



Oregon

Theodore R. Kulongoski, Governor

Department of Transportation
 Public Transit Division
 Mill Creek Office Building
 555 13th Street NE, Suite 3
 Salem, OR 97301-4179
 Telephone (503) 986-3300
 FAX (503) 986-4189
www.oregon.gov/ODOT/PT/

DATE: July 14, 2008

Subject: **Agenda Item F;** Information Item – Advance Summary of Information from 2007 “Coordinated Transportation Plans”.

Background: Federal Transit Administration law requires that communities plan for transportation services benefiting seniors, people with disabilities and people with low income. The planning process is required in order for projects to qualify for funding in the New Freedom, Job Access and Reverse Commute, and 5310 Capital Programs. Oregon’s Special Transportation Fund (STF) program also requires a very similar plan as a condition of funding. Rather than require two separate planning processes, Public Transit Division implemented a mandatory planning process referred to as “the Coordinated Plan.” Each STF Agency is required to complete and adopt a plan. The plans were due to Public Transit Division (PTD) September 30, 2007.

PTD hired Association of Oregon Counties (AOC) to work with individual STF Agencies, as needed, to help them complete the planning process. The majority of STF Agencies adopted the plans as required. The following report is an advance summary of information from the 2007 plans.

Evaluation of the Plans:

PTD hired AOC to review and comment on each plan. AOC contracted with Nelson Nygaard Consultants to analyze results. Forty-two STF Agencies coordinated the efforts for their areas. The consultant team reviewed plans using a checklist of federal and state plan requirements, best-practice activities and plan content topics.

A report was prepared for each plan, and a summary report was prepared for all plans. When the statewide report is finalized it will be posted on PTD’s website and individual reports will be sent to each STF Agency for their information.

By August 2008, AOC will enter into a “plan improvement” phase to assist each STF agency, as needed, to update and improve it’s plan so that the plans meet a basic level of content and information. This plan improvement activity will be completed in time for the next discretionary grant opportunity in the winter of 2008-09.

Statewide Report Summary:

Overall, the plans were very good first-time efforts. STF Agencies did a remarkable job of bringing community partners together to assess the situation in the very short timeframe and limited resources provided. Plans reflected the diversity of Oregon, ranging from the very sophisticated to very basic.

Each plan was expected to identify and document a range of unmet transportation needs specific to older adults, persons with disabilities, and those of low-income status within the geographic area covered by the plan. This needs assessment was intended to be developed with the input of relevant stakeholders representing the interests of those three population groups.

Assessment of Findings; Common Themes:

1) Need for additional hours of service, either early morning, later at night, on weekends

The need most frequently mentioned was that of providing additional service hours on existing public transit routes. Virtually all the plans pointed out the limitations of existing public transportation services with respect to when they operate. In particular, the plans indicated a need to provide service later at night, earlier in the morning, and on weekends. Outside urban areas, it is common for transportation services to operate only during weekdays. Additional service hours are also needed for paratransit programs.

Many plans pointed out the specific need for public transit service to be able to better meet the need of entry-level job workers whose shifts may not coincide with “regular” commute hours.

2) Need for out-of-county trips for medical, shopping, recreation, other purposes

The need mentioned second most frequently was that of traveling outside the immediate county. Residents of rural counties requiring specialized medical care, such as dialysis, chemotherapy or radiation, can often only receive these services in more urban centers where such medical care is available. Likewise, people often need to travel outside their immediate county to reach airports or major shopping centers.

3) Need to serve rural areas

Virtually every county has some pockets that are not served by public transportation services. Often, people living in these remote areas are the ones who need services the most because they have fewer resources available to them. In particular, many plans pointed out the need to assist persons traveling to and from rural portions of counties to access job or training sites.

4) Lack of awareness of existing services

Throughout the State, the perception exists that there is a lack of awareness of existing services, and that additional outreach and marketing is needed to inform local residents of services that are available and how to use them.

Several plans suggested targeting marketing efforts to better reach youth or seniors. Six plans identified the need to provide bi-lingual (Spanish) materials.

5) Affordability

The cost of transportation as a barrier to mobility was raised in a number of ways. Some plans called out the need to provide more affordable medical transportation for people who are not Medicaid eligible; others cited the fact that the high cost of gasoline is discouraging volunteers or is a barrier to those who rely on automobiles as their primary source of mobility. Even those who can use fixed route services sometimes have difficulty affording the fare or the purchase of a monthly pass, especially if more than one family member needs to purchase transportation this way.

6) More frequent service

Along with service needed later in the evenings and on weekends, many plans identified the need for more frequent service for existing transit routes. More frequent service can result in shorter passenger wait times, which can be especially important when a transfer is required. Frequent transportation is also an indicator of more reliable transportation, especially for work trips.

7) Need for better intra-city services within a county

In addition to traveling outside an immediate county, many plans recognized the need to improve services within the county by better connecting local communities with each other.

8) Higher level of service needed for persons with disabilities

Fixed route transit operators are required by law (Americans with Disabilities Act) to provide paratransit service for eligible persons who are unable, due to their disability, to use the fixed route service. Such paratransit service is required to be comparable, meaning it operates along the same routes and during the same hours, as the service available to the general public. In rural areas where often there are no fixed routes, specialized paratransit services are sometimes provided by social service agencies, such as senior centers, and are not necessarily tailored to meet ADA guidelines.

A number of plans recognize the limitations and growing demand for accessible paratransit services. In addition, many people need special assistance such as door-through-door service, assistance with carrying bags, etc. than what is currently able or required to be provided.

9) Services for veterans

Eight separate plans called out the need to provide transportation for veterans, especially to provide transportation to veterans' medical facilities.

10) Medical trips for non-Medicaid eligible persons

While persons who are Medicaid eligible are entitled to receive transportation for non-emergency medically related trips, there are many people who "fall through the cracks." Arranging and paying for privately provided transportation to medical centers or clinics is beyond the financial means of many people.

11) Better coordinated services and programs

As indicated above, the second most frequent need identified in the plans is that of traveling from one county to another. A number of plans recognize that transportation needs are regional in nature, and as such they extend beyond city or county boundaries. The authors of these plans also pointed out the need for a regional coordinating entity to manage, for example, a one-stop call center, to allow for a single point of entry for transportation customers to better understand their mobility options, navigate various eligibility programs, etc.

Some plans also recognize the need for coordinated training programs that would provide specialized training for drivers (i.e. disability awareness, how to work with persons with mental illness, etc.) or for social service staff to become better aware of transportation options for their clients.

12) Capital needs: vehicles, facilities, bus shelters

Many, although not all, of the plans identified specific capital improvements needed for their programs, ranging from the development of new facilities to purchasing new or replacement vehicles. In addition, a number of plans specified the needs for additional benches, shelters or other amenities at existing bus stops.

13) Interjurisdictional Travel Needs

As mentioned above, the vast majority of plans identified the need for residents to travel across county, or even state, boundaries. Portland, Eugene, and Bend are identified most frequently as important out-of-county destinations. Interjurisdictional needs mentioned in the plans highlighted the desired travel patterns to urban centers, especially Portland, from all portions of the state. In addition, some interjurisdictional travel needs cross state lines—Boise, Idaho is the preferred destination for some living in the eastern part of the state, and some residents along the northern boundary of the state need to travel into Washington.

Assessment of Planning Process; a summary of areas to focus on for future updates:

1) Broader Stakeholder Representation

Most of the initial plans included participation by local providers and STF members who represented the interests of persons with disabilities and/or seniors, but did not include low income individuals or outreach to persons with disabilities and/or seniors. The plans would be strengthened through inclusion of a broader base of stakeholders.

2) Enhanced Public Participation

Public involvement was limited, in many cases. Public participation was conducted only in formal settings, such as one or two public hearings. Efforts

should be taken to broaden the opportunities to allow for public participation in the planning process.

3) Enhanced use of Demographic Data and Maps or other Visuals

Maps are a useful visual tool that can often tell a story more effectively than text. Maps (or photos) can be used to:

- illustrate where there are concentrations of the population groups of concern
- show key activity centers of interest to the plan, such as hospitals, key employment sites, senior centers, schools, etc.,
- show where there are common points of origin and destination
- indicate the proximity of public transit services to those activity centers
- illustrate where there are spatial gaps in service, or no transit available at all

4) Refined Needs Assessment

While some overlap exists among the transportation needs facing the three population groups specific to the Coordinated Plan, there are also unique needs that could be better called out in the plans. Few plans explored the nuances of transportation needs of the three target populations separately, and many tended to define needs at the broader community level.

5) Range of Strategies

Most—if not all—of the plans identified the limitations of public fixed route services as the primary gap needing to be addressed. Outside urban areas, public transit does not tend to operate late into the evenings, on weekends, or frequently enough to meet the needs of many community residents. It is not always feasible, nor practical for expanded fixed route services to be implemented to meet these needs.

For the most part, the plans did not offer a wide range of strategies—many of which could be eligible for JARC or New Freedom funds. The most viable solutions may consider use of vanpools, volunteer programs, community shuttles, deviated fixed route, mobility management strategies or improving access to transit (i.e., installing curb cuts, repairing sidewalks, etc.).

6) Linkage of Strategies to Needs/Prioritize Strategies

Future planning efforts would be enhanced by taking the simple step of directly relating a proposed strategy to an identified need. In addition, only some of the plans prioritized strategies or indicated a hierarchy of implementation. Those that did were not always clear in the criteria used to determine their recommended rankings.

7) Improved Documentation of Planning Processes and Recommendations

Finally, most plans did not clearly document the methodology they used to solicit stakeholder involvement, conduct a needs assessment, and identify related strategies.