them in conceiving of and preparing responsive applications for funding.
6. Establish evaluation criteria that enable OCTA to equitably and fairly distribute available funds.
7. Define reporting requirements and ensure that reasonable reporting is provided that help to identify program-level successes and failures, and enable OCTA to report on JARC/ New Freedom initiatives.
8. Determine oversight roles and responsibilities that may be desired that move the coordination goals of this Plan forward, which ensure accountability of individual projects and provide for appropriate modifications to the Call process for a potential FY 10 Call for Projects.

APPENDICES

Appendix A, Data Tables on Trip Utilization for Fixed-Route, ACCESS and Senior Mobility Programs by Target Populations

Appendix B, Stakeholder Survey

Appendix B-1 – Stakeholder Survey Write-up

Appendix B-2 – Stakeholder Survey Cover Letter and Survey Form

Appendix B-3 – Microsoft Access Database Reports of Survey Responses,

Appendix C, Outreach Interview Summary Notes

Appendix D, Selective Outreach Flyers and Notices