



Human Services Transportation Coordinated Plan



November 2024

Prepared by **transpogroup** 
WHAT TRANSPORTATION CAN BE.



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Title VI Policy Statement

The Orange County Transportation Authority (OCTA) operates all its services, programs, and activities without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes that he or she, or as a member of a specific group, has been subjected to discrimination, may file a signed Title VI complaint with OCTA. OCTA prohibits intimidation, coercion, or engagement in other discriminatory conduct against anyone because he or she has filed a complaint to secure rights protected by Title VI. Additionally, OCTA will provide meaningful access to services for persons with limited English proficiency.

Section 1: Introduction & Policy Overview

Introduction

The Orange County Transportation Authority (OCTA) is the regional public transit operator in Orange County. OCTA's stated mission "is to develop and deliver transportation solutions to enhance the quality of life and keep Orange County moving." OCTA is also the designated Consolidated Transportation Services Agency (CTSA). As the CTSA, OCTA is required to prepare a Human Services Transportation Coordinated Plan ("HSTP," "Coordinated Plan," or "the Plan") every four years. While OCTA is responsible for developing the Plan, the Plan addresses existing conditions, transportation needs, and recommended strategies that reflect all of Orange County and are addressed to all Orange County transportation service providers and related organizations.

Coordinated Planning Background

The OCTA Coordinated Plan addresses the needs of individuals with disabilities, seniors, low-income populations, and other Orange County residents with enhanced mobility needs. OCTA is a recipient of funding under the Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310) Program. Section 5310 is a federal grant program overseen by the Federal Transit Administration (FTA) to improve mobility for seniors and individuals with disabilities.

The 5310 program requires funding recipients to develop a Coordinated Plan with human services transportation operators and clients. To be eligible for funding, projects must be directly included in the Plan or address a Plan need or strategy, and the Plan must be updated every four years. This requirement was put forth under the Safe Accountable, Flexible, Efficient Transportation Equity Act, signed into law on August 10, 2005, and re-authorized under the Infrastructure Investment and Jobs Act on November 15, 2021. The requirements for procedures and spending under the Section 5310 Program have remained the same since the publication of the most recent circulars.

The following objectives were established by OCTA to guide completion of the Plan:

- To develop a Human Services Transportation Coordinated Plan and implementation process to guide the prioritization and selection of projects for funding by the Federal Transit Administration (FTA) Section 5310 within Orange County over the next four years;

- To facilitate stakeholder participation among a broad group of agencies and encourage a higher level of public-private participation in the transportation coordination discussion and planning process;
- To update the inventory of public transit – human services transportation in Orange County;
- To provide relevant peer examples of coordination that offer fresh ideas to Orange County;
- To ensure the proposed Plan is consistent with the transportation coordination regulatory requirements; and
- To devise a program for the coordination of human services transportation.

Coordinated Planning Regulations

The Coordinated Human Services Transportation Plans (CHSTP) and the Section 5310 program have undergone significant changes since their inception, adapting to shifting demographics and needs, transportation options, and federal funding and requirements. Established in 1975 as a discretionary capital assistance program, the Section 5310 program became a formula program under the Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA), primarily awarding funds to non-profit organizations for vehicle acquisition to transport clients.

The Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy of Users (SAFETEA-LU) of 2005 introduced the requirement for Section 5310 funding recipients to adopt a CHSTP. In 2012, the Moving Ahead for Progress in the 21st Century Act (MAP-21) established the Enhanced Section 5310 program (merging Section 5310 funding and another funding source) and transforming available funding into a formula program, allocating funds to large urbanized, small urbanized, and rural areas based on Census data for the population of seniors and individuals with disabilities.

The Fixing America's Surface Transportation (FAST) Act of 2015 and the current transportation legislation, the Infrastructure Investment and Jobs Act (IIJA) of November 2021, have maintained the program and requirements while introducing further program support and funding.

Coordinated Planning Requirements

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



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

The programming and allocation of FTA Section 5310 funding is directly tied to the Coordinated Plan.

County Planning Overview

OCTA's Coordinated Plan is informed by and in alignment with other plan goals and objectives. This section briefly describes these.

OCTA Long Range Plan – Directions 2045

OCTA adopted its Long Range Transportation Plan in May 2023. The Plan has four goals, all of which relate to the Coordinated Plan.

1. Deliver on Commitments – Prioritize the voter-approved OC Go programs and fulfill OCTA's responsibility for providing safe and reliable transit service.
 - OCTA Streetcar, reduced fares and specialized services for seniors and people with disabilities, local transit, and safe transit stops project are critical elements in meeting the needs identified in the Coordinated Plan.
 - As described on OCTA's OC Go Milestones webpage, "Three programs work together to provide efficient, cost-effective transportation for seniors and persons with disabilities.

In addition to stabilizing fares, the Senior Mobility Program (SMP) is designed by participating cities to offer transit options that best meet the needs of the seniors in their communities in addition to local fixed-route buses and OC ACCESS service. OCTA and the participating cities contribute to SMP. The Senior Non-Emergency Medical Transportation (SNEMT) Program supplements existing countywide senior non-emergency medical transportation services."

2. Improve System Performance – Improve overall travel conditions with conventional and innovative solutions that respond to Orange County’s growing travel demand.
 - The Coordinated Plan identifies opportunities to improve system performance and rider experience.
3. Expand System Choices – Provide travelers with convenient and equitable trip options and reduce the number of single occupant vehicle (SOV) trips.
 - The Coordinated Plan identifies the need for new and extended service hours, geographic coverage, and mode options.
4. Support Sustainability – Include adaptation and resiliency strategies that reduce climate-related risks, while also supporting Orange County’s economy, infrastructure maintenance, and environmental health.
 - The Coordinated Plan identifies the need to better understand and plan for the transition of community transportation fleets to low- and no-emissions vehicles.

OC Office on Aging Area Plan

The Orange County Office on Aging’s 2020-2024 Area Plan recognizes the importance of transportation for older adult wellness, particularly when considered against the high cost of housing in the area. The Area Plan highlights the importance of affordable transportation options, noting “The Elder Economic Security Index is a measure of the income that older adults need to meet their basic needs. It is specific to household size and location. It includes housing, health status, transportation, food, and daily living essentials. According to the Elder Index, a senior in “good” health renting in Orange County would have to make approximately \$32,064 per year, which is 26% above the national average.”¹

OC Health Care Agency Community Health Assessment

The Orange County Health Care Agency’s August 2023 Community Health Assessment identified a need for transportation resources for “special needs families and homeless families.”² These groups are among those considered through the Coordinated Plan.

¹ https://officeonaging.ocgov.com/sites/officeonaging/files/2021-01/PSA%2022_Area%20Plan%202020-24_FINAL%20CDA_10262020%20%28CDA%20Approved%29.pdf

² https://www.ochealthinfo.com/sites/healthcare/files/2023-10/Orange_County_2023_Community_Health_Assessment-Summary_of_Findings-August_2023.pdf

Overview of the Planning Process

Development of this Coordinated Plan began in November 2023 and was completed in November 2024.

- On December 7, 2023, the project team held a kick-off meeting with the Project Development Team (PDT), made up of OCTA staff. The PDT continued to meet monthly throughout the process.
- The inventory of existing transportation services was compiled December 2023 and January 2024.
- The project team presented to the Accessible Transit Advisory Committee (ATAC) at their January 2024 meeting.
- In February 2024, the project website and online survey went live, and paper surveys were mailed to all active OC ACCESS riders.
- Agency surveys were emailed to agency contacts in February 2024.
- A virtual public meeting was held in February 2024 for agencies to learn more about the Plan and the upcoming call for projects.
- A virtual public meeting was held in March 2024 for participants to learn more about the Plan and the survey.
- Surveys were closed and results were analyzed in March 2024.
- Five agency interviews were conducted in April 2024.
- The project team updated ATAC on project progress at their April 2024 meeting.
- Unmet needs, identified through the preceding steps, were compiled and analyzed in April and May 2024.
- The PDT met to review and prioritize the identified gaps and needs and discuss the project prioritization criteria.
- Strategies for meeting the unmet needs were developed.
- The draft Plan was prepared and sent to ATAC for their July 2024 meeting.
- The Plan was made available for public comment in August 2024.
- In September 2024, the Plan was revised based on public comment.
- In early November 2024, the Plan was revised based on comments from the OCTA Transit Committee.
- The OCTA Board reviewed and adopted the Plan in late November 2024.

Section 2: Existing Transportation Services

This chapter of the OCTA Coordinated Plan summarizes the public and human services transportation (and related) services available in Orange County. Transportation services in Orange Counties are provided by public transit systems, human service agencies/non-profit programs, and other private providers such as taxis or transportation network companies (TNCs) like Uber or Lyft. This diversity of services is considered the “supply” side of mobility, which works in conjunction with the “demand” side of transportation services, which will be discussed in Section 3.

Public Fixed-Route Services

Fixed-route services are those that operate along an established route with scheduled stops at predetermined locations.

Orange County Transportation Authority (OCTA)

OCTA provides public transit throughout 34 cities and unincorporated areas in Orange County. OCTA fixed-route OC Bus services include local and community routes, Metrolink Stationlink routes, and Rapid routes, and a city shuttle service. Figure 1 represents the current system map for OCTA fixed-route services. The following sections describe current OCTA fixed-route services.

Local and Community Routes

OCTA has 36 local routes (Routes 1-99) and seven community routes (Routes 100-199). Community routes operate similarly to local routes, though they travel further distances.

OCTA local and community routes have different operating hours per line and per day. Generally, local fixed-route services run:

- Monday-Friday starting between 4:00 and 6:00 a.m. and running until between 10:00 and 11:00 p.m.
- Saturday, Sunday, and holidays starting between 5:00 and 7:00 a.m. and running until between 8:00 and 10:30 p.m.

In some cases, Saturday, Sunday, and holiday service hours are the same, and in other cases the Saturday service span is longer than the Sunday and holiday service span. Several community routes do not have weekend service, and other individual routes may not conform to these general service spans. Frequencies are different across routes, with a range of 20 minutes up to 60 minutes.

Metrolink Stationlink Routes

OCTA has four Stationlink routes (Routes 453, 472, 472, and 480, serving the Orange Transportation Center, Tustin Metrolink Station, Tustin Metrolink Station, and Irvine Station, respectively). Stationlink services are circulators that are timed to make sure passengers can connect between OCTA services and Metrolink trains. Each route has different operating hours, depending on the trains that the route is connecting with. Generally, each route runs between 3-7 times during the morning and the afternoon/early evening peaks.

OC Bus Rapid

OCTA has four Rapid routes (Routes 529, 543, 553, and 560) that are limited-stop and provide extra service to core portions of key fixed-route lines. Rapid routes do not run on the weekends. While each route has a different service span, they generally run Monday-Friday starting between 5:00 and 6:00 a.m. and ending between 7:00 and 8:00 p.m. Frequencies are generally between 20 and 30 minutes.

Santa Ana City Shuttle

The Santa Ana City Shuttle (Route 862) runs along the route of the future OC Streetcar. Once the Streetcar is operational in 2026, the City Shuttle will cease operations. The shuttle runs Monday-Friday 5:00 a.m. to midnight and Saturday, Sunday, and holidays from 6:00 a.m. until midnight. Frequency is generally 20 minutes.

OC Streetcar (Coming Soon)

The OC Streetcar will provide service from the new Harbor Transit Center in Garden Grove to the Santa Ana Regional Transportation Center. The streetcar will run every 10-15 minutes with several stops along the route and in downtown Santa Ana. The OC Streetcar is anticipated to begin service in 2026.

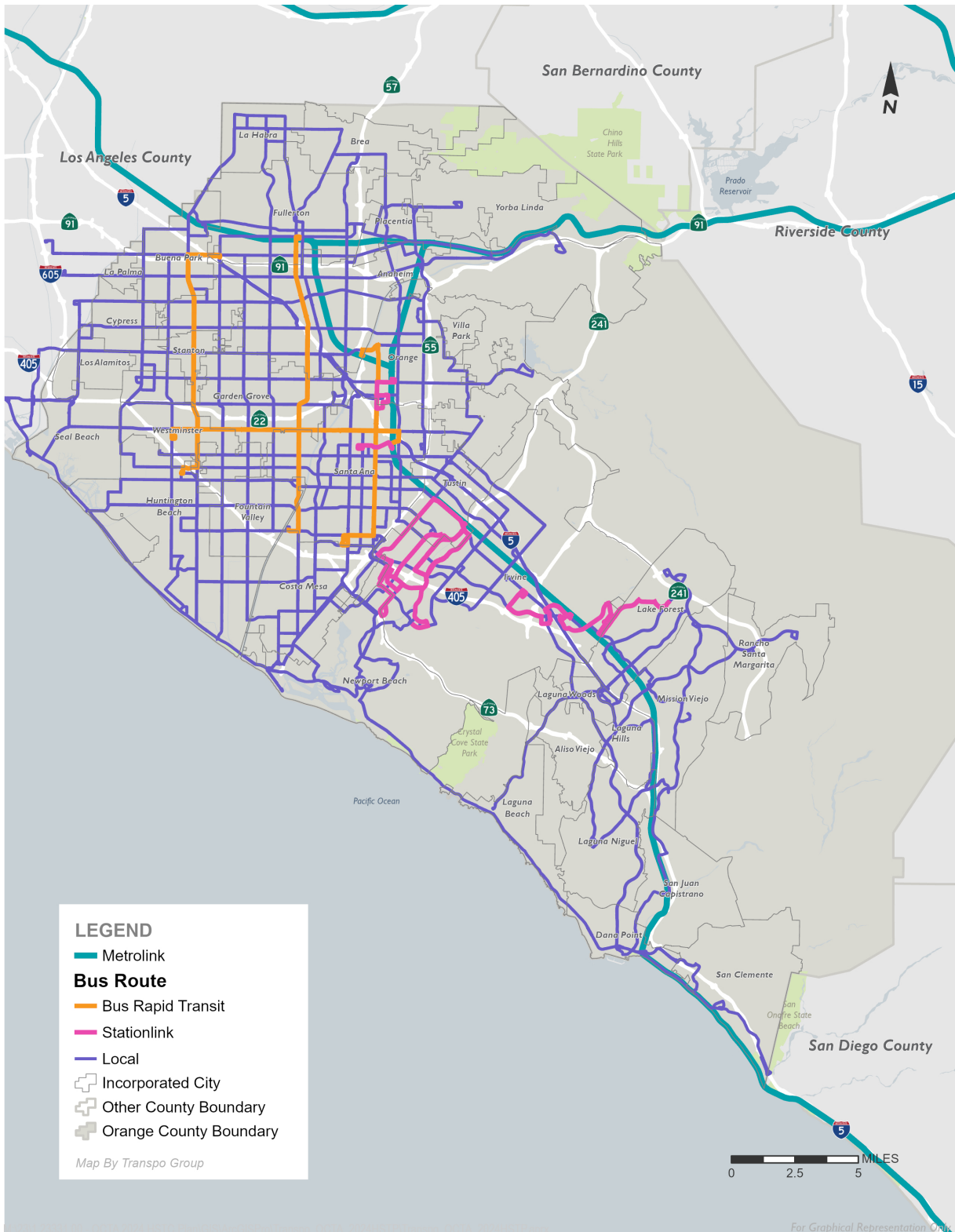


Figure 1. OCTA Fixed-Route Services

The OCTA service area stretches across 435 square miles and serves a population of 2,943,596 residents. In 2022, OCTA provided 27,753,507 passenger trips using 739 transit vehicles and amassing 25,817,380 vehicle revenue miles. Annual operating expenses totaled \$295,255,829, which represents a cost per passenger trip of \$10.64.

OCTA accepts cash fare, prepaid passes, and the OC bus mobile app. Reduced fares are an option for seniors over the age of 60 and persons with disabilities. Several specialty passes are also available for students and eligible employers. Youth ages 6 to 18 ride for free through the OCTA Youth Ride Free Program.

Laguna Beach

The City of Laguna Beach offers a free trolley service to residents and visitors, providing access to local beaches, parks, restaurants, and hotels. Outside of the summer, the Laguna Beach Trolley operates the Coastal Route along Coast Highway. In the past, Laguna Beach has also offered the Canyon Route along Broadway and Laguna Canyon Road, but as of March 2024, this route was not running. From September until late June, Laguna Beach operates the Summer Breeze Route along Laguna Canyon Road.

The Coastal Route trolley runs every 20-30 minutes and is available:

- Monday-Thursday from 7:30 a.m. to 6:00 p.m.
- Friday from 7:30 a.m. to 10:00 p.m.
- Saturday from 9:00 a.m. to 10:00 p.m.
- Sunday from 9:00 a.m. to 7:00 p.m.

Anaheim Transportation Network

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

The Anaheim Resort Transportation (ART), operated by ATN, is a network of 14 fixed routes, serving a wide variety of destinations in and around Anaheim and Orange County. Riders can pay ART fares with a short-term or longer-term bus passes, or with one-way bus passes. Reduced fares are available for children ages 3 to 9, as well as seniors and persons with disabilities.

Community-Based Circulators – Project V

OCTA funds community-based transit circulators through a competitive program. As of 2024, OCTA provides capital and/or operations funding for:

- Anaheim Canyon Circulator
- County of Orange
- Dana Point Trolley
- Huntington Beach Rideshare Pilot (now Huntington Beach Circuit Shuttle)
- Laguna Beach Off-Season Trolley (described above under Laguna Beach)
- Laguna Niguel
- Mission Viejo
- Newport Beach
- San Clemente Downtown Route
- San Juan Capistrano Circulator

Public Demand-Response Services

Public on-demand services are flexible shared-ride transit services available to the public. These services do not travel a fixed route and instead allow passengers to request a trip to and from specific locations, sometimes from within a list of eligible locations. Depending on the rules of the service, riders can request trips in advance or for immediate fulfillment.

Laguna Beach Local On-Demand

Laguna Beach’s Laguna Local on-demand transit offers pickup and dropoff at over 100 locations. It is free to ride, and riders can schedule trips up to two weeks in advance. A wheelchair-accessible vehicle is always available.

Service is available:

- Monday-Thursday from 8:00 a.m. to 6:00 p.m.
- Friday from 8:00 a.m. to 10:00 p.m.
- Saturday from 9:00 a.m. to 10:00 p.m.
- Sunday from 9:00 a.m. to 7:00 p.m.

OCTA OC Flex

OC Flex is a shared-ride on-demand transportation service pilot provided by OCTA in parts of Aliso Viejo, Laguna Niguel, and Mission Viejo. OC Flex is available to the public, if the trip requested is within the OC Flex service area. Like rides provided by taxis or Transportation Network Companies (TNCs) such as Uber and Lyft, OC Flex picks riders up from their desired origin location and takes them to

their destination. Riders can book trips through the OC Flex mobile app. The fare for this service is \$4.50 if paid via credit card and \$5.00 if paid with cash.

Service is available:

- Monday-Friday from 6:00 a.m. to 9:00 p.m.
- Saturday and Sunday 9:00 a.m. to 9:00 p.m.

San Clemente SC Rides

The SC Rides program partners with Lyft and Butterfli to provide subsidized on-demand rides to and from select areas throughout San Clemente. Riders can receive up to a \$9 subsidy. Service is available 24/7.

ADA Paratransit Services

OCTA OC ACCESS

OCTA's OC ACCESS paratransit is the Americans with Disabilities Act (ADA) complementary paratransit service for Orange County, providing curb-to-curb demand-response transportation to individuals certified to ride the service. OC ACCESS service is available to qualified applicants whose physical or cognitive limitations prevent them from using the standard OC Bus fixed-route service. OC ACCESS is available within 3/4 of a mile of OCTA fixed-route bus routes during the same span of service and requires a fare of \$3.60 for each one-way trip. Riders that travel to and from the same location regularly can book those rides in advance as a subscription.

OC ACCESS operates during the same hours and within 3/4 of a mile of the available OC Bus fixed-route service. Riders can make reservations on weekdays between 7:00am and 5:00pm and from 8:00am to 5:00pm on weekends and holidays. Riders must schedule rides at least one day, but no more than three days, prior to the trip.

OCTA offers a same-day taxi service for OC ACCESS-eligible riders that can be scheduled via phone. The base fare is \$3.60 for the first five miles, and the rider pays any additional mileage. The service is available daily from 6:00am to 8:00pm, including holidays. This service is not a shared-ride service or limited to providing transportation within 3/4 of a mile of fixed-route services.

Specialized Transportation Services

Many city- and non-profit-operated programs, intended to provide additional travel options to increase mobility for the vulnerable populations of Orange County, supplement transportation services provided by OCTA. OCTA lends funding

support to many of these programs to relieve demand on OC ACCESS and offer low- or no-cost solutions for individuals not able to ride the OC Bus.

OCTA-Contracted Specialized Services

OCTA contracts with four non-profit organizations for additional transportation services beyond what OC ACCESS provides. Contracted service providers include Alzheimer’s Family Services, Alzheimer’s Orange County, Community Senior Services/Meals on Wheels, and My Day Counts. These contracted services are only available to OC ACCESS riders, and other trip and rider eligibility requirements depend on individual service providers. These services transport riders to and from eligible adult day health center programs.

Senior Non-Emergency Transportation (SNEMT)

The OC Go Senior Non-Emergency Transportation (SNEMT) Program, run by the Orange County Office on Aging, provides transportation to adults ages 60 and over who need low-cost transportation to and from medical appointments and other health-related trips. Service is provided under contract by Age Well Senior Services in the south part of the county and Abrazar, Inc. in the north and central/west part of the county. The Office on Aging receives funding from OCTA and other agencies to operate the SNEMT. There is a voluntary \$2.00 donation fee per one-way trip, but riders are limited to 16 one-way trips per month. Care attendants may ride free.

Senior Mobility Program (SMP)

OCTA’s Senior Mobility Program (SMP) provides funding for participating cities and communities in Orange County to provide senior transportation services. Participating cities receive operational funds and/or vehicles from OCTA to support the transportation services that best fit the needs of seniors in their communities. Funding for the Senior Mobility Program comes from Measure M, Orange County’s half-cent sales tax for transportation improvements. One percent of this tax revenue is allocated to the SMP, and participating cities receive an allocation based on their share of Orange County’s population of seniors ages 60 years and older. In addition to the 32 participating cities, there are three non-profit agencies participating: Abrazar, Inc, Korean American Seniors Association, and Southland Integrated Services, Inc. These agencies provide trips in the unincorporated areas of the county or provide trips that cross city boundaries. Table 1 presents a list of the participating SMP providers.

Table 1. Orange County Senior Mobility Program Participating Cities and Organizations

Aliso Viejo	La Habra	San Juan Capistrano
Anaheim	Laguna Beach	Santa Ana
Brea	Laguna Hills	Seal Beach
Buena Park	Laguna Niguel	Stanton



Costa Mesa	Laguna Woods	Tustin
Cypress	Lake Forest	Villa Park
Dana Point	Mission Viejo	Westminster
Fountain Valley	Newport Beach	Yorba Linda
Fullerton	Orange	Abrazar, Inc.
Garden Grove	Placentia	Korean American Seniors Association
Huntington Beach	Rancho Santa Margarita	Southland Integrated Services
Irvine	San Clemente	

Communities receiving SMP funds may provide services directly or by contracting with an outside provider, such as a taxicab company or non-profit provider like Abrazar. The program is designed to leverage local funds; communities must provide 20% or more of the cost of the full program. Table 2 includes a list of SMPs and their service characteristics. All riders must be aged 60 or older.

Table 2. Senior Mobility Program Characteristics

Senior Mobility Program	Service Description
City of Aliso Viejo	Free weekday transportation to and from the Sea Country Senior and Community Center in Laguna Niguel and the Florence Sylvester Senior Center in Laguna Hills for nutrition and activity programs. Additionally, service is provided to and from Aliso Viejo Ranch, Aliso Viejo City Hall, and Aliso Viejo Library.
City of Anaheim	Daily transportation to non-emergency medical appointments, shopping trips, and several specific medical and shopping destinations throughout Fullerton, Orange, Anaheim, Yorba Linda, and Buena Park. Trips can be made within a 10-mile radius of the rider’s home. The fare is \$2.00.
City of Brea	Free transportation to and from the Brea Senior Center weekdays 8:00 a.m. to 3:00 p.m. On Mondays at 12:30 p.m., the Brea Shuttle provides free transportation for Brea residents to Ralphs, Rite-Aid, Target, Wal-Mart, Sprouts, Albertsons, Trader Joe’s, the 99 Cent Store, local banks, and the Brea Mall (restrictions apply).
City of Buena Park	Trips to and from the Buena Park Senior Activity Center for activities, shopping, special events, and the Meals on Wheels OC lunch program. Trips may also be made for medical appointments. The fare is \$1.00.

Senior Mobility Program	Service Description
	Senior center transportation is available Monday through Thursday, and medical trips may be made Tuesday through Thursday.
City of Costa Mesa	Free weekday transportation to the Costa Mesa Senior Center and other destinations throughout Orange County.
City of Cypress	Up to six taxi vouchers per month, with a value of \$11.00 per voucher. The nutrition program provides transportation to and from the Cypress Senior Center at no cost to the rider. Rides for the nutrition program are available weekdays, and taxi service is available daily.
City of Dana Point	Free weekday transportation to and from the City of Dana Point Community/Senior Center for the congregate meal program.
City of Fountain Valley	“Hop On” curb-to-curb transportation within the City of Fountain Valley and up to one mile outside of the city boundaries, daily from 8:00 a.m. to 7:00 p.m. Trips may be made for non-emergency medical, nutrition programs, recreational and social activities, shopping, and other miscellaneous trips. The program fare is \$2.00 per one-way trip.
City of Fullerton	Transportation to and from the Fullerton Community Center on weekdays. Transportation to the Fullerton Community Center is free for the weekday nutrition program and other activities, though taxi vouchers are available for weekend trips. Subsidized OCTA 30-day senior bus passes are also available.
City of Garden Grove	Weekday transportation to and from the H. Louis Lake Senior Center for the nutrition program, educational classes, and activities. A taxi service is also available for health and wellness appointments. Trips to and from the senior center are free. There is a \$4.00 per one-way trip fare for the taxi service.
City of Huntington Beach	Free weekday “Surf City Seniors on the Go!” door-to-door service to medical appointments, shopping center, special events, and several other destinations from 8:00 a.m. to 4:30 p.m. Reservations are required 2-5 days in advance.

Senior Mobility Program	Service Description
City of Irvine	TRIPS low-cost, wheelchair-accessible transportation to Irvine seniors and adults with disabilities weekdays from 8:00 a.m. to 5:00 p.m. All participants must be unable to drive due to a physical or cognitive disability. TRIPS supports independent living and community involvement through safe, reliable, and professional paratransit service. Services include medical appointments, work, school, social, etc. Costs associated with the service include a registration fee (\$25 initial, \$20 annual), \$1.90 one way to any location in Irvine, and costs starting at \$3.80 depending on location and distance outside of Irvine.
City of La Habra	Free weekday La Habra SMP service for non-emergency medical appointments, grocery shopping, and city sponsored programs. A \$0.50 donation per one-way trip is suggested. Reservations must be made at least 24 hours in advance, but same-day reservations may be accommodated if there is space available.
City of Laguna Beach	Free weekday door-to-door, assisted, and escorted transportation to and from the Susi Q and medical appointments from 8:00 a.m. to 5:00 p.m. Reservations must be made in advance and are accepted on a first-come, first-served basis. Donations are welcome.
City of Laguna Hills	Service within the combined city limits of Laguna Hills, Laguna Woods, and Mission Viejo for shopping, errands, or non-emergency medical appointments. Trips may also be made to several other specific locations, and service is available 24/7. Fares are \$5.00 per one-way trip to most destinations, and \$20.00 per one-way trip to John Wayne Airport.
City of Laguna Niguel	Weekday curb-to-curb transportation to the Sea Country Senior and Community Center or any destination within city limits. The one-way trip fare is \$2.50. To be eligible, riders must be unable to drive or not own a vehicle.
City of Laguna Woods	Taxi vouchers for trips in and around Laguna Woods and for non-emergency medical appointments. Discounted taxi voucher books are also available. Service is available 24/7.
City of Lake Forest	Door-to-door transportation to Lake Forest senior residents via Age Well Senior Services and CA Yellow Cab. To qualify for CA Yellow Cab, rider must be a Lake Forest resident and

Senior Mobility Program	Service Description
	<p>not drive or own a vehicle. Yellow Cab trips cost \$2.00 each way and are available within Lake Forest city limits to non-emergency medical appointments, socializing, movies, etc. Yellow Cab trips to and from non-emergency medical appointments at Saddleback Memorial Hospital, Mission Hospital, South County Orthopedic Specialist, Kaiser Hospital (Irvine), and Hoag Hospital (Irvine) cost \$5.00 each way. Service is available 24/7.</p> <p>Age Well Senior Services provides free transportation to and from The Clubhouse, Monday-Thursday 10:00 a.m. to 2:00 p.m. Riders must register in advance and have a current DMV Identification Card verifying age and Lake Forest residency.</p>
City of Mission Viejo	<p>24/7 transportation for residents. The one-way trip fare is \$5.00 within city limits of Mission Viejo, Lake Forest, Laguna Woods, Laguna Hills, RSM, and to select other destinations. There is no charge to riders traveling to City of Mission Viejo facilities, and there is a \$20.00 per one-way trip fare to John Wayne Airport. This program does not offer medical therapy transportation such as dialysis, chemotherapy, etc.</p>
City of Newport Beach	<p>Transportation to the OASIS Senior Center, medical appointments, grocery shopping, and other essential errands within city limits for riders who live in Newport Beach, Corona del Mar, or Newport Coast and who are unable to drive a vehicle permanently or temporarily. Service is available on Monday-Thursday 7:45 a.m. to 4:30 p.m. and Friday 7:45 a.m. to 4:00 p.m. Reservations are required three days in advance, though same-day service can be accommodated on Tuesdays and Thursdays. Fares are \$1.50 per one-way trip to the senior center and \$3.00 per one-way trip to all other destinations.</p>
City of Orange	<p>Six one-way ride vouchers that can be used for travel to medical appointments, pharmacies, grocery stores, or the Orange Senior Center on weekdays from 6:00 a.m. to 6:00 p.m. through Go Orange. It costs \$5.00 for the six vouchers. Trips should be scheduled at least 24 hours in advance.</p>
City of Placentia	<p>Free weekday service to and from the Placentia Senior Center from 9:00 a.m. to 1:00 p.m.</p>
City of Rancho Santa Margarita	<p>Free service for Rancho Santa Margarita residents with an approved application and a Senior Mobility photo identification card. Eligible trips are limited to senior centers, shopping, standard medical appointments,</p>

Senior Mobility Program	Service Description
	<p>personal care (i.e. gym, nail, and hair salons), and social recreation (i.e. movies, bowling, cultural centers, parks, libraries, historical sites, or museums) within the city limits of Rancho Santa Margarita. Transportation for medical appointments requiring a medical procedure or administered medications such as chemotherapy, cancer treatments, or kidney dialysis therapy is not permitted. Services are available 24/7; participants are limited to eight one-way trips per month.</p>
<p>City of San Clemente</p>	<p>Free service to and from the Dorothy Visser Senior Center and shopping destinations within San Clemente city limits. Service is available on weekdays for the senior center or Monday through Thursday for shopping trips.</p>
<p>City of San Juan Capistrano</p>	<p>Free weekday service to and from the San Juan Capistrano Community/Senior Center. Trips may also be made for non-emergency medical appointments as well as to Trader Joe’s, Target, Vons, and Costco.</p>
<p>City of Santa Ana</p>	<p>Free service on Monday, Wednesday, and Friday from 7:30 a.m. to 4:00 p.m. Trips may be made to and from the Santa Ana Senior Center and the Southwest Senior Center for special events, activities, classes, lunch, as well as weekly shopping trips within Santa Ana city limits.</p>
<p>City of Seal Beach</p>	<p>Free weekday service. Dial-A-Ride trips may be made within city limits and up to three miles outside of city limits for non-emergency medical appointments. Shuttle service is also available to major stops including Seal Beach Pier/Old Town, Leisure World, Rossmoor Shopping Center, and North Seal Beach Community Center.</p>
<p>City of Stanton</p>	<p>Transportation to and from the Stanton Community/Civic Center for activities and the senior nutrition program. Service is available Monday-Thursday 8:00 a.m. to 12:00 p.m.</p>
<p>City of Tustin</p>	<p>Free weekday transportation for Tustin residents from 8:00 a.m. to 4:00 p.m. There is a suggested donation of \$1.00 per ride. Transportation is available up to three miles outside of city limits, with the exceptions of St. Joseph Hospital, UC Irvine Medical Center, Kaiser, and Hoag Irvine. Riders must register in advance, reservations must be booked at least three days in advance, and appointments are prioritized in the following order: medical appointments, congregate meal program, senior center, grocery shopping.</p>

Senior Mobility Program	Service Description
City of Villa Park	Free service for registered riders traveling under 25 miles each way. Trips may be made within Orange County or an additional 10 miles outside of Orange County for medical trips only. Riders may make eight one-way trips per month.
City of Westminster	Free weekday service for registered riders via the Westminster on Wheels service. The Nutrition Van Program provides transportation to the Westminster Senior Center for the congregate meal program. For the Nutrition Van Program, reservations are required. The Shuttle Program also provides a route from the Westminster Senior Center, mobile home parks, and senior housing complexes to designated shopping destinations within the city. Scheduled pick up times are 1.5-3 hours apart.
City of Yorba Linda	Daily TRAILS service to destinations anywhere in Yorba Linda and within a 5-mile radius outside of Yorba Linda city limits. Reservations must be made at least 48 hours in advance, but no further than seven days in advance. Service is available daily from 7:00 a.m. to 8:00 p.m. at a cost of \$1.00 per one-way trip. Riders must register in advance.
Abrazar, Inc.	Free weekday transportation services for residents of Westminster and Midway City residents to congregate meal programs in Westminster and Midway City from 7:00 a.m. to 3:00 p.m. Transportation is also available to governmental agencies such as the Social Security Office, Veteran's Services Office, and the Housing Authority Monday-Friday 7:00 a.m. to 5:00 p.m. Limited trips are also available for grocery, shopping, personal care, visiting spouses in hospitals and skilled nursing facilities, healthcare fairs, museums, aquariums, movie theaters, volunteer appreciation days, special event dinners, funerals and memorial services, etc. Donations are accepted.
Korean American Seniors Association	Free transportation for Korean-language dependent seniors living in the cities of Garden Grove, Buena Park, Anaheim, Santa Ana, Huntington Beach, Fountain Valley, Westminster, Seal Beach, and Orange. Transportation is available for non-emergency medical visits, grocery shopping, and visits to senior and community centers. Service is available Monday-Friday 9:00 a.m. to 12:00 p.m. and 2:30 to 4:30 p.m. with some Saturday services available. Must be a member of the Korean American Seniors Association.

Senior Mobility Program	Service Description
Southland Integrated Services	Transportation for residents of Anaheim, Buena Park, Fountain Valley, Garden Grove, Huntington Beach, Santa Ana, Stanton, and Westminster, available Monday-Saturday 8:00 a.m. to 5:00 p.m. Trips are available to a congregate meal program at the Asian Senior Center in Santa Ana, non-emergency medical appointments, destinations within a 10-mile radius of participant’s residence, and government offices. Reservations must be made three days in advance.

Other Dedicated and Contracted Services

In addition to the public and specialized services available in Orange County, depending on their location and their eligibility, residents may have access to other services, such as local taxicab companies, transportation network companies (TNCs such as Uber or Lyft), or private non-emergency medical transportation providers. The availability of these services differs throughout the county, and some providers may also act as contracted providers for programs described earlier.

In Laguna Beach, Sally's Fund provides transportation outside of Orange County for veterans to the Long Beach VA. Sally’s Fund also provides services above and beyond the Senior Mobility Program services for seniors and people with disabilities. These services include assisted and escorted door-to-door transportation to medical and other appointments within a 30-mile radius, food and grocery delivery, and more.

Several senior living facilities, nursing facilities, and adult day health centers also manage their own in-house transportation programs or contract out for transportation services for their residents or members. This group includes dozens of different organizations, including private for-profit and non-profit groups. Just a few are highlighted here:

- Reimagine O.C. supports over 400 individuals with neurodevelopmental disabilities and their families. Reimagine O.C. provides in-house transportation services and contracts with Yellow Cab to help clients access their sites and programs.
- Orange County Rescue Mission provides in-house transportation services and arranges and pays for clients to use transportation network companies (i.e., Uber or Lyft) for medical transportation.

- Goodwill Industries of O.C. teaches clients how to use public transportation and provides direct transportation for clients in their Community-Based Services Program.

Transportation Support Programs

The following organizations and programs provide transportation-related support (for example referrals, travel training, or bus passes) but do not provide transportation services directly.

2-1-1 Orange County (211OC)

2-1-1 Orange County, run by United Way, is a vital component of the Orange County Health and Human Services community. 211OC (www.211ride.org) provides 24/7 multilingual access to a centralized information and referral database via telephone, web, e-mail, or two-way texting, connecting people to the resources they need, when they need it. In 2018, 211OC worked with OCTA to create 211RIDE, which provides a multi-modal trip planning tool designed to help clients find transportation options that best meet their needs. It enables a user to choose the most appropriate mode of transit by evaluating fixed-route transit, demand-response transit, private transportation services, paratransit, volunteer transportation services, and carpools so that they have immediate access to all available transit options when planning their next trip.

Braille Institute

The Braille Institute provides orientation and mobility training to help students identify their surroundings and travel from one location to another. They work with individuals and caregivers to teach techniques around working with a guide, staying balanced, moving through narrow spaces taking a seat on a bus, and more.

Dayle McIntosh Center

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

Tierney Center for Veteran Services

The Tierney Center for Veteran Services provides bus passes, gas cards, and limited car transportation to veterans within Orange County. Veterans are paired with dedicated peer navigators who can assist them in meeting their specific needs.

Disabled American Veterans

The Disabled American Veterans (DAV) manages a country-wide network that provides free transportation for injured and ill veterans to VA medical facilities. Vans are driven by volunteers, and there are more than 149 Hospital Service Coordinators throughout the country. There are several VA health services destinations within and around Orange County.

Funding Sources

Human services transportation in Orange County is funded through a combination of local, state, federal, and philanthropic funds.

Local

OCTA provides funding for many of the human services transportation programs through three main mechanisms—the EMSD grant program, the Senior Mobility Program, and the specialized contracts. The funds for these programs are generated through Measure M sales tax. In addition, several providers also noted that they received funding through general local funds.

State

According to survey respondents, few receive direct funding from the State. Among the State agencies, the Departments of Education, Developmental Services, Aging, Rehabilitation, and Health provided funding to at least one (and sometimes only one) provider that responded to the agency survey. One provider also noted receiving AQMD funds.

Federal

OCTA receives 5310 funds from the federal government and uses these funds for OC ACCESS, among other services. Some providers also directly receive 5310 funds, Title IIIB grant funds, and community development block grant (CDBG) funding.

Other

Passenger fares, client fees, and private donations are used to fund transportation services. No individual charitable or philanthropic funders were mentioned by any of the survey respondents.

Human Services Transportation Vehicle Fleets

Through the agency survey, providers were asked about the vehicles they use for human services transportation. Information provided by agency respondents can be found in Appendix D.

Section 3: Existing Community Conditions & Travel Patterns

Needs for specialized transportation services in Orange County were identified by reviewing demographics and travel patterns compared to available services and through an extensive engagement program consisting of an agency survey, agency interviews, and a community survey. This section presents the findings related to transportation needs from each of the above activities and concludes with a summary of unmet needs.

Coordinated human services transportation plans focus on individuals that may have limited transportation options, including older adults, people with disabilities, and people with low incomes. Other transportation-disadvantaged or historically underserved populations like veterans, people with limited English proficiency, and non-White populations are also considered, to help understand the full range of human services transportation needs and service gaps.

The total population of Orange County is 3,182,954, as of 2022. Of that population, Table 3 represents the number of individuals with characteristics related to human service transportation planning. Understanding the overlapping factors that individuals face can help OCTA and partner organizations tailor services and outreach accordingly. Among the nearly 3.2 million people in Orange County, over 900,000 are either in poverty, have a disability, are over age 65, are a veteran, or are some combination of these. Over 23,000 individuals are in poverty and have a disability, and another 15,401 individuals are in poverty, have a disability, and are over 65 years old.

*Table 3. Individuals with One or More Demographic Characteristics Related to Human Services Transportation**

Exclusive Groups	Population
In poverty	251,883
With a disability	112,801
Age 65 or older	264,455
Veteran	41,980
In poverty and with a disability	23,026
In poverty and age 65 or older	25,431
In poverty and a veteran	2,674
With a disability age 65 or older	101,067
With a disability and a veteran	5,131
Age 65 or older and a veteran	40,247
In poverty, with a disability, and age 65 or older	15,041
In poverty, with a disability, and a veteran	913

Exclusive Groups	Population
In poverty, age 65 or older, and a veteran	1,949
With a disability, age 65 or older, and a veteran	22,845
In poverty, with a disability, age 65 or older, and a veteran	1,351
Total unique individuals with one or more focus characteristics	911,154
Total population (all PUMAs in OC)	3,182,954

**All data variables were from ACS 5-Year Estimates PUMS (2021)*

Older Adults

As shown in Figure 2, the population of people ages 65 and older has been steadily increasing in Orange County since 2018. In 2018, there were 440,488 older adults, which has increased to 488,359 in 2022, or approximately 15.5% of Orange County’s population. The growth from 2018 to 2022 shows an increase of nearly 11%. The percent of individuals ages 65 and older throughout Orange County has remained approximately 0.3-0.5% higher than that of the state of California.

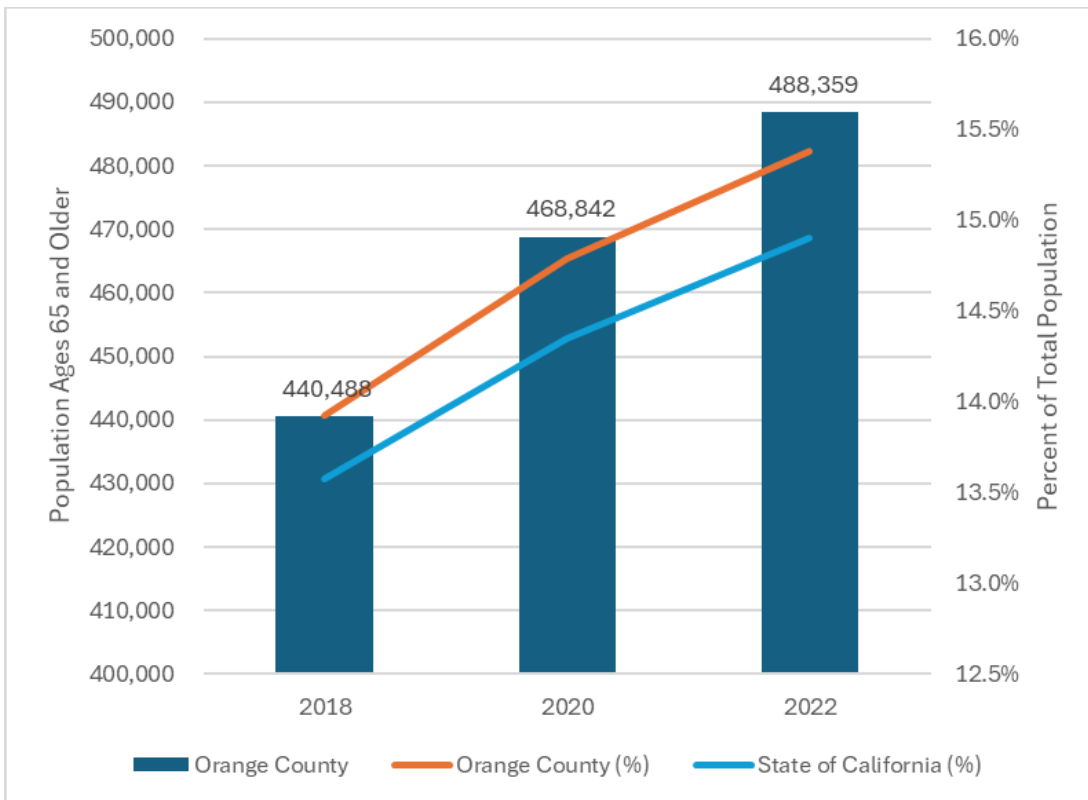


Figure 2. Orange County Older Adult Population Compared to California, 2018-2022

Older adults live in higher densities in certain areas of Orange County, including areas with large senior living housing developments. The highest density senior populations tend to be located south of I-5 and north of Highway 55, with one exception being the Laguna Woods and Laguna Hills areas where several large assisted living facilities are located.

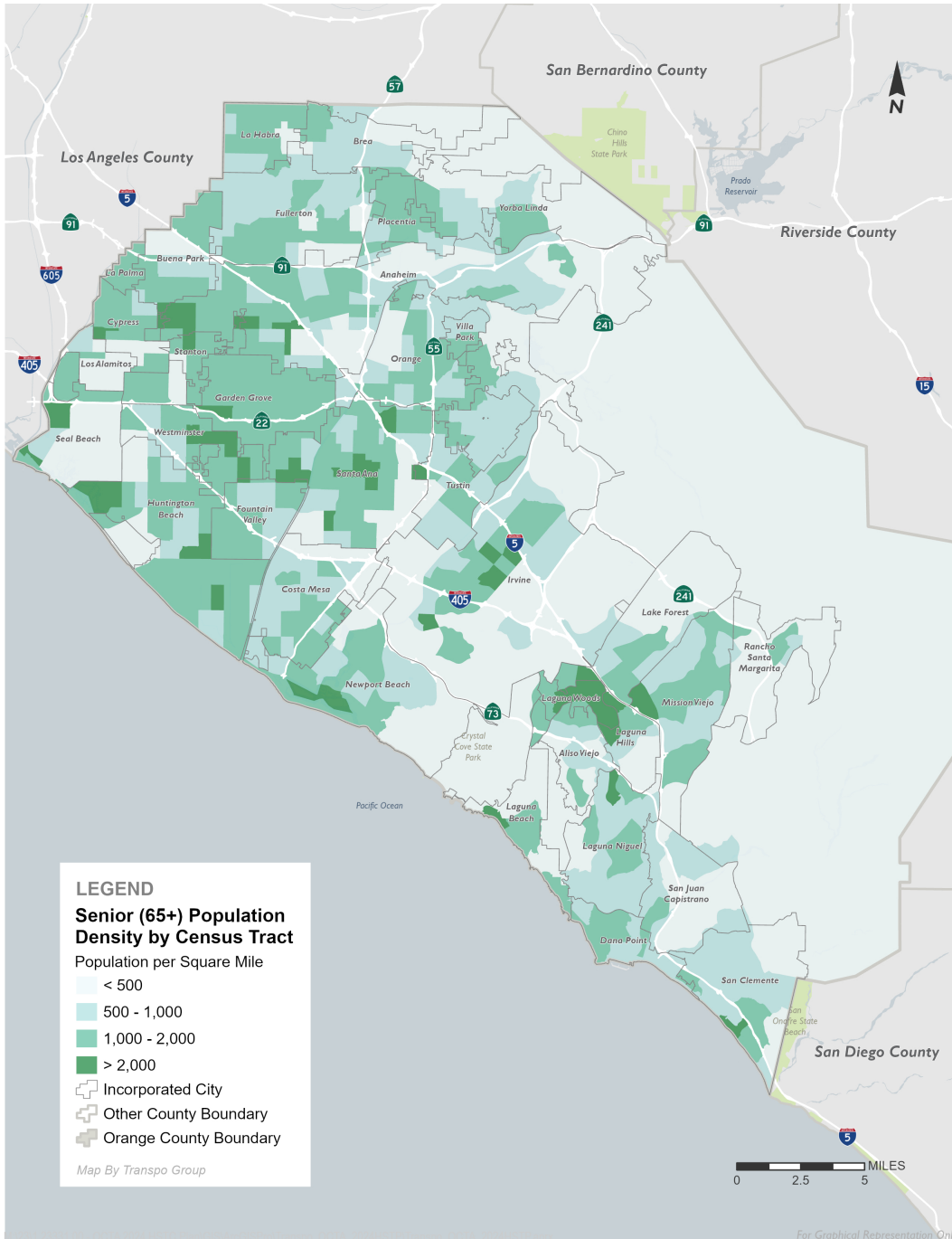


Figure 3. Senior (65+) Population Density by Census Tract (2022 ACS 5-Year Estimates)

Adults with Low Income

As shown in Figure 4, the population of people below the 100% and 150% federal poverty lines has decreased over 15% from 359,503 and 597,182, respectively, in 2018 to 303,810 and 506,661, respectively, in 2022. For both the 100% poverty line and the 150% poverty line. For both metrics, the percent of the population below the identified poverty lines are lower than the rate for the state of California.

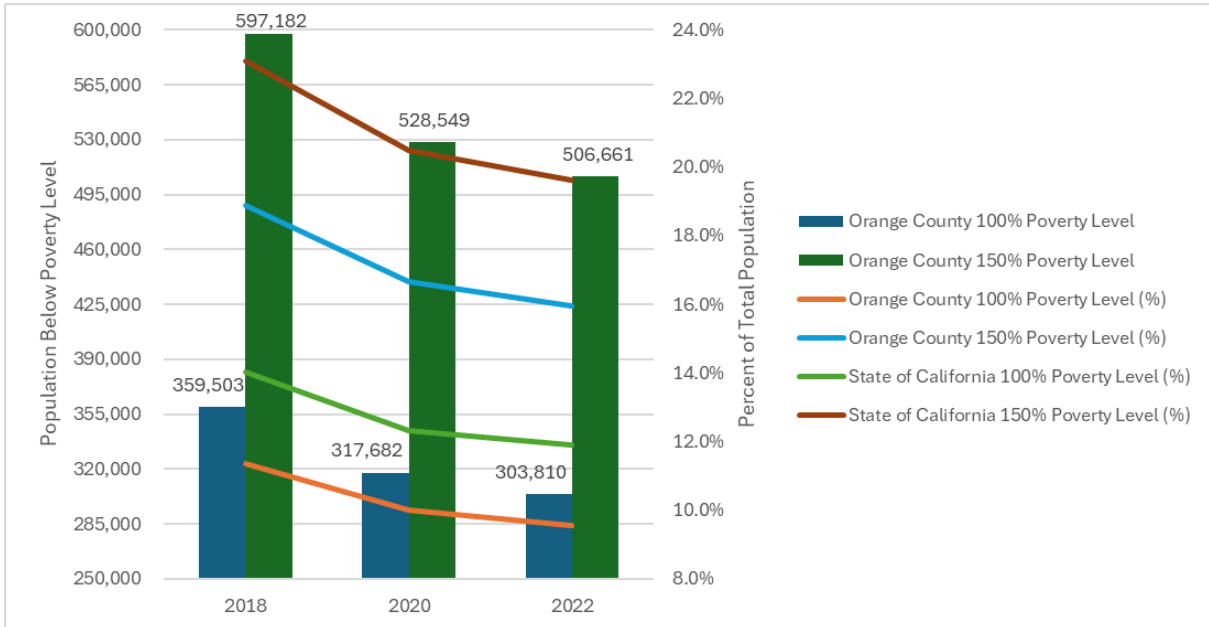


Figure 4. Orange County Population with Low Incomes Compared to California, 2018-2022

The population of individuals in Orange County with low incomes tends to be concentrated in the inland northwest portion of the county.

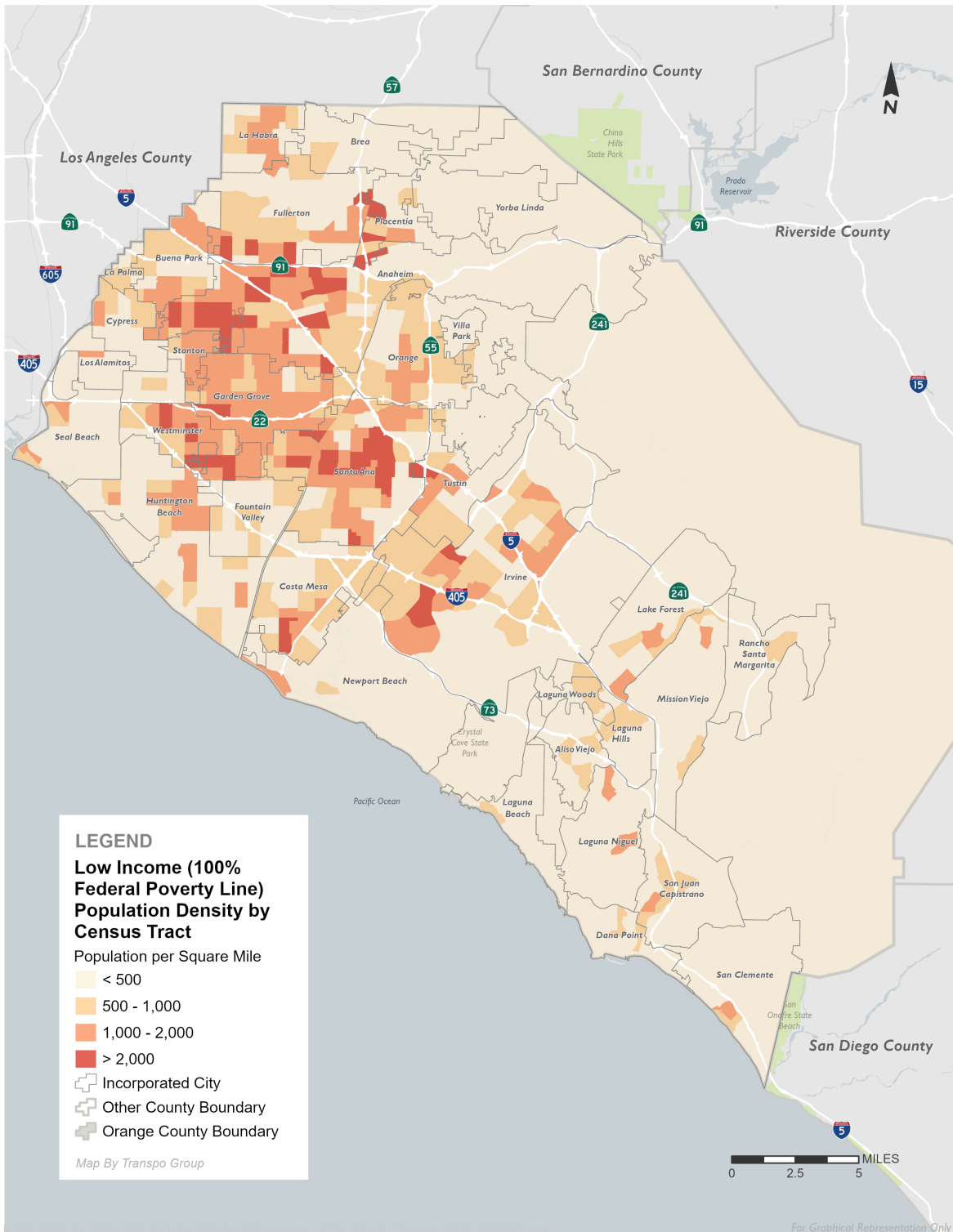


Figure 5. Low Income (100% Federal Poverty) Population Density by Census Tract (2022 ACS 5-Year Estimates)

People with Disabilities

The number of people with disabilities has increased in Orange County from 2018 to 2022, as shown in Figure 6. The growth from 269,618 people in 2018 to 288,217 people in 2022 marks an increase of almost 7%. From 2018 to 2022, the percentage of people with disabilities in Orange County was about 2% less than that of California.

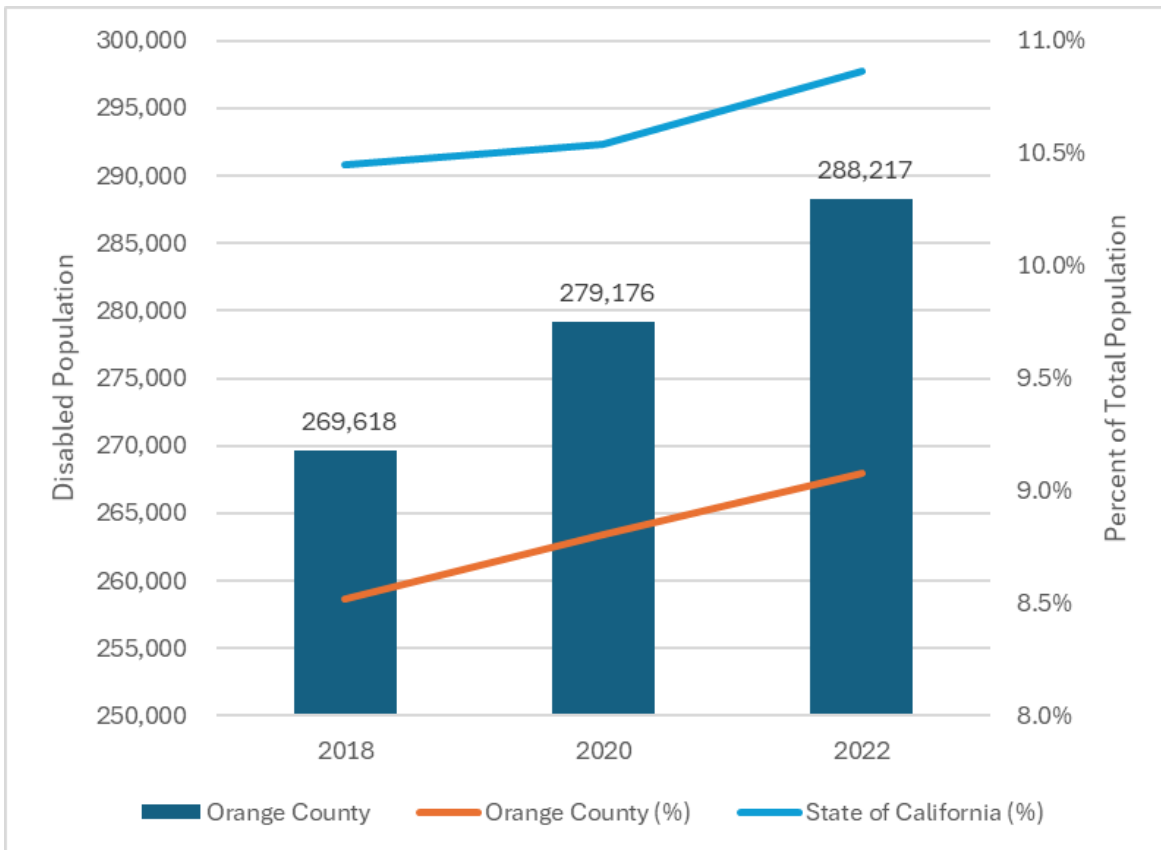


Figure 6. Orange County Population with Disabilities Compared to California, 2018-2022

People with disabilities live in higher densities in many of the same areas of the county as older adults, notably in the area where Leisure World is in Seal Beach.

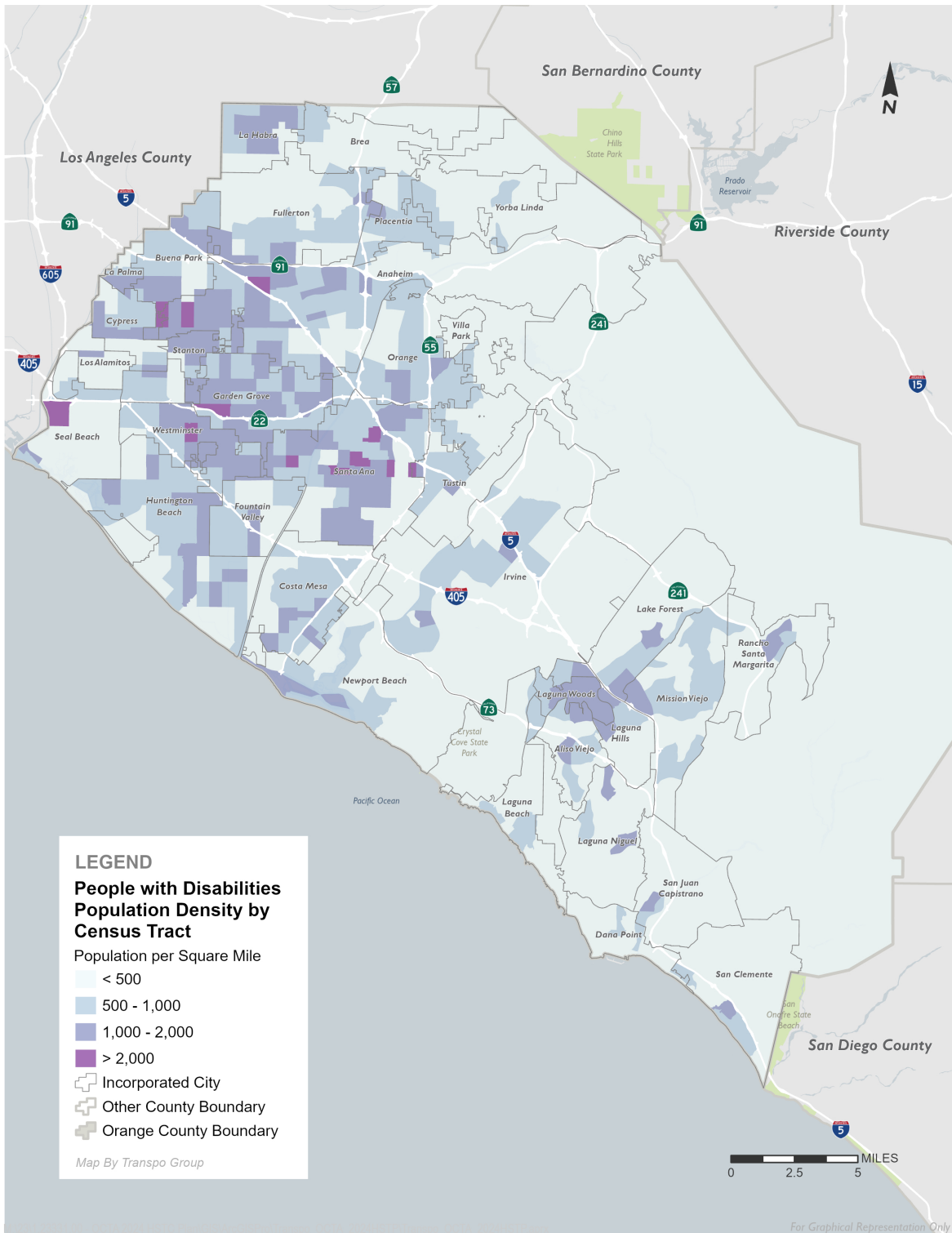


Figure 7. People with Disabilities Population Density by Census Tract (2022 ACS 5-Year Estimates)

Veterans

Throughout Orange County, as shown in Figure 8, the population of veterans has decreased from 112,264 to 94,517 in 2022, which is a decrease of nearly 16%. In 2022, veterans represented 3% of Orange County’s population. From 2018 to 2022, veterans in Orange County constituted a slightly smaller percentage of the total population than throughout the state of California.

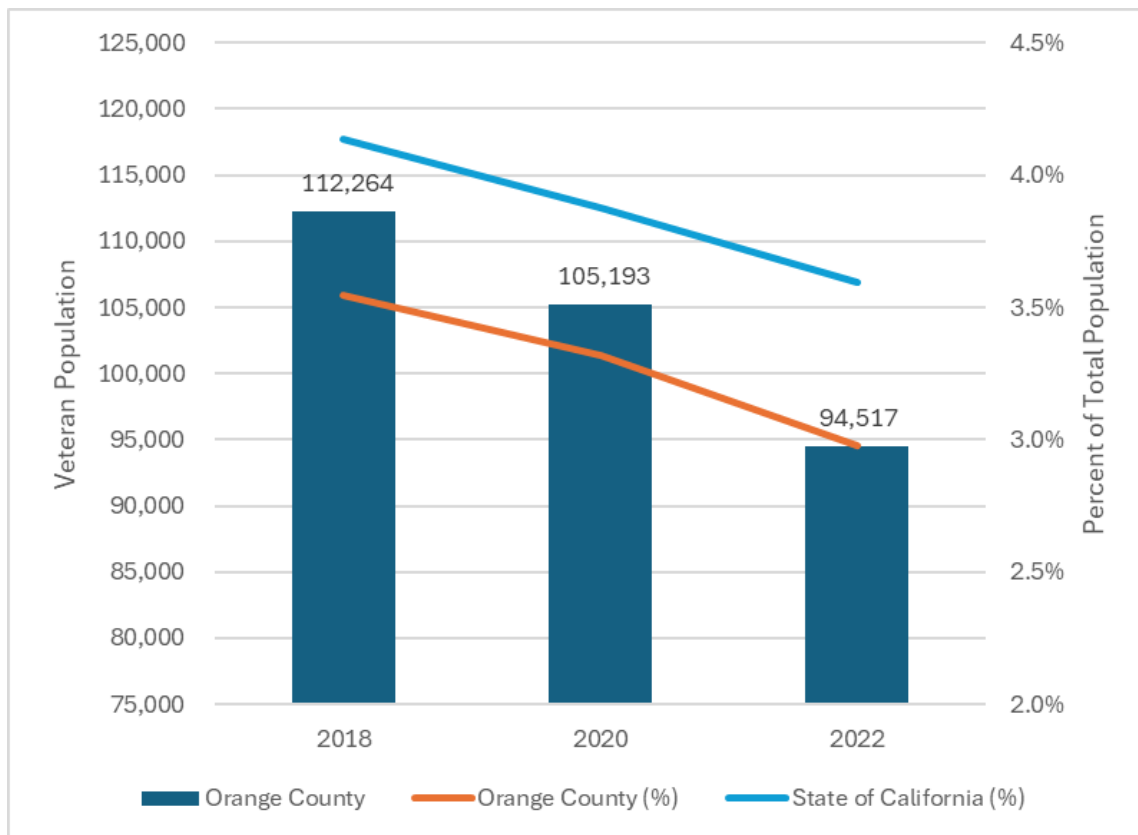


Figure 8. Orange County Veteran Population Compared to California, 2018-2022

There does not appear to be any pattern to the areas in the county where veterans live in higher densities. Orange County does not have a veteran’s medical center; the closest one is in Long Beach, CA.

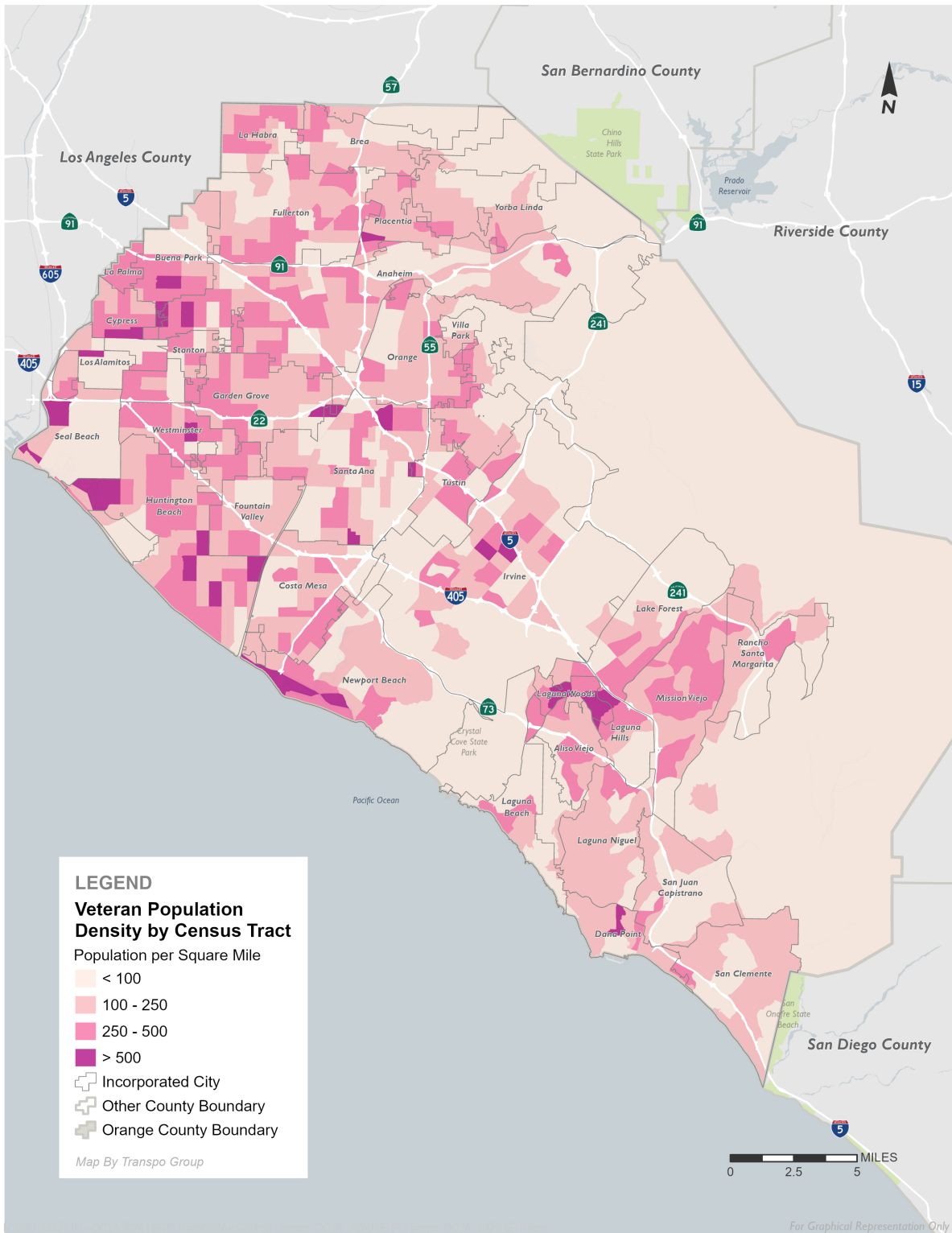


Figure 9. Veteran Population Density by Census Tract (2022 ACS 5-Year Estimates)

People with Limited English Proficiency

The number of people with limited English proficiency has decreased from 225,443 in 2018 to 180,734 in 2022, which is a decrease of nearly 20%. This decrease is shown in Figure 10. The percentage of the total population with limited English proficiency in Orange County steadily decreased from 2018 to 2022, but the same metric across California saw an increase in 2020, then a decrease in 2022.

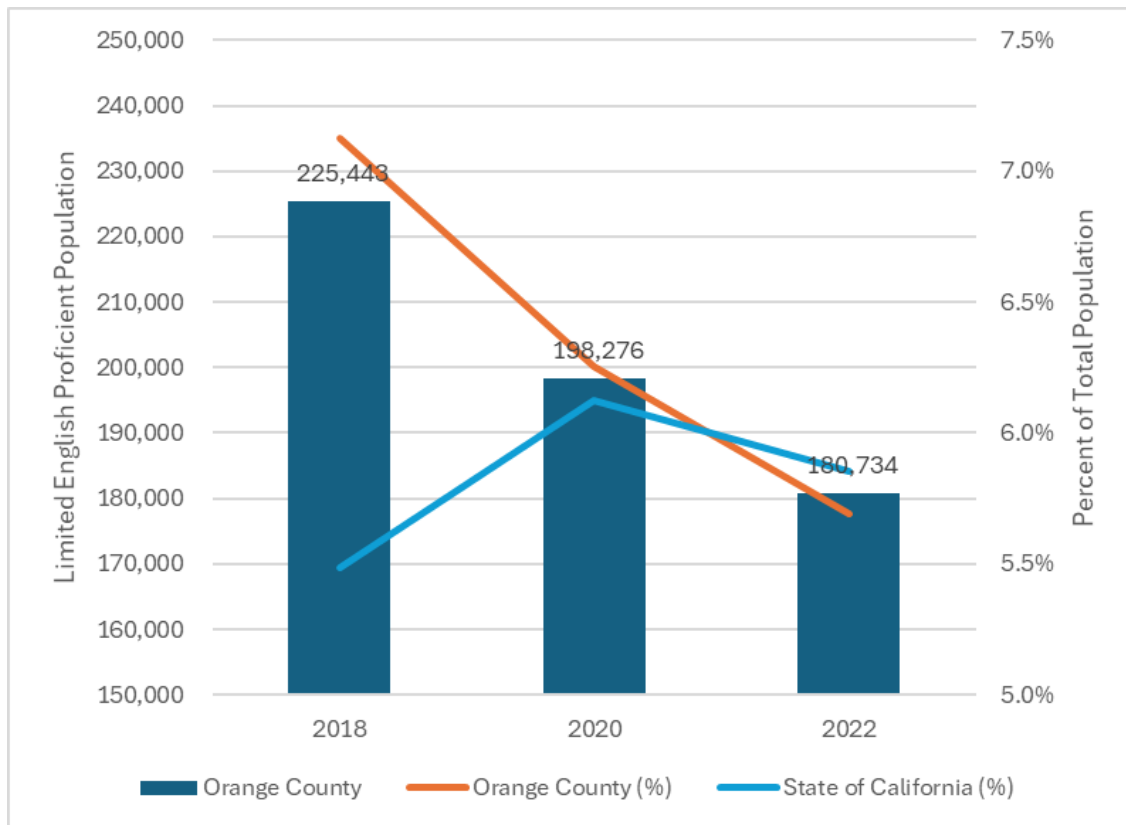


Figure 10. Orange County Population with Limited English Proficiency Compared to California, 2018-2022

People with limited English proficiency (LEP) live in higher densities primarily in the inland northwest area of the county in Anaheim, Stanton, Santa Ana, Garden Grove, and Westminster, with other pockets of high density throughout the county, including in Costa Mesa.

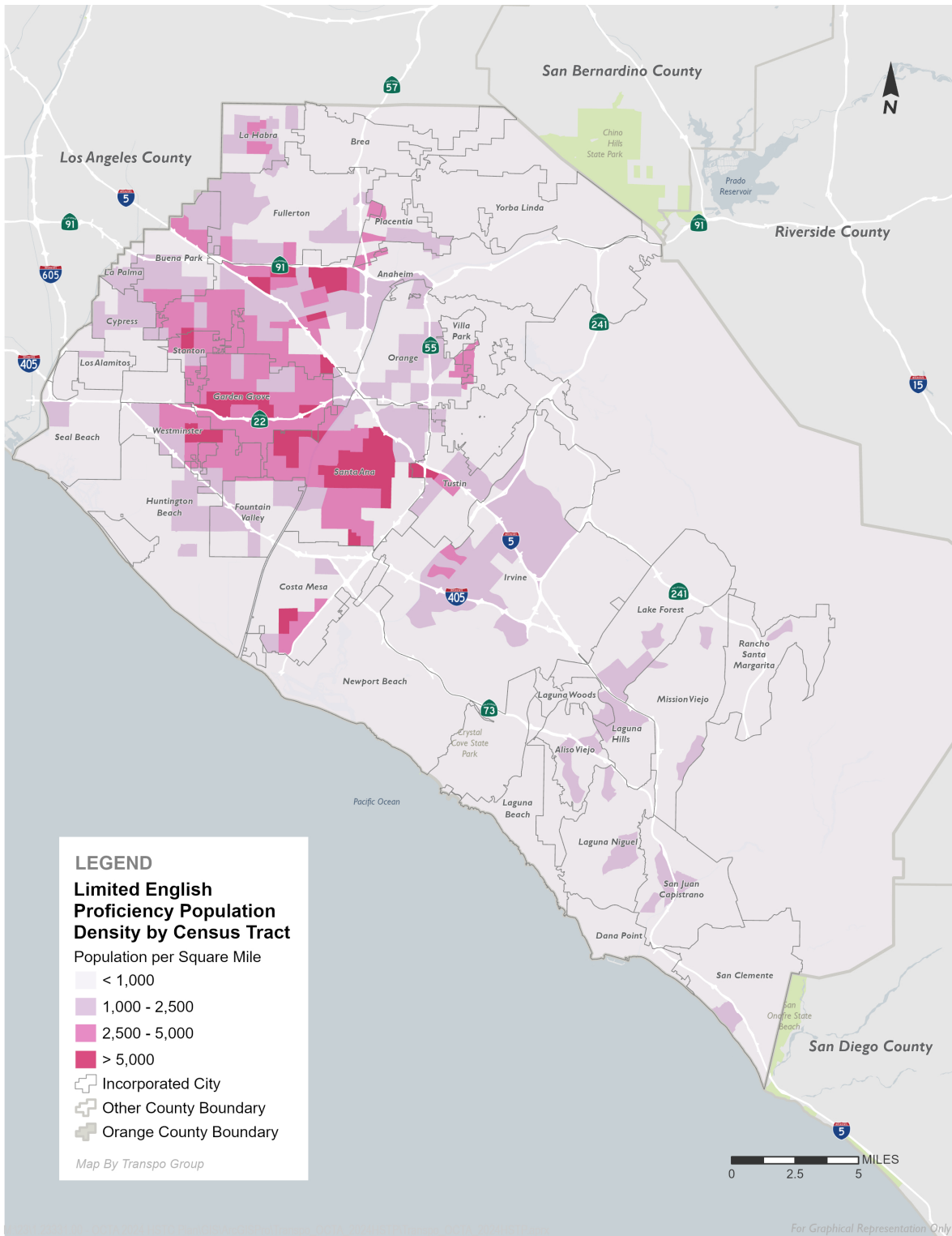


Figure 11. Limited English Proficiency Population Density by Census Tract (2022 ACS 5-Year Estimates)

Race and Ethnicity

As shown in Figure 12, Orange County has historically had a slightly higher percentage of White and Asian persons than the state of California, with smaller percentages of Black or African American and American Indian and Alaska Native persons. For both the county and California, the population of White individuals has decreased since 2018, and the population of Black or African American individuals and Native Hawaiian or Other Pacific Islander individuals have remained steady. All other racial groups have increased since 2018 for both Orange County and California.

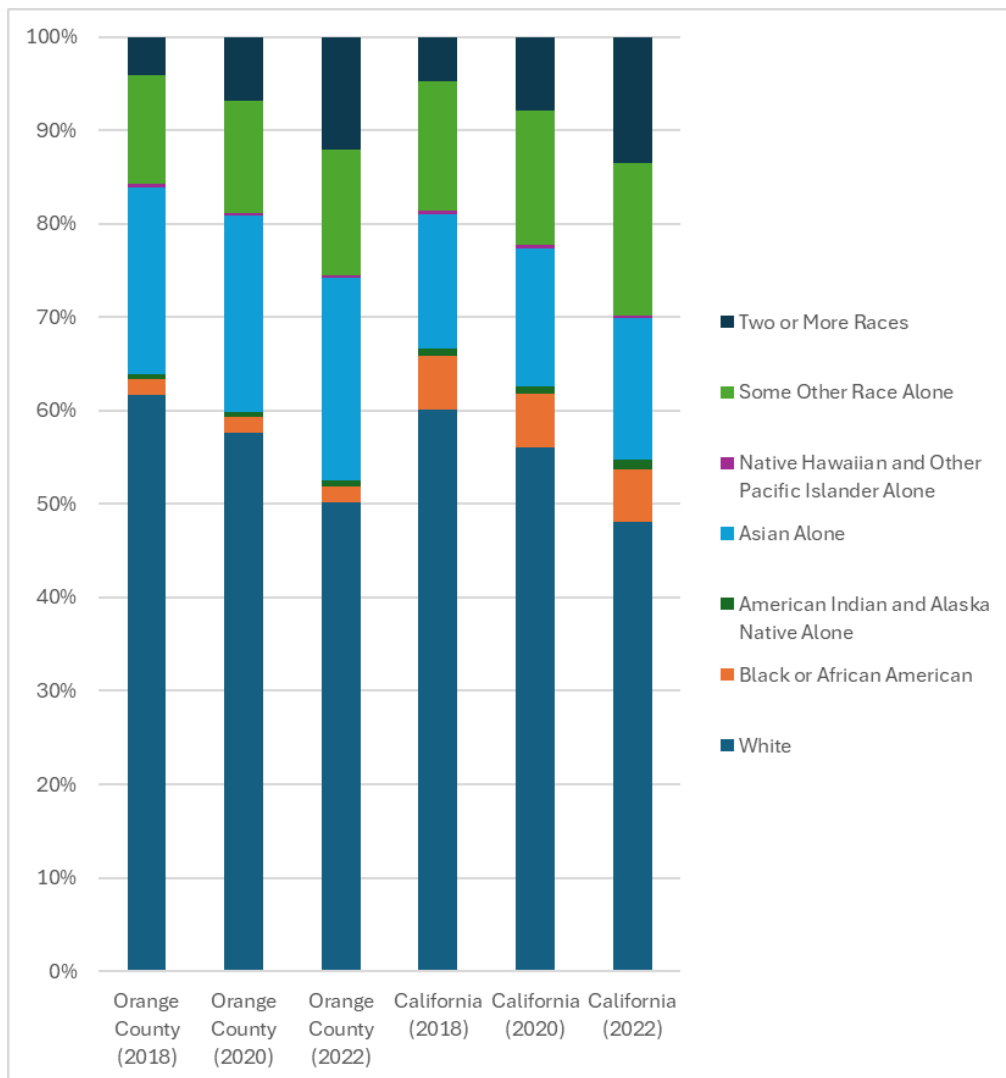


Figure 12. Orange County Population Race and Ethnicity Compared to California, 2018-2022

Areas of the county where black, indigenous, and people of color (BIPOC) live in higher densities include the same areas that have higher densities of individuals with LEP.

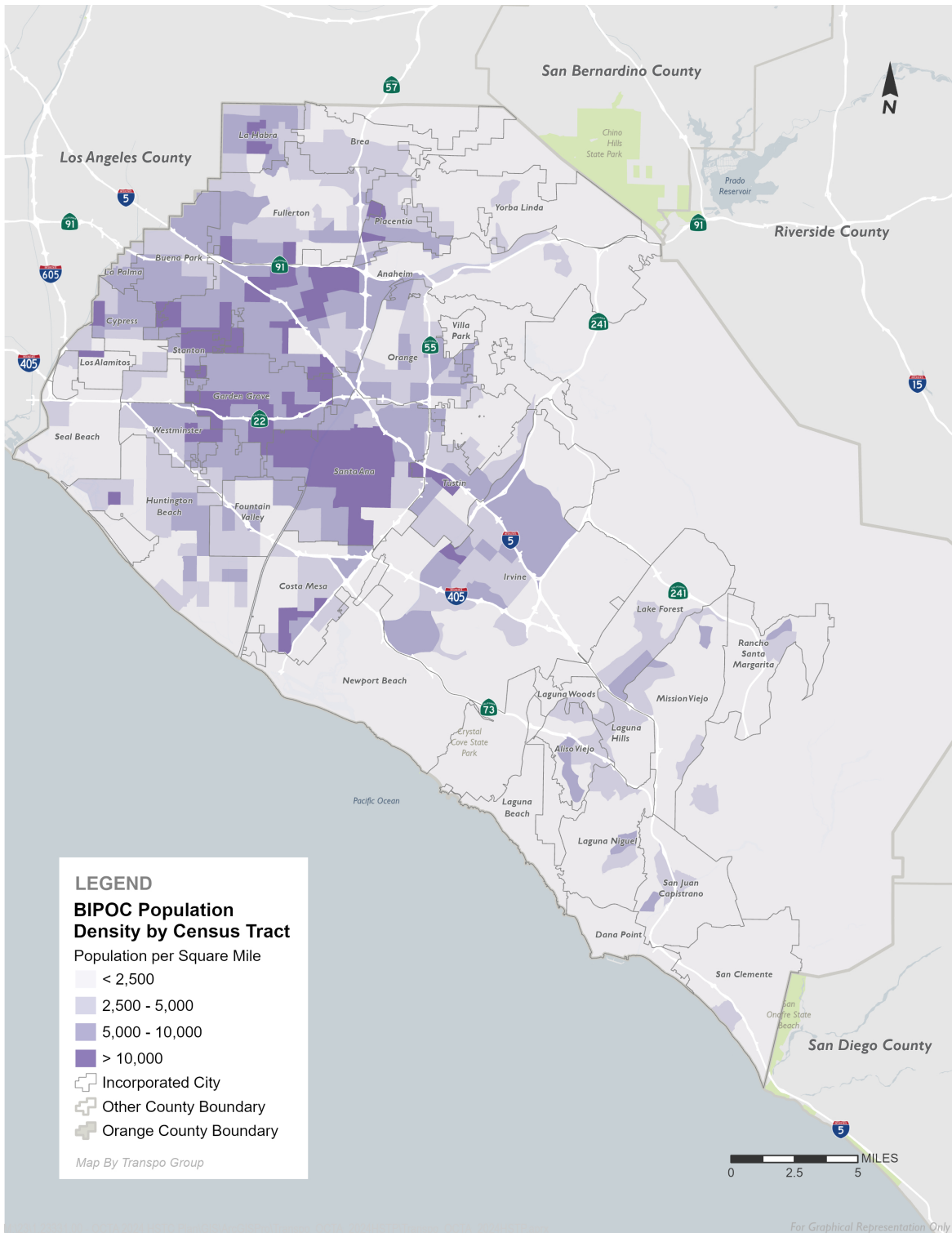


Figure 13. BIPOC Population Density by Census Tract (2022 ACS 5-Year Estimates)

Zero Vehicle Availability

High densities of individuals with zero vehicle availability are scattered throughout the county, with some areas reflecting senior and assisted living developments or areas of high poverty.

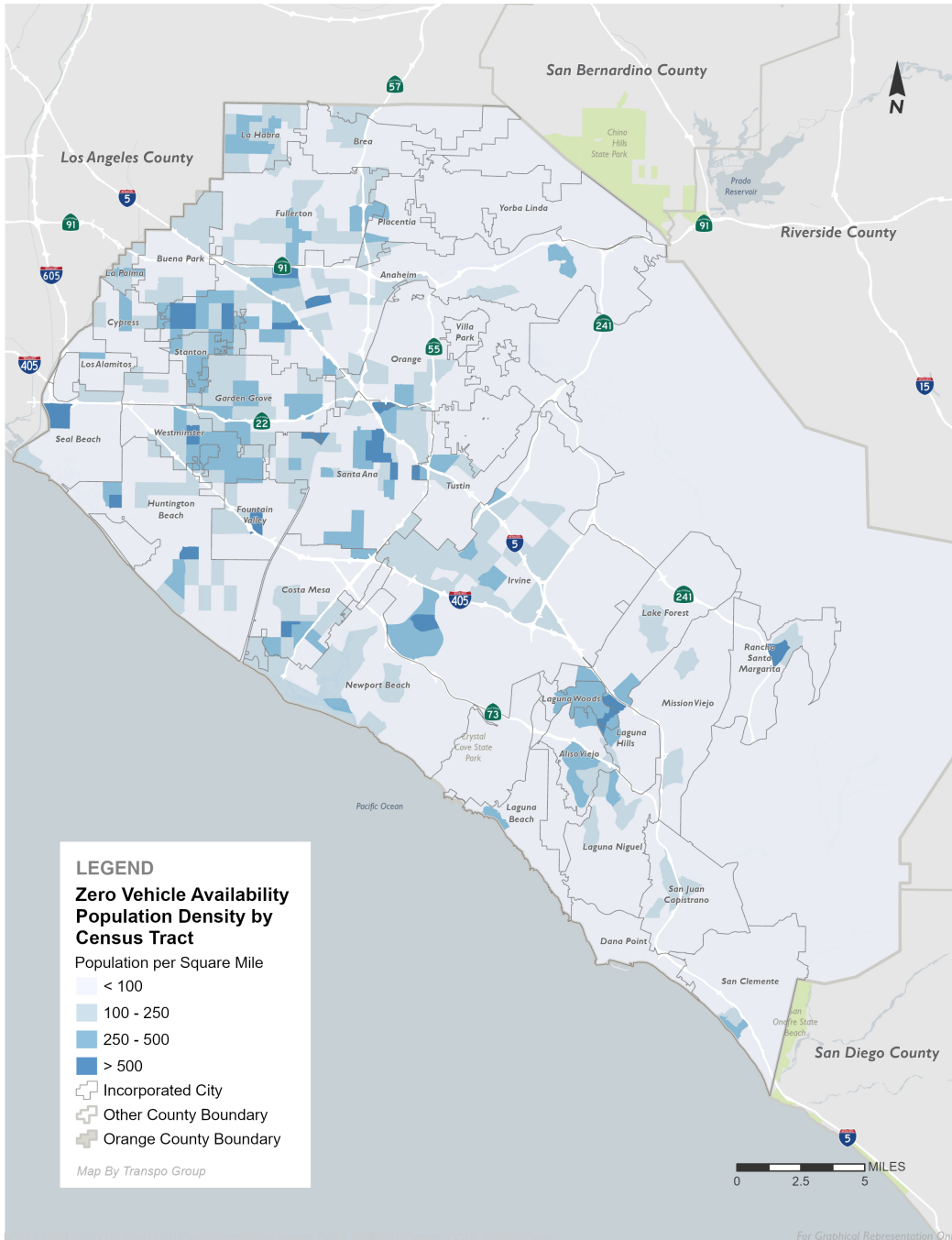


Figure 14. Zero Vehicle Availability Population Density by Census Tract (2022 ACS 5-Year Estimates)

Travel Patterns

This section describes travel patterns relevant to HST services. First, this section describes current travel patterns through analysis of OC ACCESS trips and information provided by the community through the community survey. Next, this section presents trips for which there is high demand by key HST populations, as modeled using location-based services. This section ends with an estimation of future HST demand, based on existing conditions and anticipated population changes in Orange County.

OC ACCESS Trips

The project team examined OC ACCESS trips from October 2023. The team identified trips that shared common origins and destinations to determine the twenty most common trips. Once these were identified, locations were mapped to the center of the Census tract they are in to protect the privacy of OC ACCESS travelers, who are often traveling to or from their home addresses. Figure 15 shows the twenty most common trips as a straight line between origins and destinations.

Figure 15 also represents the number of OC ACCESS trip destinations in each Census tract. While some of the Census tracts with the highest number of trips include an origin or destination in the top twenty trips, others have a high number of destinations but without a clear pattern to the trips that begin or end in that tract.

Among the top twenty links served by OC ACCESS in October 2023, the top five links primarily occurred within a small area—heavily populated and retail portions of Mission Viejo and Laguna Hills, with one exception being a link a few miles away in Laguna Beach.

Table 4. Top Five Origin-Destination Pairs for OC ACCESS Trips October 2023

Link Rank	Trip Start	Key Locations	Trip End	Key Locations	# of Trips
1	Mission Viejo; Census Tract 320.15	Target, CVS, senior living facilities, Dollar Tree, mental health and recovery services	Mission Viejo; Census Tract 320.28	Target, CVS, Social Security Administration, Amazon Delivery Station, religious facilities, multiple healthcare providers (optometrists, dentists, urgent care, other specialty services)	388
2	Mission Viejo; Census Tract 320.28	Target, CVS, Social Security Administration, Amazon Delivery Station, religious facilities, multiple healthcare providers (optometrists, dentists, urgent care, other specialty services)	Mission Viejo; Census Tract 320.15	Target, CVS, senior living facilities, Dollar Tree, mental health and recovery services	385
3	Mission Viejo; Census Tract 320.28	Target, CVS, Social Security Administration, Amazon Delivery Station, religious facilities, multiple healthcare providers (optometrists, dentists, urgent care, other specialty services)	Mission Viejo; Census Tract 320.03	City library, Planned Parenthood, residential	247
4*	Laguna Beach; Census Tract 626.05	Laguna Beach City Hall and other civic locations, Laguna Beach Library, grocery, pharmacy, healthcare services (dentist and specialty providers)	Laguna Beach; Census Tract 626.20	Residential (multifamily, group home)	215



4*	Mission Viejo; Census Tract 320.28	Target, CVS, Social Security Administration, Amazon Delivery Station, religious facilities, multiple healthcare providers (optometrists, dentists, urgent care, other specialty services)	Laguna Beach; Census Tract 423.07	Grocery stores, Big Lots, healthcare providers (dentists, rehab, chiropractic, other specialist care)	215
5	Mission Viejo; Census Tract 320.03	City library, Planned Parenthood, residential	Mission Viejo; Census Tract 320.28	Target, CVS, Social Security Administration, Amazon Delivery Station, religious facilities, multiple healthcare providers (optometrists, dentists, urgent care, other specialty services)	214

*Indicates a tie

As shown in Table 4, the top two links are between two neighboring tracts within Mission Viejo. For context, these two tracts both have highly important retail locations (each having its own Target branch), with topographical variation and a lack of fixed-route services. This combination makes this area both desirable and difficult to traverse, which would fall in line with data showing high OC ACCESS usage.

There is a significant variation in the number trips amongst the highest-ranked links, with the overall number of trips falling from 388 trips to 89 trips from the top link to number twenty, further showing the intense relative usage of OC ACCESS in the Mission Viejo and Laguna Hills area.

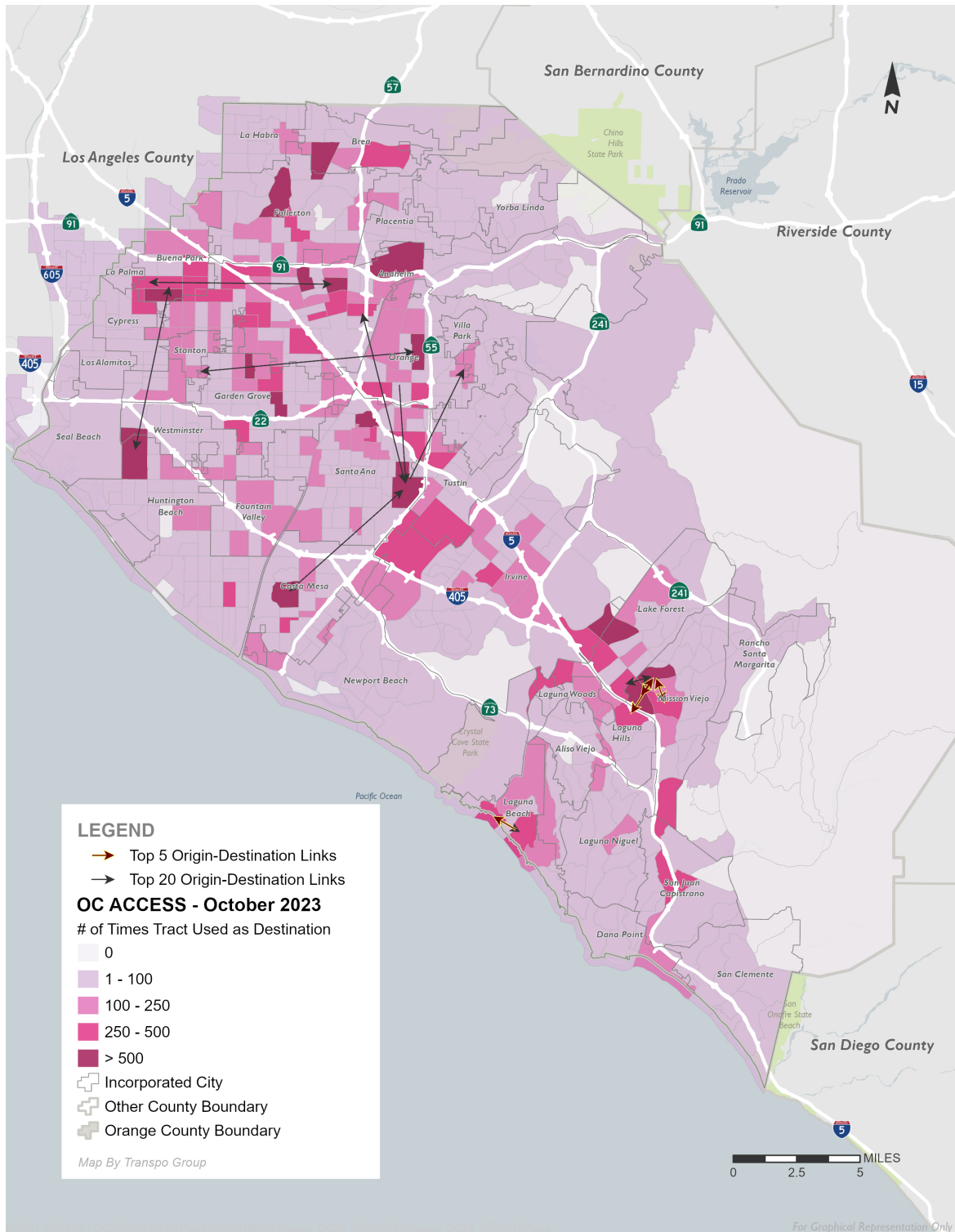


Figure 15. OC ACCESS Pickups and Dropoffs by 2022 Census Tracts, October 2023



Community Survey Respondents Travel Patterns

OCTA received 2,320 (non-duplicated) surveys between survey responses online and completed through the paper mailer OCTA sent out to all active OC ACCESS riders, as described in Section 4. The survey included questions about respondents' individual and household characteristics, travel patterns, and challenges and recommendations related to human services transportation in Orange County. This section summarizes survey respondents' travel patterns.

For questions about respondent travel patterns, the project team analyzed responses across all respondents and for specific groups of the most significant focus for the Coordinated Plan (older adults, people with disabilities, people with low incomes) and for other groups that have limited transportation options or are transportation disadvantaged (households with zero vehicles and people with limited English proficiency).

Respondents were asked, "Which of the following transportation options do you use regularly?" and provided several options to choose from, along with the ability to share answers not included in the list.

Outside of OC ACCESS and OC Bus, the major transportation options used regularly for all groups included being driven by a friend or family member, walking, and taking a taxi, Uber, or Lyft. Below, "Senior Mobility Program" is abbreviated "SMP," and non-emergency medical transportation is abbreviated "NEMT."

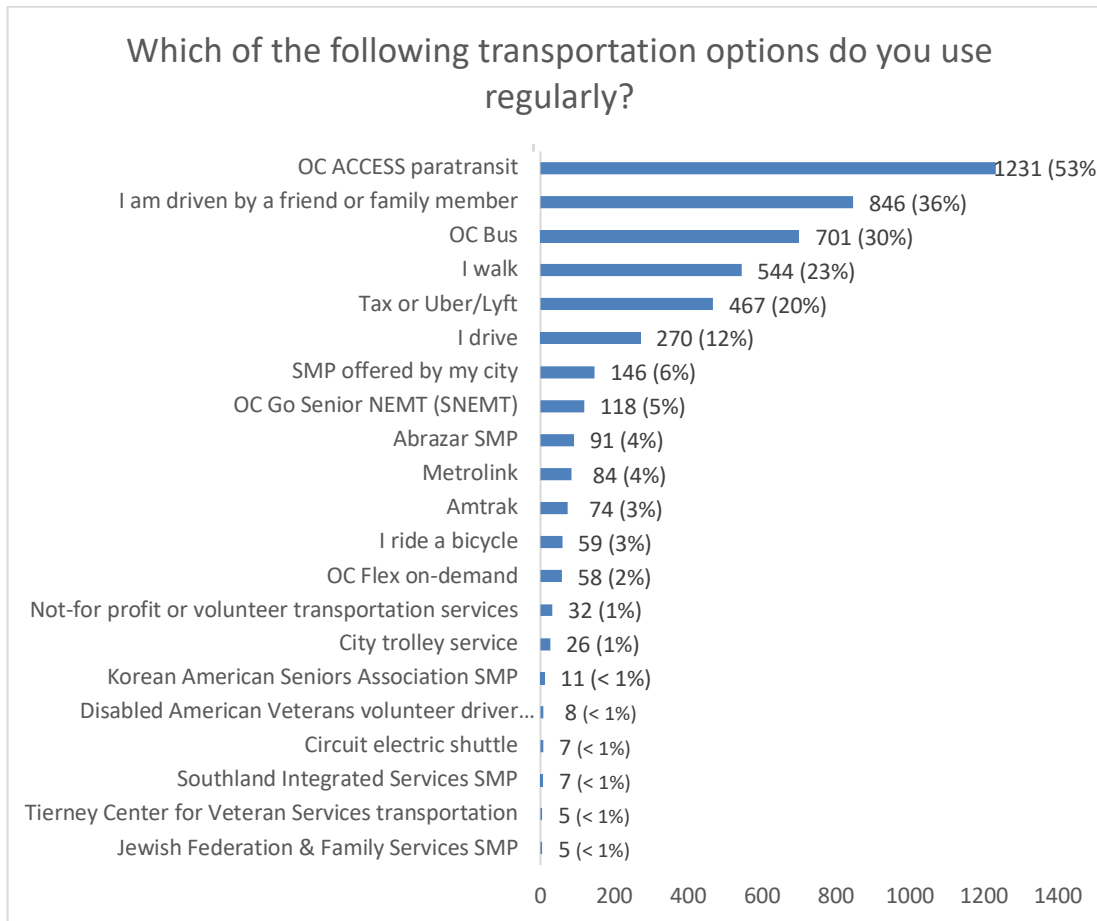


Figure 16. Survey Respondents' Regularly Used Transportation Options

Among the 181 responses provided in “Other,” a significant number of respondents rely on family members or caregivers for their regular transportation needs. Others stated they use transportation provided by assisted living facilities, retirement communities, or day programs they attend.

Many respondents also noted using medical transportation services, including those provided by MTM, CalOptima, SCAN, Veyo, and other insurance-covered transportation, such as through Medicare Advantage.

Some respondents noted they use mobility devices, including electric wheelchairs, scooters, or walkers, for short-distance trips. Several respondents noted that they have limited or no transportation options available.

Respondents were asked, “How often do you make a trip outside of your home?” Over half (1,122) of the 2,169 respondents who answered this question make trips outside their home 3-4 times a week or more. About 14% (305 individuals) make a trip 1-2 times a month or less. Among people with limited English proficiency, people aged 60 and older, and people living in households with zero vehicles, the rates of low travel are slightly higher than for all respondents, suggesting that these groups may have more barriers to transportation.

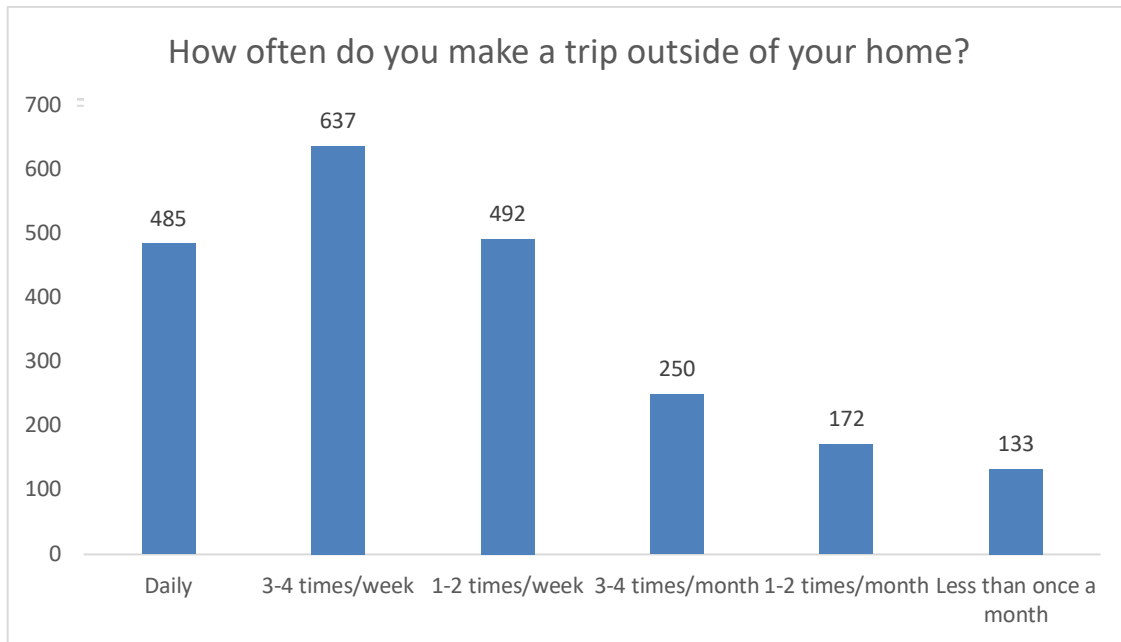


Figure 17. How Often Survey Respondents Make Trips Outside of Their Home

Respondents were asked, “What type of trips do you regularly make?” and provided several options to choose from, along with the ability to add other options. The top two types of trips respondents across all groups regularly make are for medical/dental and shopping/errands purposes. The three next most common trips included social/recreational, visiting friends and family, and religious trips; the rank order of these differs among groups, though they are all close regarding the number of respondents who chose them.

Among responses provided under “Other,” the most common trip type was to adult daycare programs, followed by senior centers and community centers. Other responses included trips to access exercise or fitness classes, recreational activities (going to the movies or visiting the library), or attending educational or vocational activities.

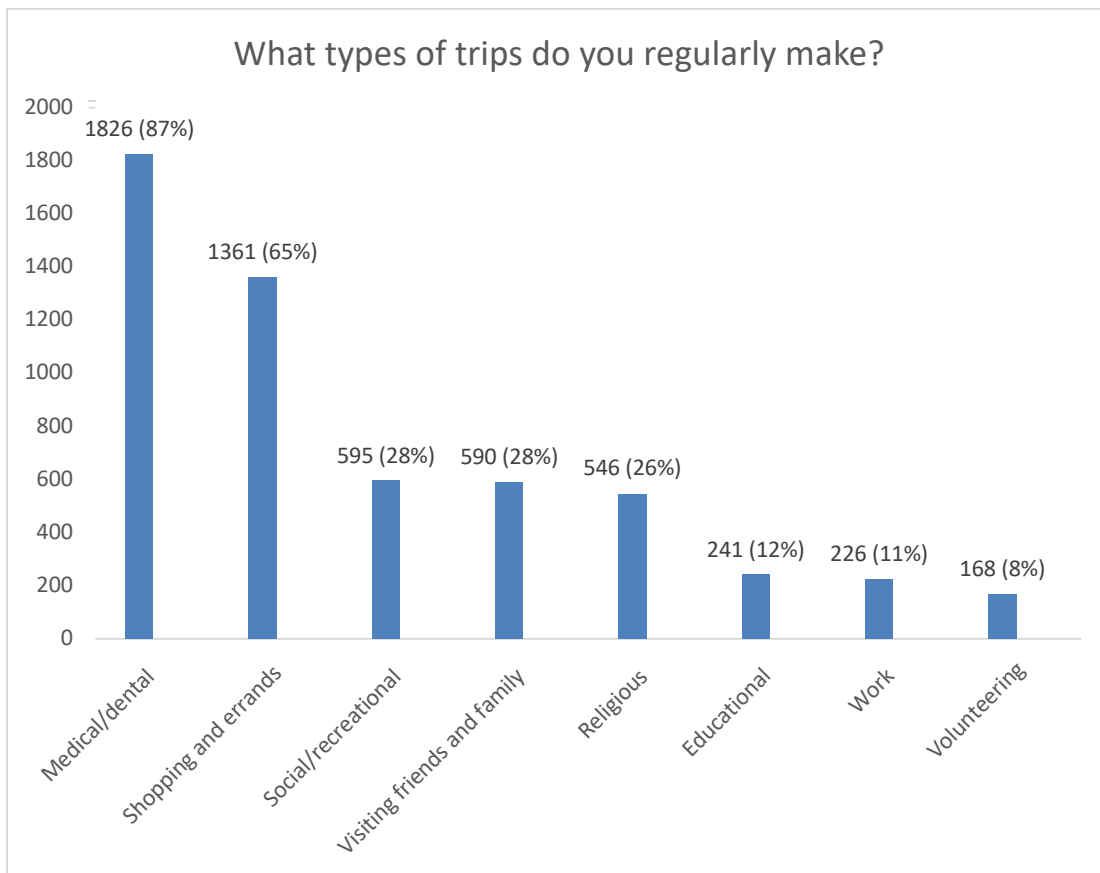


Figure 18. Type of Trips Survey Respondents Regularly Make

Respondents were asked, “How often do you miss a trip or are unable to make a trip you would like to take?” Among the 2,093 respondents who answered this question, about half (1,045) missed or could not take a trip less than once a month. Just under 9% (183 individuals) missed or could not make trips three or more times a week. Among people with limited English proficiency and people living in households with zero vehicles, the rates of more frequently missed travel are slightly higher than for all respondents, suggesting that these groups may have more barriers to transportation.

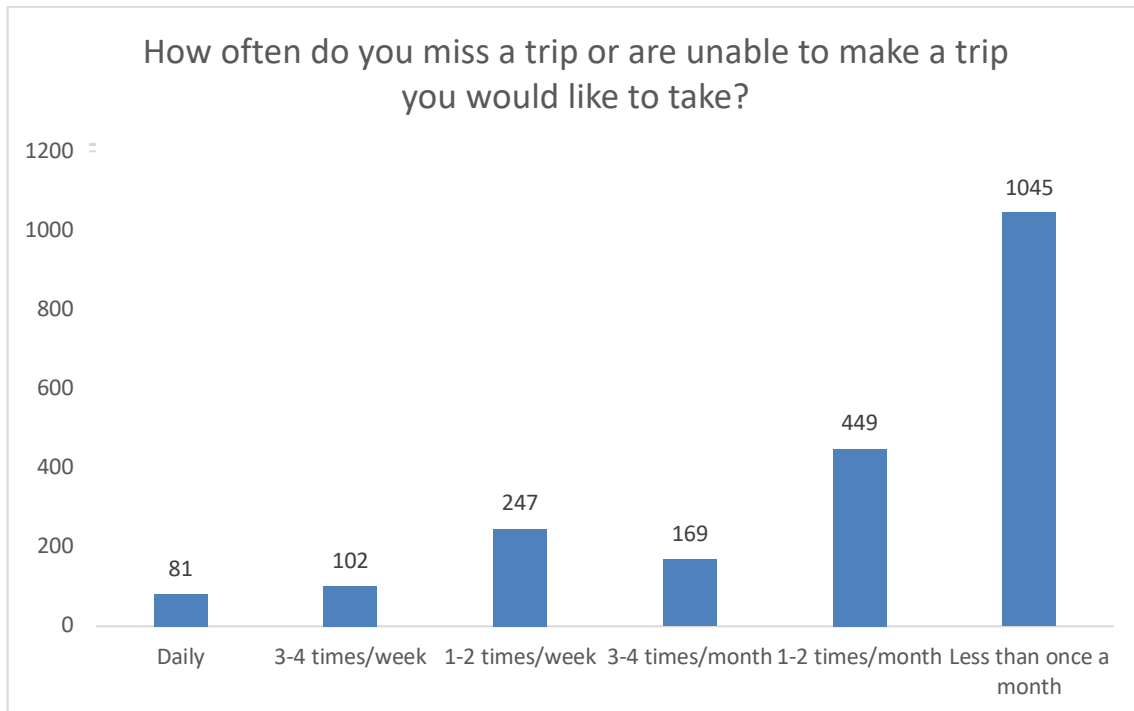


Figure 19. How Often Survey Respondents Miss or Cannot Make a Trip

Respondents were asked, “When you miss or are unable to make a trip, what are the most frequent reasons?” and provided several options to choose from, besides the ability to share their own answers. When identifying why they miss trips, the reasons most selected by all groups included, in rank order:

1. I do not own a car
2. I do not have a driver’s license
3. There is no one in my family/group home available to give me a ride, or I don't have access to a car
4. I do not feel safe or comfortable at the bus stop
5. Public transit and specialized transportation services are not available to my destination
6. Public transit and specialized transportation services are not available near my home
7. The cost of transit fares or specialized transportation services are too high

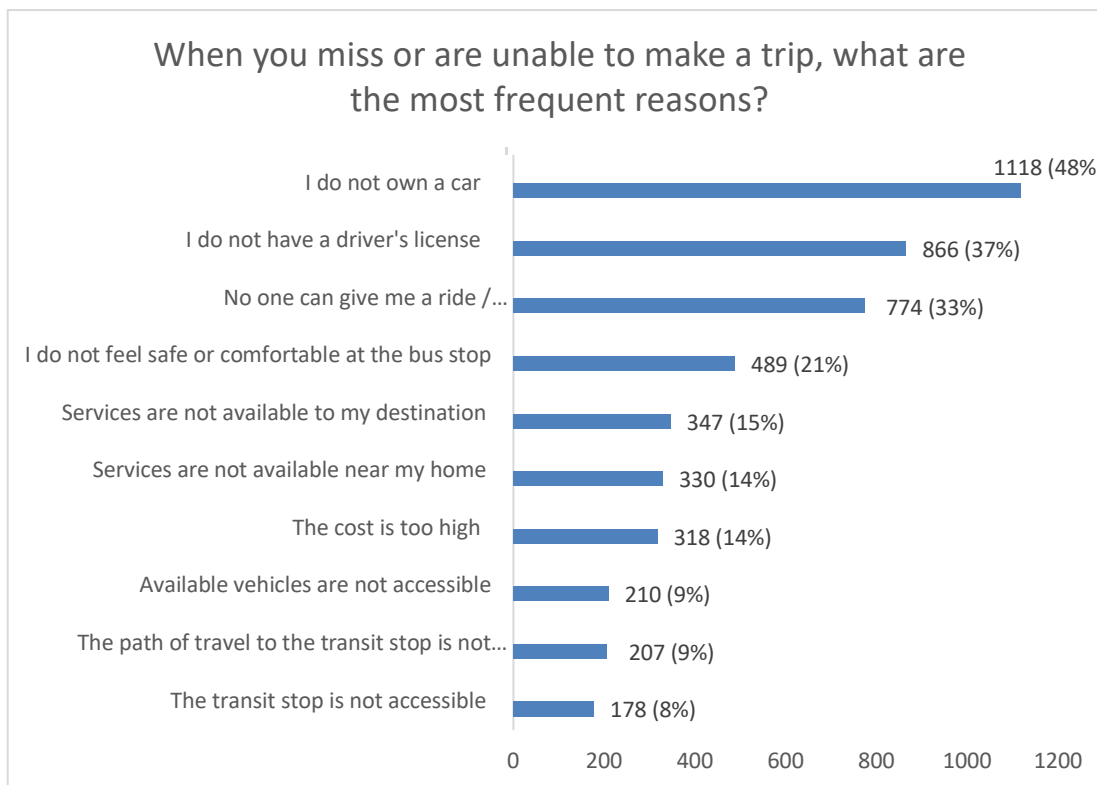


Figure 20. Reasons that Survey Respondents Miss or Cannot Make Trips

Among the 326 responses provided in “Other,” medical appointments or illness were one of the top reasons respondents miss or cannot make a trip. Many respondents mentioned missing trips because of doctor appointments, sickness, or

other medical reasons like pain, low blood sugar, and seizures. Other key issues, in order of how often respondents noted them, included:

- Issues with paratransit services or other transportation providers not showing up, being extremely late, or having scheduling conflicts
- Mobility limitations and disabilities that make it difficult to get to bus stops or use fixed-route transit when paratransit is not available
- Personal reasons, like forgetting to schedule, sudden change of plans, or not having enough energy
- Weather like rain or wind, or darkness
- Lack of service availability, especially on weekends/holidays or for certain destinations like medical facilities and church
- Cost of services like taxis/rideshare
- Safety concerns around bus stops, interaction with homeless individuals, or getting lost/disoriented
- Distance to bus stops or inability to wait for extended periods
- Language barriers and difficulty communicating

Respondents were asked, “How do you access information about transportation options?” and provided several options to choose from, besides the ability to share their own answers. The most common way of accessing information, selected by one-third of respondents, is to call the agency for information. Friends and family and printed information were the next two most common ways of accessing information.

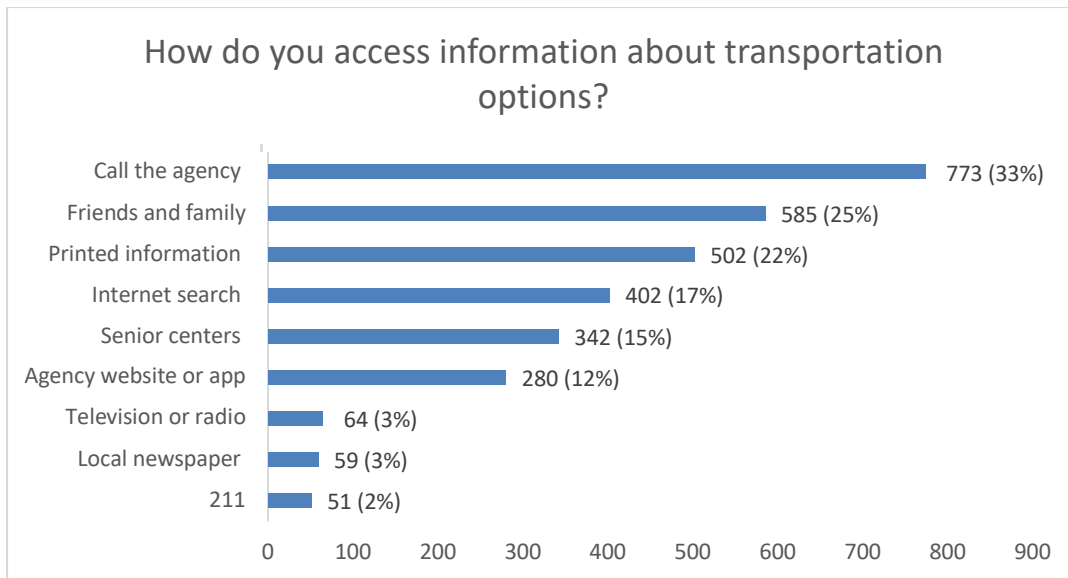


Figure 21. How Survey Respondents Access Information about Transportation Options

Responses in the “Other” category included social workers, caregivers, church members, daycare programs, medical facilities or insurance plans, and trip-planning applications or websites. Some respondents noted that their inability to read made accessing information difficult without help, and some noted that they did not know how to access transportation information.

Summary of survey respondent travel patterns

Outside of OC ACCESS and OC Bus, major transportation options used regularly for all groups include: 1) being driven by friends or family, 2) walking, and 3) taking a taxi, Uber, or Lyft. Most respondents make trips outside of their home 3-4 times a week or more. Most respondents miss or are unable to make a trip less than once a month.

Trips that respondents regularly make are included, in rank order, below. Educational, work, and volunteering trips were the least chosen.

1. Medical/dental (#1 across all groups)
2. Shopping and errands (#2 across all groups)
3. Social/recreational; Visiting friends and family; Religious



Three trip types tied for third in terms of which ranks highest, varying by individual groups (older adults, people with disabilities, and people with low incomes).

Overall, respondents appear to rely on OCTA services for most of their travel, followed by friends and family. Nearly all respondents (92%) have one or more disabilities, so there was little difference in results between the full set of respondents and people with disabilities. Among people with LEP and low incomes, there is generally less travel outside of the home and a slightly higher number of respondents who miss or are unable to make trips on a more regular basis. Adults aged 60 and older also have a slightly higher rate of lower travel outside of their home.

Modeled Current Data

OC ACCESS trip data represent trips that travelers took but do not provide information about the trips that travelers might want to take but may not be able to. To identify potential demand for trips beyond those taken through OC ACCESS, the project team used data from Replica to examine travel demand. Replica, a commercial data product, is essentially a synthetic travel-survey database with advanced relational characteristics; it is described by its vendor as a “high-fidelity travel model with simulated population and trip-taking activity.”

Replica data are synthetic and fused from a variety of sources, such as the decennial Census and American Community Survey datasets, Census Transportation Planning Package (CTPP) data, Longitudinal Employer-Household Data (LEHD), in-vehicle GPS traces, and published count data such as average annual daily traffic (AADT). Replica data are generated for a representative day (separately for weekday or Saturday) of a season.

Replica synthesizes the type of data that would normally come out of a custom regional travel survey, which does not exist in many parts of the country. In addition to providing quasi-travel-survey data where none exists, another strength of Replica data is that it in principle represents *all* travel, rather than the small-sample slice of a region’s travel (typically in the low single-digit percentages or lower) that can realistically be sampled in a regional household travel survey.

For this analysis, Replica data were filtered to isolate the travel patterns of specific groups most likely to use human services transportation. Disability is not a demographic factor available in Replica; analysis included zero-vehicle households, people aged 65 and older, and households with low and limited annual incomes (\$0-\$15,000; \$15,000-\$25,000; \$25,000-\$50,000). For each group, the top 100 origin-destination pairs were identified and are shown on the map.

Shown in Figure 22, among households with zero vehicles, there were 328 origin-destination pairs identified in the top 100 due to ties between pairs. The 100th link,

with the smallest number of trips, represents 53 daily trips, while the 1st link, with the highest number of trips, represents 2,098 daily trips.

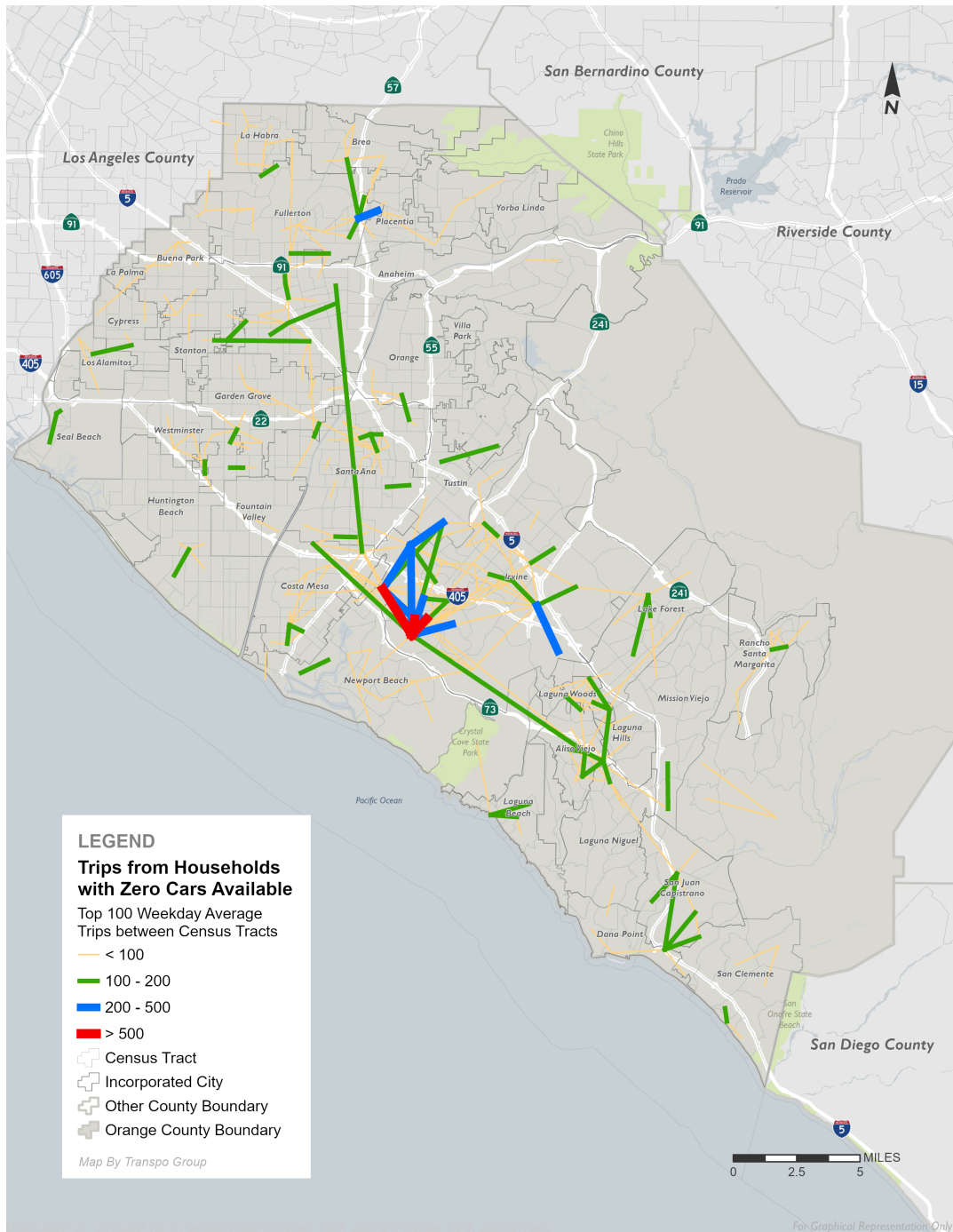


Figure 22. Trips from Households with Zero Cars Available (Data Source: Replica)

Shown in Figure 23, among people aged 65 and older, there were 132 origin-destination pairs identified in the top 100 due to ties between pairs. The 100th link, with the smallest number of trips, represents 286 daily trips, while the 1st link, with the highest number of trips, represents 1,150 daily trips.



Figure 23. Trips by Persons Age 65+ (Data Source: Replica)

Shown in Figure 24, among households with annual income between \$0 and \$15,000, there were 123 origin-destination pairs identified in the top 100 due to ties between pairs. The 100th link, with the smallest number of trips, represents 203 daily trips, while the 1st link, with the highest number of trips, represents 6,204 daily trips.

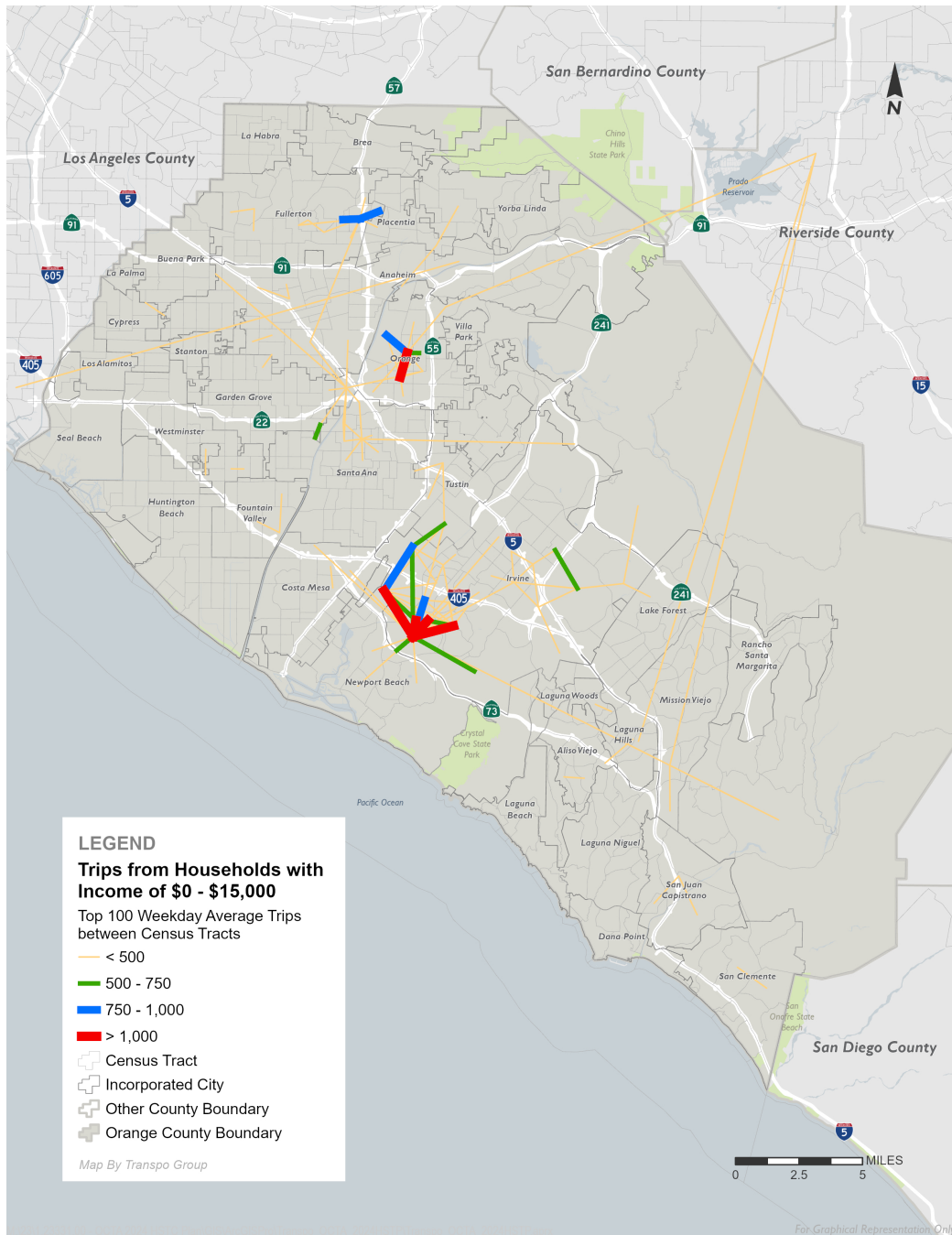


Figure 24. Trips from Households with Income of \$0-\$15,000 (Data Source: Replica)

Shown in Figure 25, among households with annual income between \$15,000 and \$25,000, there were 253 origin-destination pairs identified in the top 100 due to ties between pairs. The 100th link, with the smallest number of trips, represents 78 daily trips, while the 1st link, with the highest number of trips, represents 667 daily trips.

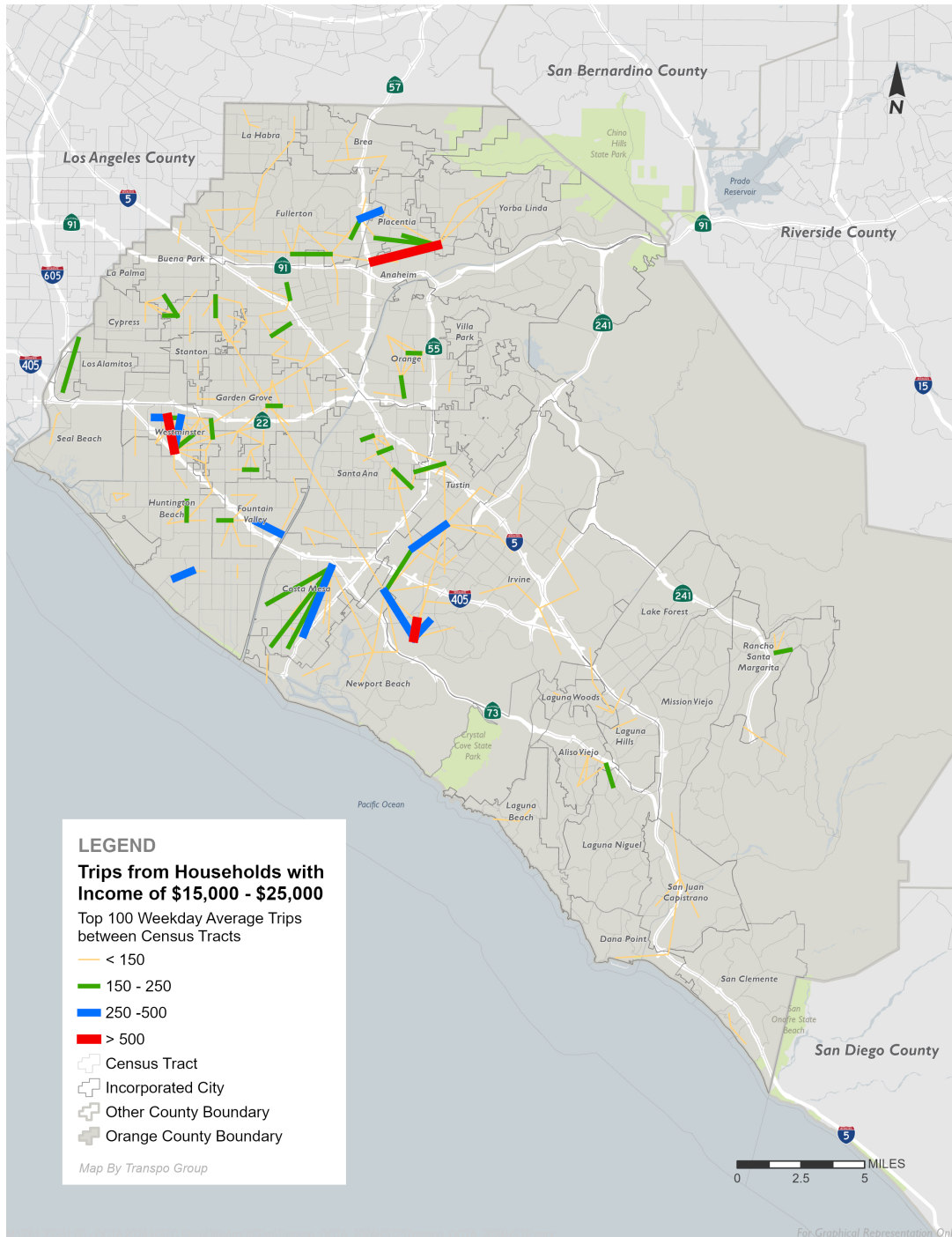


Figure 25. Trips from Households with Income of \$15,000-\$25,000 (Data Source: Replica)

Shown in Figure 26, among households with annual income between \$25,000 and \$50,000, there were 137 origin-destination pairs identified in the top 100 due to ties between pairs. The 100th link, with the smallest number of trips, represents 298 daily trips, while the 1st link, with the highest number of trips, represents 1,937 daily trips.

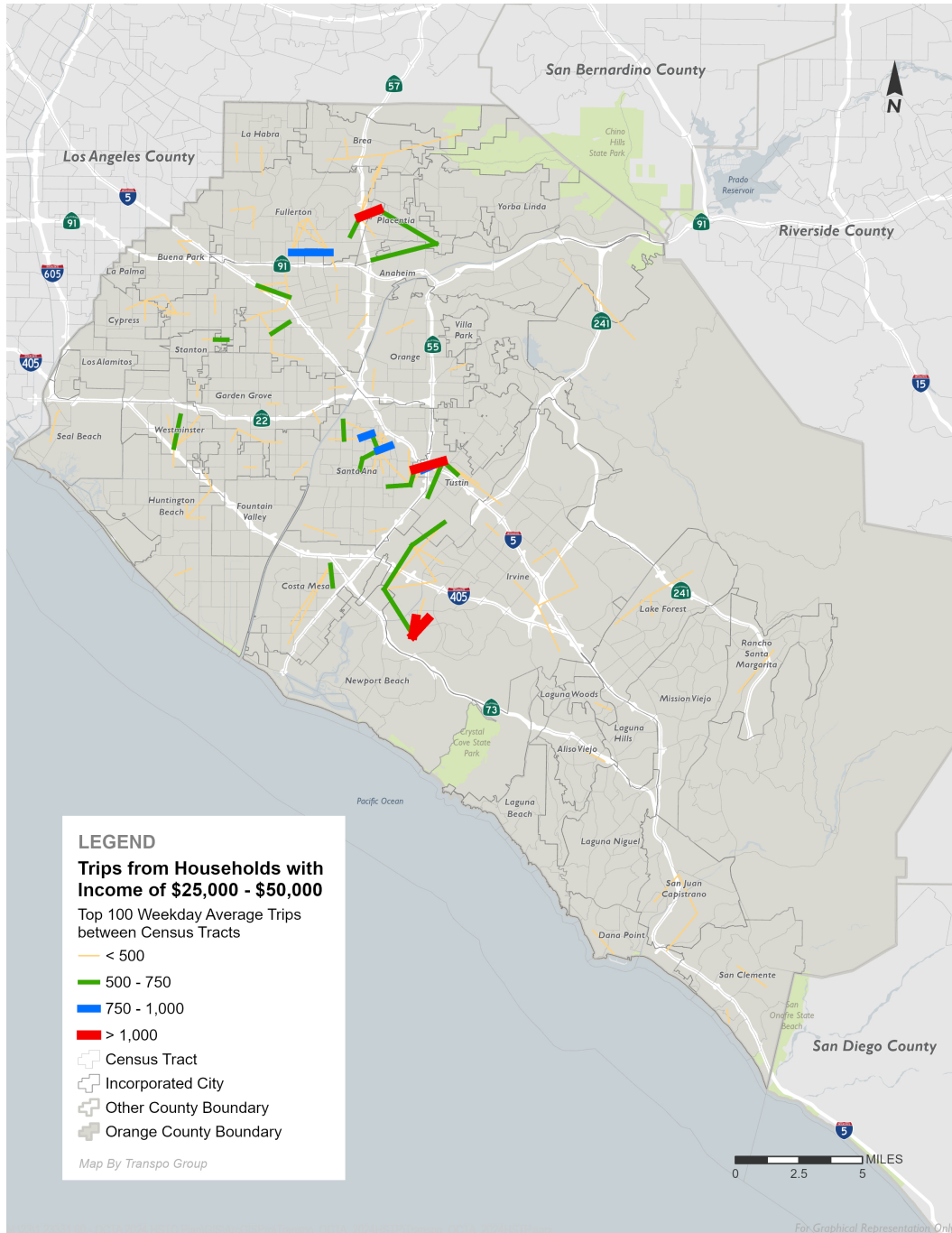


Figure 26. Trips from Households with Income of \$25,000-\$50,000 (Data Source: Replica)

Estimated Future Human Services Transportation Demand

The demand estimation in this Plan update differs from the approach presented in previous iterations of Orange County's Coordinated Plans. The demand estimates are based on the Southern California Association of Government's (SCAG) regional Paratransit Demand Estimation tool. The demand estimation tool projects ridership annually up to the year 2045.

The SCAG ADA Paratransit Tool was developed as part of a research study conducted for SCAG to assist transit practitioners in the areas of market analysis, demand forecasting, planning, and budgeting. The study relied primarily on a comprehensive literature review, a detailed examination of available data, and interviews with transit agencies and other stakeholders. The tool provides a general framework to estimate the demand for ADA paratransit, capacity needs and service design considerations, and budget requirements through 2045. It is primarily intended for long-term forecasting and scenario analysis and is not meant to replace the more detailed short-term forecasts used by some transit agencies.

Figure 27 illustrates the methodologies to estimate demand for ADA paratransit. The figure shows the different steps involved in the estimation of demand and identifies the input(s) required at each step.

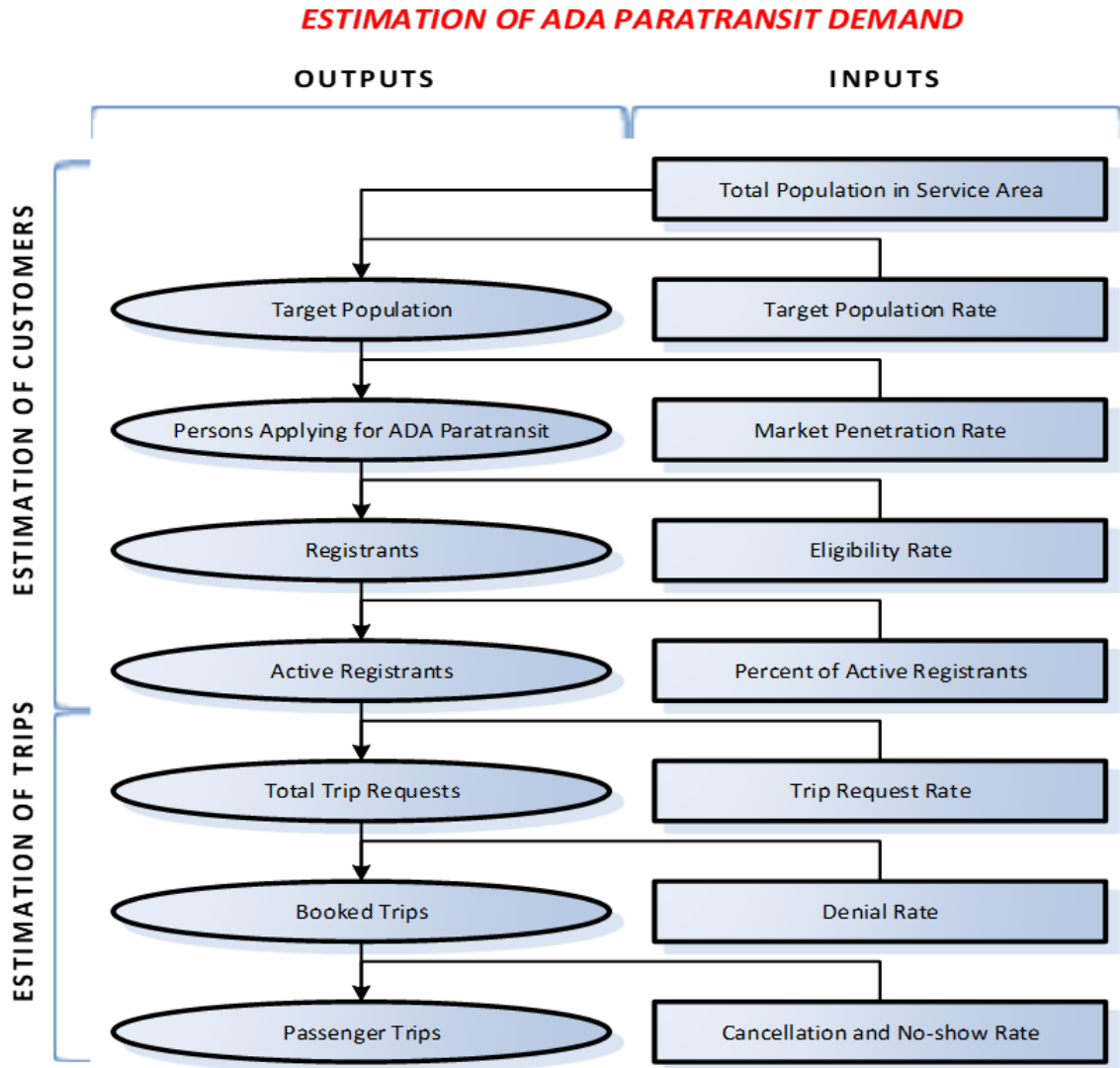


Figure 27. SCAG ADA Paratransit Tool Demand Estimation Methodology (Source: Southern California Association of Governments)

Input Data

The input data that drives the demand forecasts are:

- **Total Population in Service Area:** Total population in the service area is the main driver of the growth in demand. The tool was updated to use population estimates from the zonal data within the OCTAM, the region’s travel demand model. Base year 2019 and future year 2050 were provided.
- **Target Population Rate:** The target population rate is the percent of population who is the intended target of ADA paratransit service. The information to calculate this rate comes from the ACS 2022 data and is

based on the number of people in Orange County that reported having at least one type of disability, representing 9.1% of the county's total population.

Input Parameters

The remaining input parameters for the baseline data (Year 2017) came from the transportation agencies themselves during the initial data collection. These include:

- **Market Penetration Rate:** The percentage of the target population that applies for ADA paratransit service.
- **Eligibility Rate:** The percentage of applicants who are deemed eligible.
- **Active Registrants:** The percentage of registered customers who have taken at least one trip in the past year.
- **Total Trip Requests:** The average number of passenger trips requested per active user and per month (or year).
- **Denial Rate:** The percent of denied/unaccommodated trip requests.
- **Cancellation and No-show Rates:** The percentage of booked trips cancelled and no-shows.

As previously noted, these parameters were fine-tuned based on conditions prevailing in 2017. However, since then, external factors, particularly the COVID-19 pandemic, have significantly influenced the demand for these services. Figure 28 represents the annual unlinked trips for OC ACCESS demand-responsive services from 2017 to the present day. The data indicate a gradual increase in unlinked trips, rising from 1,475,934 in 2017 to a peak of 1,493,588 in 2019, followed by a decline by roughly two-thirds as the pandemic's impact on mobility became apparent. Ridership has shown an upward trend since hitting a low point in 2021, climbing from 485,746 to 1,031,899 in 2023. This suggests a gradual return of demand for these services to pre-pandemic levels.

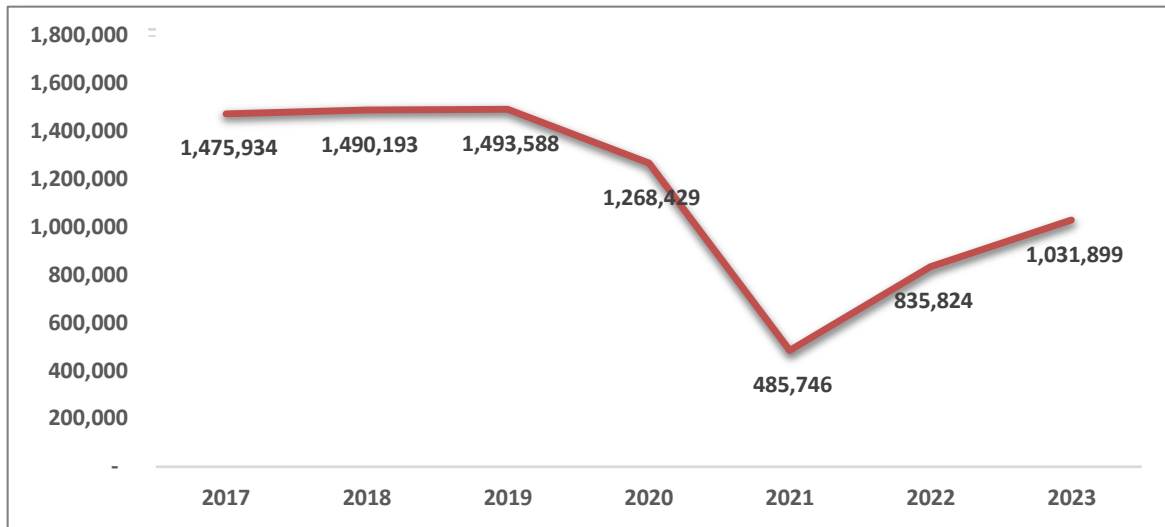


Figure 28. Historical Annual Unlinked Passenger Trips: Demand-Response Services

Looking ahead, two probable scenarios emerge regarding demand: 1) a short-term rebound to pre-pandemic levels followed by adjustments linked to demographic shifts, or 2) a stabilization around the "new normal" of 2023, with future demand patterns primarily influenced by demographic changes. The team prepared two sets of forecasts, one for each of the potential scenarios. Table 5 shows the estimated future year 2045 annual unlinked passenger trips under both scenarios.

Table 5. Current and Estimated Future Unlinked Passenger Trips

Category	Year 2017	Year 2023	Year 2045	
	Model Base	Current	Scenario 1	Scenario 2
Total Population of Service Area	3,151,184	3,158,331	3,251,576	3,251,576
Target Population	282,529	288,138	296,645	296,645
Annual Unlinked Passenger Trips	1,475,934	1,031,899	1,522,954	1,062,371

Section 4: Transportation Provider & Community Engagement Activities

The project team relied on activities with four key groups during the development of the Coordinated Plan:

- Community members
- Transportation providers and other human services providers
- OCTA's Accessible Transit Advisory Committee (ATAC)
- OCTA's internal project development team

The project team developed a website to provide information about the Plan update. The project website was also where the community and the agency surveys were available and where participants could learn about and register for the community or agency virtual meetings. Website content was made available in English, Spanish, and Vietnamese.

Community Members

Community Survey

As part of community outreach and developing a deeper understanding of community human services transportation needs, OCTA made a rider survey available online and in print. In late February 2024, OCTA mailed the printed survey to all 5,049 active OC ACCESS riders (as a postage-paid mailer, respondents could return to OCTA). OCTA printed the survey in English with a note in Spanish and Vietnamese, letting recipients know they could complete the survey online or request a paper survey in those languages as well. OCTA did not receive any requests for paper surveys in Spanish, Vietnamese, or any other language. The online survey was available in English, Spanish, and Vietnamese. The surveys were available in early February and closed at the beginning of April.

All survey respondents were asked to submit their responses by March 31st and had the option to take part in a drawing for one of five \$25 Visa gift cards. OCTA hosted a virtual community meeting on March 20th to provide participants an opportunity to learn more about the Plan, share their thoughts, and get assistance filling out the survey, if needed.

OCTA received 2,391 survey responses, 2,079 of which were paper surveys. At least 13 surveys were completed in Spanish, and none were completed in Vietnamese. OCTA staff transcribed the paper surveys into the online survey tool. The project team individually analyzed survey responses to check for duplicate entries. All repeated IP addresses were filtered and analyzed to check for duplication. Almost all responses in this subcategory belonged to individuals who

lived with a spouse or partner or lived with children and parents, and only one response in this subcategory was found to be a duplicate response. Some IP addresses had more than just two responses, and sometimes up to 10 responses, and those belonged to institutions, such as senior living facilities. The project team filtered out responses with duplicate email or similar email addresses. Among responses from duplicate emails, the project team maintained the ones with more complete responses. The project team removed 71 responses, leaving 2,320 responses for analysis. Among these 2,320 submissions, not every respondent answered every question, so response numbers for individual questions are described throughout this memo.

This section summarizes information about the survey respondents' demographic and socioeconomic characteristics.

Age

Respondents were asked, "What is your age?" and selected from the provided options. While 48 respondents left the question blank or selected "Prefer not to answer," 2,273 individuals provided their age. Among these respondents, the age group that submitted the most responses was individuals aged 80 and older (759 responses), followed by individuals aged 70-79 (629 responses), and then individuals aged 60-69 (333 responses). During the agency survey dissemination, described later in this Section, the project team shared information about the community survey with senior center and Senior Mobility Program contacts, and several told OCTA they helped clients fill out the survey. Figure 29 shows the percentage of respondents belonging to each age group.

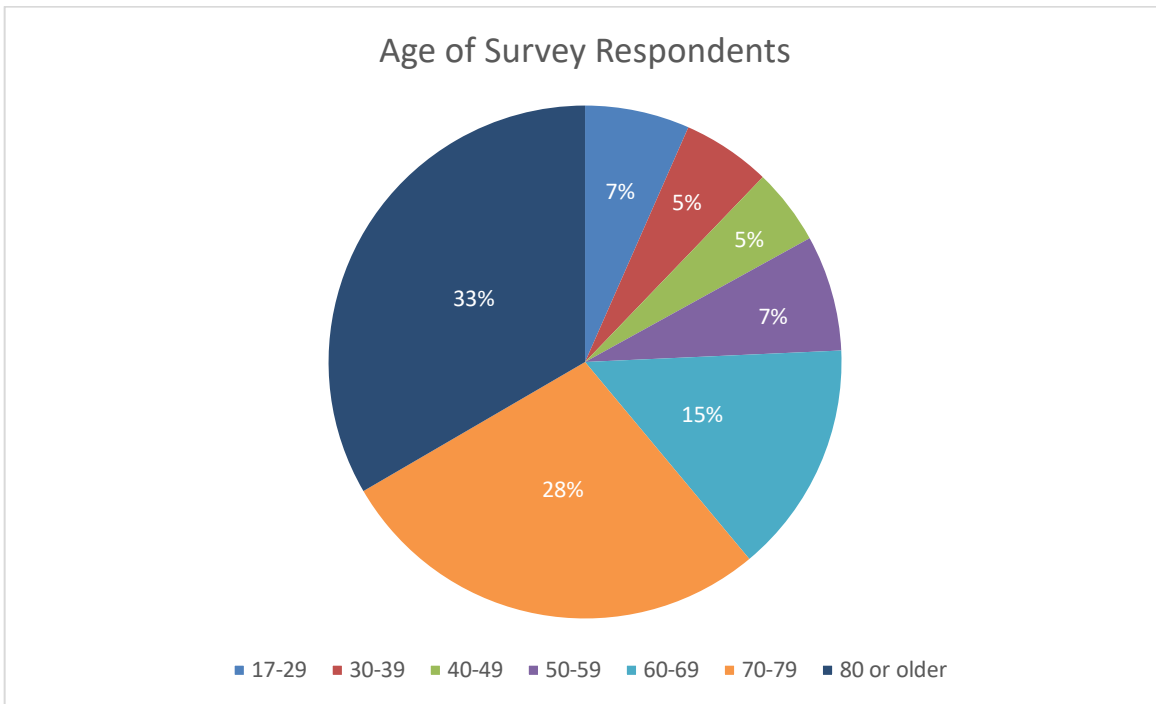


Figure 29. Percentage of Survey Respondents by Age Group

Income

Respondents were asked, “What is your annual income?” and selected from the provided options. Many respondents (449) left the question blank or selected “Prefer not to answer.” Among the 1,872 that provided their income, 60% (1127 individuals) shared that their annual income is less than \$20,000. Another 19% (348 individuals) have an income of \$20,001-\$30,000. Figure 30 shows the percentage of respondents belonging to each annual income range.

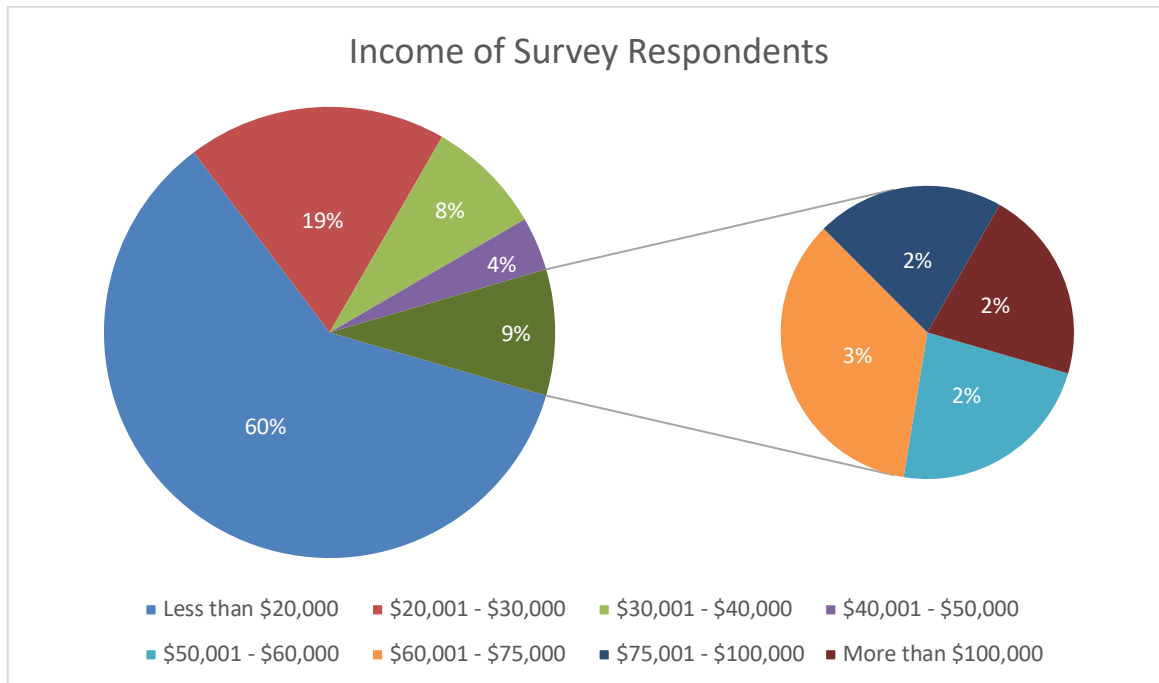


Figure 30. Percentage of Survey Respondents by Annual Income

Employment Status

Respondents were asked to respond “Yes” or “No” to the question “Are you currently employed?” Among the 2,295 respondents who answered this question, 89% (2050 individuals) said “No.”

Residential Location

Respondents were asked, “Where do you live? Please provide your zip code.” The 2,082 respondents who answered this question live across 134 different zip codes. Figure 31 shows where survey respondents live in and around Orange County. Some of the areas with the highest number of respondents correspond with areas with high proportions of older adults and/or people with disabilities.

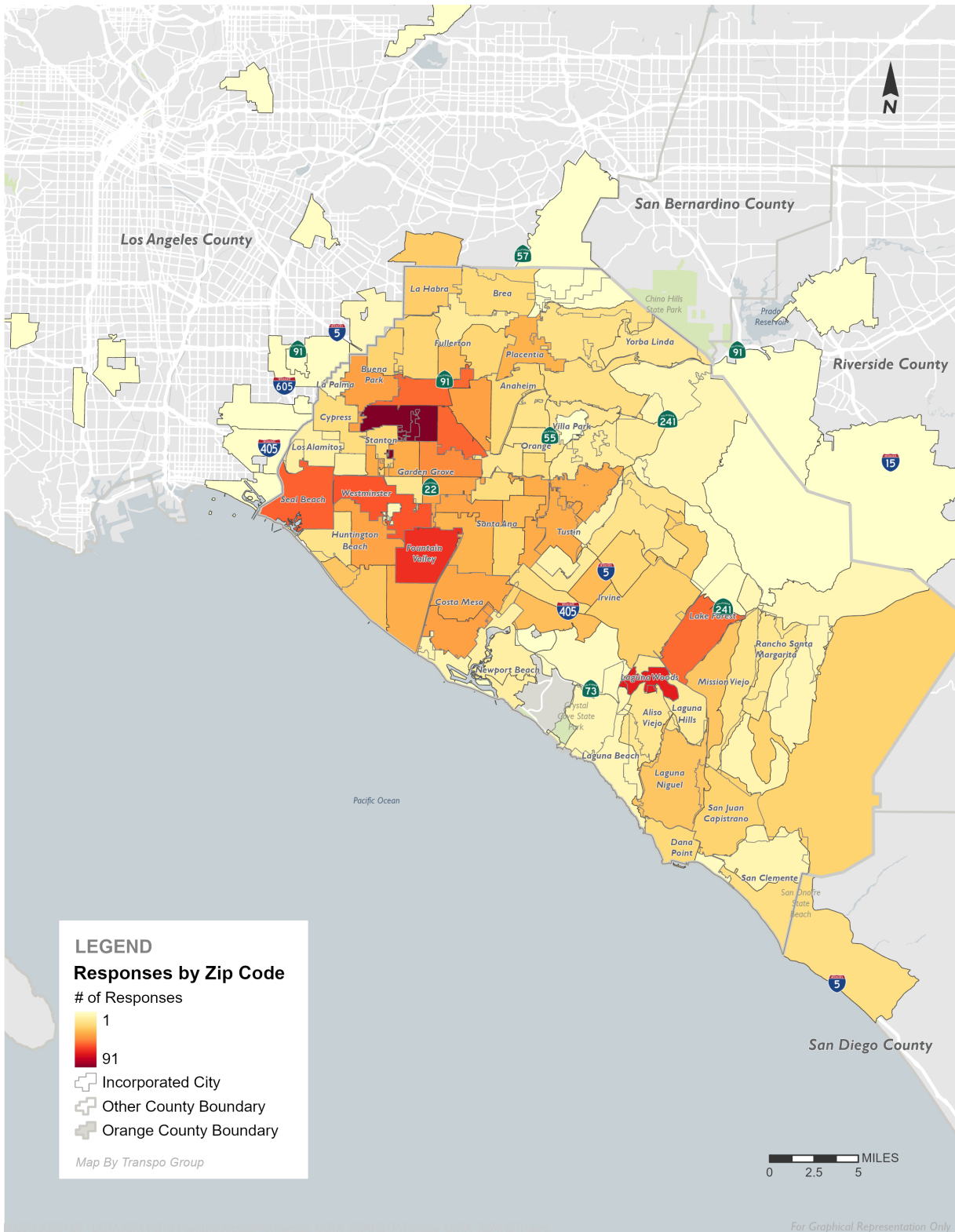


Figure 31. Residential Zip Codes by Number of Survey Respondents

Veteran Status

Respondents were asked, “Are you a veteran?” Among the 2,282 that answered this question, 7% (156 individuals) responded “Yes.”

Disabilities

Respondents were asked, “Do you have any disabilities?” and asked to select all that applied. Among the 2,321 survey that answered this question, 8% (94 individuals) did not indicate that they have any disabilities. Among the 92% of respondents (2,127 individuals) who said they have a disability, 757 have two or more disabilities. Response options and the number of respondents that said they have that disability included:

- Difficulty walking or climbing stairs (1,527)
- Difficulty doing errands alone (929)
- Difficulty remembering, concentrating, or making decisions (690)
- Deaf or difficulty hearing (409)
- Blind or difficulty seeing (367)
- Other (464)

Several of the 464 responses in the “Other” category contained multiple disabilities and/or health conditions. Some responses in the “Other” category overlap with options that respondents were given to choose from but with greater specificity or detail shared. Among the disabilities and health conditions that respondents shared, the most common ones, in order of the number of times mentioned, were:

1. Intellectual and developmental disabilities, including autism, Down syndrome, cerebral palsy, and other cognitive impairments or challenges, including difficulty comprehending, processing information, or communicating.
2. Physical disabilities including paralysis, quadriplegia, amputations, spinal cord injuries, and other difficulties with mobility or balance, such as chronic pain or arthritis.
3. Neurological conditions such as Parkinson’s disease, Alzheimer’s disease, dementia, epilepsy, and brain injuries.
4. Sensory impairments such as glaucoma, macular degeneration, and hearing difficulties.
5. Mental health conditions such as anxiety, depression, schizophrenia, and bipolar disorder.
6. Other medical conditions such as diabetes, respiratory issues, heart problems and other chronic illnesses, tracheostomy, neuropathy, stroke, and cancer.

Driver's License and Vehicle Access

Respondents were asked, "Are you able to drive and have a current driver's license?" Among the 2,291 respondents who answered this question, 23% (519 individuals) said "Yes." Among respondents who said that they can drive and have a valid license, 35% (180 individuals) answered "No" to the question "Do you have access to a personal vehicle that you drive?"

Respondents were also asked, "How many vehicles are in your household?" Seventy percent (127 individuals) of respondents who can drive but do not have access to a vehicle have zero vehicles in their household, while 23% (42 individuals) have one car in their household. Half of all respondents live in households with zero vehicles.

Smartphone Ownership and Use

Respondents were asked, "Do you own a smartphone?" Among the 2,265 respondents who answered this question, 69% (1555 individuals) answered "Yes." Individuals who responded this way were asked a follow-up question, "Are you comfortable using your smartphone to look up, plan, book, and pay for transportation services?" Some respondents did not answer this follow-up question, but among the 1520 who answered, 52% said "Yes" they are comfortable using their smartphone to manage transportation.

Language

Respondents were asked two or three questions related to language, depending on their response to the first language question. In response to the first question, "Do you speak a language other than English at home?" respondents could choose "Yes" or "No." Of the 2,266 respondents who answered this question, 984 individuals (43%) chose "Yes."

Respondents who indicated that they speak a language other than English at home were asked "What language(s) do you speak?" Responses were collected through an open text box so that respondents could add multiple languages. Several respondents listed multiple languages, and respondents may have represented languages differently. For example, some may have responded with a specific dialect, while others may have responded with the language family. Figure 32 shows languages that were identified by five or more survey respondents.

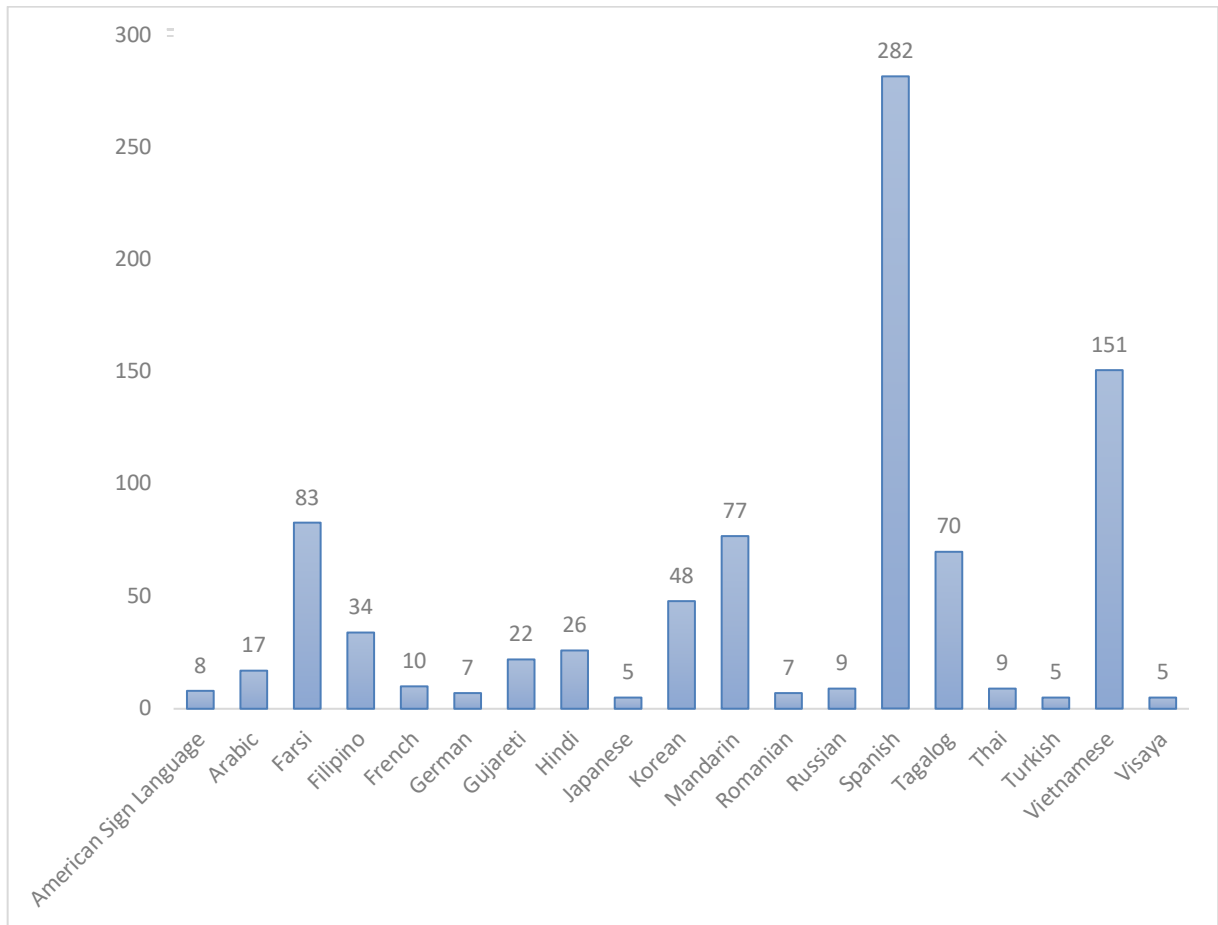


Figure 32. Language(s) Spoken at Home by Number of Survey Respondents

Several other languages and dialects were identified by fewer than five respondents. These languages (and the number of respondents) included:

- | | | |
|---------------|------------------------|----------------|
| Armenian (3) | Igbo (1) | Portuguese (1) |
| Bengali (1) | Ilocano (3) | Punjabi (3) |
| Bulgarian (1) | Ilonggo (1) | Sinhalese (3) |
| Burmese (1) | Indian (2) | Swahili (1) |
| Cambodian (3) | Indonesian (2) | Swedish (1) |
| Cantonese (5) | Italian / Sicilian (1) | Taiwanese (2) |
| Dutch (5) | Ku (1) | Tamil (2) |
| Finnish (1) | Malayalam (1) | Ukraine (1) |
| Greek (2) | Nonverbal (2) | Urdu (3) |
| Hungarian (2) | Pampango (2) | |

One of the two respondents who indicated “nonverbal” shared that they use Spanish.

Of the 2,238 respondents that answered the question, “How well do you speak English?” 77% selected “Well” or “Very Well,” while 16% selected “Not Well,” and 7% selected “Not at All.”

Household Type

Respondents were asked, “Which best describes you?” and given options. Among the 2,186 respondents who answered this question, just over one-third (738 individuals) live alone. Over 20% (475 individuals) live with a spouse or partner.

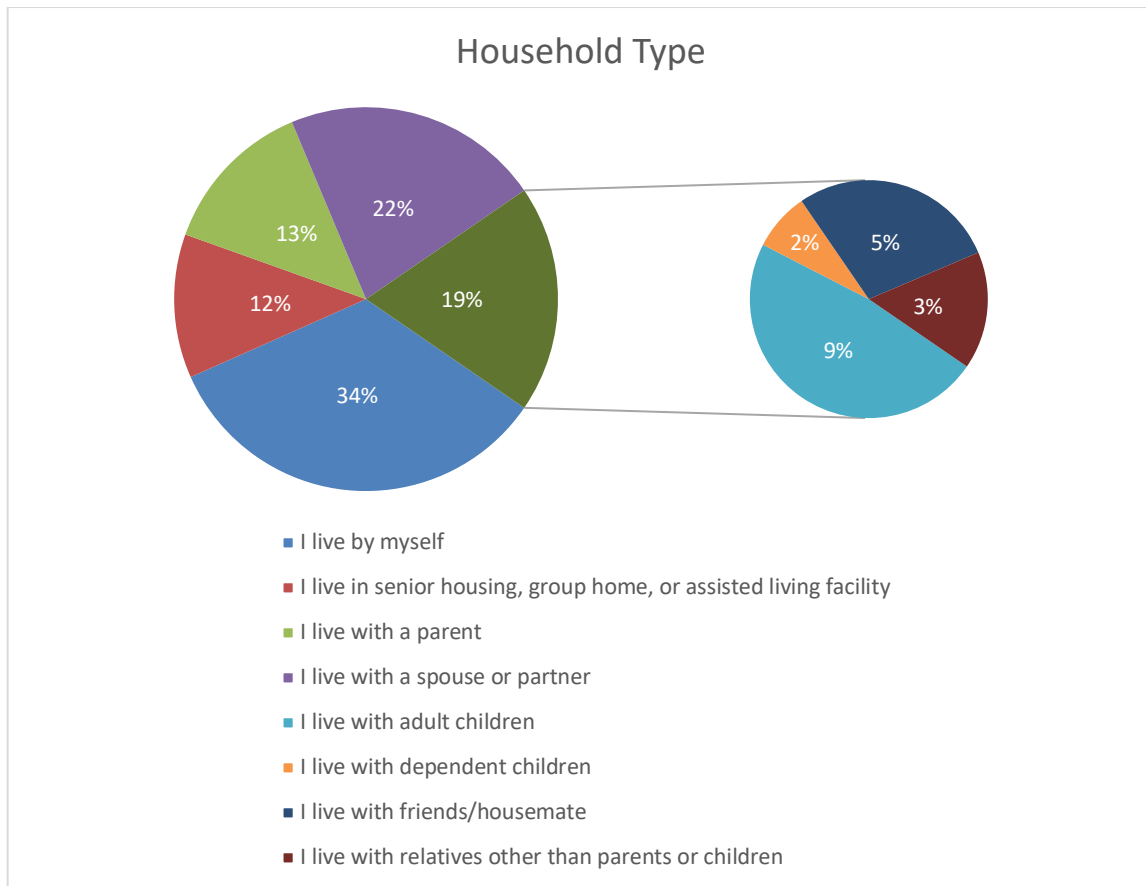


Figure 33. Percentage of Survey Respondents by Household Type

Identifying Overlapping Transportation Factors

As noted in Section 3, understanding the overlapping factors individuals face can help OCTA and partner organizations tailor services and outreach accordingly. Among the survey respondents, 1,769 answered all demographic and socioeconomic questions related to age, income, disability, English proficiency, and how many vehicles are in their household. Table 6 shows the number of respondents with specific combinations of characteristics typically associated with disadvantaged or limited transportation options.

Table 6. Individuals with One or More Demographic Characteristics Related to Human Services Transportation

Exclusive Groups	#
No HSTP focus factors	10
Aged 60 or older	29
Income under \$20,000	7
Any disability	42
Limited English proficiency (LEP)	2
Zero-vehicle household	3
Aged 60 or older & income under \$20,000	9
Aged 60 or older & any disability	290
Aged 60 or older & LEP	3
Aged 60 or older & zero-vehicle household	10
Income under \$20,000 & any disability	141
Income under \$20,000 & LEP	2
Income under \$20,000 & zero-vehicle household	6
Any disability & LEP	3
Any disability & zero-vehicle household	33
LEP & zero-vehicle household	1
Aged 60 or older & income under \$20,000 & any disability	174
Aged 60 or older & income under \$20,000 & LEP	7
Aged 60 or older & income under \$20,000 & zero-vehicle household	20
Aged 60 or older & any disability & LEP	32
Aged 60 or older & any disability & zero-vehicle household	226
Aged 60 or older & LEP & zero-vehicle household	1
Income under \$20,000 & any disability & LEP	36
Income under \$20,000 & any disability & zero-vehicle household	117
Income under \$20,000 & LEP & zero-vehicle household	1
Any disability & LEP & zero-vehicle household	1
Aged 60 or older & income under \$20,000 & any disability & LEP	84
Aged 60 or older & income under \$20,000 & any disability & zero-vehicle household	252
Aged 60 or older & income under \$20,000 & LEP & zero-vehicle household	17
Aged 60 or older & any disability & LEP & zero-vehicle household	27
Income under \$20,000 & any disability & LEP & zero-vehicle household	31
Aged 60 or older & income under \$20,000 & any disability & LEP & zero-vehicle household	152
Total respondents that answered all demographic and socioeconomic survey questions	1769

Among survey respondents who answered all relevant demographic and socioeconomic questions, 0.5% (10 individuals) do not have any of the characteristics typically associated with transportation disadvantage. For all other respondents who answered all relevant demographic and socioeconomic questions, the breakdown of overlapping factors is:

- 5% (83 individuals) have one characteristic
- 28% (498 individuals) have two characteristics
- 35% (615 individuals) have three characteristics
- 23% (411 individuals) have four characteristics
- 9% (152 individuals) have all five characteristics

Over two-thirds of respondents who answered the relevant questions have three or more characteristics that are associated with transportation disadvantage. This suggests that most survey respondents are likely to have more unmet transportation needs and greater challenges to meeting those needs than individuals who do not have such overlapping factors. It also suggests that community outreach efforts were appropriately focused on populations most in need of HST services.

Summary

The responses to the community survey are largely representative of the Coordinated Plan's focus populations. Many respondents have multiple characteristics associated with limited transportation options, and their travel needs, existing transportation challenges, and suggestions for improvement reflect their desire to access key services and take part in their communities in a more convenient, safe, and affordable manner. The key needs and suggestions identified by respondents (described in Section 5), along with the existing conditions data analysis and agency survey results, guided the development of Coordinated Plan goals and strategies in Section 6.

Public Comment on Draft Coordinated Plan

The draft Plan was made available on the project website for public review and comment in August 2024. The project team received only one comment, which was from the Orange County Office on Aging.

Transportation and Social Services Providers

Agency outreach happened in two phases—a survey emailed to each agency and follow-up interviews with select agencies. In addition, a virtual meeting was held on February 21st, 2024. The meeting included an overview of the Plan and the planning process, including high-level information about transportation providers and population characteristics. OCTA also held virtual open business hours on February 28th and 29th for agencies to discuss the Plan and their projects. These

open business hours aligned with agencies and OCTA preparing for the 2024 call for projects for Enhanced Mobility for Seniors and People with Disabilities (EMSD) funding, and information about the current HSTP planning process was available but was not the primary focus of the open business hours.

Agency Survey

OCTA made the agency survey available on the project's website from February 12th through March 22nd, 2024. The survey collected information from organizations that provide human services transportation (HST) or otherwise support clients who use HST. Appendix A includes a copy of the survey questions. The project team emailed the survey to over 500 contacts that OCTA identified through multiple OCTA program spreadsheets. Organizations contacted included senior centers, adult day health centers, transit providers, churches, culturally specific advocacy groups, disability advocacy groups, social services providers, and more. Appendix B includes a list of agencies that the project team contacted or attempted to contact as well as a list of agencies that responded.

The project team followed up with a survey reminder and made phone calls to dozens of agencies whose contact information was unavailable or out of date. After accounting for duplicate entries, 49 agencies or individuals submitted responses to the agency survey. This section summarizes information about the survey respondents' organizations and services.

Survey Respondents

Among the 49 respondents, 32 (nearly 65%) represent private, non-profit organizations. Nearly one-third of respondents (14) represent a public agency, and three respondents represent a private, for-profit organization. Appendix B includes a full list of organizations that OCTA shared the survey with and responding organizations.

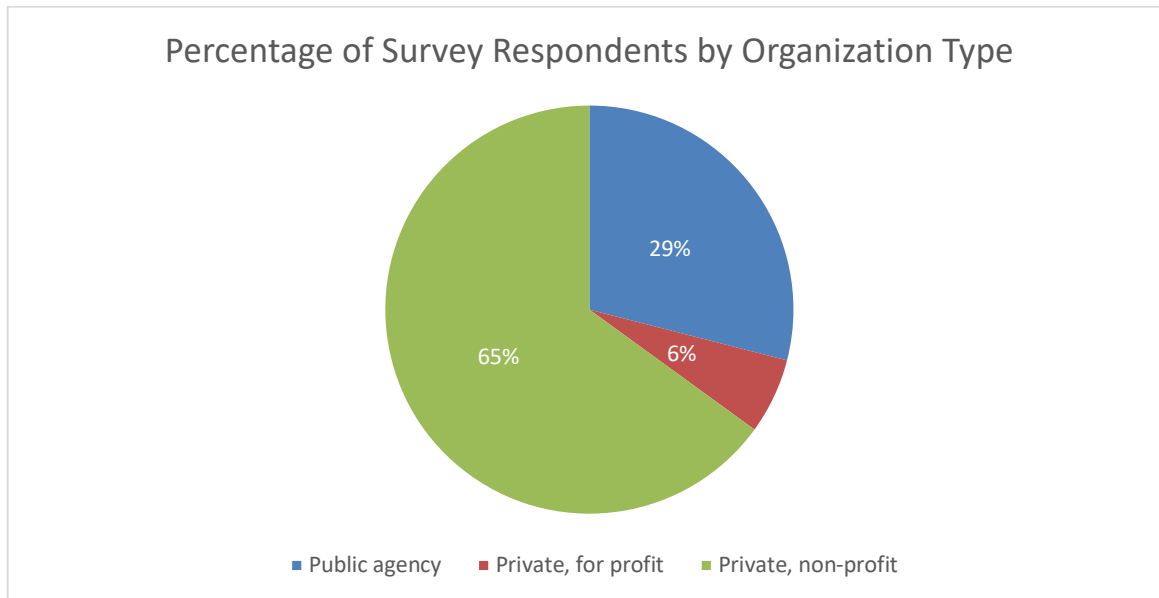


Figure 34. Percentage of Survey Respondents by Organization Type

The survey asked respondents to identify their relationship to human services transportation and the populations that use HST. The survey asked respondents to identify, from among seven options, which one best represented their agency. For the analysis, the project team grouped these options into three categories. The options and their corresponding categories included:

- We do not operate, contract for, or arrange transportation services (Non-Transportation, 8 respondents)
- We directly operate and have full responsibility for our transportation services (Direct/Contracted Services, 16 respondents)
- We contract with a third party to provide transportation services (Direct/Contracted Services, 12 respondents)
- Our transportation service is a mix of directly operated and contracted services (Direct/Contracted Services, 7 respondents)
- We subsidize transportation through the purchase of passes, fares, mileage reimbursement, etc. (Supporting Services, 4 respondents)
- We arrange for transportation by assisting with information; the client is responsible for booking and payment (Supporting Services, 2 respondents)
- We arrange for volunteer drivers to provide transportation services (Direct/Contracted Services, 0 respondents)

Most survey respondents provide HST directly, by contracting with a provider or through volunteer drivers. Out of 49 respondents, 35 provided direct or contracted transit services, 6 agencies provided supportive transit services, and 8 agencies did not provide any transportation services.

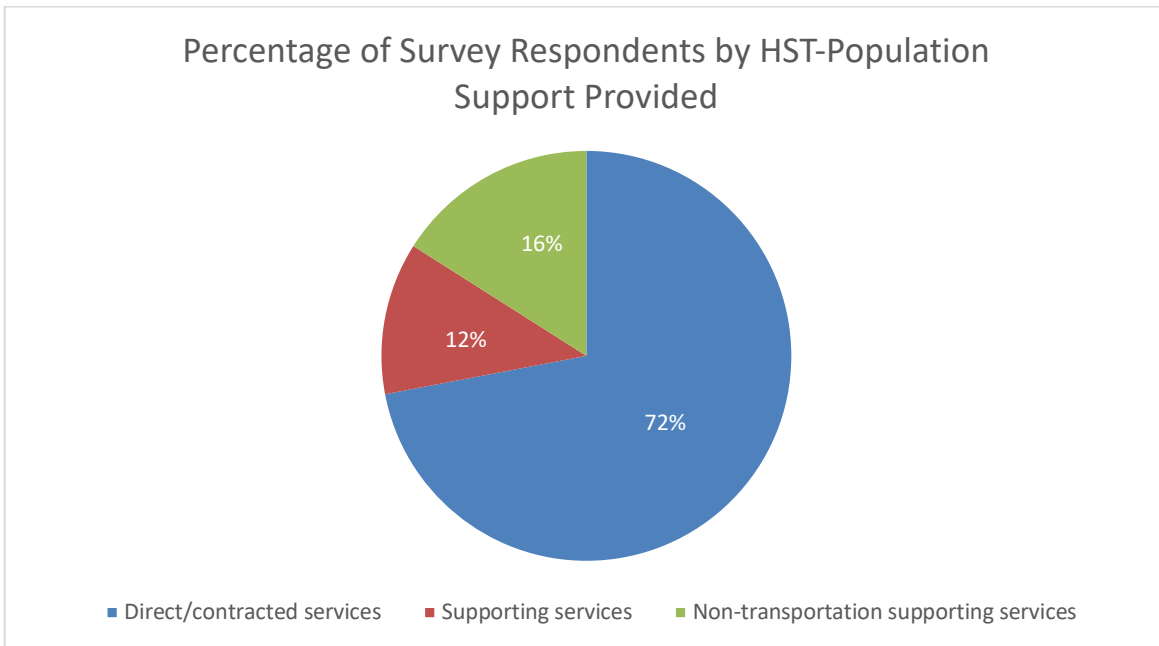


Figure 35. Survey Respondents by Type of HST Population Support Provided

Service Characteristics

For agencies that provide HST, the most common trip types were to the senior center, recreation, social, health and medical, and grocery shopping. Because there may be overlap between trip types (for example, a trip to the senior center may be for recreation or social), categories may not be exclusive. The trip types representing the least-served by survey respondents include connection to fixed-route transit, employment, and religious activities. Other trip types noted include trips to hospitals and assisted living facilities to visit family, cultural events, and community field trips.

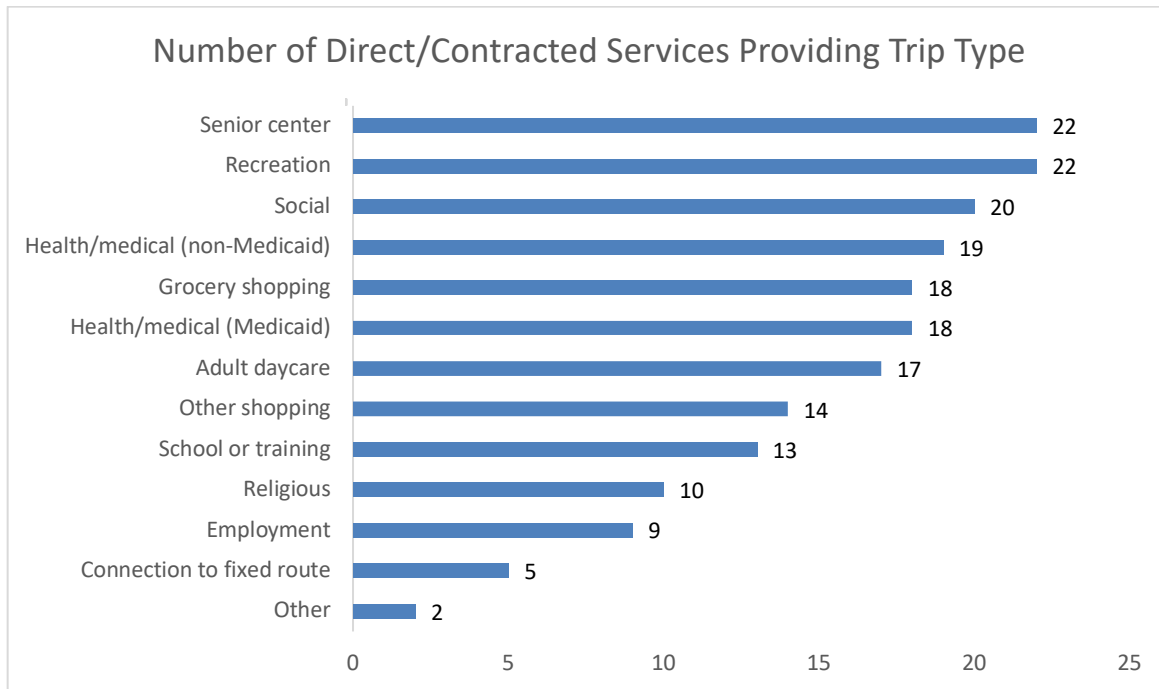


Figure 36. Trip Categories Provided by Agencies with Direct/Contracted HST

Service Hours

The agencies providing HST mostly offer weekday services from 7:00 a.m. to 5:00 p.m. These services cater to the needs of various client groups, focusing on older adults, people with disabilities, and those with low incomes.

Below is the service schedule of these agencies categorized by client groups. Darker bars represent a larger number of agencies offering services for that client group and time.

Based on survey responses, most agencies (31) prioritize services for older adults. These services are typically available weekdays between 7:00 a.m. and 5:00 p.m. Following closely, 22 agencies provide services to individuals with disabilities and those with low income. Operating hours for these services typically are from 8:00 a.m. to 5:00 p.m. Six agencies serve youth. These services also mostly operate from 8:00 a.m. to 5:00 p.m. Six agencies offer services to the general public, with operating hours typically from 9:00 a.m. to 5:00 p.m.

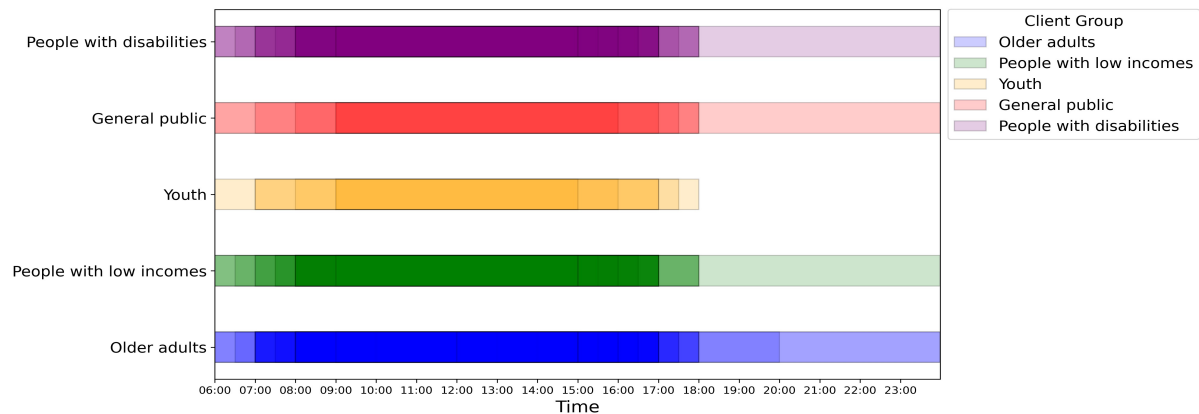


Figure 37. Direct/Contracted HST Service Schedule on Weekdays

Services during weekends are limited and primarily serving older adults. Typically, weekend services operate from 9:00 a.m. to 4:00 p.m. During weekends, older adults have the highest number of agencies providing services, with nine agencies offering services between 8:00 a.m. to 5:00 p.m. Next are services for people with disabilities, offered by six agencies during the same time frame. About five agencies provide services for low-income individuals on weekends, operating between 9:00 a.m. and 5:00 p.m. There is a lower availability of services for the general public and youth during weekends. Only two agencies provide services for the general public, with operating hours ranging from 10:00 a.m. to 4:00 p.m. Similarly, there is a single agency catering specifically to youth during this time, also operating from 10:00 a.m. to 4:00 p.m.

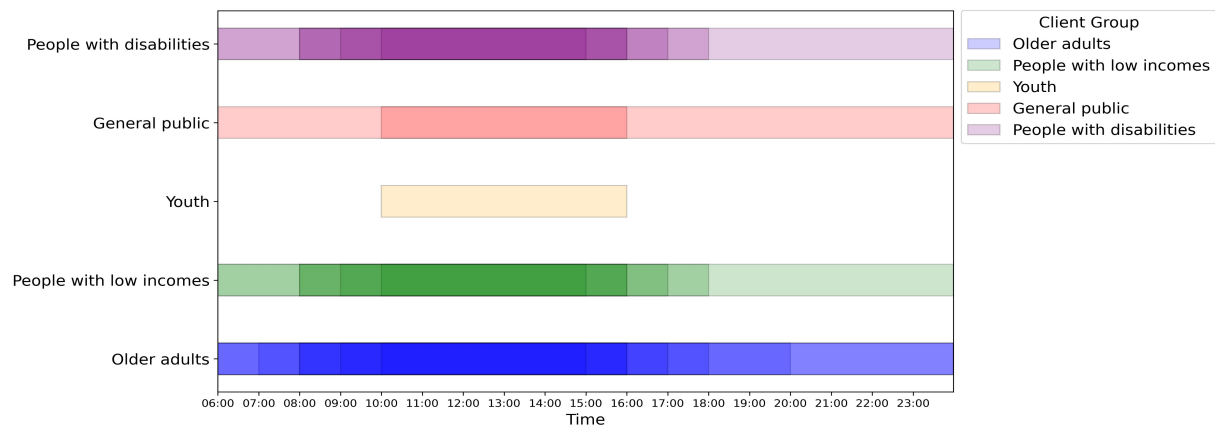


Figure 38. Direct/Contracted HST Service Schedule on Saturdays

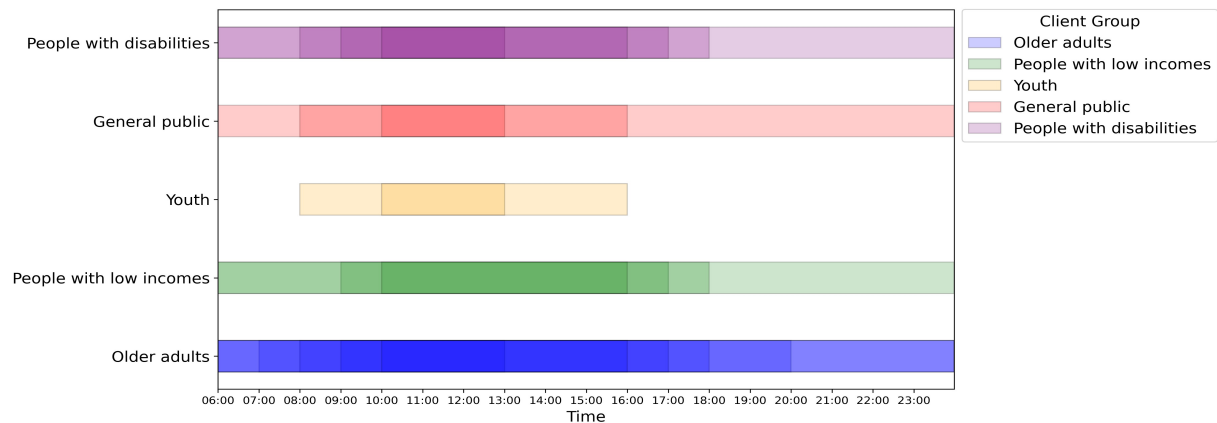


Figure 39. Direct/Contracted HST Service Schedule on Sundays

Clients Served

Among respondents, about half have 500 or fewer Orange County clients and serve fewer than 100 people daily. The populations most served by survey respondents are older adults, people with low incomes, and people with disabilities. Given the organizations that were contacted and the Coordinated Plan’s focus on these three populations, this is an expected result. Other populations served by respondents include veterans, newly arrived refugees, individuals going through the reentry process after incarceration, victims of human trafficking, and individuals who are homeless or at risk of being homeless.

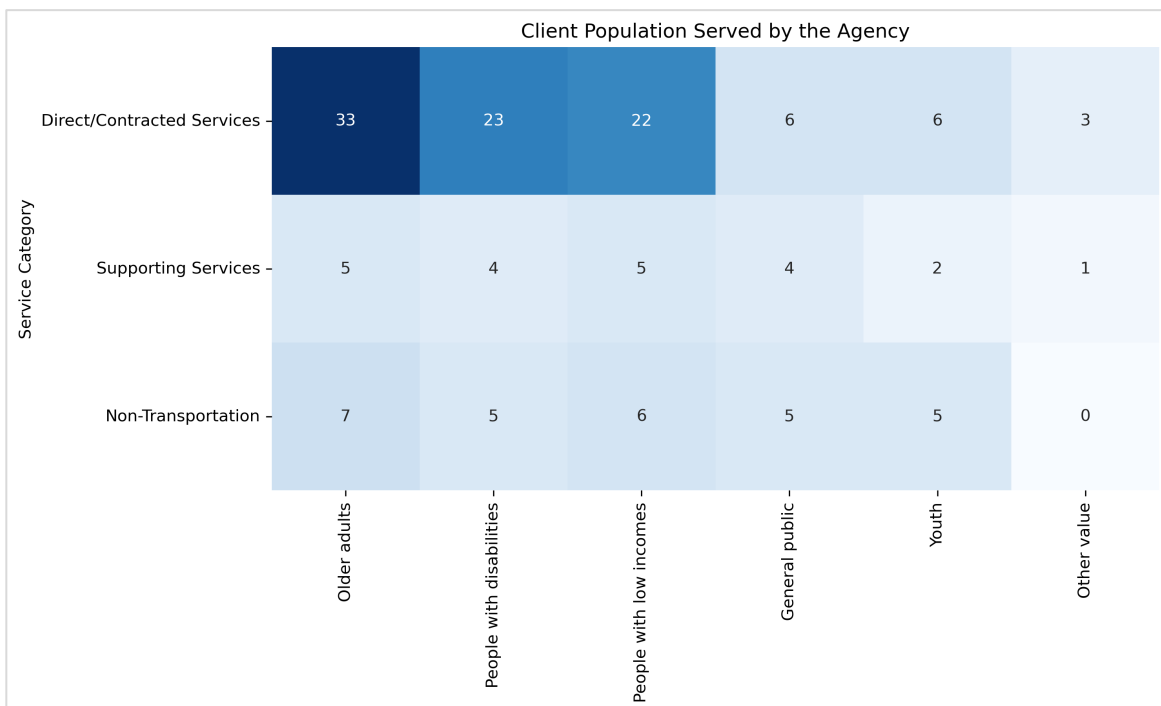


Figure 40. Client Population(s) Served by Agency

The average number of active customers served in Orange County is approximately 10,000. Among these customers, more than half of the agencies serve fewer than 100 individuals who require transportation assistance daily. While most agencies offer direct HST to their clients, several agencies provide supportive or non-transportation services, serving a significant number of individuals in need of transportation assistance.

Among the agencies offering supportive HST, the Regional Center of Orange County serves 13,000 customers, and Korean Community Services serves 200 customers. While not primarily focused on transportation services, certain agencies also have a significant number of customers requiring transportation assistance. For example, Orange County Children Therapeutic Art Center serves 200 customers, and Leading Age CA serves 500 daily customers needing transportation assistance.

Agencies providing direct or contracted HST have an average of about 150 customers requiring transportation assistance daily, with most agencies offering service to fewer than 50 customers per day. Among survey respondents, Abrazar, Goodwill Industries of Orange County, and the County of Orange Office on Aging have the highest number of customers, with over 500 individuals requiring daily transportation assistance.

Client Transportation Needs

The survey asked respondents about the unmet transportation needs of the clients they serve, including related to trip types, timing of trips, and trip locations. Respondents identified specific trip locations that are underserved or not served. These responses are described in Section 5.

Summary

This survey aimed to gain insights from organizations involved in HST or supporting clients who use HST. The project team sent the survey to over 500 contacts and received responses from 49 organizations. Of the 49 respondents, a significant majority (nearly 65%) are from private, non-profit organizations, followed by public agencies (about one-third), and minimal representation from private, for-profit organizations. Most participating organizations primarily provide direct HST services or operate through contractual agreements. Eight agencies only offer supporting HST services, while six do not offer any type of transportation services or support.

Service offerings mostly revolve around senior center visits, social activities, grocery shopping, and health and medical appointments. Most services are weekday services, typically scheduled from 7:00 a.m. to 5:00 p.m., and offer service to older adults, people with disabilities, and individuals with low incomes. Limited weekend services exist mainly for older adults. There is less coverage for employment, religious activities, and fixed-route transit connections.

On average, agencies serve fewer than 1,000 individuals daily, with approximately half serving fewer than 1,000 customers per day in the Orange County area. The client groups being served the most are older adults, people with low incomes, and people with disabilities.

Agency Interviews

Following up on the results of the agency survey, the project team conducted five interviews with key human services transportation providers, including transportation operators and other organizations whose clients use human service transportation. The project team conducted these interviews between April 16th and April 30th, 2024. Interview questions differed between the agencies, based on their responses to the survey and on their role in the community. Table 7 shows the agency name and the key themes from the interview. Section 5 presents more information about the challenges and opportunities identified by each agency.

Table 7. Key Themes from Agency Engagement

Interviewee	Date	Key Themes
Dayle McIntosh Center	04/16	Transportation service information and delivery needs to be more responsive to the needs of individuals with disabilities across the spectrum of disability.
Yellow Cab (Cabco)	04/18	Funding constraints and administrative and training inefficiencies limit the ability of service providers to meet the demand for human services transportation.
Braille Institute	04/25	Transportation service information and delivery needs to be more responsive to the needs of individuals with disabilities across the spectrum of disability.
Abrazar, Inc.	04/29	Funding constraints limit the ability of service providers to meet the demand for human services transportation and threaten the continuation of successful programs.
Office on Aging	04/30	Current processes and contracting mechanisms do not effectively allow funding agencies to identify and plan for the true costs of transportation services to support sustainability of those services.

Accessible Transit Advisory Committee (ATAC)

During the Plan update, the project team presented at quarterly ATAC meetings.

- January 2024 – outreach plan and project workplan
- April 2024 – project updates including agency and community survey results
- July 2024 – draft Coordinated Plan

In addition, the project team shared both the community survey and the agency survey with ATAC members to complete and to disseminate within their networks.

During the July 2024 ATAC meeting, members provided further feedback on strategies, including:

- When considering eligibility coordination, consider a simple screening questionnaire that allows riders to quickly determine if they are a likely candidate for different services.
- For third-party services and contracts, include the provision of language services/options to the extent feasible.
- Account-based payment options would ease challenges faced by riders whose fare is paid by a third-party, such as a day center.

OCTA Project Development Team

Through the Plan update, OCTA staff representing Transportation Planning, Programming, Special Transit Services, and External Affairs met monthly to guide the update process, provide information and insight, and review analysis.

Section 5: Needs Identification

As described in Sections 2 and 3, there are areas of Orange County with high concentrations of individuals who are part of one or more of the groups that the Coordinated Plan is most concerned with. In some areas, these individuals have access to multiple transportation options, and in others, options are very limited and may be inaccessible due to service timing, fares, or physical accessibility. The project team relied on the existing conditions analysis and input from the community and agencies to identify unmet transit needs for older adults, people with disabilities, people with low incomes, and other groups with limited transportation options.

Community Survey

Respondents were asked, “Is there a local or regional destination or destinations that are especially hard for you to travel to?” Among the nearly 500 respondents who provided an answer to this question, the most-cited destinations that are difficult to access included:

1. Locations outside of Orange County: Many respondents mentioned destinations in Los Angeles County, San Diego County, Riverside County, and other surrounding counties outside of Orange County.
2. Medical facilities/appointments: A significant number of responses mentioned medical offices, hospitals, dialysis centers, and physical therapy clinics, especially those far from their residences or in other cities/counties.
3. Shopping/errands: Several respondents cited challenges getting to grocery stores, malls, department stores, and running general errands.
4. Social/recreational: Some respondents mentioned challenges traveling to churches, senior centers, parks, beaches, and other recreational destinations, particularly on weekends or holidays, when transit service may be reduced.
5. Airports: A few responses noted difficulty accessing LAX, John Wayne Airport, and/or Long Beach Airport.
6. Specific cities: A few responses identified cities or areas within the county that are hard to access, including Irvine, Laguna Beach, San Juan Capistrano, Yorba Linda, Rancho Santa Margarita, and some areas of south Orange County.

Other challenges mentioned included traveling long distances, navigating areas with limited bus stops/frequency, and accessing destinations on the weekend, at night, or during early morning hours.

Respondents were asked, “What would make it easier to use transportation services for the trips you need or want to make?” and provided several options to choose from, besides the ability to share their own answers. The top three responses among all groups were:

- Door-to-door transportation service
- Service that is available on Saturday and/or Sunday
- Lower cost transportation services

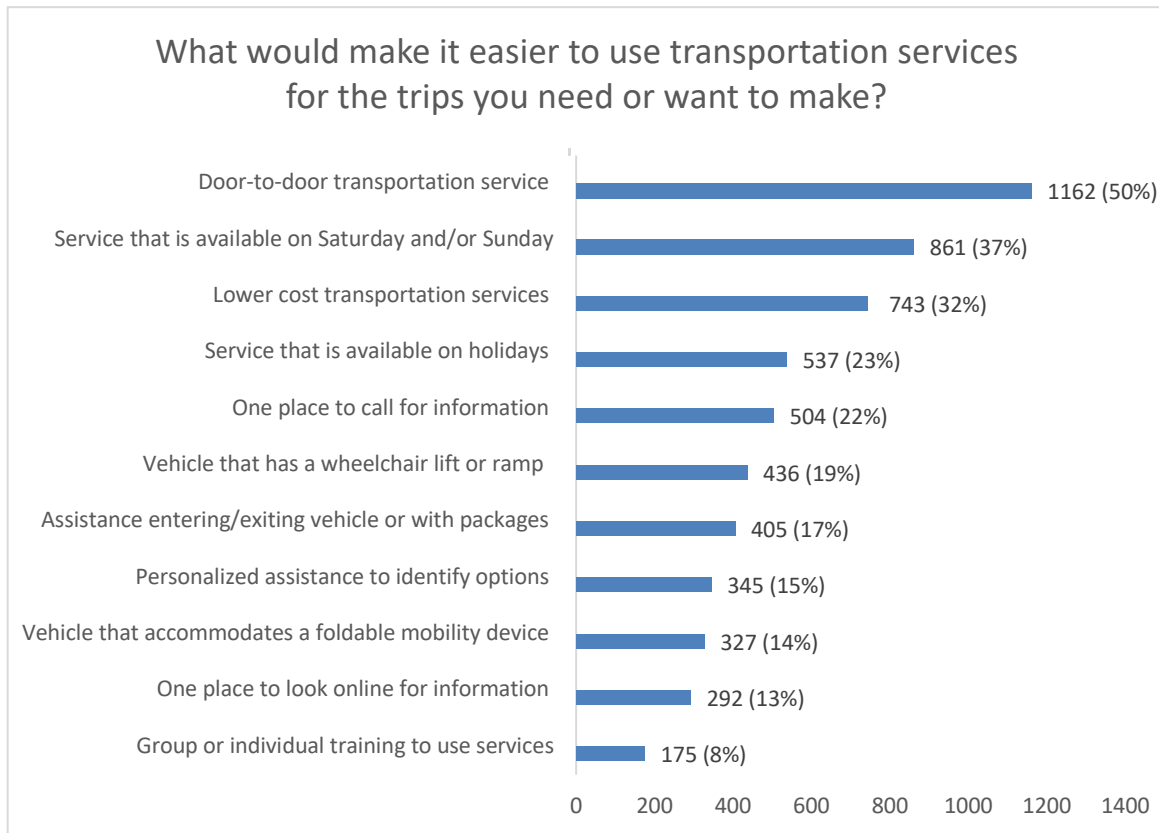


Figure 41. Factors that Would Make it Easier for Survey Respondents to Travel

Among the 219 respondents who provided an answer under “Other,” improved reliability and on-time performance for OC ACCESS and other providers was among the most-mentioned needed improvement. Other suggestions that several respondents mentioned included:

- More frequent service for fixed-route buses,
- Increased service span for paratransit,
- Same-day scheduling for paratransit,
- Improved customer service, including language assistance, easier reservation processes, training for customer service representatives and drivers, and better communication from transportation providers,

- Expanded service areas, including neighboring counties,
- Better accommodations for rider mobility devices and baggage, including room for larger mobility devices, bags, and carts and better driver training on mobility device securement,
- Direct routes/fewer stops to reduce the time that riders spend on the vehicle,
- Reduced and discounted fares,
- Accessibility improvements, and
- Safety/security enhancements, particularly related to safety at the bus stops and on the vehicles and to riders left waiting an extended amount of time while waiting for pickup.

Respondents were asked, “Do you have any other information or suggestions for improvements that you would like to share?” Over 500 respondents answered this question. Several respondents said they had nothing to add outside of appreciating the services and staff.

Among the information provided, the most common concerns and requests included:

- Requests for expanded service areas, with the ability to travel across county lines and to more destinations like airports, recreational activities, and specific locations mentioned.
- Requests for increased service hours, especially later in the evenings and on weekends.
- Frustration with long wait times, delays, and a lack of reliability in OC ACCESS and other transportation services. Suggestions included improving on-time performance, providing notifications or calls when rides are delayed, and shorter wait time windows for pickups.
- Requests for the ability to book same-day rides or have more on-demand options. For existing same-day taxi, some respondents mentioned difficulty booking trips when needed.
- Frustration with communication regarding delays and vehicle locations. Respondents suggested a more user-friendly booking system, mobile applications, and text message alerts.
- Criticism of long travel times and circuitous routes taken by OC ACCESS vehicles, with suggestions to optimize routing for faster and more direct trips.

Other concerns and requests repeated by multiple riders included:

- The cost of fares, especially for older adults and people with disabilities.

- Better staff assistance and booking options for non-English speakers, particularly from Vietnamese respondents.
- Door-to-door service that includes rider assistance.
- In-person ride booking assistance at senior centers and daycare programs.
- Improved accessibility of vehicles, including an increase in vehicle availability, wider ramps, and improved securement systems.
- Improved safety and comfort at bus stops, including shelters, benches, and accessibility improvements.
- Increased staffing and training for schedulers and dispatchers.

Agency Survey

The survey asked respondents about the unmet transportation needs of the clients they serve, including related to trip types, timing of trips, and trip locations. Respondents identified specific trip locations that are underserved or not served.

The responses collected from various agencies show that most unmet transportation needs revolve around medical trips and trips outside of Orange County across all HST categories. Additionally, agencies offering direct HST services identified educational trips as an unmet client need. Respondents frequently cited inadequate services for weekends and daily trips, including shopping and errand runs.

For agencies offering supporting HST services, other types of unmet trips include mental health-related trips and transportation for irregular work shifts. Non-transportation HST agencies often indicated that their clients' unmet needs include recreational trip categories.

While these unmet trip categories reported by clients of agencies offering supportive or non-transportation services may appear significant in terms of the percentage of respondents citing a need, the percentages reflect few respondents compared to the responses from HST operators.

Table 8. Percentage of Survey Respondents that Identified Specific Unmet Transportation Needs for Their Clients

Transportation Needs	Direct/ Contracted Services	Supporting Services	Non-Transportation Supports	Total (All Categories)
Going to the doctor/medical trips	34%	83%	38%	41%
Trips outside of the OC Bus/OC	37%	50%	50%	41%

Transportation Needs	Direct/ Contracted Services	Supporting Services	Non-Transportation Supports	Total (All Categories)
ACCESS service area				
Recreational activities or events	31%	83%	38%	39%
Attending training or educational events, classes, or program sites	40%	67%	13%	39%
Weekend trips	34%	33%	50%	37%
Visiting family or friends	31%	33%	38%	33%
Shopping and errands	34%	33%	25%	33%
Others	29%	17%	13%	24%
Getting to work between 8 am-5 pm	17%	33%	38%	22%
Late night or early morning work shifts	14%	50%	38%	22%
Holiday trips	23%	17%	25%	22%
Counseling/mental health trips	17%	50%	25%	22%
Trips outside of Orange County and/or other long-distance trips	20%	0%	13%	16%
Specific trips by origin and destination that cannot be made now	9%	17%	25%	12%
Transporting children to/from daycare or school	6%	17%	13%	8%

Among “Others,” respondents noted a need for services to LAX, the DMV, social services offices, special needs schools, medical facilities outside of Orange County (including the VA hospital and Cedar Sinai in Los Angeles), and out-of-county trips to visit family and friends (including overnight trips).

Major unmet transportation needs include medical trips, travel beyond Orange County, educational trips (especially for agencies directly providing HST), and weekend services. Key agencies used for supplementary transportation resources include OC ACCESS, OCTA, Abrazar, and taxi services (particularly Yellow Cab).

Agency Barriers and Coordination

The survey asked participants about barriers to accessing and coordinating transportation by these agencies. Among agencies offering direct services or services through third-party contracts, the most cited barriers were shortages in service span and coverage. Funding and costs were the second most significant barrier faced by the agencies. These challenges can cause shortages in staff, limited drivers, and insufficient fleet and management systems, among other contributing factors. Respondents also highlighted vehicle maintenance and associated costs.

Another barrier faced by third-party contract services pertains to unmet customer needs, including limited language proficiency and door-to-door drop-offs, particularly for senior customers, which may hinder their health and safety as they are the largest group of clients being served by these agencies. The unfamiliarity of third-party contractors with user needs is one of the major issues faced by organizations that do not operate their transportation services and have limited control over transit services. Agencies that offer support services also stated limited trip types as another barrier their clients face. During the period when the agency survey was open for responses, OCTA experienced significant challenges with one of the OC ACCESS contractors. The resulting impacts to riders may have influenced survey responses, given the recency and magnitude of the impacts during the three-week survey period.

The survey asked about the other agencies or organizations that respondents collaborate with to facilitate transportation for their clients. The agencies primarily relied on as supplementary resources for transportation services include OC ACCESS, OCTA, Abrazar, Age Well Senior Services, on-demand ride services (e.g., Uber and Lyft), CalOptima as the Medicaid insurance provider, and taxi services, such as Yellow Cab,.

The survey asked respondents about their interest in coordinating transportation programs. A common program request among most agencies involves establishing a centralized transportation information center. This center would aim to facilitate the sharing of transportation program details, enhancing accessibility to information and improving coordination among agencies. One agency specifically mentioned needing access to reliable bus schedule and vehicle arrival data without having to call OCTA. Agencies that provide direct or contracted services expressed interest in activities such as driver training, marketing, awareness campaigns, and software purchases to improve transportation coordination efforts.

While non-transportation human services organizations do not directly provide transportation services, half of these respondents reported a willingness to coordinate activities related to learning about customer needs and to potentially offer contracted services, particularly for specialty events.

Table 9. Number of Survey Respondents, by Category, Interested in Coordination Strategies

Coordination Strategy	Direct/ Contracted Services	Supporting Services	Non-Transportation Supports	Total (All Categories)
Centralized transportation information	13	5	3	21
Joint marketing and awareness campaigns	12	2	3	17
Coordinated driver training and retraining programs	15	1	1	17
Joint customer needs assessment efforts	8	2	3	13
Coordinated service operations	9	2	2	13
Coordinated travel training programs	8	1	2	11
Coordinated vehicle and capital purchases	9	2	0	11
Coordinated software procurement	11	0	0	11
Coordinated trip scheduling and/or dispatching	9	1	0	10
Not interested in coordination	6	1	3	10

Coordination Strategy	Direct/ Contracted Services	Supporting Services	Non-Transportation Supports	Total (All Categories)
activities at this time				
Coordinated education and awareness of regulatory environment	6	1	2	9
Joint contracting for specialized services	5	1	3	9
Joint use, pooling, or sharing of vehicles among organizations	6	2	0	8
Contracting to provide transportation to other agencies	7	1	0	8
Pooling of financial resources to better coordinate service	5	2	0	7
Shared fueling facilities	7	0	0	7
Joint purchase of supplies or equipment	6	1	0	7
Contracting out for service rather than direct operations	7	0	0	7
Shared maintenance facilities	6	0	0	6
Joint purchase of insurance	3	0	0	3

The main barriers to accessing and coordinating transportation services include insufficient service spans and coverage, funding constraints, vehicle maintenance



costs, and the challenge of third-party contractors unfamiliar with user needs. Respondents also highlighted concerns about driver training and customer service and identified opportunities for improving rider safety, comfort, and trust in the services.

There is a demonstrated interest in coordination efforts, with the most favorable initiative being establishing a centralized transportation information center aimed at streamlining information sharing and enhancing coordination among agencies. Other coordination strategies that received a high level of support include joint marketing and awareness campaigns and coordinated driver training and retraining programs. Operators highlighted interest in joint software procurement as an attractive strategy as well.

Agency Interviews

Dayle McIntosh Center – The mission of the Dayle McIntosh Center (DMC) is access and equity by, and for, people with disabilities and older adults. Besides providing programs and services that promote independent living, DMC subsidizes client transportation to the center on a case-by-case basis by providing OC ACCESS trip coupons. From 2014 to 2022, DMC also provided travel training; once the New Freedom and Job Access and Reverse Commute Program funds were no longer available for this training, DMC suspended the program. Currently, DMC provides clients with information about transportation options and supports clients applying for OC ACCESS services.

Key challenges identified by DMC include:

- DMC does not have sufficient funding to re-establish the travel training program and to support more transportation subsidies for clients.
- The accessibility and relevance of transportation information published by OCTA and provided on the bus does not meet the needs of DMC clients, particularly those who use American Sign Language (ASL).
- OCTA and other service providers do not consistently provide services in a way that shows an understanding of how to support clients with disabilities or older adults.

Cabco, Inc. / Yellow Cab – Cabco, doing business as Yellow Cab, provides services under contract to several human services transportation programs in Orange County, including for multiple Senior Mobility Programs, the Regional Center of Orange County, individual healthcare centers, and 40-60 other contracts specifically serving older adults and people with disabilities through social services providers and local jurisdictions. In addition, Yellow Cab has a contract directly with Orange County that County employees can use to schedule transportation for clients. While Yellow Cab mostly serves Orange County, several contracts allow Yellow Cab to pick clients up or drop them off in Los

Angeles, San Bernardino, Riverside, or San Diego, if the trip begins or ends in Orange County.

Key challenges identified by Yellow Cab include:

- Yellow Cab has an insufficient number of wheelchair-accessible vehicles (WAVs) to meet demand.
- Funding constraints related to reimbursement and contract rates limit Yellow Cab's ability to maintain or expand service levels within existing programs.
- Different business rules and passenger/trip eligibility for each contract create inefficiencies and limit the ability for Yellow Cab to provide a rider-facing mobile app or website.

Braille Institute – The Braille Institute is a non-profit school that promotes the independence of visually impaired individuals. The Institute has seven locations in California, two of which are in Orange County—in Anaheim and in Laguna Hills. The Institute offers classes and training, including orientation and mobility training.

Key challenges identified by the Braille Institute include:

- Clients living in areas of the county with limited fixed-route and paratransit services, such as Yorba Linda or Anaheim Hills, have limited and/or costly options. The options available to these clients each have their own barriers:
 - OC same-day taxi between the client's home and the center can be too costly.
 - OC same-day taxi between the client's home to an area served by fixed route or paratransit for a transfer can create stress and anxiety, particularly if the client must wait (especially outside) for an extended period and does not feel safe.
 - This is especially challenging if a client receives a last-minute trip cancellation from OCTA, as other options are limited and/or expensive.
- OCTA eligibility and assessment processes are confusing, stressful, or inadequate, creating barriers to client use of OCTA services. The Institute helps clients prepare for their eligibility assessments, but clients may experience stress and anxiety around in-person assessments or around the lack of notifications and communication about their ride to the assessment, leading some to abandon the process. OCTA assessor communication with clients was also noted as needing improvement.
- Sometimes clients forget about renewing their OCTA ACCESS card, causing them to lose access to services. There is a need for OCTA to send reminders to renew their membership to ensure continued access to transit.

- At large venues or facilities, clients and drivers often cannot find one another, resulting in clients no longer attending events, having to use a more expensive option, or being stranded at the facility. This is more of an issue in ride pickups than dropoffs.
- Not having access to account-based payment or a card with stored value can create another barrier, as riders must manage cash for each payment.

Abrazar, Inc. – Abrazar, Inc., started out as a senior center in 1975 in response to a lack of culturally and linguistically accessible resources, particularly for Spanish-speaking individuals. Abrazar has grown to support other monolingual communities and to provide several services, including providing transportation to and from Abrazar’s centers and contracted transportation supporting many social and human services programs in the county. Abrazar is one of three non-profit community service agencies in the OC area. Abrazar provides about 12,000 trips per month through their various transportation programs.

Key challenges identified by Abrazar, Inc. include:

- Costs of providing rides have outpaced the rates that Abrazar receives under various contracts, requiring Abrazar to draw down organization reserves or undertake new fundraising efforts. Abrazar may need to eliminate some services if this trend continues.
- Many smaller organizations that Abrazar partners with have limited capacity for the training and administrative requirements of providing transportation services and of accessing funding for such programs.
- Abrazar and other smaller agencies do not have the leverage to negotiate affordable contracts for technology solutions that could help reduce staff time, improve efficiencies, and enhance coordination.

Office on Aging – The Orange County Office on Aging serves as the lead advocate for approximately 780,000 seniors 60 years and older residing in the county, focusing specifically on low-income ethnic minorities. The Office is responsible for understanding the needs of Orange County’s older adults and using the federal funding and programs available to meet those requirements. The Office on Aging administers the County's Senior Non-Emergency Medical Transportation (SNEMT) Program, funded under OCTA's Measure M2 and Orange County Health Care Agency’s Tobacco Settlement Revenue. The Office currently contracts with two transportation service providers, Abrazar, Inc. and Age Well Senior Services, Inc., to provide transportation services.

Key challenges identified by the Office on Aging include:

- It is difficult to determine the cost per trip for transportation contracts, especially considering recent cost increases over the past few years.

- Transportation provider capacity is limited because of funding, staffing, and vehicle shortages.
- The Office maintains a robust services referral database, which requires a great deal of staff time to maintain. A comprehensive, effective system for the collection, analysis, and sharing of transportation performance measures is not in place.
- Coordination with programs serving individuals under 60 years old is not as strong as it could be to help identify opportunities for partnerships and improved service delivery.

Overview of Identified Needs

The previous section describes the service gaps and barriers to mobility identified through community engagement and analysis. This section summarizes the five themes (“Needs”) that emerged. These themes are presented in a ranked order, representing the themes that were most strongly expressed or prioritized by the community, providers, and the OCTA project development team.

#1 – Stabilization and Sustainability of Existing Services

Support funding, staffing, and capacity constraints limit the ability of existing service providers to meet demand in an effective and sustainable way.

- Contracted rates for human services providers have not kept pace with the increasing cost of service provision, jeopardizing the continuation of existing services.
- Training and compliance requirements may be overly burdensome to service providers, especially very small organizations with limited staff capacity and expertise.

#2 – Enhanced Existing Service Coverage, Operating Hours, and Capacity

Existing services have limited capacity, operating hours, and geographic coverage, in part due to low demand for fixed-route service in low density areas.

- Some areas of the county are unserved or underserved by existing programs, in part due to limited fixed-route services and resulting limited OC ACCESS service. These areas include the western portion of the county, with Yorba Linda, Anaheim Hills, and Rancho Santa Margarita. Laguna Beach, Laguna Niguel, and San Clemente are also among the areas underserved.
- Across all transportation providers that responded to the survey, there is limited availability of service on weekends and weekday evenings. Riders identified weekend service as a higher priority than weekday evenings.

- Across the network of human service transportation providers, there are too few wheelchair-accessible vehicles available to meet demand.
- Community transportation providers are not mandated to transition their fleets to low- or no-emissions vehicles, but planning for these transitions will benefit the agencies and the communities by expanding funding opportunities and reducing greenhouse gas emissions.

#3 – Improved Rider-Facing Information and Communication

Not all riders are able to access important transportation information, including information about the status of their trip.

- Riders are not receiving sufficient communication about trip status. Riders do not receive proactive communication about trip delays and must call OCTA for updates. Though OC ACCESS riders who book online can see trip status updates, many riders who responded to the survey do not appear to be aware of this option.
- Rider-facing information is not sufficiently accessible for people with vision, hearing, and developmental disabilities, people with mental illness, and for people who have limited English proficiency.

#4 – Improved Service Quality and Rider Experience

Some riders, especially those with disabilities and/or who have limited English proficiency, experience safety, comfort, and customer service challenges.

- Some riders and social services staff experience poor service from OC ACCESS and same-day taxi drivers and customer service representatives due to language barriers and/or a lack of understanding about how to support and communicate with people with disabilities.
- OC ACCESS riders complain about spending too much time on the vehicle and/or traveling out of direction.
- Riders may need to change vehicles and drivers between same-day taxi and OC ACCESS even when both services are being provided by the same contracted provider, creating lengthier travel times and potentially requiring riders to wait in an area that is not secure.
- Some riders do not feel safe waiting for the bus in a public, open space.
- Having only one option for fare payment is limiting and can be difficult to keep track of. Stored-value card payment was previously available but deprecated due to software challenges.

- Reliance on phone calls for OC ACCESS and other program booking can be onerous and inefficient. OCTA provides OC ACCESS riders the option of booking online; not all riders seem aware of this option.
- Rider program eligibility is conducted across multiple organizations through different processes that can be challenging to navigate and coordinate. For example, riders may require registration and case management through a particular agency such as an adult day health center, eligibility determination by the Office on Aging for SNEMT, and ADA eligibility for OC ACCESS.

#5 – Increased Number of Service Options

Gaps in existing services limit the ability of older adults, people with disabilities, and people with low incomes to fully meet their travel needs.

- Current scheduling limitations make it difficult for riders to meet their transportation needs when more flexibility is required.
- Destinations outside of Orange County are difficult to access due to trip restrictions and limited coordination between providers. Respondents noted difficulty accessing destinations, especially medical services, in Los Angeles County, San Diego County, Riverside County, and other surrounding counties.
- Areas not served by OC Bus and OC ACCESS have relatively limited options, making it difficult and/or expensive for riders in those areas to access transportation.
- There are not enough flexible service options, especially same-day and on-demand services.
- There is a need for more HST coverage options in remote, low-density areas of the county where fixed-route bus service is not feasible.

Section 6: Recommended & Prioritized Strategies

This section presents goals that reflect identified needs, along with strategies to accomplish each goal. They are strategies that OCTA and human service transportation providers should consider based on their effectiveness and feasibility of implementation. Recommendations from community members and agency representatives informed strategy development. Most are relevant to human service transportation providers and related organizations throughout the county.

Because these goals tie directly to the identified needs, they are also presented in the order of greatest emphasis from community members, providers, and the project development team. Within each goal, strategies are not presented in a ranked order; the following section, Prioritizing Goals and Strategies, further explains the strategy ranking.

Goal 1 – Sustain Existing Services

- Prioritize FTA Section 5310 funds to support OC ACCESS.
- Increase or prioritize funding available for capital and operations, first to make existing programs whole and then to enhance services.
- Pilot a mobility coordination committee where all agencies with shared human services clients meet regularly to identify challenges and develop solutions.
- Promote/encourage interagency to improve coordination and address unmet needs.
- Support transportation providers by providing joint trainings, especially driver training and those related to compliance and administration, and establishing contracting mechanisms for service providers to procure scheduling and dispatch software.

Goal 2 – Enhance Existing Service Coverage, Operating Hours, and Capacity

- Increase funding in general for capital and operations to enhance services.
- Expand the OCTA retired vehicle donation program to increase the number of wheelchair-accessible vehicles available to external human service transportation providers.
- Prioritize areas that require new or enhanced service for high demand and underserved populations.

- Develop an understanding of transportation provider capacity for and interest in low-/no-emission fleet transition and community infrastructure and other resources to support transition.

Goal 3 – Improve Rider-Facing Information and Communication

- Improve day-of-trip communication with riders, informed by 2024 OC ACCESS text notification pilot.
- Provide more comprehensive, up-to-date, and easily understandable rider-facing information online and in print.
- Provide more accessible services information—accessible both in terms of spoken language, American Sign Language, and for people with disabilities.

Goal 4 – Improve Service Quality and Rider Experience

- Improve training for drivers and customer service representatives to better communicate with and support riders with disabilities and/or who have limited English proficiency.
- Provide more timely feedback than is available through the bi-annual OC ACCESS service evaluation by incorporating rider satisfaction surveys, and/or feedback mechanisms, into daily service delivery to identify improvement areas. Identify opportunities to work with external partners to gather rider feedback.
- Explore re-introducing more payment options, including account-based payments and stored-value card, for OC ACCESS and same-day taxi riders.
- Provide riders with the option to book and check the status of trips online and/or through a mobile application. For OC ACCESS, increase promotion and marketing of this feature.
- Improve transportation provider access to advanced scheduling and dispatch software.
- Explore opportunities to coordinate program eligibility.
- Evaluate if existing performance targets reflect current operational and community factors and revise as needed.
- Improve the safety and security of fixed-route bus stops and designated OC ACCESS stops.

Goal 5 – Increase Number of Service Options

- Provide flexible service options, especially same-day and on-demand services.
- Improve coordination of services across county lines, especially to medical facilities.
- Provide more service coverage and options in remote areas of the county, especially those not served or underserved by OC Bus and OC ACCESS.
- Continue to provide more flexible service options to ADA-eligible customers traveling in the areas with the highest origin-destination pairs, as identified by analyzing OC ACCESS data.
- Increase service options for individuals who have disabilities but may not qualify for OC ACCESS or other age- and trip-limited transit services (such as SMP or SNEMT).

Prioritizing Goals and Strategies

The previous Plan noted that all proposed strategies, to varying degrees, met one or more of the following criteria:

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

Strategies were prioritized according to costs and implementation timeline. For this Plan update, the PDT opted to prioritize the strategies in a similar way. In the table following, the implementation timeline and cost for each strategy is estimated, along with a prioritization of the strategy. Strategies were prioritized based on the following factors:

- High Priority – low cost and short or medium implementation timeline
- Medium Priority – medium cost and implementation timeline, medium cost and long implementation timeline, or high cost and medium implementation timeline
- Low Priority – high cost and long implementation timeline

Strategies ranked “Low” in priority are not less valuable than the strategies ranked “High” or “Medium” priority; the priority ranking indicates which strategies should be pursued first. In addition, some specific implementation actions associated with the

strategies may be lower cost or have a shorter implementation timeframe than the full strategy, so it may be beneficial to pursue these actions in a shorter timeframe, even for strategies that rank “Low.”

The cost factor considers direct costs such as software or capital expenditures and staff salaries, in addition to soft costs such as staff time spent in coordination or management tasks.

STRATEGY	IMPLEMENTATION TIMELINE	COST	PRIORITY
Goal 1 – Sustain Existing Services			
1.1 Prioritize FTA Section 5310 funds to support OC ACCESS.	Short (6-12 months) and ongoing	Low	High
1.2 Pilot a mobility coordination committee where all agencies with shared human services clients meet regularly to identify challenges and develop solutions.	Short (6-12 months)	Low	High
1.3 Promote/encourage interagency partnerships to improve coordination and address unmet needs.	Short (6-12 months) and ongoing	Low	High
1.4 Support transportation providers by providing joint training, especially driver training and those related to compliance and administration, and establishing contracting mechanisms for service providers to procure scheduling and dispatch software.	Medium (12-24 months)	Low	High
1.5 Increase or prioritize funding available for capital and operations, first to make existing programs whole and then to enhance services.	Medium (12-24 months)	Medium	Medium
Goal 2 – Enhance Existing Service Coverage, Operating Hours, and Capacity			
2.1 Expand the OCTA retired vehicle donation program to increase the number of wheelchair-accessible vehicles available to external human service transportation providers.	Medium (12-24 months)	Low	High
2.2 Prioritize areas that require new or enhanced service for high demand and underserved populations.	Medium (12-24 months)	Low	High
2.3 Develop understanding of factors related to community transportation fleet transition to low-/no-emissions vehicles.	Medium (12-24 months)	Medium	Medium
2.4 Increase funding in general for capital and operations to enhance services.	Long (24-48 months)	Medium	Medium
Goal 3 – Improve Rider-Facing Information and Communication			
3.1 Improve day-of-trip communication with riders, informed by 2024 OC ACCESS text notification pilot.	Medium (12-24 months)	Medium	Medium

3.2 Provide more accessible services information—accessible both in terms of spoken language, American Sign Language, and for people with disabilities.	Medium (12-24 months)	Medium	Medium
3.3 Provide more comprehensive, up-to-date, and easily understandable rider-facing information online and in print.	Long (24-48 months)	Medium	Medium
Goal 4 – Improve Service Quality and Rider Experience			
4.1 Provide more timely feedback than is available through the bi-annual OC ACCESS service evaluation by incorporating rider satisfaction surveys, and/or feedback mechanisms, into daily service delivery to identify improvement areas. Identify opportunities to work with external partners to gather rider feedback.	Medium (12-24 months)	Low	High
4.2 Evaluate if existing performance targets reflect current operational and community factors and revise as needed.	Medium (12-24 months)	Low	High
4.3 Improve transportation provider access to advanced scheduling and dispatch software.	Medium (12-24 months)	Medium	Medium
4.4 Improve training for drivers and customer service representatives to better communicate with and support riders with disabilities and/or who have limited English proficiency.	Long (24-48 months)	Medium	Medium
4.5 Improve the safety and security of fixed-route bus stops and designated OC ACCESS stops.	Medium (12-24 months)	High	Medium
4.6 Explore opportunities to coordinate program eligibility.	Long (24-48 months)	Medium	Low
4.7 Explore re-introducing more payment options, including account-based payments and stored-value card, for OC ACCESS and same-day taxi riders.	Long (24-48 months)	High	Low
4.8 Provide riders with the option to book and check the status of trips online and/or through a mobile application. For OC ACCESS, increase promotion and marketing of this feature.	Long (24-48 months)	High	Low
Goal 5 – Increase Number of Service Options			

5.1 Improve coordination of services across county lines, especially to medical facilities.	Long (24-48 months)	Medium	Medium
5.2 Provide flexible service options, especially same-day and on-demand services.	Long (24-48 months)	High	Low
5.3 Provide more service coverage and options in remote areas of the county, especially those not served or underserved by OC Bus and OC ACCESS.	Long (24-48 months)	High	Low
5.4 Continue to provide more flexible service options to ADA-eligible customers traveling in the areas with the highest origin-destination pairs, as identified by analyzing OC ACCESS data.	Long (24-48 months)	High	Low
5.5 Increase service options for individuals who have disabilities but may not qualify for OC ACCESS or other age- and trip-limited transit services (such as SMP or SNEMT).	Long (24-48 months)	High	Low

Section 7: Implementation Activities

This section describes specific tasks and objectives to implement strategies that are ranked “High” priority. For strategies ranked “Medium” or “Low” priority, there may be lower cost or shorter implementation steps that can be identified through future efforts, particularly those of the Mobility Coordination Committee (described below).

STRATEGY	IMPLEMENTATION STEPS
High Priority Strategies	
1.1 Prioritize FTA Section 5310 funds to support OC ACCESS.	Continue OCTA's practice of prioritizing 5310 funds for OC ACCESS and supporting other human services transportation through other funding sources.
1.2 Pilot a mobility coordination committee where all agencies with shared human services clients meet regularly to identify challenges and develop solutions.	Facilitate a conversation with ATAC about interest in and capacity to participate in the MCC and the benefits and challenges of creating a separate structure. Determine appropriate structure for MCC, including the person or agency with responsibility for the development and facilitation of the MCC.
1.3 Promote/encourage interagency partnerships to improve coordination and address unmet needs.	The development of the MCC will allow for regular coordination across all human service transportation providers and related organizations. One of the first steps of the MCC after establishing foundational documents will be to identify opportunities to improve coordination across the county in support of meeting the needs identified in the Plan.

STRATEGY	IMPLEMENTATION STEPS
High Priority Strategies	
<p>1.4 Support transportation providers by providing joint training, especially driver training and those related to compliance and administration and establish contracting mechanisms for service providers to procure scheduling and dispatch software.</p>	<p>The first step in this strategy will be to determine, in greater detail than reflected in this Plan, the specific challenges that human transportation providers of all sizes are facing in Orange County to understand the full extent of support needed and the full set of community resources available to provide solutions. The MCC could facilitate this research and create a workplan for developing, funding, and implementing the solutions identified.</p>
<p>2.1 Expand the OCTA retired vehicle donation program to increase the number of wheelchair-accessible vehicles available to external human service transportation service providers.</p>	<p>The first step in this strategy will be to identify OCTA's capacity to increase the number of vehicle donations. After understanding the resources needed to enhance the program, OCTA will need to communicate with potential recipients to promote the program and to better understand if organizations are facing barriers to participation.</p>
<p>2.2 Prioritize areas that require new or enhanced service for high demand and underserved populations.</p>	<p>In evaluating proposals for competitive grant funding, OCTA should prioritize projects that meet the identified needs of the communities and areas of focus in the Plan. For all human services transportation partners, projects and programs should consider elevating the needs of communities and areas of focus in the Plan.</p>

STRATEGY	IMPLEMENTATION STEPS
High Priority Strategies	
<p>4.1 Provide more timely feedback than is available through the bi-annual OC ACCESS service evaluation by incorporating rider satisfaction surveys, and/or feedback mechanisms, into daily service delivery to identify improvement areas. Identify opportunities to work with external partners to gather rider feedback.</p>	<p>With the transition to new scheduling software and a rider-facing application, OCTA should explore providing more real-time opportunities for rider feedback. For all human services transportation providers, providing regular rider feedback opportunities through in-vehicle surveys, phone surveys, mailed surveys, and online surveys will ensure timely recognition of issues and successes and a strong foundation for subsequent Plan updates.</p>
<p>4.2 Evaluate if existing performance targets reflect current operational and community factors and revise as needed.</p>	<p>With changes in operational factors, such as the introduction of new human services transportation partners and contracted services providers, and community factors, such as traffic congestion or travel demand, there is an opportunity to evaluate OCTA’s performance targets (including on-time performance) for services performed by OCTA and/or OCTA contractors. OCTA will examine internal and peer agency performance measures, targets, and outcomes to identify recommended changes to measures and operations, as appropriate.</p>

Section 8: Conclusion

Several programs in Orange County provide transportation for older adults, people with disabilities, and people with low incomes. While these programs collectively serve thousands of riders each day, there are still opportunities to improve service sustainability, introduce new services, and improve rider experiences. While OCTA is responsible for producing this Coordinated Plan, the needs, gaps, goals, and strategies presented in this Plan reflect the human service transportation network in Orange County.

The Coordinated Plan provides an opportunity to comprehensively examine existing traveler needs and organizational capacities and to develop strategies specifically designed to improve mobility for older adults, people with disabilities, and people with low incomes. These strategies will guide human services transportation investment in the coming years, but partner organizations do not need to wait for funding opportunities to pursue these strategies. OCTA is actively working on some of the listed strategies, including an OC ACCESS rider notification pilot, procuring a more feature-rich scheduling and dispatch software option for OCTA and partners, and evaluating OCTA's eligibility process.



Appendix A: Agency & Community Surveys

Agency Survey

Contact name:

Title:

Telephone:

E-mail:

Agency name:

Site address:

Mailing address:

1. Please provide a brief description of your agency/organization or program. (You may also attach a brochure or flyer.) [long text]
2. Your agency type: [check box, check only one]
 - a. Private, for profit
 - b. Private, non-profit
 - c. Tribal organization
 - d. Public agency
3. Number of active Orange County clients served by your agency: [short text]
 - a. Number of total client/consumers enrolled
 - b. Average number of clients served daily
 - c. Estimated onsite daily who require transportation assistance
 - d. Estimated onsite daily who use a wheelchair
4. Please identify the client population your agency serves: [checkboxes, one with text box, check all that apply]
 - a. Older adults
 - b. People with low incomes
 - c. Youth
 - d. General public
 - e. People with disabilities
 - f. Veterans
 - g. Other [short text]
5. Please specify the **unmet** transportation needs communicated to you by your clients: [checkboxes, some with text boxes, check all that apply]
 - a. Getting to work between 8am-5pm
 - b. Late night or early morning work shifts
 - c. Weekend trips
 - d. Holiday trips
 - e. Recreational activities or events

- f. Visiting family or friends
 - g. Transporting children to/from day care or school
 - h. Going to the doctor/medical trips
 - i. Counseling/mental health trips
 - j. Shopping and errands
 - k. Attending training or educational events, classes, or program sites
 - l. Trips outside of OC Bus/OC ACCESS service area
 - m. Trips outside of Orange County and/or other long-distance trips, for what purpose? [short text]
 - n. Specific trips by origin and destination that cannot be made now [long text]
6. What other agencies/organizations do you work with to provide transportation for your clients? [long text]
7. What primary barriers to accessing and/or coordinating transportation exist for your agency/organization? [long text]
8. Please indicate your areas of interest to coordinate transportation: [checkboxes, one with text box, select all that apply]
- a. Coordinated travel training programs
 - b. Centralized transportation information
 - c. Joint marketing and awareness campaigns
 - d. Joint customer needs assessment efforts
 - e. Coordinated education and awareness of regulatory environment
 - f. Joint contracting for specialized services
 - g. Joint use, pooling, or sharing of vehicles among organizations
 - h. Pooling of financial resources to better coordinate service
 - i. Coordinated service operations
 - j. Coordinated vehicle and capital purchases
 - k. Shared fueling facilities
 - l. Shared maintenance facilities
 - m. Joint purchase of supplies or equipment
 - n. Joint purchase of insurance
 - o. Coordinated software procurement
 - p. Coordinated trip scheduling and/or dispatching
 - q. Coordinated driver training and retraining programs
 - r. Contracting out for service rather than direct operations
 - s. Contracting to provide transportation to other agencies
 - t. Not interested in coordination activities at this time
 - u. Other: [long text]
9. Which best describes your agency: [checkboxes, some with text boxes, select one]

- a. We do not operate, contract for, or arrange transportation services
 - b. We directly operate and has full responsibility for our transportation services
 - c. We contract with a third party to provide transportation services
 - d. Our transportation service is a mix of directly operated and contracted services
 - e. We subsidize transportation through the purchase of passes, fares, mileage reimbursement, etc.
 - f. We arrange for transportation by assisting with information; the client is responsible for booking and payment
 - g. We arrange for volunteer drivers to provide transportation services
 - h. Other, please specify [long text]
10. What types of trips does your agency provide? [checkboxes, one with text box, select all that apply]
- a. Health/medical (non-Medicaid)
 - b. Health/medical (Medicaid)
 - c. Social
 - d. Recreation
 - e. School or training
 - f. Employment
 - g. Grocery shopping
 - h. Other shopping
 - i. Senior center
 - j. Adult daycare
 - k. Religious
 - l. Connection to fixed route
 - m. Other, please specify [long text]
11. Transportation budget for current fiscal year [short text]
- a. For vehicle operations (drivers, maintenance, fuel)
 - b. For bus passes, tickets, or tokens
 - c. For taxi vouchers and other specialized transportation services
 - d. Administration (advertising, marketing, fund raising)
 - e. Vehicle replacement capital funds
 - f. Insurance
 - g. Mileage reimbursement
 - h. Software
 - i. Other, please specify [long text instead of short]
12. How many total vehicles do you have available for client/customer transportation?

Type of vehicle	Total number	Equipped with lift or ramp	Maximum # of passengers in wheelchairs	Maximum # of ambulatory passengers	Need to be replaced within 2 years

13. How many vehicles are used to provide transportation on an average day?

14. Passenger load and vehicle utilization

- a. Average number of one-way passenger trips per **month** (*counting each round-trip as two one-way passenger trips*) [short text]
- b. Average number of vehicle miles per **month** (*average monthly number of miles traveled by your total fleet to transport rider*) [short text]

15. Days and hours of operation:

- a. Weekdays [short text]
- b. Saturdays [short text]
- c. Sundays [short text]
- d. Holidays [short text]
- e. Other operating hours [long text]

16. What are your typical peak weekday hours? [short text]

17. What are your typical peak weekend hours? [short text]

18. How many drivers does your program have?

- a. Paid drivers [short text]
- b. Volunteer drivers [short text]

19. Do you have any formal or informal cooperative service agreements/arrangements for transportation? [checkboxes, one with text box]

- a. No
- b. Yes, with [long text]

20. Indicate the funding sources for your transportation program [checkboxes, some with text boxes]

- a. County/local
 - i. General funds

- ii. M2 sales tax
 - iii. AQMD funding
 - iv. Other, please specify [long text]
- b. State funding
 - i. Education Dept.
 - ii. Dept. Developmental Services
 - iii. Dept. of Aging
 - iv. Dept. of Rehabilitation
 - v. Dept. of Health Services
 - vi. Other, please specify [long text]
- c. Federal funding
 - i. FTA Section 5310
 - ii. Community Development Block Grants
 - iii. Health and Human Services
 - iv. Other, please specify [long text]
- d. Other funding
 - i. Client fees
 - ii. Private donations/grants
 - iii. United Way
 - iv. Passenger fares
 - v. Fund raising
 - vi. Other, please specify [long text]

21. Will your agency continue its client transportation services over the next five years? [check boxes, select one]

- a. Yes
- b. No
- c. Unsure

22. Is there anything else you would like to share with the project team? [long text]

Appendix B: Agencies Contacted & Survey Respondents

Agencies Contacted

The project team contacted over 500 individuals (sometimes more than one individual at an agency) using OCTA-generated contact lists. Survey invitations were sent via email, and where emails were not available, contacts were called. When emails were returned with errors, contacts were called. In addition to the 500+ emails, the project team made over 200 phone calls to attempt to reach agency contacts.

Public Transit Services
Laguna Beach Local
Anaheim Resort Transportation
OCTA-Contracted Specialized Services
Alzheimer's Orange County
Alzheimer's Family Services
Community Senior Services (Meals on Wheels)
Orange County Adult Achievement Center, dba My Day Counts
Senior Non-Emergency Transportation Services
OC Go Senior Non-Emergency Transportation (SNEMT)
AgeWell
Abrazar
Senior Mobility Program (SMP)
Aliso Viejo
Anaheim
Brea
Buena Park
Costa Mesa
Cypress
Dana Point
Fountain Valley
Fullerton
Garden Grove
Huntington Beach

Irvine
La Habra
Laguna Beach (Sally's Fund)
Laguna Hills
Laguna Niguel
Laguna Woods
Lake Forest
Mission Viejo
Newport Beach
Orange
Placentia
Rancho Santa Margarita
San Clemente
San Juan Capistrano
Santa Ana
Seal Beach
Stanton
Tustin
Villa Park
Westminster
Yorba Linda
Korean American Seniors Association
Southland Integrated Services
Transportation Support Programs
Dayle McIntosh Center
Disabled American Veterans
Orange County United Way - 211 Orange County
Tierney Center for Veteran Services, Goodwill OC
Senior Centers
Anaheim Independencia Family Resource Center
Brookhurst Community Center
Buena Park Senior Center
Costa Mesa Senior Center
Cypress Senior Center
Fullerton Senior Multiservice Center
H. Louis Lake Senior Center (Garden Grove)

Korean American Seniors Association of O.C.
Lakeview Senior Center
Keen Center for Senior Resources
Rancho Senior Center
Trabuco Center
La Habra Community Center
La Palma Recreation and Community Center
Florence Sylvester Senior Center (Laguna Hills)
Sea Country Senior & Community Center
Los Alamitos Services
Midway Community Center
The Friendly Center
El Modena Community Center
Bell Tower Senior Community Center (Rancho Santa Margarita)
Dorothy Visser Senior Center San Clemente
San Juan Capistrano Community Center
Asian American Senior Citizens Service Center
Santa Ana Senior Center
Santa Ana Southwest Senior Center
Seal Beach Senior Center
North Seal Beach Senior Center
Abrazar Senior Center
Adult Day Centers
Adult Day Health Care Center Santa Ana
Adult Day Health Care Center Anaheim
Reimagine
Healthy Aging Center - Acacia
Healthy Aging Center - Laguna Woods
Buena Park Senior Day Care Center
Laguna ADHC
Irvine Adult Day Health Center
South County Adult Day Services
Easter Seals Senior Day Care
Mount of Olives Adult Day Center
Commonwealth Adult Day Care Health Center
Cypress Adult Day Health Center

Evergreen World ADHC
Sarang ADHC
Windsong Senior Center
Meals on Wheels OC Adult Day Health Care
Helping Hands for Better Living
Rehab - Encore Program
Other stakeholders (may not provide transportation directly)
Orange County Aging Services Collaborative
Braille Institute
Boys & Girls Club of Huntington Valley
North Orange County Community College District
Uplift Charity
My Day Counts
1st Christian Day Care
2-1-1 Orange County
ABC Westminster and Santa Ana Day Health Center
Acacia Villas Assisted Living
Access California Service
Alamitos West Health and Rehab Center
Adult Protective Services Orange County
Advanced Rehab Center of Tustin
Alano Club-Sa
All American Boys Chorus
Alliance of Iranian Americans (AIC), OC Chapter
Alta Gardens Care Center
Alzheimer's Association- OC Chapter
Alzheimer's Orange County (Alzoc)
American Cancer Society - Road To Recovery
American Legion
American Legion Post 555
An Village Board N Care
Anaheim Christian Reformed Church
Anaheim Crest Nursing Center
Anaheim Resort Transportation Network
Anaheim Sr Day Ctr
Arab American Civic Council

ArrowGTP
Asian American Business Women Association
Asian Business Association Inland Empire
Asian Business Association of Orange County
Asian Senior Center
Beachside Guest Home-Sail Cir
Bethel Korean Church
Bethel Tower on 19Th
Birchwood Apts
Black Chamber of Commerce of Orange County
Blind Children's Center
Boat People SOS - California Branch
Bubbe and Zaydes Place
Buena Park Nursing Center
CA EDD
CAIR-LA
California Zoroastrian Center
Calvary Baptist Church
Calvary Chapel
Calvary Chapel Pacific Coast
Calvary Chapel San Juan Capistrano
Calvary Chapel Yorba Linda
Calvary Community Church
Cambodian Family
Campina Home
Capo Beach Calvary Church Dba: Capo Beach Church
Caregiver Resource Center
Carmel Village: Fountain Valley
Casa de Oracion de Fullerton
Casa Pacifica Convalescent Hospital
Chapman Care Center
Chapman University
Chateau St Mark-Archer
Chicanos Unidos
Child Guidance Center

Child Shuttle
Chinese Baptist Church of Central Orange County
Chinese Baptist Church of Orange County
Chinese Community Baptist Church
Christian Arabic Church of Anaheim
Chua Dieu Ngu Vietnamese Buddhist Temple
Clo-Via Larga-Ln
Coalition of Orange County Community Health Centers
Community Health Initiative of Orange County
Commonwealth Adult Day Health Care Center
COR Community Development Corporation
Cornerstone: Santa Ana
Costa Mesa Spanish Seventh-Day Adventist Church
Council On Aging- Southern California
Country Villa Plaza
County of Orange, Healthcare Agency
Creative Identity
CSUF
Delhi Center
Disciple Community Church
Discovery Day Program
Dong Shin Church of Southern California Inc
Doria Apartments
Downtown Anaheim Community Center
Easter Seals of Southern California
Eastern Star Homes of California Inc.
EFC Irvine 1.5 Generation Service
Elwyn Institute
Emerald Court Senior Living
Empower Comm Day Program
Enriching Home ICS
Enterprise Holdings
Esperanza Education Center
FACT - Families and Communities Together
Fairview Developmental Center
Discovery Depot Child Care Center

Families Together of Orange County Community Health Center
Family Caregiver Resource Center
Filipino American Chamber of Commerce of Orange County
First Assembly Of God Of Orange
First Chinese Baptist Church
First Evangelical Community Church
First Evangelical Free Church Of Fullerton
First United Methodist Church of Costa Mesa
Five Points Senior Apts
Florence Crittenton Services of Orange County Inc.
Fountain Glen@Seacliff
Fountain Glen-RSM
Fountains Sea Bluffs
Free Wheelchair Mission
Garden Grove Convalescent Hospital
Garden Park Care Center
Garden Park Group Home
Garden Villa Inc.
Geneva Presbyterian Church
George Key Special Center
Village Management Services
Goodwill Industries of OC
Grace Korean Church DBA: Grace Ministries International
Greenfield Care Center of Fullerton
H.O.P.E.
Habitat for Humanity
Harbor Trinity Baptist Church
Hebrew Academy Orange County CA
Heritage Pointe
Hermandad Mexicana
High Hopes Head Injury Program
Hoag Memorial Addiction Treatment
Holy Spirit Catholic Church
Hope Community Services
Huntington Beach Partial Program
Huntington Valley Healthcare Center

Iglesia Adventista Hispana de Anaheim
Illumination Foundation
Indian Senior Center
Institute of Islamic Society
Integrity House - Family Support Network
Iranian American Community Group Orange County
Irvine Adult Day Health Services
Irvine First Chinese Baptist Church
Irvine Onnuri Church
Islamic Center of Anaheim (mosque)
Islamic Circle of North American (ICNA) Relief
Islamic Institute of Orange County
Islamic Shura Council of Southern California
Islamic Society of Orange County
Japanese American Seniors- Keiro
Jewish Community Center Of Orange County
Jewish Senior Center
John Paul II Polish Center
Joy Persian Church
Kindred Outreach Ministries
Kisco Emerald Court Senior Living
Korean American Center
Korean American Chamber of Commerce of Orange County
Korean American Federation of Orange County
Korean Christian Reform Church of Orange County
Korean Community Church
Korean Community Services
Korean Martyrs Catholic Center
Korean Resource Center
La Habra Family Resource Center
La Habra Spanish Church
La Palma Nursing Ctr-1130
Laguna Hills Health and Rehab
Laguna Presbyterian Church
Latino Health Access
LeadingAge CA

League of United Latin American Citizens, Orange County
Little Saigon Vietnamese Church
Living Grace Chinese Christian Church
Living Stream
Dbas: Living Stream Ministry
Lutheran Social Services Foundation of So. Calif
Magnolia Baptist Church of Anaheim
Mental Health Association of Orange County
Mercy House
Mobility Management Partners, Inc.
MS Society
Multi-Ethnic Collaborative of Community Agencies (MECCA)
Muth Interpretive Center, Newport Bay Conservancy
National Hispanic Business Association
Network of Iranian American Professionals of Orange County (NIPOC)
Neuro Restorative / Winways Therapy-OR
New Life Adult Day Health Care Center
New Life Korean Church
New Spirit Baptist Church
Northbound Treatment Services
Nuevos Comienzos Ministries
OC Parks
OC Caregiver Resource Center Collaborative
OCAPICA
OMID Multicultural Institute for Development
One Church of Irvine
Orange Central Korean Seventh Day Adventist
Orange County APICA
Orange County Asian and Pacific Islander Community Alliance
Orange County Buddhist Church
Orange County Business Council
Orange County Children Therapeutic Arts Center (OCCTAC)
Orange County Chinese-American Chamber of Commerce
Orange County Communities Organized for Responsible Development (OCCORD)
Orange County First Assembly of God Santa Ana
Orange County Group Ambulance Providers

Orange County Heritage Council
Orange County Hispanic Chamber of Commerce
Orange County Human Relations Council
Orange County Iranian American Chamber of Commerce
Orange County Persian Community (OCPC)
Orange County Rescue Mission Inc.
Orange County Small Business Administration
Orange County United Way
Orange County Vietnamese Church
Orange Healthcare and Wellness Center
Orange Hill Korean Presbyterian Church
Orange Korean Church
Orange Korean Evangelical Church
Orangewest Convalescent Hospital
Our Lady of La Vang Church
Pacific Islander Health Partnership
Pacific Islander Health Partnership
Pacifica Senior Living Newport Mesa
Park Anaheim Health Center
Park Regency Care Center
Park Vista Skilled Nursing Facility
Parkview Healthcare Center
Payame Aramesh/Iranian Christian Message of Peace
Persian Ministry of Calvary Chapel
PIB Public Affairs
Prestige Assisted Living
Progressive Care Centers
Project Access
ProMedica Senior Care
Radiant Health Center Compassionate for all
Reata Glen Orange County Ccrc Llc
Regional Center of Orange County
Rhinos Training Facility dba: Rhinos Rugby Academy
River Church Office
Rockharbor Church
Rowntree Gardens

Saddleback Church Irvine South
Saddleback Community Church Inc Dba: Saddleback Church
Saint Bonaventure Catholic Parish
Saint Thomas Korean Catholic Center
Santa Ana College
Santa Ana Spanish Seventh-Day Adventist Church
Santa Maria Valley Lighthouse Baptist Church
Sa-Rang Community Church
Seal Beach Health and Rehab
Seaside Terrace Retirement
Shanti Orange County
Silva And Associates Llc
Soka University of America
Sos-Share Our Selves Community Health Center
South Coast Chinese Cultural Association
Southeast Asian Legal Outreach (SEALOP)
Southern California Liberty Baptist Church
Speech & Language Development Center Inc
St Edna Convalescent Center
St Mary & St Verena Coptic Orthodox Church
St Paul's Lutheran Church
St. Catherine's Healthcare Center
St. Matthew's Catholic Church
Stanbridge University OC
State Council on Developmental Disabilities
Stonecreek Christian Church
Suh Moon Presbyterian Church
Sunmar Nursing Home
Sunrise Conv Home: Sunrise at Tustin
Sunrise Senior Living
Surf City Recovery: Huntington Beach
The Alder Corporation Dba: El Toro Adult Day Services
The Cause Community Church
The Hills Post Acute
The Latino Communications Institute – CSU Fullerton

The Pavilions at Sunny Hills
The Veterans of Foreign Wars
Three Kings Public Affairs
Town & Country Manor
Trinity United Presbyterian Church
Twin Town Treatment Ctr: Orange
UCI Health Center for Autism & Neurodevelopmental Disorders
United Cerebral Palsy OC
United Mexican-American Veterans Association
University Of California Irvine Disability Services Center
UVSA chapters in high schools and universities throughout OC
Veterans Outreach OC
Victoria Healthcare-Cm-340
Viet Rainbow of Orange County
Vietnamese American Arts & Letters Association
Vietnamese American Bar Association of Southern California
Vietnamese American Cancer Foundation
Vietnamese American Chamber of Commerce of Orange County
Vietnamese Catholic Center, Diocese of Orange
Vietnamese Grace Baptist Church
Vietnamese Students Association at UC-Irvine
VietRISE
Villa Paloma Senior Apts
Villa Valencia Healthcare Center
Voala - Battle Buddy Bridge Program
Vocational Innovations
Vocational Visions
Walnut Manor
Walt Disney Parks And Resorts Us Inc
West Ana Royale Assisted Living
West Anaheim Extended Care
West Anaheim Hospital Partial Program: Anaheim
West Coast Islamic Society/Masjid Al-Ansar
Whitten Heights
Whittier Christian High School Association
Windsor Gardens Nursing

Working Wardrobes Donation Center: Irvine
Xclaimed Ministries Inc
Yorba Linda Friends Church
Zoroastrian Association of California Center

Agency Survey Respondents

The following agencies submitted survey responses. Their responses are reflected through the Plan.

Abrazar, Inc.
 Adult Day Program at Mount of Olives church
 Age Well Senior Services, Inc.
 Alamos West Health & Rehabilitation
 Alzheimers Family Center
 Braille Institute
 Child Shuttle
 City of Brea Senior Center
 City of Huntington Beach
 City of Irvine
 City of Laguna Woods
 City of Lake Forest - The Clubhouse Senior Center
 City of Mission Viejo
 City of Newport Beach
 City of Orange
 City of Rancho Santa Margarita
 City of Santa Ana
 City of Stanton
 City of Tustin
 City of Yorba Linda
 Community Health Initiative of Orange County
 County of Orange Office on Aging
 Dayle McIntosh Center
 Delhi Center
 Garden Villa, Inc.
 Goodwill Industries of Orange County
 Harbor Trinity Church & Preschool
 Healthy Aging Center Acacia
 Healthy Aging Center Laguna Woods
 Hope Community Services
 ICNA Relief USA
 Irvine Adult Day Health Services
 Korean Community Services

Laguna Adult Day Health Center
LeadingAge CA
Newport Bay Conservancy
OCIACC
Orange County Adult Achievement Center dba/ My Day Counts
Orange County Children Therapeutic Arts Center
Orange County Rescue Mission
Orange County United Way - 211OC
Regional Center of Orange County
Reimagine Network
Rowntree Gardens
Sally's Fund
Senior Director of Operations
Southland Integrated Services, Inc.
Village Management Services Inc.

Appendix C: Peer Memo

MEMORANDUM

As new technologies and transportation modes emerge, OCTA continues to examine best practices and identify opportunities to test effective, innovative solutions. The project team worked with OCTA to identify peers and highlight programs that hold promise for OCTA and OCTA's partners in meeting the needs of older adults, people with disabilities, and people with low incomes.

Key Lessons for OCTA

Each peer agency/program review includes a description of the innovative approach and a summary of the lesson for OCTA. Overall, based on the peer review, key programs and strategies for OCTA to consider include:

- Support joint/centralized procurement of key transit technologies and services to reduce agency costs and administrative burdens and to foster coordination across jurisdictional boundaries and among different transit providers. Shared technology and service solutions will also support future trip scheduling software integration and a more seamless rider experience.
- Promote the development, maintenance, and sharing of HST and other transit service data through GTFS-flex. This will allow trip planning applications to include service information for the broad range of services available in Orange County, improving rider understanding of transit options. Data can be provided in multiple languages through GTFS-flex, furthering improving accessibility.
- Look beyond traditional transit and HST solutions. There are many reasons a person may have limited transportation options, for example being unable to drive, able to drive but no vehicle access, having limited or no transit services nearby, being able to ride a bike but no bicycle access, service availability being limited by driver shortages, or not having friends and family available when needed. Community carsharing, automated driving system shuttles, mobility hubs, and other innovative solutions can help reduce reliance on OC ACCESS improving travelers' ability to take more trip in a more flexible manner.

Peer Review

Transit agencies that receive federal funding submit reports to the National Transit Database (NTD), allowing for easy identification of and comparison with peer

organizations. The project team began peer research by identifying OCTA's NTD peers through the Urban Integrated National Transit Database (iNTD). This database uses information reported by transit agencies to the Federal Transit Administration, identifying agencies similar in factors such as vehicle miles operated, operating budget, urban area population, density, and more.³ The iNTD allows for peer identification both at the agency-wide level and at the demand-response program level. A summary of the iNTD peer identification process is available online.⁴ For each agency, iNTD calculates a “likeness score” that represents how similar an agency is to the target agency, in this case OCTA. Table 10 and

³ https://ftis.org/urban_iNTD.aspx

⁴ <https://ftis.org/iNTD-Urban/quickguidev2.0.pdf>

Table 11 represent agencies most like OCTA when considering all agency services and only demand-response services, consecutively.

Table 10. Agency-wide 2022 NTD Peers for OCTA

Rank	Agency	Location
1	Pace – Suburban Bus Division	Arlington Heights, IL
2	Alameda-Contra Costa Transit District	Oakland, CA
3	Broward County Board of County Commissioners	Fort Lauderdale, FL
4	Riverside Transit Agency	Riverside, CA
5	Regional Public Transportation Authority	Phoenix, AZ
6	City of Phoenix Public Transit Department	Phoenix, AZ
7	Northeast Illinois Regional Community Railroad Corporation	Chicago, IL
8	San Mateo County Transit District	San Carlos, CA
9	Regional Transportation Commission of Southern Nevada	Las Vegas, NV
10	Metropolitan Council	Minneapolis, MN

Table 11. Demand-response 2022 NTD agency peers for OCTA

Rank	Agency	Location
1	Pace – Suburban Bus Division	Arlington Heights, IL
2	King County Department of Metro Transit	Seattle, WA
3	Delaware Transit Corporation	Dover, DE
4	Broward County Board of County Commissioners	Fort Lauderdale, FL
5	Alameda-Contra Costa Transit District	Oakland, CA
6	Board of County Commissioners, Palm Beach County	West Palm Beach, FL
7	Regional Transportation Commission of Southern Nevada	Las Vegas, NV
8	Central Florida Regional Transportation Authority	Orlando, FL
9	Regional Public Transportation Authority	Phoenix, AZ
10	Suburban Mobility Authority for Regional Transportation	Detroit, MI

After identifying peers, the project team reviewed peer agency Human Services Transportation Plans (HSTPs) for programs and strategies of particular interest to OCTA, such as fare payment integration and mobility hubs creation.

Among the HSTPs reviewed, few plans themselves included emerging or innovative solutions, though between the HSTPs and other complementary local and regional plans, there were some references to shared mobility, microtransit, electrification, and rider-facing technology.

Based on feedback from OCTA and the project team’s understanding of emerging practices that can support populations served by human services transportation, we expanded our research to include agencies that are not among the top 10 NTD peers for OCTA. These agencies ranged from state DOTs to area MPOs and cities. Through this extended exploration, the project team identified four agencies, representing seven programs, that can provide valuable examples for OCTA of emerging and innovative solutions for human services transportation.

Joint Transit Technology Procurement and Implementation

Organization: NEORide

Year started: 2019

Contact: Katherine Conrad, Ohio Transit Risk Pool – Executive Director, NEORide, katherinec@neoride.org

NEORide is a council of governments that represents nearly 30 transit agency members across Michigan, Indiana, Ohio, Pennsylvania, West Virginia, Kentucky, and Arkansas. Through NEORide, a project of the Ohio Transit Risk Pool, member agencies can take part in joint procurement efforts and funding requests. NEORide contracts that members can join include paratransit and microtransit software-as-a-service, transit trip planning, booking, and payment solutions, transit planning software, on-board cameras and detection systems, digital displays, and permitting and procurement software.

While NEORide officially began in 2019, the organization grew out of efforts that began in 2013 when three Ohio counties attempted to jointly procure software for a one-call/one-click transportation resource center. In 2019, NEORide helped 14 member transit agencies procure and launch a mobile payment and ticketing system, and in 2023, NEORide selected Via as the vendor for EZConnect – a planned regional call center that will allow multiple transit providers to pool their resources to provide customer service and trip scheduling for paratransit and on-demand transit.

NEORide’s membership structure and pricing allow transit agencies to join only the NEORide projects and procurements that they need, knowing they can access others in the future. By participating in joint procurement, NEORide members receive more competitive bids by solution vendors and benefit from the technical capacity of NEORide and other member agencies, saving staff time and improving confidence in procured solutions.

Lessons for OCTA

Although NEORide represents agencies across multiple states, their work to improve coordination across jurisdictional boundaries and among different types of transit providers can still provide important lessons for OCTA and partners. Centralizing procurement and implementing the same (or integrated) ride scheduling software can reduce agency costs and administrative burdens while providing riders with a more seamless experience.

Dial-A-Ride and On-Demand Trip Planning Integration

Organization: Minnesota Department of Transportation (MnDOT), Transit App

Year started: 2023

Contact: Elliott McFadden, Greater Minnesota Shared Mobility Program Coordinator

651-366-4166, Elliott.McFadden@state.mn.us

Since 2005, the General Transit Feed Specification (GTFS) has allowed transit agencies to represent their services in a standardized way. A global community of volunteers develops and manages GTFS, with changes to the specification being

voted on and piloted by agencies that produce and that use the data. Since 2020, GTFS has been governed by a non-profit organization (MobilityData) that facilitates the GTFS enhancement and adoption process. GTFS data powers trip-planning applications, such as Google Maps, Apple Maps, Transit app, and more. GTFS represents routes, stops, timetables, and more, but GTFS does not represent information common to dial-a-ride transit services. The community of GTFS stakeholders developed GTFS-flex to address this gap; after 11 years of development and provisional use, GTFS-flex was recently officially adopted into GTFS through the governance process facilitated by MobilityData. However, many agencies that provide dial-a-ride transit services do not have the staff capacity to develop GTFS-flex data, so its use across the industry may be delayed in areas where there is limited technical capacity or funding to develop and maintain the data.

MnDOT recently secured funding from the Federal Transit Administration's (FTA's) Accelerating Innovative Mobility (AIM) and COVID-19 research grants, to help 15 small and mid-sized transit agencies in western and southern Minnesota develop GTFS-flex data. These agencies' services are now visible to riders in the Transit app, where riders can discover, plan, and call to book services through the app. Five transit agencies also implemented mobile payment through Transit as part of the project.

GTFS feeds are available in Spanish, Somali, and Hmong, depending on the linguistic diversity of the communities served. This ensures that non-English speaking individuals can access trip planning information and services in their preferred language, promoting inclusion and equitable access to transportation resources.

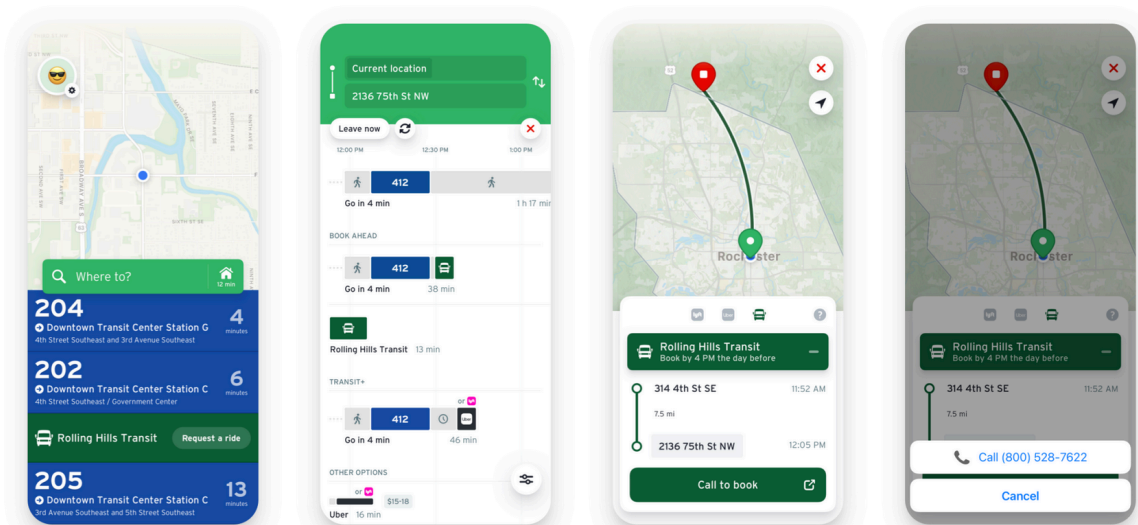


Figure 42. Transit App Integration of Fixed-Route and Dial-a-Ride Services

More recently, Transit app integrated Pace Transit’s on-demand services into the app alongside Pace’s other service offerings. Providing fixed route, on-demand, demand-response, and other options (such as vanpool or rideshare) in one app allows riders to see all the transportation options, simplifying trip planning. When riders can see real-time information about their transit vehicle and arrival, it increases rider satisfaction and confidence and reduces staff time spent answering rider inquiries. By providing this information across all transit services, agencies reduce the inequities between fixed-route and demand-response riders.

Lessons for OCTA

As more transit riders become comfortable with, and even expect to have access to, online trip planning and booking tools, the disparity between fixed-route service information and other transit information is growing. Riders, including those with mobility limitations or cognitive impairments, may not be aware of options available to them and may struggle to plan trips using non-fixed-route transit service or a combination of services. Integrating demand-response services, senior mobility programs, and other human services transportation into trip planning apps could make it easier for riders (and for caregivers) to discover and use transportation services in Orange County.

In addition to lessons from MnDOT, OCTA may soon learn from an NTD peer in California. In spring 2024, Contra Costa Transportation Authority won a \$1 million U.S. Department of Transportation (US DOT) Strengthening Mobility and Revolutionizing Transportation (SMART) grant to “develop and test an integrated, open standards-based, platform for finding, booking, and using paratransit options across 26 public and private organizations.” The project is called Integrated Open

Data Platform for Multimodal Accessible Transportation (OPTIMAT) and may provide helpful insights for OCTA in the future.

Disadvantaged Community Carshare Grant

Organization: Metropolitan Council, MnDOT

Year started: 2024

Contact: Elliott McFadden, Greater Minnesota Shared Mobility Program Coordinator

651-366-4166, Elliott.McFadden@state.mn.us

In 2023, the Minnesota Legislature established the Disadvantaged Community Carshare Grant, allocating \$500,000 to support the expansion of carsharing initiatives in disadvantaged communities across Minnesota. Grant applicants must be Minnesota-based non-profit organizations or carsharing operators, with funding preference given to non-profit organizations. Successful grant applicants can use the funds for programming (including capital and operating costs), marketing, and community outreach.

MnDOT identified three different definitions by which a community is automatically eligible to apply for the Disadvantaged Community Carshare Program:

1. “‘Disadvantaged’ under the U.S. Council on Environmental Quality’s Climate and Economic Justice Screening Tool (CEJST),
2. overall ‘Disadvantaged’ on the US DOT Equitable Transportation Communities (ETC) Explorer, or
3. ‘Disadvantaged’ under the Justice40 Initiative criteria.”⁵

For communities that do not fall under any of these federal definitions of “disadvantaged,” applicants must show why MnDOT should still consider the community to be disadvantaged. MnDOT’s Equity Lens Framework can guide applicants in further examining the potential project affects, mitigation options, and performance measures.⁶

This program aims to fund projects that are well-considered and likely to be effectively operated and used by community members, not exploratory projects. The program focus is on funding projects that have completed sufficient market analysis and community engagement to prove that the solution will meet a genuine need, and applicants must show experience delivering carsharing programming, particularly in disadvantaged communities. Applicants submitted proposals for the first round of grants in March 2024. In April, MnDOT announced that HOURCAR, a Minnesota-based non-profit carsharing service provider, will receive \$500,000 to

⁵ <https://www.dot.state.mn.us/shared-mobility/community-carshare-grant.html>

⁶ https://edocs-public.dot.state.mn.us/edocs_public/DMResultSet/download?docId=38488267

“to provide operational and marketing support to expand HOURCAR’s Evie Carshare services to eastern Saint Paul, including five two-way carshare hubs along the planned Metro Transit Gold Line route. The entire proposed East Side expansion area, including all the Gold Line stations except Sun Ray, is within Census tracts identified as “Disadvantaged” under the U.S. Climate and Economic Justice Screening Tool (CEJST).”⁷

Lessons for OCTA

While many human services transportation programs are oriented towards individuals who do not or cannot drive, there are many reasons that an individual may not drive. For those individuals who can drive and have a valid license but do not have access to a private vehicle, carsharing may be a solution that improves their ability to make trips and reduces the need for transit providers to provide services in hard-to-serve areas. As MnDOT selects carsharing projects to fund, the development and implementation of these projects may have valuable lessons for OCTA to consider, particularly for less dense areas of the county.

Shared Mobility Incubator Program

Organization: Metropolitan Council, MnDOT

Year started: 2023

Contact: Elliott McFadden, Greater Minnesota Shared Mobility Program Coordinator

651-366-4166, Elliott.McFadden@state.mn.us

Moving Greater Minnesota Forward is “the first innovative mobility incubator in the U.S. to focus on the dynamics and needs of rural, tribal, and small urban areas” with fewer than 200,000 people. It marks a departure from traditional approaches by focusing on equity and inclusivity, aiming to provide more equitable access to transportation services often lacking in these underserved areas. Through a shared mobility lens, including options like carpooling, vanpooling, microtransit, and bike-sharing, the program welcomes diverse stakeholders to contribute ideas, fostering collaboration between cities, transit systems, nonprofits, startups, small businesses, and the public.

The program has three phases:

- Phase 1 Early Idea Development (Shared Mobility Incubator), where applicants, as a cohort, work with MnDOT to develop the vision for their project. Activities are based on Lean Startup methods and include market analysis, partnership development, and product development and iteration. Transit agencies, municipalities, non-profit organizations, small

⁷ <https://www.dot.state.mn.us/shared-mobility/selected-projects.html>

businesses, and entrepreneurs focused on communities in Minnesota are all eligible to apply.

- Phase 2 Real World Testing, where applicants (who have finished Phase 1 or similar work), can request funding to pilot the designed mobility solution for up to two years.
- Phase 3 Scaling Success, where MnDOT will work with successful Phase 2 projects to help identify and secure funding to scale the solution.

As of spring 2024, 19 projects successfully competed for Phase 1 funding, with the first cohort taking place in late 2023 and the second in early 2024. A third Phase 1 application opportunity will open in April 2024. Phase 2 will accept applications annually. So far, there are no Phase 2 projects, as the first round of submissions will close at the end of April 2024.

The winning projects selected for the Moving Greater Minnesota Forward Program's Phase 1 cohorts, shown in Table 12, reflect a diverse array of innovative transportation solutions.

Table 12. Phase 1 Proposed Projects, Cohorts 1 and 2

Organization	Proposed project summary
Cohort #1 Sept-Nov 2023	
East Central Regional Development Corporation	Exploring the creation of a transit transfer station or mobility hub connecting planned Northern Lights Express train from Twin Cities to Duluth to local transit agencies Timber Trails Transit and TriCAP Transit.
Blue Earth Taxi	Looking at ways to use taxi services to expand intercity bus services and/or connect to existing intercity bus routes in Southern Minnesota.
Center of Human Environment	Investigating how to replace shared van that is at end of life with new service or vehicle to provide transportation options for their clients, residents of a 28-bed facility in Mahnomon that houses both men and women with chronic alcoholism, developmental disabilities, and serious and persistent mental illness.
City of Warren	Researching viability of golf cart-based car sharing model in Warren for residents to run errands, get to medical appointments, and attend social events.
Cook County	Developing a service model for a planned shuttle service with lift-equipped vehicle to fill health related transportation gaps for individuals aged 65 and older in Cook County.

Organization	Proposed project summary
Leaf Rides	Investigating ways to expand the size and availability of scootershare in Duluth, including winter appropriate vehicles and business models.
Navota Mobility	Developing concept around a new microtransit app, TransitConnect, to expand transportation choices in Saint Cloud.
United Way of Bemidji	Working to create a new shuttle program to meet the transportation needs for clients of Village of Hope, Bemidji local family homeless shelter, called Shuttles for Shelters.
Cohort #2 Jan-March 2024	
BEC Enterprises	Starting up a rideshare company in Blue Earth, Nicollet, Kandiyohi, and Aitkin Counties focusing on nonemergency medical transportation.
Headwaters Regional Development Commission	Creating a vanpool resource in Bemidji utilizing drivers living in the low-income housing development to provide rides for the residents to improved access to medical appointments, employment, basic needs, social interactions, and community events.
Megan Knowles	Starting a rideshare company by women for women to help add safety for moms, wives, girlfriends, and other vulnerable communities.
The Plum Catalyst LLC	Creating an on-demand microtransit for the east side of the Leech Lake Reservation in the Deer River and Ball Club communities.
Project Spark	Developing a commuter transportation services for workers without access to a personal vehicle, initially between New Ulm and Mankato and then later between New Ulm and Sleepy Eye, Springfield, and Comfrey.
Rides2U, Inc	Implementing a ride app that assists college students, high school students and the communities surrounding these select college communities in getting safe, reliable, high quality guaranteed rides locally and to airports.
Ryan Johnston	Building a low cost, easy-to-install transit information sign that relays bus arrival times for smaller urban and rural transit systems.
Thrive Bridge Transport	Establishing a transportation service of wheelchair-accessible vans & buses between Moorhead and Dilworth, possibly with trips to the Twin Cities.
Trunkdrop	Implementing an on-demand delivery platform in Saint Cloud and Duluth that matches customers needing delivery with drivers willing to pick up the delivery, negotiating price, time, and distance between the parties.

Organization	Proposed project summary
Nick Winings	Establishing a nonprofit dispatching center that helps small taxi companies find rides for a fee that would be more affordable than hiring an in-house dispatcher and also helps by matching certain runs.
Zeitgeist Center for Arts & Community	Building a micromobility hub with access to a fleet of ebikes for families without access to a personal car at Myers-Wilkins Elementary in Duluth.

Lessons for OCTA

The range of projects proposed under the Shared Mobility Incubator Program through Moving Greater Minnesota Forward shows how a competitive funding opportunity can encourage communities to identify and explore innovative solutions specifically tailored to their needs and assets. Besides learning lessons from the funding program itself, as funded organizations complete their projects, these organizations are likely to provide valuable lessons for OCTA and partner organizations in the county.

Mobility Hubs

Organization: Metropolitan Transportation Commission

Year started: 2021

Contact: Krute Singa, Principal Regional Planner, 415-778-5365, ksinga@bayareametro.gov

The Mobility Hub program, one of the Plan Bay Area 2050 climate strategies, is an initiative aimed at enhancing regional transportation accessibility and connectivity. The goal of the program is to reduce greenhouse gas emissions by increasing transit access and connectivity, focusing growth, increasing transit-oriented development, and providing viable travel options to all Bay Area communities. Mobility hubs serve as centralized points where travelers can access a variety of transportation options, including shared scooters, bicycles, cars, and public transit services (including ferries).

The Metropolitan Transportation Commission (MTC) leads the program, playing a key role in coordinating and providing support for these hubs and assisting in their planning, funding, and implementation. MTC focuses on identifying suitable locations for mobility hubs and providing guidance on their design and implementation. In 2021, MTC awarded funding for six mobility hub pilot projects in areas identified by MTC as Priority Development Areas, Equity Priority Communities, and High-Resource Areas.^{8 9} With funding



Figure 43. Bay Area's Mobility Centers

from the California Air Resources Board, MTC is currently working with TransForm, a local non-profit, on a pilot project to bring electric vehicle carsharing and mobility hubs to three affordable housing communities.

To provide further support for mobility-hub development, MTC provides technical assistance, including the Mobility Hub Implementation Playbook published in 2021. MTC's approach involves creating hub typologies based on their characteristics and needs, each with tailored anchor services and design considerations. The program emphasizes sustainable access and mobility, public realm enhancements, person-first design, and efficient information dissemination to create vibrant and accessible spaces that meet the diverse needs of communities across the region. The concept of small-scale corner hubs addresses localized mobility challenges and neighborhood needs, offering tailored solutions within lower-density areas or along enhanced transit corridors.

⁸ <https://mtc.ca.gov/planning/land-use/priority-development-areas-pdas>

⁹ <https://mtc.ca.gov/planning/transportation/access-equity-mobility/equity-priority-communities>

Lessons for OCTA

Through the Mobility Hubs Program, MTC directly supports mobility hubs through funding and development and supports other partners in identifying and developing hubs through technical assistance and guidance. By recognizing how mobility hubs can serve the different needs of diverse communities, MTC has created a program that is flexible and responsive. Mobility hubs have the potential to combine benefits of other programs identified in this memo, including integrated trip planning and carsharing.

Automated Driving System Shuttle

Organization: Michigan Mobility Collaborative (MMC)

Year: 2022

Contact: Office of Mobility Innovation, mobility@detroitmi.gov, 313-224-3400

The Detroit Automated Driving Systems (ADS) Shuttle pilot program, started by the City of Detroit Office of Mobility Innovation and led by Michigan Mobility Collaborative (MMC), will provide older adults and people with disabilities with free riders within and between two zones in the city. Riders will ride in a self-driving vehicle, where a safety operator will also be present to provide information, assist with rider boarding, and identify and respond to any safety concerns. Riders will book a ride online, through a mobile app, or by phone.

The graphic is a teal and green informational poster. At the top left is a stylized icon of an older person with glasses. In the center is a QR code with the text 'Scan Me' below it. To the right, under the heading 'Eligibility:', there are two main categories: 'Older Adult (65+)' and 'Person with a Disability', separated by 'OR'. Below these are two zones: 'West Zone' (Virginia Park Community, Russell Woods, Boston Edison, New Center, North End, Elijah McCoy, LaSalle Gardens, Dexter/Linwood) and 'East Zone' (Islandview, Eastern Market, McDougall Hunt /Greater Villages, Lafayette Park and Elmwood Park). The City of Detroit logo is in the top right corner.

Figure 44. Detroit ADS Shuttle Eligibility

The primary aim of the Detroit ADS Shuttle program is to enhance accessibility and mobility options for residents aged 65 and above or living with disabilities. The program prioritizes individuals who may not qualify for traditional paratransit services, ensuring equitable access to transportation.

By deploying autonomous shuttles, the program seeks to facilitate convenient and cost-effective transportation to essential destinations such as stores, medical facilities, and workplaces. The program aims to foster public trust in self-driving technology through rigorous testing and community engagement initiatives.

Program development began in 2022 with 18 months of community engagement studies to identify deployment zones and assess feasibility, and the city expects to provide pilot services in fall 2024 and through 2025. As of spring of 2024, the vehicles are being tested.

The program is funded through multiple sources, including grant funding from the US DOT ADS Demonstration Grants program and philanthropic contributions from partners like the Knight Foundation and Delta Dental Foundation. May Mobility, the shuttle operator, is operating ADS services in Ann Arbor, MI, Arlington, TX, Grand Rapids, MN, and Sun City, AZ. The Federal Transit Administration has funded several ADS pilot and demonstration programs; these are in different stages from planning through operations and completion.¹⁰

Lessons for OCTA

As ADS technology develops, OCTA and partners may identify specific zones or common origin and destination pairs to explore for ADS feasibility. With the technology still under development, the full benefits and risks of ADS transit services are still being examined, but early projects have focused on safety and efficiency improvements that may allow for broader service provision.

¹⁰ <https://www.transit.dot.gov/research-innovation/fta-funded-and-managed-transit-bus-automation-demonstrations-pilots>

Appendix D: Human Services Transportation Provider Fleets

Agency Name	Vehicle Type	Number of vehicle type	Number with a lift or ramp	Maximum number of spaces for passengers in a wheelchair	Maximum spaces for ambulatory passengers	To be replaced within 2 years
Abrazar, Inc.	Ford StarTrans Senator large bus	2	2	3	16	2
Abrazar, Inc.	Ford Goshen Coach Pacer II medium bus	3	3	2	12	3
Abrazar, Inc.	Ford E450 Elkhart medium bus	3	3	2	12	3
Abrazar, Inc.	Ford Starcraft medium bus	4	4	2	12	0
Abrazar, Inc.	Dodge Caravan/Braun	1	0	1	5	1
Abrazar, Inc.	Dodge Caravan/Braun	6	6	1	5	6
Abrazar, Inc.	Dodge Caravan	9	9	1	5	9
Abrazar, Inc.	Honda Odyssey minivan	3	0	0	6	*
Abrazar, Inc.	Entervan Braun	14	14	1	5	14
Abrazar, Inc.	Ford Goshen Coach Pacer II small bus	2	2	2	7	2
Abrazar, Inc.	Starcraft Starlight small bus	3	3	2	7	3
Abrazar, Inc.	Ford Starcraft Allstar small bus	1	1	2	7	1

Agency Name	Vehicle Type	Number of vehicle type	Number with a lift or ramp	Maximum number of spaces for passengers in a wheelchair	Maximum spaces for ambulatory passengers	To be replaced within 2 years
Abrazar, Inc.	Starcraft minivan small bus	2	2	2	7	2
Age Well Senior Services	Mini Van	12	12	1	3	0
Age Well Senior Services	Mini Bus	8	8	2	15	7
Alamitos West Health & Rehabilitation	Van	1	1	8	2	0
Child Shuttle	Toyota sienna vans	6	0	0	6	
City of Huntington Beach	sedans	6	0	0	5	2
City of Huntington Beach	minivans	5	5	1	5	1
City of Huntington Beach	25-foot cutaways	5	5	2	8	0
City of Irvine	Class B, Type 2 (Cutaway)	12	12	2	12	2

Agency Name	Vehicle Type	Number of vehicle type	Number with a lift or ramp	Maximum number of spaces for passengers in a wheelchair	Maximum spaces for ambulatory passengers	To be replaced within 2 years
City of Newport Beach	Paratransit bus	4	4	2	10	2
City of Newport Beach	Ford Edge	1	0	0	4	0
City of Santa Ana	Bus with hydraulic brakes	3	3	6	48	0
City of Tustin	Ford Starcraft	1	1	1	16	0
Garden Villa, Inc.	Van	2	0	0	6	2
Goodwill Industries of Orange County	Ford Transit	15	5	2	2	0
Harbor Trinity Church & Preschool	Ford Econoline Van	1	0	2	0	1
Harbor Trinity Church & Preschool	Buick Regal	1	0	3	0	1

Agency Name	Vehicle Type	Number of vehicle type	Number with a lift or ramp	Maximum number of spaces for passengers in a wheelchair	Maximum spaces for ambulatory passengers	To be replaced within 2 years
Laguna Adult Day Health Center	Minivan	8	0	0	8	4
Laguna Adult Day Health Center	12 Passenger van	1	0	0	12	1
My Day Counts	Buses	17	17	4	18	2
My Day Counts	Mid-size Vans 350 Eco	2	0	0	8	0
My Day Counts	Mini Vans	4	0	0	6	0
Orange County Rescue Mission	Florida Transit	1	0	0	0	-
Orange County Rescue Mission	Savanna	2	0	0	0	-
Orange County	Nissan Van	1	0	0	0	-

Agency Name	Vehicle Type	Number of vehicle type	Number with a lift or ramp	Maximum number of spaces for passengers in a wheelchair	Maximum spaces for ambulatory passengers	To be replaced within 2 years
Rescue Mission						
Orange County Rescue Mission	25 passenger bus	1	0	0	0	0
Orange County Rescue Mission	Van (for DRR)	1	0	0	0	0
Orange County Transportation Authority	OC ACCESS Cutaway	248	248	5	12	0
Orange County Transportation Authority	40-foot	423	423	2	71	0
Orange County Transportation Authority	60-foot	36	36	2	116	0

Agency Name	Vehicle Type	Number of vehicle type	Number with a lift or ramp	Maximum number of spaces for passengers in a wheelchair	Maximum spaces for ambulatory passengers	To be replaced within 2 years
Sally's Fund	Ford Transit Van	1	1	1	8	0
Sally's Fund	Toyota Sienna	1	0	0	7	0
Sally's Fund	Toyota Camry	2	0	0	4	0
Southland Integrated Services, Inc.	Dodge Van	2	2	1	0	0
Village Management Services Inc.	Chevrolet Arboc	9	9	2	18	6
Village Management Services Inc.	Ford E450 Super Duty	1	1	2	22	0
Village Management Services Inc.	Dodge Promaster	1	1	2	8	1
Village Management Services Inc.	Ford Transit Arboc 8-passenger bus with ADA equipment	1	1	1	-	-
Village Management Services Inc.	Dodge Promaster 8-passenger minibus with ADA equipment	2	2	-	-	-

Agency Name	Vehicle Type	Number of vehicle type	Number with a lift or ramp	Maximum number of spaces for passengers in a wheelchair	Maximum spaces for ambulatory passengers	To be replaced within 2 years
Village Management Services Inc.	Toyota 3-passenger minivan with ADA equipment	1	1	-	-	-
Village Management Services Inc.	Ford Transit, 4-passenger with ADA equipment	1	1	-	-	-
Yellow Cab	Sedan	183	0	0	4	13*
Yellow Cab	Minivan	33	0	0	6	2*
Yellow Cab	Wheelchair accessible minivan	42	42	1	3	3*
Yellow Cab	Wheelchair accessible minivan	1	1	2	2	0*

*Yellow Cab plans to replace a mixture of 20 vehicles in next two years. Numbers have been assigned according to percentage of fleet.