

ONHAND

Expanding Transportation Access
Across Southeast Michigan

Final Report

December 2020



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EXECUTIVE SUMMARY

OnHand: Expanding Transportation Access Across Southeast Michigan is a regional strategy to strengthen coordination among transportation programs. The plan focuses on services that enhance mobility for older adults, people with disabilities, and people with low incomes. It is also intended to guide future regional transportation investment decisions.

OnHand was led by the RTA of Southeast Michigan and developed in collaboration with a Technical Working Group comprised of regional stakeholders. As part of the process, the RTA and its partners asked: *how can transportation providers in Southeast Michigan provide quality mobility options for older adults, people with disabilities, and people with low incomes that are cost efficient for the region?*

Coordinated Planning Process

The OnHand project adhered to the federally required coordinated planning process and included a combination of technical analysis with a robust effort to include the perspectives and priorities of stakeholders and riders. The combination of these analyses, inputs and findings led to the development of the coordinated plan strategies. These steps included:

- **Technical Analysis:** As part of the OnHand project, the study team prepared a market analysis, service inventory, and funding analysis. These analyses provided the quantitative data to understand the current state and trends in the region's demographics, transportation services and quality (service span, geographic coverage, etc.), and funding sources and uses. Technical work also included a review of previous coordinated plans conducted for individual counties and sub-regions within the OnHand region.
- **OnHand Technical Working Group:** The OnHand project was guided by a Technical Working Group comprised of stakeholders from each transit agency within the OnHand's four-county region, as well as regional governments (the Southeast Michigan Council of Governments (SEMCOG), WATS, RTA), and other organizations. The TWG met eight times over the course of this project to guide the research process and ground truth the project team's findings.
- **Stakeholders:** In the early phase of this project (Fall 2019), the OnHand project team conducted in-person and phone interviews with representatives from fixed-route transit agencies, local and community transit providers, non-profit agencies, and other social service organizations. The study team also made a series of presentations to the Detroit Local Advisory Council (LAC) and Washtenaw Technical Coordinating Council (TCC). Stakeholders shared valuable insights rooted in first-hand experience about what is needed to improve human services transportation.
- **OnHand User Survey:** In Winter 2019-2020, the OnHand project team launched a survey to understand transportation patterns, needs, challenges and barriers,

especially related to ADA paratransit and demand response services. TWG members and other human and social service industry stakeholders helped distribute the survey to collect over 1,100 responses, including over 700 responses from people representing OnHand target populations (e.g. older adults, people with disabilities, and low-income individuals).

COVID-19 and Transportation Equity

Two major events shaped development of the OnHand plan: the COVID-19 pandemic and a renewed national focus the pervasiveness of structural and institutional racism. OnHand addressed both topics working with members of the Technical Working Group (TWG). The TWG was especially instrumental in leading the conversation surrounding structural racism and the importance of addressing disparities in transportation access as a part of planning and developing recommendations.

Coordinated Planning during COVID-19

Midway through this project, the novel SARS CoV-2 (COVID-19) coronavirus became an official pandemic, and statewide stay-at-home orders were implemented on March 23, 2020. While the stay-at-home orders and some travel restrictions have softened, as of October 2020, public health concerns continue to impact travel behavior. Overall, transit agencies—including demand response services—continue to experience lower demand for services.

The COVID-19 pandemic therefore simultaneously makes safe, accessible travel both more important and more difficult. The extent to which transit agencies and providers will be able to implement the strategies included in this plan will depend on recovery efforts and available local, state, and federal funding.

Transportation Equity

Recognizing and addressing transportation equity is a fundamental part of coordinated planning. Transportation equity refers to how the fair distribution of transportation costs, resources, and benefits improve mobility and access to opportunity. Transportation planning and policy decisions directly influence the distribution of transportation resources and investment, which impact people's ability to access economic and social opportunities. Equity can refer to fairness between individuals and groups with equal abilities and needs (*horizontal equity*) or favoring economically, socially, or physically disadvantaged groups (*vertical equity*).

Coordinated human service transportation (HST) planning is inherently a process to address equity because it focuses on vulnerable populations: people with disabilities, older adults, and low-income individuals. The OnHand project, which considers HST at the regional level advances equity because it examines transportation needs and available services across a large geography and population, allowing the region to consider disparities that may not be as apparent within a county-level or agency-level coordinated plan.

Advancing Equity

Among the many strategies identified for this project, the following specifically and directly address inequities in public and community transportation service quality, access, and delivery:

- Increase funding in service-poor areas.
- Tracking the impact of investments in transportation for older adults and people with disability and the impact of existing and new services on racial minorities and low-income individuals. Adding additional metrics can help policy makers understand and advance outcome-based metrics for racial minorities. This may include (for example) tracking the rate (or number) of missed medical appointments due to report transportation related issues.
- Targeting marketing and outreach efforts to most disadvantaged members of the target populations, especially Black and other people of color. The goal would be to ensure disadvantaged populations understand the availability of programs like subsidies and travel training.
- Administering the Section 5310 program at the regional level so that regional as well as local priorities are considered when allocating resources (See 5310 program management report).
- Capping fares to limit the maximum spending per trip as part of any pass program.

Advancing equity goals in the context of structural equity may mean using state or local grant programs to lower match requirements for communities with certain demographics or income disparities. It could also involve providing additional support for grant making, such as grant application workshops and materials (or other technical assistance) or providing mentorship during first 18 months of operations. Technical assistance and pre-application workshops are part of the proposed changes to region's 5310 program; more in-depth mentoring or project support can also be considered. Other options include:

- In addition to understanding the age and disability profile of the underlying community, also requesting specific information from applicants about the racial, ethnic, and economic characteristics (income, auto ownership) and considering that information when scoring applications on the "Need and Benefits" selection criterion.¹
- Adding criteria to reward projects that serve disadvantaged communities or address issues of transportation inequity by tagging them as "highly competitive projects" and making them eligible for additional points during 5310 application scoring.

Mobility Challenges Facing Southeast Michigan

Building on the findings from the coordinated planning process, including technical analysis and input from stakeholders and riders, the OnHand team identified mobility

¹ At present, the draft application asks for the number of seniors/older adults in the proposed service area.

challenges facing Southeast Michigan. The identified challenges focus on the needs and experiences of older adults, people with disabilities, and people with low incomes:

- As a region, Southeast Michigan's population and employment is stable, but people and jobs in the region are moving away from the urbanized areas and towards the suburbs. This trend is evident even as downtown Detroit continues to attract growth. The suburbanization of development exacerbates transportation and mobility problems by moving people further from services and resources.
- Southeast Michigan has an extensive, but complicated, network of transportation services. Except for the most rural communities, most people living in Southeast Michigan have access to some form of fixed-route bus and/or demand response service.
- Despite having regional fixed-route bus service, the region has significant service gaps, including in some areas with high needs. Some gaps occur in communities where voters opted-out of participating in regional transit funding. Other gaps reflect challenges associated with sub-regional travel (i.e. traveling between suburban communities); these areas have high needs but are difficult to serve due to low density land use patterns.
- The demand response transportation network is comprehensive but complicated. For example, there are over 50 transportation services that operate within Macomb, Oakland, and Wayne counties. These providers operate largely independently, have different operating guidelines (hours, eligibility, definition, etc.) and as a result, the system is difficult to understand and use.
- The region has tools to help riders navigate the system, like travel training programs and regional mobility management services that include a database of available services. However, there is more to be done. Most of the travel training programs are focused on specific audiences and not universally available. Likewise, the regional mobility management platform needs updating and modernization to reflect technology advances.
- Service gaps are largely related to specific times when service is not available, like weekday evenings and weekend days.
- There are geographic service gaps. These include challenges associated with traveling between communities, especially outside of the SMART service area and parts of Washtenaw County where services do not exist at all. Other challenges reflect difficulties associated with transferring between DDOT and SMART.
- There are some types of trips that are harder to take than others due to limited service availability. This is the case for quality of life trips, or trips that take people shopping or to visit family or friends.
- In many parts of Southeast Michigan, it is difficult to walk to destinations or transit routes due to distance and/or incomplete sidewalk networks. Further, a lack of amenities like shelters, benches and lighting at bus stops makes it difficult for people to wait for buses. This is especially true for older adults and people with disabilities.

Coordination Strategies

The TWG and project team translated the mobility challenges facing the OnHand region into five critical goals for the region. Strategies and solutions were subsequently organized around these five goals and evaluated in the context of the equity framework developed as part of the study. Strategies were prioritized by the Technical Working Group in broad terms; highest ranked strategies by goal are highlighted in Figure ES-1.

Action Plan

To cost efficiently serve seniors, people with disabilities, and people with low incomes with a range of mobility options, OnHand identified a short list of key actions for the RTA and its regional partners over the next few years.

1. In the first year of the 2020 Coordinated Plan's adoption, the RTA and partners, including transit operators, human service providers and others, should regionalize management and administration of the Section 5310 program. This small but significant step will bring the region together to evaluate and consider mobility investments. The alignment of the 2020 Coordinated Plan and regional administration of FTA Section 5310 program creates a strategic plan for regional investments.
2. Increase coordination among sub-regional and municipal-based transportation service providers. This step can begin in a variety of ways, including using existing efforts to coordinate regional fares, or improvements to regional passenger information systems and/or shared scheduling software. Regional coordination efforts could consider and measure outcomes associated with implementation, especially outcomes associated with strategies that incorporate equity considerations like access to healthcare. Some coordination projects are already underway and could be expanded or adapted to better serve the target populations.
3. Work to align existing ADA programs and policies. Early steps could include the use of consistent definitions and correspondence among all programs. Over time, the region could work towards consistent eligibility standards and potentially development of a shared regional eligibility and travel training program.

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RTA SE Michigan

Figure ES--1 OnHand Goals, Definitions and Highest Rated Strategies by Category

| Goal | Definition | Top Four Strategies by Goal |
|--|--|---|
| Increase Local and Regional Mobility | Provide more and better transportation options, and create fewer service restrictions to expand options and addresses service disparities. | <ol style="list-style-type: none"> 1. Improved Cross Border Trips 2. Maintain Existing Services 3. Regional Fare Capping Program 4. Flexible Voucher / Subsidy Program |
| Improve Coordination Among Providers | Enhance quality of service operations and delivery, support shared resources, and standardize scheduling and eligibility protocols for a better customer experience. | <ol style="list-style-type: none"> 1. Aligned ADA Policies and Practices 2. Regional Coordinating Councils 3. Service Standards for Community Transportation Providers 4. Shared Scheduling and Traveler Information Technology |
| Increase Awareness of Existing Services | Ensure riders know and understand how to use their fixed-route and demand response transportation options, and can easily access schedule information and trip planning tools. | <ol style="list-style-type: none"> 1. My Ride2 Provider Call Center and Database Improvements 2. Mobility Management and Travel Training Enhancements 3. Regional Branding and Marketing 4. Demand Response Transportation Integration with Trip Planning Tools |
| Streamline Funding and Reporting | Create more consistent performance measures and systems to fairly distribute financial resources among agencies, their subrecipients, and transit customers. | <ol style="list-style-type: none"> 1. Regional Fare Integration 2. Regional Capital Plan 3. Performance Measurement System 4. Packages of Funding for Community Transportation Services |
| Develop Partnerships for Supportive Physical Infrastructure | Work with municipalities, regional agencies, and developers to address infrastructure gaps and wayfinding needs to ensure people of all ages and abilities can independently access transit services, and safely reach key destinations. | <ol style="list-style-type: none"> 1. Bus Stop and Station Accessibility 2. Mobility Hubs 3. Safe Routes for Seniors/Safe Routes for All 4. Home Ramp Subsidy Program |

Table of Contents

| | Page |
|--|-------------|
| Executive Summary..... | ES-1 |
| 1 Introduction | 1-1 |
| Planning Process and Goals | 1-1 |
| 2 Market Analysis | 2-1 |
| Overview..... | 2-1 |
| Findings, Trends and Opportunities..... | 2-1 |
| Demographic Trends..... | 2-2 |
| Target Markets and Populations..... | 2-7 |
| Market Needs Analysis..... | 2-9 |
| 3 Transportation Service Inventory | 3-1 |
| Introduction..... | 3-1 |
| Key Findings and Needs | 3-1 |
| Fixed-Route and Complementary Paratransit..... | 3-5 |
| Publicly Sponsored Demand Response Transportation Services | 3-8 |
| Other Service Providers..... | 3-14 |
| Regional Mobility Management Services | 3-14 |
| 4 Transportation Funding Inventory | 4-16 |
| Overview..... | 4-16 |
| Key Findings and Needs | 4-18 |
| Federal Funding..... | 4-19 |
| Department of Health and Human Services (DHHS)..... | 4-19 |
| Non-Emergency Medical Transportation (NEMT)..... | 4-20 |
| State Funding..... | 4-20 |
| Regional transportation Funding..... | 4-22 |
| Local Funding..... | 4-23 |
| Comparison with Peer Regions | 4-23 |
| 5 Gap Analysis and Unmet Needs..... | 5-1 |
| COVID-19 and Transportation Equity | 5-1 |
| Identifying Local, Regional, and Agency Needs..... | 5-3 |
| Summary of Gaps and unmet needs | 5-5 |
| 6 Strategies and Recommendations | 6-1 |
| Introduction..... | 6-1 |
| Strategies..... | 6-2 |
| Appendices: (Packaged as Separate Document) | |
| A. Technical Memo 1: Market Analysis | |
| B. Technical Memo 2: Service Inventory | |
| C. Technical Memo 3: Funding Inventory | |
| D. Technical Memo 4 Strategy Booklet | |
| E. Stakeholder Interviews and Rider Surveys: Findings and Analysis | |
| F. TWG Meeting Materials | |
| G. OnHand Draft Final Report Comment Matrix | |

Table of Figures

| | Page |
|---|-------------|
| Figure ES-1 OnHand Goals, Definitions and Highest Rated Strategies by Category | 6 |
| Figure 2-1 OnHand Regional Population Growth 2000-2020 | 2-2 |
| Figure 2-2 OnHand Region: Population Change 2010-2017 | 2-3 |
| Figure 2-3 OnHand Regional Employment Growth 2010 and 2017 | 2-4 |
| Figure 2-4 OnHand Region: Change in Job Density 2010 to 2017 | 2-5 |
| Figure 2-5 OnHand Region: Intercounty Low-Income Worker Travel Flows (2017) | 2-6 |
| Figure 2-6 Southeast Michigan Target Markets as a Percentage of Overall Population as compared with National Averages (2018) | 2-7 |
| Figure 2-7 OnHand Change in Older Adult Population 2000-2020 | 2-8 |
| Figure 2-8 Change in Population of People with Disabilities 2000-2020 | 2-8 |
| Figure 2-9 Change in Population of People with Low Incomes | 2-9 |
| Figure 2-10 OnHand Region: Transit Needs Index | 2-11 |
| Figure 2-11 OnHand Region: Population of Most Vulnerable Residents (Older Adults (65+) with Disabilities and Low Incomes) | 2-12 |
| Figure 3-1 Fixed-Route and Demand Response Transportation Providers in Southeast Michigan | 3-3 |
| Figure 3-2 Public Transit and Human Service Transportation Services in Southeast Michigan | 3-4 |
| Figure 3-3 Providers of Fixed-Route and ADA-Mandated Paratransit in the San Francisco Bay Area | 3-6 |
| Figure 3-4 OnHand Region: Fixed-Route Transit Service Network Coverage | 3-7 |
| Figure 3-5 SMART Shuttle and Dial-a-Ride Services | 3-10 |
| Figure 3-6 SMART Community Partnership Programs: Sub Regional and Municipal Systems | 3-12 |
| Figure 3-7 SMART Opt-Out Communities: Sub-Regional and Municipal Systems | 3-13 |
| Figure 4-1 Allocation of Annual Funding Among OnHand Region Fixed-Route and Demand Response Transportation Providers | 4-17 |
| Figure 4-2 State Allocation to OnHand Region FY 2019 | 4-21 |
| Figure 4-3 Overall Transit Funding Comparison with Peer Regions (2018 Data) | 4-24 |
| Figure 4-4 State and Local Funding Comparison with Peer Regions (2018 Data) | 4-25 |

1 INTRODUCTION

Public transit and human service transportation providers in Southeast Michigan collaborated on a coordinated human service transportation plan known as “OnHand: Expanding Transportation Access Across Southeast Michigan”. OnHand considered how well existing transportation services are matched with the needs of residents, especially older adults, people with disabilities, and people with low incomes, and where there may be opportunities to improve access to service.

The project was designed to develop a regional strategy to improve coordination among providers, reduce inefficiencies and redundancies, and ultimately strengthen regional mobility. This regional approach to coordinated planning was the first of its kind for Southeast Michigan, encompassing the four-county region of Macomb, Oakland, Washtenaw, and Wayne counties.

As a coordinated human services public transportation plan, OnHand was also designed to fulfill requirements laid out by the Federal Transit Administration (FTA) and ensure the region has access to available funds.

PLANNING PROCES AND GOALS

OnHand provided stakeholders sharing a common interest in human service transportation an opportunity to convene and collaborate on how best to provide transportation services for target populations. Specifically, stakeholders were called upon to identify service gaps and barriers, strategize on solutions most appropriate to meet needs based on local circumstances, and prioritize these needs for inclusion in the regional coordinated plan.

The OnHand project was carried out between September 2019 and November 2020. It was governed by the Fixing America's Surface Transportation (FAST) Act, which retained planning requirements identified under the previous federal transportation legislation (MAP-21) for the Enhanced Mobility of Seniors and Individuals with Disabilities Program (Section 5310). Section 5310 remains the only funding program with coordinated planning requirements under the FAST Act. In relation to the locally developed Coordinated Public Transit-Human Services Transportation Plan, the FAST Act requires:²

1. That projects selected are “included in a locally developed, coordinated public transit-human services transportation plan”
2. That the coordinated plan “was developed and approved through a process that included participation by seniors, individuals with disabilities, representatives

² <https://www.transit.dot.gov/funding/grants/grant-programs/section-5310-%E2%80%93-enhanced-mobility-seniors-and-individuals-disabilities>

of public, private, and nonprofit transportation and human service providers, and other members of the public"

3. That "to the maximum extent feasible, the services funded will be coordinated with transportation services assisted by other Federal departments and agencies," including recipients of grants from the Department of Health and Human Services

OnHand was unique among previous coordinated planning processes conducted in Southeast Michigan because it was a regional effort. In a related effort, as part of the OnHand process, the RTA of Southeast Michigan also worked with stakeholders to develop a regional Section 5310 plan. The updated Section 5310 Regional Program Management Plan (PMP) will guide decision making and investments in regional coordination strategies and public transit and human service transportation improvements. The PMP is available under a separate cover.

Report Organization

The OnHand Final Report is organized into five chapters immediately following this introductory chapter. The individual chapters follow the planning steps required by the federal process.

Chapter 2: Market Analysis

A demographic profile of Southeast Michigan using data from the Census Bureau's American Community Survey (ACS) to determine the local characteristics of the study area as they relate to the coordinated planning process target population groups: older adults, people with disabilities and people with low incomes.

Chapter 3: Transportation Service Inventory

An inventory of transportation services available in Southeast Michigan. The inventory includes public fixed-route and paratransit services, demand responsive transportation, community transportation programs and transportation services provided or sponsored by social service agencies.

Chapter 4: Transportation Funding Inventory

An inventory of funding available to support public transit and human services transportation. The funding inventory considered federal, state, and local funding programs available to support the described transportation services. It also includes a peer review that compares Southeast Michigan with other similarly sized regions.

Chapter 5: Gap Analysis and Unmet Needs

An analysis of service gaps and unmet mobility needs identified as part of the coordinated planning process. The analysis considers technical analysis as well as input and comments provided by stakeholders and a survey of transportation service users.

Chapter 6: Strategies and Recommendations

A summary of strategies and recommendations identified through the coordinated planning process. Strategies and recommendations are grouped into project goals and broadly prioritized based on Technical Working Group (TWG) input.

2 MARKET ANALYSIS

OVERVIEW

The market analysis examined the underlying demand and need for public transit and human service transportation with a specific focus on the target populations (older adults, people with disabilities, and people with low incomes). The analysis considered the size and distribution of the target populations, travel patterns and key destinations, and recent changes in the size and locations of the target populations. This step was fundamental to understanding gaps in the existing transportation network and needs for services and investments. This data was also used in combination with the service inventory to understand how well existing services align with needs.

The market analysis used a combination of data available through the U.S. Census, forecast data developed by the Southeast Michigan Council of Governments (SEMCOG), and information provided by local and regional transportation providers. The complete market analysis is included with this report as Appendix A.

FINDINGS, TRENDS AND OPPORTUNITIES

The demographic and transit market analysis demonstrates the following:

- Of the 4.2 million residents in the four-county region, roughly 40% live in Wayne County. Oakland County accounts for another 30%. These two counties also account for half of the region's employment.
- The region's population overall has remained stable for several years; however, there have also been significant shifts within the region. The predominant changes include a loss of population in Wayne County balanced by slow but steady growth in Oakland and Macomb counties, and slightly faster growth in Washtenaw County.
- The data shows that while the region overall has had a stable population and employment base, the region is sprawling, with the most significant net gain in population and employment occurring at the region's fringe. Shifts in population and employment away from the urban and suburban communities to the region's fringe exacerbates both the need for transportation services and the challenges associated with providing them.
- Trends in employment are confirmed by the travel flow data, which shows the importance of Oakland County as a commuter destination. Oakland County has large volumes of commuters traveling from both Wayne and Macomb.

Socio-economic and demographic trends that are particularly relevant to OnHand and provide include:

- The region is aging. While the overall population remains steady, the portion of the population aged 65 or more increased by 18% and is projected to be 25% of the total population by 2040.
- Southeast Michigan's rate of disability is significant. Between 14% and 20% of residents in Southeast Michigan have some sort of disability. As the region ages, the rate of disabilities will likely increase.
- Southeast Michigan has a high rate of individuals with low incomes overall. This population is spread throughout the region but concentrated in Wayne County.

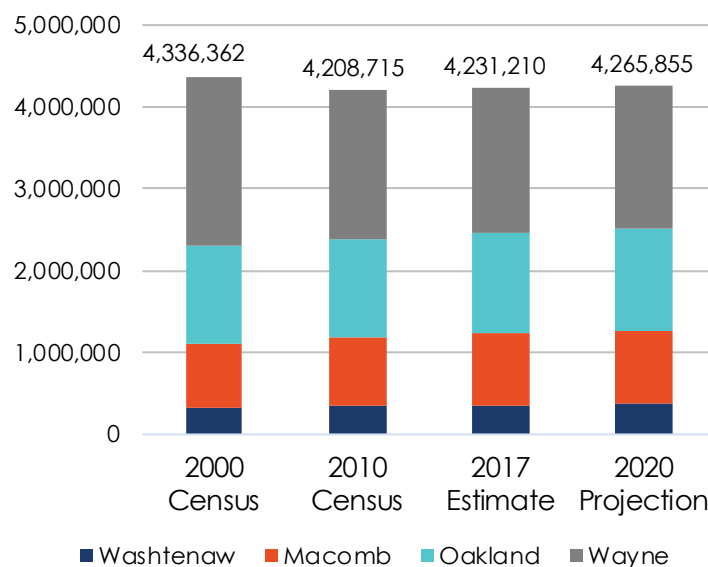
DEMOGRAPHIC TRENDS

Population

Southeast Michigan is home to about 4.2 million people (Figure 2-1), making it the 12th most populated urban area in the United States, just behind Miami and Atlanta, and ahead of Seattle. Roughly 40% of the region's population lives in Wayne County with another 30% in Oakland County followed by 20% in Macomb County, and 10% in Washtenaw County (Figure 2-2).

In general, the population of Southeast Michigan has been stable, but the experience of individual communities within the region varies. Overall areas that are adding population tend to be at region's fringes, including western Washtenaw County and the northern tiers of Oakland and Macomb counties. This information suggests that the region is continuing to sprawl even with slow growth. Sprawling population growth, especially at suburban and rural fringe areas with low population and employment density is difficult to serve efficiently with traditional fixed-route public transportation services.

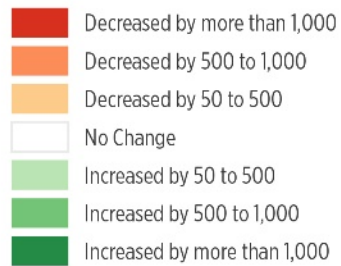
Figure 2-1 OnHand Regional Population Growth 2000-2020



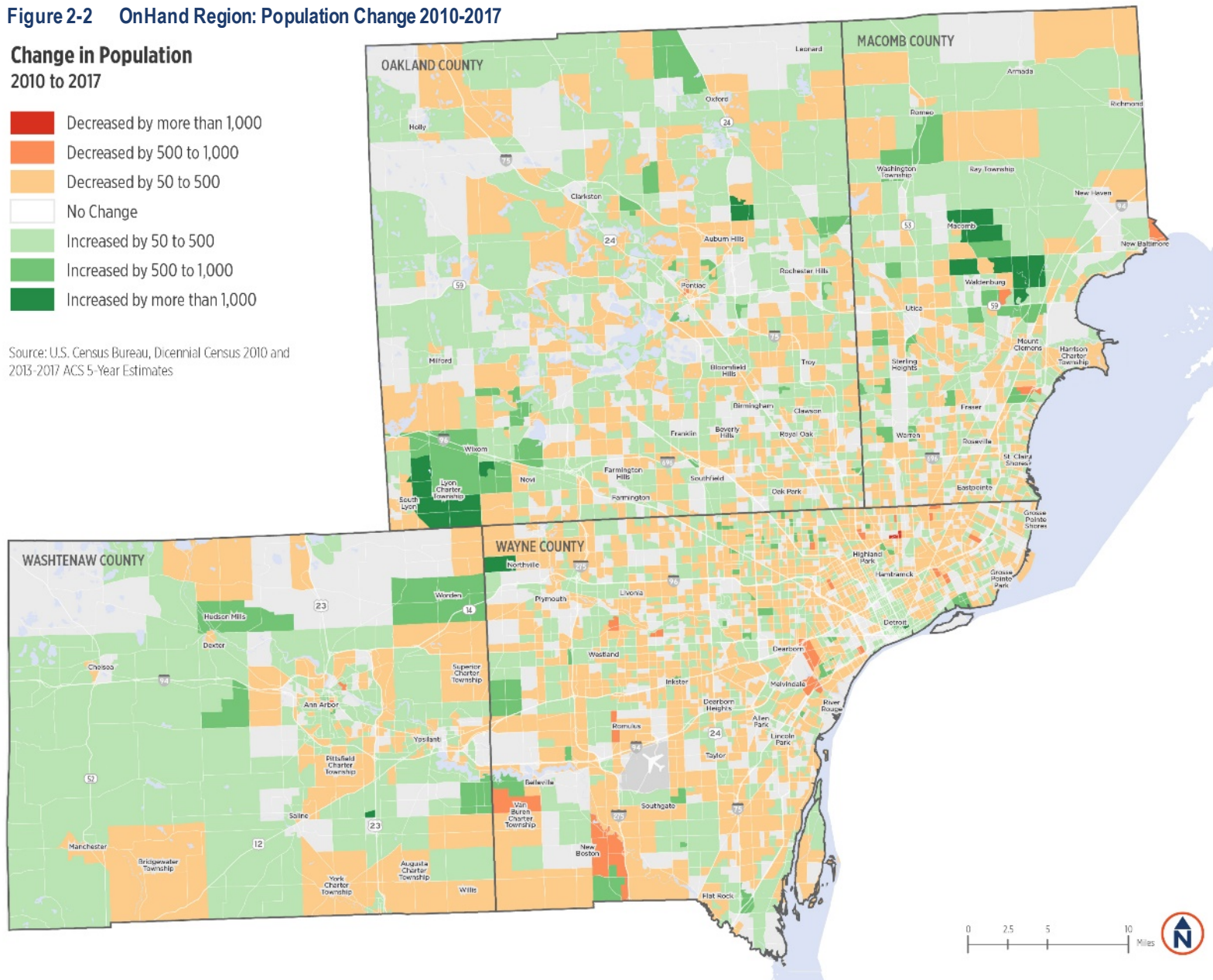
Source: US Census Bureau; ACS 5-year estimates; State of Michigan Population

Figure 2-2 OnHand Region: Population Change 2010-2017

**Change in Population
2010 to 2017**



Source: U.S. Census Bureau, Decennial Census 2010 and
2013-2017 ACS 5-Year Estimates



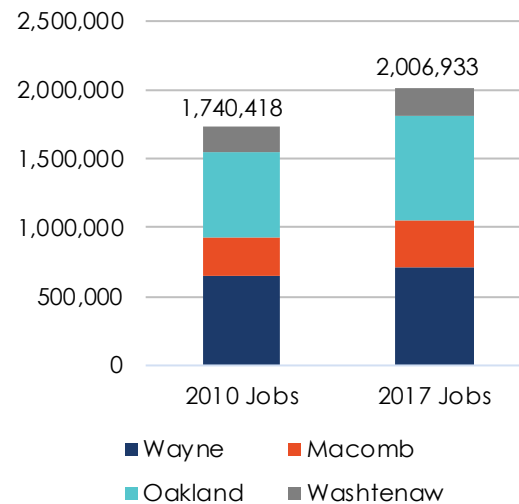
Employment

After several years of losing jobs, employment in Southeast Michigan grew by roughly 15% between 2010 and 2017 (Figure 2-3). Consistent with the analysis of population changes, OnHand mapped changes in employment between 2010 and 2017 by looking at changes at the census block group level.

This data suggests the current density of jobs overall follows a pattern like population, with the highest number of jobs in the Detroit urbanized area and the southeast corners of Oakland and Macomb counties. Trends in employment are confirmed by the travel flow data, which shows the importance of Oakland County as a commuter destination.

OnHand also considered the commuting patterns between counties for all workers (and workers with low incomes (Figure 2-5). This map shows that the majority of lower income work trips are within individual counties; this trend is especially pronounced for Wayne County. The data highlights the number of workers travel across county lines to get to work and shows the regional importance Oakland County for lower income workers.

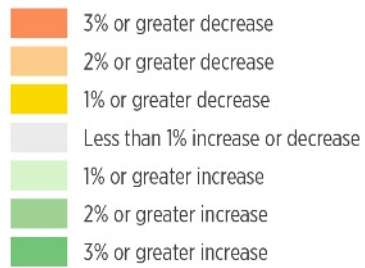
Figure 2-3 OnHand Regional Employment Growth 2010 and 2017



Source: US Census Bureau: LEHD 2010-2017

Figure 2-4 OnHand Region: Change in Job Density 2010 to 2017

**Change in Job Density
2010 to 2017**



Source: LEHD Data, 2010 and 2017

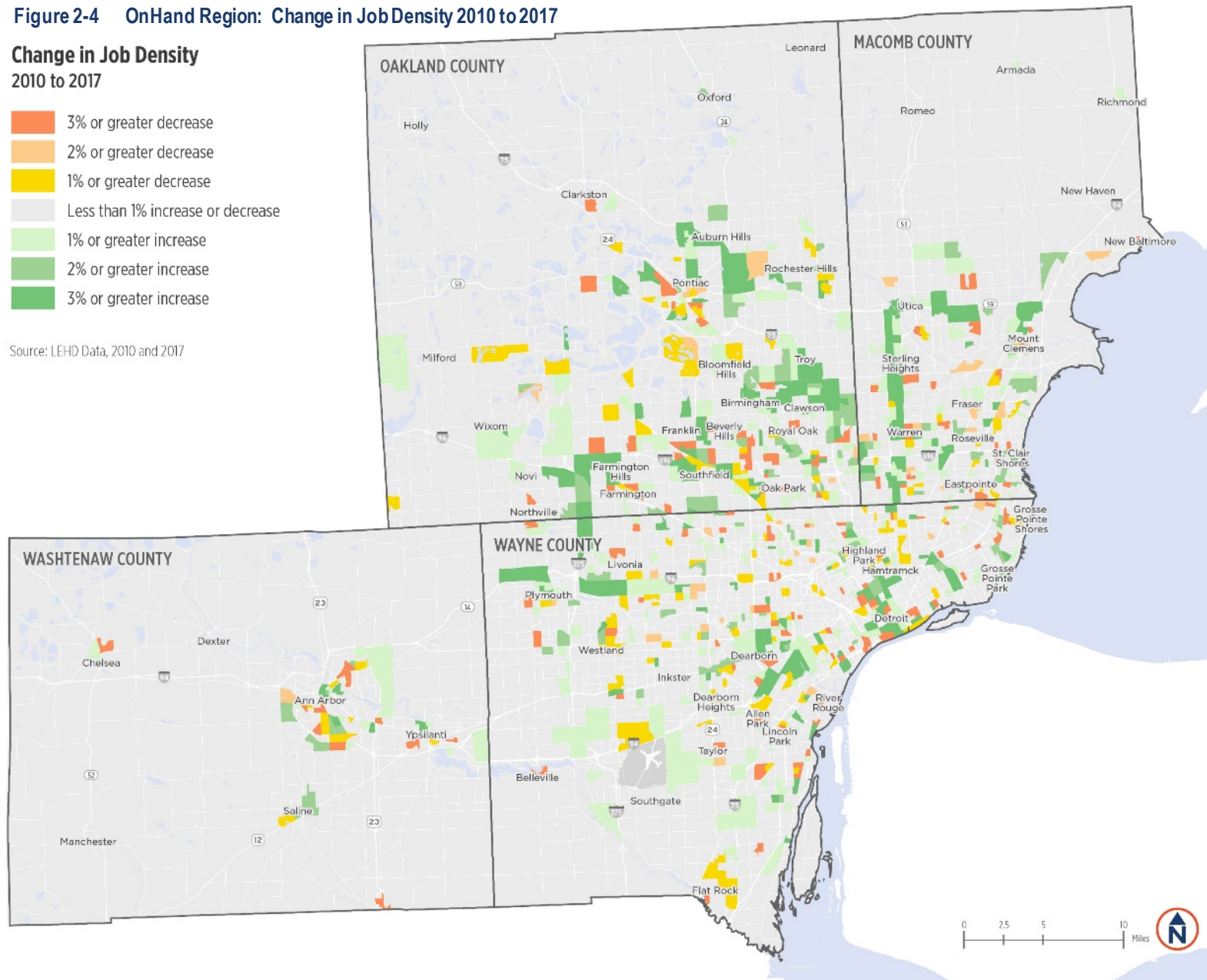


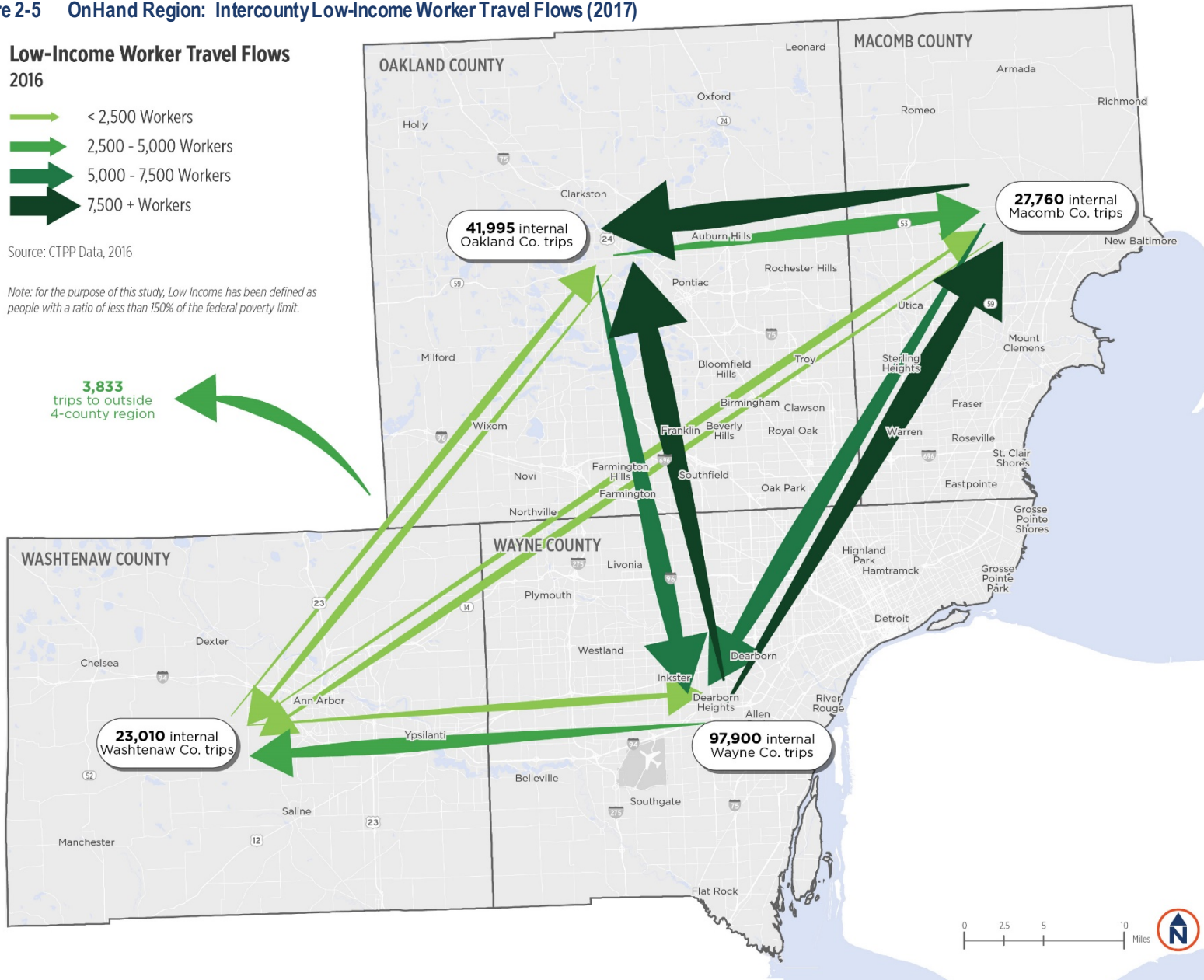
Figure 2-5 OnHand Region: Intercounty Low-Income Worker Travel Flows (2017)

**Low-Income Worker Travel Flows
2016**



Source: CTPP Data, 2016

Note: for the purpose of this study, Low Income has been defined as people with a ratio of less than 150% of the federal poverty limit.



TARGET MARKETS AND POPULATIONS

Southeast Michigan tracks closely with national trends in terms of the rate of older adults and individual with disabilities. In terms of individuals with low incomes, however, the portion of Southeast Michigan's population living in poverty is more than double the national average (see Figure 2-6). The region also has a higher percentage of minorities, with nearly 30% of the population non-white as compared with 24% nationally.

The distribution of the target groups among the four counties varies by demographic groups. The largest disparities from both a national and regional perspective relate to people with low incomes and minority populations. Wayne has the highest proportion of people living in poverty (33%), which is considerably higher than either Macomb or Washtenaw (19% each) and Oakland (14%). Wayne's minority population is nearly double neighboring counties. These data suggest that Wayne County has an increased need for public transportation services, and specialized services.

Figure 2-6 Southeast Michigan Target Markets as a Percentage of Overall Population as compared with National Averages (2018)

| | National Average | OnHand Study Area (4-County Region) | Macomb County | Oakland County | Washtenaw County | Wayne County |
|--|------------------|-------------------------------------|---------------|----------------|------------------|--------------|
| Total Population | 327,167,434 | 4,246,890 | 868,704 | 1,250,843 | 365,961 | 1,761,382 |
| Older Adults (Aged 65+) | 16% | 15.2% | 16.2% | 16% | 13% | 14.7% |
| Individuals with Disabilities | 9% | 13.4% | 13.8% | 11.6% | 9.8% | 15.3% |
| Individuals with Low Incomes | 11.8% | 23.5% | 19.2% | 13.9% | 19.3% | 33.2% |
| Minorities (Non-white population) | 23.5% | 30% | 16.2% | 22% | 22% | 44.4% |

Source: US Census via American Community Survey

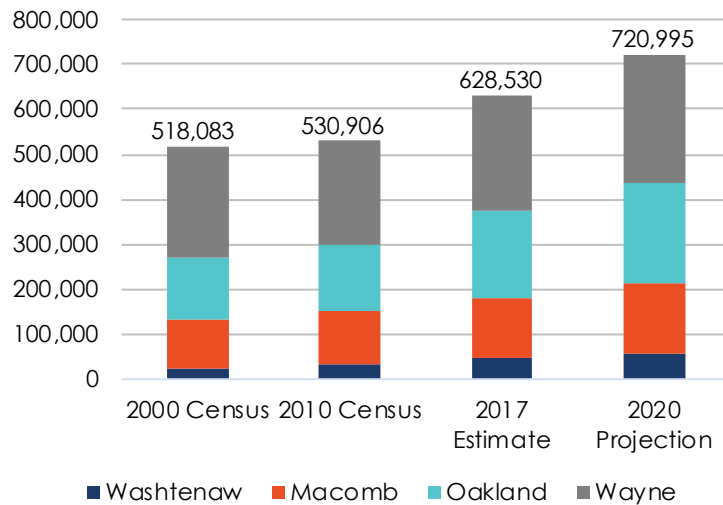
Older Adults

Older adults, or people age 65 years or more, comprise roughly 15% of the overall population in Southeast Michigan, or about 630,000 individuals (see Figure 2-7).

Older adults are somewhat unique in the market analysis because it is one of the few demographic groups that can be relatively accurately forecasted, and the data suggests rapid growth patterns. The data suggests that the population is aging

quickly regionwide, with an additional 100,000 residents aged 65 or more in 2020 as compared with 2017. By 2040, the portion of the population aged 65 or more is expected to comprise 25% of the population in Southeast Michigan.

Figure 2-7 OnHand Change in Older Adult Population 2000-2020



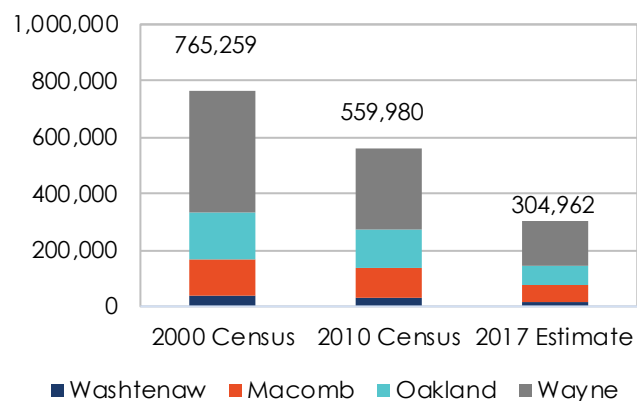
Source: US Census Bureau; ACS 5-year estimates; State of Michigan Population

People with Disabilities

According to the U.S. Census, roughly 570,000 people, or 13% of the overall population in the four counties, are people with disabilities. The data also suggests that the number of people with disabilities has decreased steadily since 2000. However, the decline primarily reflects a change in the definition implemented by the Census Bureau in 2008 rather than a change in the underlying population³.

Despite changes over the last decade, it is expected that the rate of individuals with disabilities will likely increase as the population ages. The growth of older adults has outpaced population growth overall, such that as of 2017, adults aged 65 represent 15% of the overall population, compared with 12% in 2000 (see Figure 2-11).

Figure 2-8 Change in Population of People with Disabilities 2000-2020



Source: US Census Bureau; ACS 5-year estimates

³ U.S. Census Bureau, About Disability, <https://www.census.gov/topics/health/disability/about.html>

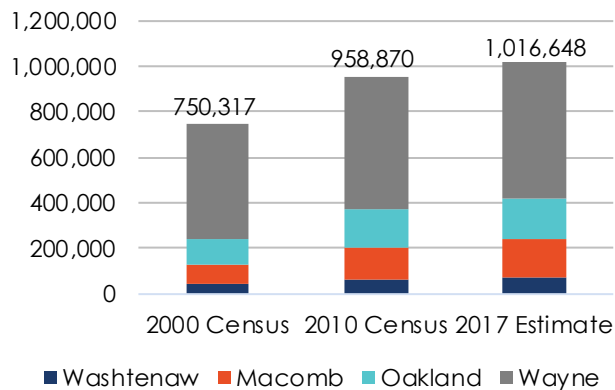
People with disabilities often require specialized transportation services to accommodate limited mobility, mobility devices, caregiver support or attendants, and additional time from door to curb, and/or curb to vehicle.

People with Low Incomes

For purposes of this analysis, individuals with low incomes are defined as people with an income of 150% of the federal poverty limit. As a reference, this means a person has a low income if their annual household income (with a population of 4 individuals) is \$36,900 or less (in 2017\$).⁴

In 2017, there were over 1 million people in Southeast Michigan with low incomes, which translates to a poverty rate of 24%, considerably higher than the national average (12%). Within the region, Wayne County has both the largest number of people with low incomes and the highest poverty rate in the region (see Figure 2-9). Indeed, there are more people with low incomes in Wayne than in the remaining three counties combined. Further, population estimates suggest that nearly one-third of Wayne residents will have low incomes by 2020.

Figure 2-9 Change in Population of People with Low Incomes



Source: US Census Bureau; ACS 5-year estimates

MARKET NEEDS ANALYSIS

The OnHand market analysis developed two investigations into transportation needs: a transit needs index and mapped vulnerable populations. The transit needs index includes individuals who have one or more of the target characteristics (aged 65+, low income or disabled). The vulnerable population analysis was defined more specifically and includes only older adults who also have a disability and live in poverty. In general, individuals included in the transit needs index are younger and more likely to participate in daily activities (school, work, job training) and consequently have more mobility needs as compared with the most vulnerable population. This contrasts with the vulnerable population that is less mobile overall but is more likely to require a higher level of transportation service (i.e. door-to-door or door-through-door).

The Transit Needs Index (Figure 2-10) shows that:

- Older adults, people with disabilities and people with low incomes are concentrated in Wayne County, especially around the City of Detroit.
- There are concentrations of transit needs in the southern half of Macomb County and much of the southeastern quadrant of Oakland County.

⁴ U.S. Department of Health and Human Services. 2017 Poverty Guidelines. Available at: <https://aspe.hhs.gov/2017-poverty-guidelines#thresholds>

- In the portion of Wayne County outside of the City of Detroit, high needs extend to the west of the Detroit and in the southeast portion of the county (Allen Park, Lincoln Park).
 - Washtenaw County has pockets of high transit needs. Areas with high needs are clustered around Ann Arbor, Ypsilanti, and the corridor connecting these communities with Wayne County.
- Vulnerable populations of older adults with low incomes and disability (Figure 2-11):
 - The highest concentration of the vulnerable population is in Wayne County, especially in the city of Detroit and surrounding communities of Highland Park and Dearborn.
 - Concentrations of vulnerable populations are found throughout Macomb and Oakland counties, including in the southern parts of the counties but also the northern, rural communities.
 - Vulnerable populations exist throughout Macomb and Oakland, including the northern and rural areas, but are concentrated in the southern parts of both counties.

Figure 2-10 OnHand Region: Transit Needs Index

Transit Need

Needs is based on cumulative density of total population, jobs, people with disabilities, population below poverty line, and older adults population.

Transit Need Index

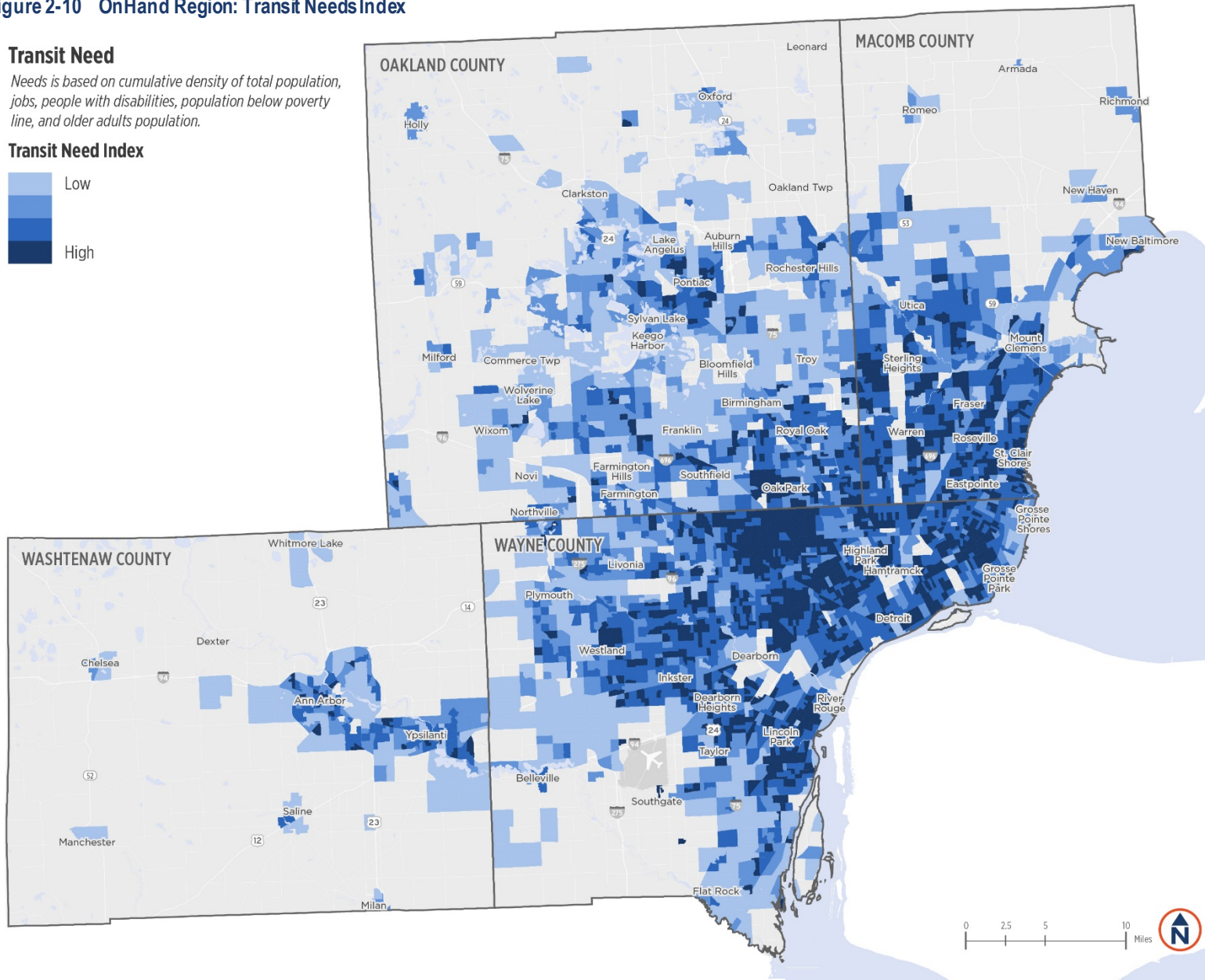
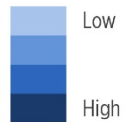
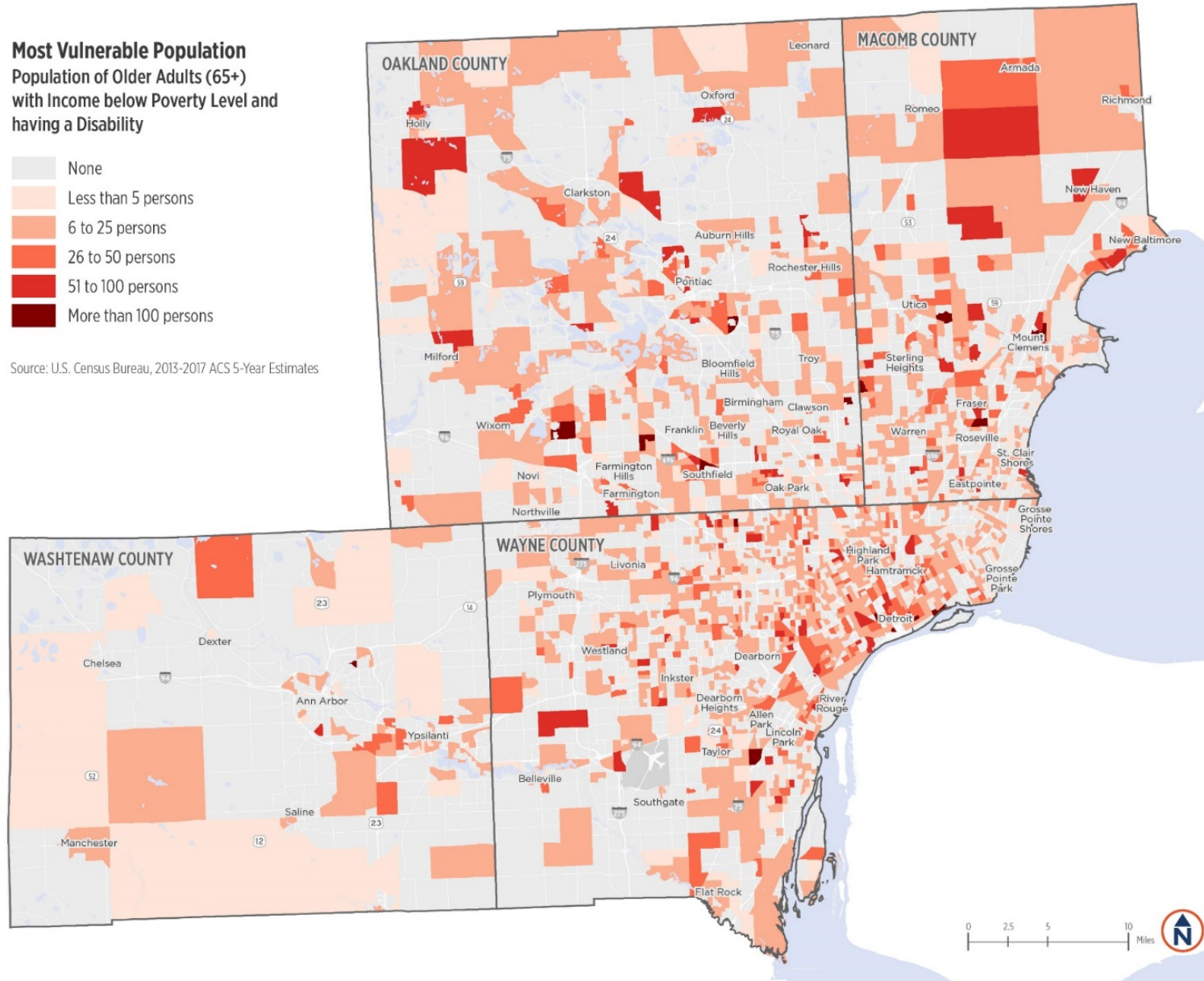


Figure 2-11 OnHand Region: Population of Most Vulnerable Residents (Older Adults (65+) with Disabilities and Low Incomes)



3 TRANSPORTATION SERVICE INVENTORY

INTRODUCTION

While the market analysis highlights local and regional transportation needs from a data perspective, the inventory of transportation resources shows the places where transportation services are available, the types of services available and the funding available to support these services. This chapter includes an inventory of existing transportation resources summarized according to service available from the largest public transportation operators by type. The full-service inventory for the OnHand project is available in Appendix B.

KEY FINDINGS AND NEEDS

Residents of the OnHand RTA region have access to a range of public and private transportation services.

- The network includes fixed-route transit and complementary paratransit, community-based demand response transportation, transportation provided by non-profit agencies, and private for-hire transportation services. In total, there are more than 130 individual transportation service providers in Southeast Michigan (see Figure 3-1).
- Combined these services cover most of the four-county region, except for some parts of Washtenaw County (see Figure 3-2).
- While broad geographically, a significant portion of the network is available to older adults and people with disabilities only. Services are also limited in terms of when they are available; most operate during traditional business hours, such as weekdays between 8:00 am and 4:00 pm. Many also require riders to make advance reservations.
- Even in cases where the network is open to members of the general public and individuals with low incomes, the schedules and reservation requirements mean most services do not support individuals with low-incomes traveling to work or social and recreation trips.
- Most of transportation programs offer a high level of service and will pick riders up at their and deliver them to their door ("door-through-door") as compared with door-to-door service, where drivers greet passengers in their driveway or on the curb. This level of service reflects the intended clientele, i.e. older adults and people with disabilities.
- Some of the challenges with the network include:

- Inconsistent operating practices and policies: Because the network is comprised of over 130 independent service providers, there are variations in service offerings and policies. For example, the definition of “older adult” varies from aged 55+, 60+ and 65+. Other variations include (for example) trip reservation requirements and processes, days and hours of operation, and fares. Operating practices vary between sub-regional and municipal providers as well as the larger fixed-route operators.
- Limited coordination between services: Even though most of the region is covered, it is difficult to travel regionally. There is limited coordination among providers, making it difficult to transfer between services and travel across borders.
- Lack of flexibility: Most services require advance reservations, which in most cases means booking a trip at least 24 hours in advance. Other services have restrictions on trip purposes and prioritize medical appointments. The inherent lack of flexibility makes it difficult for people to meet some of their needs.
- High costs: Fares and costs to make a trip vary considerably among the individual service providers. While some trips are affordable, others are significantly more expensive, especially for people who need them for regular trips, like traveling to work.

Figure 3-1 Fixed-Route and Demand Response Transportation Providers in Southeast Michigan

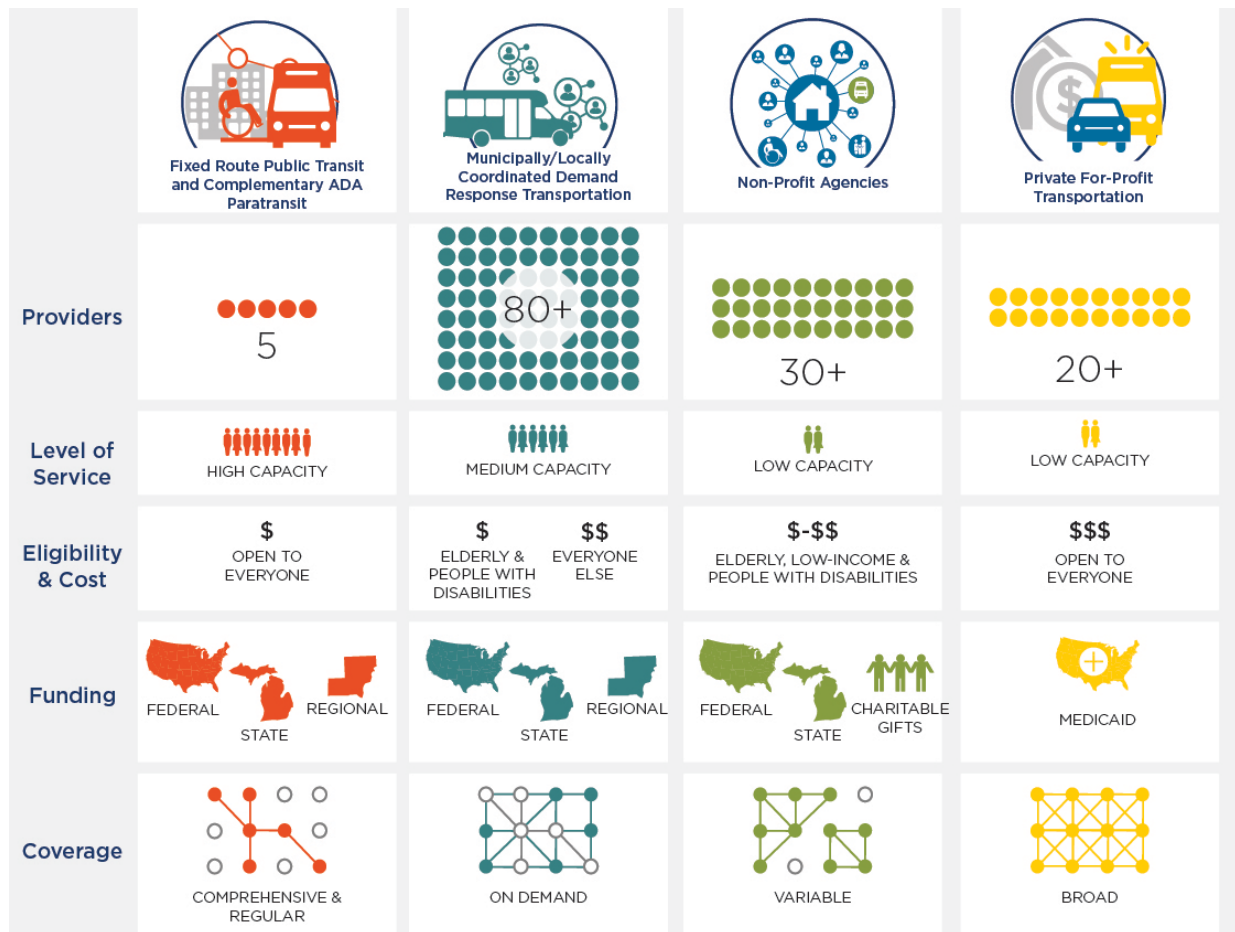
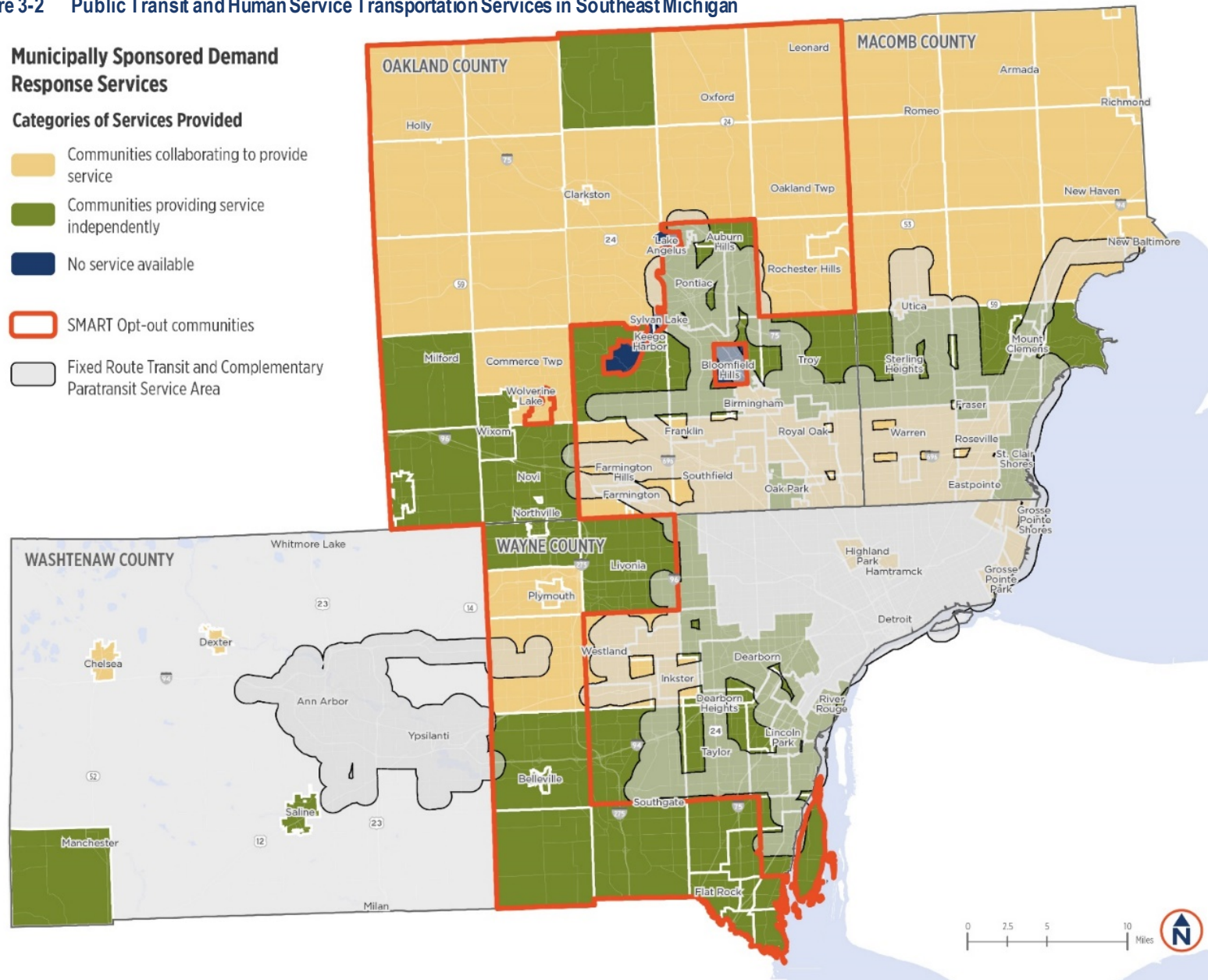


Figure 3-2 Public Transit and Human Service Transportation Services in Southeast Michigan



FIXED-ROUTE AND COMPLEMENTARY PARATRANSIT

Fixed-route transit operated by public transit agencies offers services that operate according to published scheduled routes, usually with no (or minimal) variation. There are five fixed-route transit operators in Southeast Michigan: SMART, DDOT, TheRide, the Detroit People Mover and the QLine. Aside from driving and walking, fixed-route transit is the most widely available transportation option available in Southeast Michigan. These services provide affordable services to major destinations like school, work, medical appointments, shopping, etc.

Transit agencies accepting federal funds must adhere to the American with Disabilities Act (ADA), which requires providing complementary paratransit service to individuals who are unable to use fixed-route service because of a disability. ADA also requires accessibility features on fixed-route transit including:

- Buses and trains equipped with wheelchair lifts or low floor ramps to allow easy access for people with disabilities
- Priority seating for those who need it
- Bus drivers trained to provide assistance in securing wheelchairs in designated spaces
- Drivers trained to allow passengers time to be seated, and to get on and off the vehicle
- Announcement of stops at major intersections, transfer points and, at the request of passengers, specific destinations
- Stations with elevators to boarding platforms, for ease of boarding

Transit agencies also offer complementary paratransit service for people who are unable to ride fixed-route transit services because of a disability. Complementary ADA paratransit mimics fixed-route service and services operates in the same area (within $\frac{3}{4}$ of a mile on either side of a fixed-route), on the same days and during the same hours as the public transit operates. Paratransit is a shared ride, curb-to-curb service that must be reserved at least one day in advance.

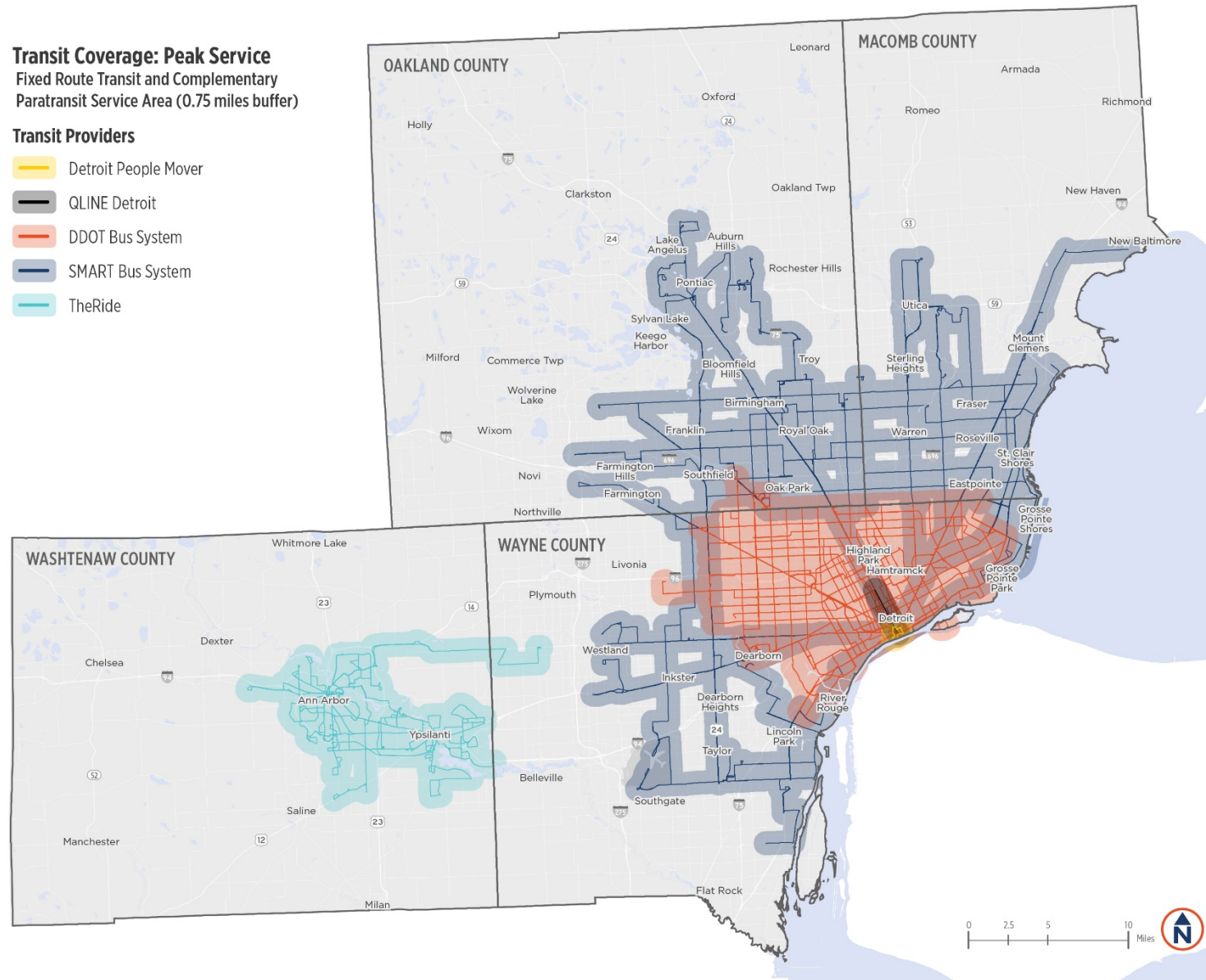
SMART, DDOT and TheRide all provide ADA paratransit directly, while the People Mover and QLine coordinate with DDOT for ADA services (see Figure 3-3). Combined fixed-route and ADA paratransit cover most Southeast Michigan's urbanized communities (see Figure 3-4).

Figure 3-3 Providers of Fixed-Route and ADA-Mandated Paratransit in Southeast Michigan⁵

| Fixed-Route Transit Agency | Service Area | ADA-Mandated Paratransit Provider |
|---|---|-----------------------------------|
| Suburban Mobility Authority for Regional Transportation (SMART) | Macomb County plus parts of Wayne and Oakland counties | Connector |
| Detroit Department of Transportation (DDOT) | City of Detroit plus nearby cities of Dearborn, Hamtramck, Highland Park, Harper Woods, Livonia, Redford Township, River Rouge and Southfield | MetroLift |
| TheRide (Ann Arbor Area Transportation Authority, AAATA) | City of Ann Arbor, City of Ypsilanti, and Ypsilanti Township | A-Ride |
| Detroit People Mover | City of Detroit (fixed-route, elevated single-track rail system that circles Detroit's central business district in a 3-mile loop) | Provided by MetroLift |
| QLINE Streetcar | City of Detroit (3.3-mile streetcar line serving 12 stations on Woodward Avenue) | Provided by MetroLift |

†

Figure 3-4 OnHand Region: Fixed-Route Transit Service Network Coverage



PUBLICLY SPONSORED DEMAND RESPONSE TRANSPORTATION SERVICES



Municipally/Locally Coordinated Demand Response Transportation

Demand response transportation services respond to demand or requests for services. This means service is available during designated hours of operation but customers must reserve a trip in advance. Many services also have eligibility requirements, such as age (available to people aged 65 or older). Demand response services vary in the level of service, for example, some services deliver riders to the nearest curb (curb-to-curb), building entrance (door-to-door), or even within the building itself (i.e., door-through-door service). Demand response services vary in price from no fee to fares that may be higher than fixed-route fares.

Southeast Michigan has a variety of demand response public transportation service offerings that extend beyond the public fixed-route and complementary paratransit services. Some services are available in individual townships and cities, while others serve clusters of townships.

City of Detroit

In part because DDOT already serves the majority of the City of Detroit, there are few publicly sponsored demand response transportation services outside of the ADA paratransit operated by DDOT. A program launched in 2016 using FTA New Freedom funds offers people with disabilities residing in Detroit, Highland Park and Hamtramck subsidized transportation for trips up to 25 miles. However, the program no longer accepts new riders and will continue until funds are depleted (expected in 2021).

Washtenaw County

Washtenaw County is more rural than Macomb, Oakland and Wayne counties and does not have a regional funding source to provide local matching funds to local transit operators. As a result, while there are several demand response services available, most of the publicly sponsored demand response service is operated by TheRide, with a handful of the subregional providers.

TheRide

TheRide operates several branded demand response services designed to serve specific populations. These include:

- **GoldRide** for seniors 65 and over in the City of Ann Arbor and portions of Pittsfield Township. It is operated by TheRide, with operations integrated with the A-Ride ADA complementary paratransit service.
- **FlexRide** is a general public on-demand microtransit service that connects Pittsfield and Southeast Ypsilanti Township with the TheRide services and other

destinations. FlexRide riders can schedule same-day or next-day trips either by phone, online or via a smartphone app.

- **NightRide** is TheRide's late-night, curb-to-curb taxi service that operates within the City of Ann Arbor and east to downtown Ypsilanti. Riders request trips on-demand or in advance. This service is available on major holidays when TheRide, ExpressRide, A-Ride and GoldRide services do not operate. All trips on NightRide must begin or end within the City of Ann Arbor.

Western Washtenaw Value Express (WAVE Bus)

WAVE is a non-profit service organization that operates two local fixed-routes services and provides door-to-door transportation in rural areas to access medical appointments, jobs, and daily errands. This includes:

- A door-to-door bus program for Chelsea area travelers
- A door-to-door bus program for Dexter School District travelers
- An interurban express route called the Community Connector, which links Chelsea with Dexter and Ann Arbor
- An interurban express route along the Jackson Road corridor
- The LifeLine Community Van program that provides rides to western Washtenaw County traveler to locations anywhere within the county
- Group trips for MDOT approved groups
- A free Chelsea business district shuttle⁶

People's Express

People's Express is a non-profit transportation provider that serves communities in Washtenaw County as well as western Wayne, Western Oakland, and Livingston counties. People's Express is also the designated service provider in Saline, South Lyon, Lyon, and Milford. In Washtenaw County, People's Express serves as a feeder service to TheRide's fixed-route services and operates a commuter service from Brighton to the University of Michigan Hospital.

Macomb, Oakland, and Wayne Counties

Macomb, Oakland and Wayne counties have a mix of services, including services provided and funded by SMART. SMART is funded through a regional property tax (or milage) that must be renewed by voters every four years. Not all communities participate in the funding sources, however with cities and townships in Macomb, Oakland, and Wayne counties – not including the City of Detroit – classified as “opt-in” communities that pay into the SMART system and “opt-out” communities that do not pay into the SMART system.

⁶ <http://ridethewavebus.org/>

SMART “Opt-In” Communities

SMART's service area includes 128 communities (townships, villages, and cities). Communities in Macomb County vote as a county to support SMART service and pay (via a property tax) into the system. Communities in Wayne and Oakland counties vote independently to “opt-in” or “opt-out” of the SMART service network; of the 128 communities in the service area, 76 opt-in and 52 opt-out.

SMART Operated Services

SMART operates a handful of locally oriented demand response services available to residents in its service area. These include the Connector Service, an advance reservation, curb-to-curb service tailored to older adults (65+) and people with disabilities. Members of the general public are also able to use the service, provided they live more than 1/3 of a mile from a SMART fixed-route service.

In addition to the Connector service, SMART operates five same-day demand response shuttle routes (Dial-a-Ride) for the public. These services operate as curb-to-curb and are available for trips to work, school, shopping, or medical appointments. These services include the Groesbeck Flex Route Service, Oakland Mall Shuttle, Somerset Shuttle, Farmington and Farmington Hills Dial-a-Ride, and the Farmington and Farmington Hills Connector Service (Figure 3-5).

Figure 3-5 SMART Shuttle and Dial-a-Ride Services

| Service | Days and Hours |
|---|-----------------------------------|
| Farmington and Farmington Hills Dial-A-Ride | Monday–Friday 6 a.m.–6 p.m. |
| Groesbeck Flex Route ⁷ | Monday–Friday 5 a.m.- 6:35 p.m. |
| Oakland Mall Shuttle | Monday–Friday 6–10 a.m., 2–6 p.m. |
| Somerset Shuttle | Monday–Friday 6–10 a.m., 2–6 p.m. |

Community Partnership Program

Through its Community Partnership Program (CPP) SMART provides opt-in communities with vehicles, vehicle maintenance services, and/or operating funding. This program has been available since 1996 and provides resources to nearly 50 local transportation services in the 76 municipalities throughout the tri-county area (see Figure 3-6). In some cases, municipalities work together to operate sub-regional transit services, such as Richmond-Lenox EMS (RLEMS). RLEMS is jointly owned by Richmond and Lenox townships, but holds service contracts with 11 separate cities, villages and townships. Another example is the Senior Transportation with Advanced Reservation (STAR) which serves

⁷

<https://www.smartbus.org/Portals/0/Documents/Website%20Docs/2019.5%20Groesbeck%20Service.pdf>

residents of Romeo, Washington and Bruce townships who are also aged 60 or more and disabled.

Most municipalities provide limited-eligibility transportation services for all people with disabilities and those above a certain age (this ranges between 50 and 65), while others provide general public dial-a-ride services. Some programs limit travel to within the home municipality, while others travel to nearby key destinations (hospitals, shopping centers, etc.).

Opt-out Communities

Fifty-two communities in Wayne and Oakland counties voted to opt out of SMART Connector service. Of these, all but eight communities offer some form of demand response services either through a collaboration or independently (see Figure 3-7). These communities may receive financial or other support from FTA, state, or local sources for these services.

Except for funding sources, the demand response services available in opt-out communities are like the ones in the opt-in communities. Several communities join forces to operate sub-regional transit systems, while others provide service within their township or municipality. Some of the largest systems include North Oakland Transportation Authority (NOTA) and West Oakland Transportation Authority (WOTA).

Figure 3-6 SMART Community Partnership Programs: Sub Regional and Municipal Systems

**SMART Community Partnership
Program Transportation Service
Providers**

CPP Participating Townships

- Nankin Transit Commission
- Roseville & Eastpointe Senior Transportation
- STAR Transportation
- Richmond Lenox E.M.S
- Point Area Assisted Transportation
- Birmingham NEXT
- Transportation of Southfield Seniors (TOSS)
- Fannie Adams Transportation
- Farmington Hills Senior Transportation
- Shelby Township & Utica Senior Transportation
- Municipal based systems

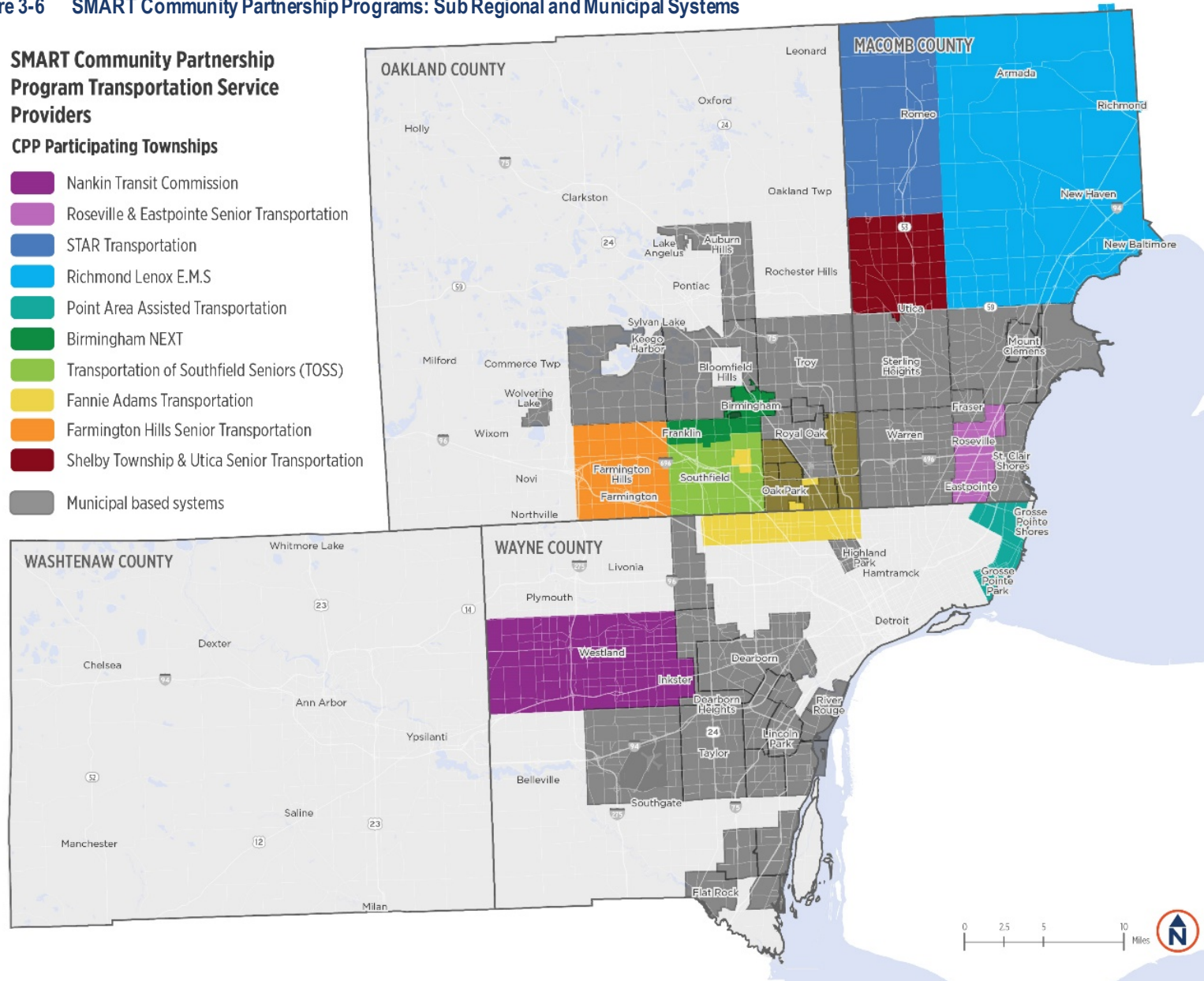
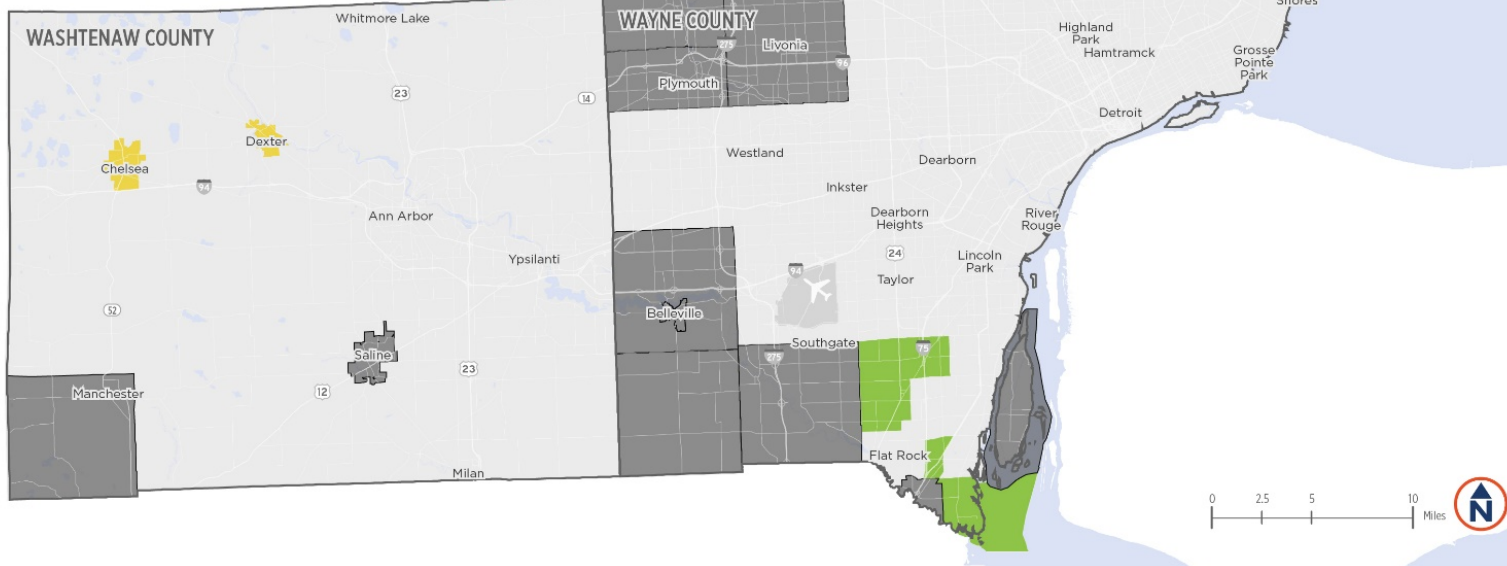


Figure 3-7 SMART Opt-Out Communities: Sub-Regional and Municipal Systems



OTHER SERVICE PROVIDERS

In addition to publicly sponsored services, there are numerous transportation services available through non-profit organizations and private transportation providers.

Non-Profit Agencies

Throughout Southeast Michigan, various organizations and agencies support older adults, people with disabilities, and people with low incomes with a variety of social services, including transportation. In addition to FTA Section 5310 Enhanced Mobility of Seniors & Individuals with Disabilities funding, other federal funding programs support human services transportation, including the Older Americans Act funding that Area Agencies on Aging administer. Furthermore, nonprofits that serve vulnerable populations receive funding from myriad sources including private individuals and charitable foundations.

In the RTA region, more than 20 non-profit organizations provide human services transportation services. These include healthcare non-profits such as the American Cancer Society Inc.–Road to Recovery, which limits transportation services to patients. In Detroit, St. Patrick Senior Center, Inc. provides non-emergency medical transportation and trips to its facility. Jewish Family Services provides door-through-door services to clients with low incomes or with cognitive or developmental disabilities throughout Southeast Michigan. The Rochester Area Neighborhood House provides transportation assistance to qualifying low-income residents, providing service to a community that otherwise is not served by any other publicly funded transit service. Most of the non-profit organizations are relatively small with constrained funding. Some apply for and receive vehicles with Section 5310 funding. Some social service agencies simply assist with referrals and help their clients find and schedule available transportation services.

Private Transportation Providers

In some areas of the Southeast Michigan, private transportation providers are among the only options available. They generally travel farther distances and charge for rides on a per-mile basis. Private providers do not receive public funds to acquire vehicles for hire but may be publicly reimbursed for certain contracted services. Some private providers provide non-emergency medical transportation (NEMT) trips to Medicaid recipients, a program administered by the U.S. Department of Health and Human Services.

REGIONAL MOBILITY MANAGEMENT SERVICES

Area Agency on Aging – 1B – MyRide Program

MyRide is a mobility management website and service developed by Area Agency on Aging 1-B (AAA 1-B) that provides transportation guidance to transit-dependent individuals.⁸ AAA 1-B provides information to support travel throughout Washtenaw County and select areas in Jackson, Lenawee, Livingston, Monroe, Oakland, and Wayne Counties. In Detroit, Area Agency on Aging – 1A provides non-transportation services to

⁸ <https://www.myride2.com/>

residents of Detroit, though they do have a transportation coordinator to support referrals for Medicaid recipients.

The MyRide2 website serves as a one-click, one-call clearinghouse to identify a transportation provider based on the trip origin (zip code) and service characteristics. Most of the providers discussed in this technical memorandum are included in the database which is updated annually. Individuals can also call AAA-1B at 855-myride2 (855-697-4332) for personalized trip planning assistance. The program also includes travel training and resources for older drivers, including assistance to plan for driving retirement.

United Way 211

The United Way operates a Michigan 2-1-1 program designed to make it easier for people to find the help they need close to home. The program provides financial assistance for transportation resource and includes resources for individuals needing financial assistance and trip planning services. People can use online tools available on the United Way 211 website or call a helpline to talk directly with an individual.

Ride@50+ Washtenaw County

Washtenaw County, in collaboration with AARP, is developing mobility management services for the county through the Ride@50+ Program. This program is designed to provide “one stop” access to transportation options in Washtenaw County. It will include an online and mobile phone trip booking platform, a dedicated call center (available on weekdays) and travel training services. This program is designed to offer trip planning tools where riders enter their trip origin and destination and are shown a range of travel options with expected pick-up times, costs and transportation providers. Riders can directly book and pay for their travel through the trip planning tools.

4 TRANSPORTATION FUNDING INVENTORY

OVERVIEW

Funding available to support fixed-route and demand response transportation in Southeast Michigan amounts to more than \$385 million annually (Figure 4-1). This estimate includes public and nonprofit providers but excludes for-profit providers. The annual budget reflects approximately \$330 million in funding from federal, state, regional, and local funding sources plus roughly \$55 million from other revenue sources and grants.

Of the roughly \$385 million spent in Southeast Michigan on public and community transportation services, the vast majority (\$370m) of the funding is spent by the region's fixed-route transit providers. On average, the three agencies that provide complementary paratransit collectively spend approximately 14% of their operating budgets on ADA paratransit with the proportion varying significantly between SMART (23%), TheRide (20%) and DDOT (5%)⁹.

This chapter reviews funding programs available to support public and human service transportation in Southeast Michigan. It also includes an analysis of funding over time and compares regional funding in the OnHand region with other urbanized areas in the United States. See Appendix C for the complete funding inventory.

⁹ National Transit Database 2018

Figure 4-1 Allocation of Annual Funding Among OnHand Region Fixed-Route and Demand Response Transportation Providers



Note: Funding for SMART and TheRide includes all services provided, even though some services can be characterized as locally coordinated.

KEY FINDINGS AND NEEDS

In general, transportation providers use slightly different funding models depending on agency structure, geography, and type of service provided. Fixed-route service providers, for example, rely more heavily on state and regional sources for operating funds. In contrast, municipal and sub-regional demand response providers rely on a combination of local, state, and regional funds. Nonprofit agencies typically generate most of their transportation operating funds from local sources but also rely on federal funds. The following section summarizes that chapter and highlights the impacts of regional funding on human service and public transit coordination planning.

- There are several funding sources for public and municipal transportation in Southeast Michigan. The primary sources are federal, state, and local programs, plus funding generated through fares, private donations, and other resources. SMART and AAATA raise local funds through property taxes, while DDOT depends on City of Detroit general funds.
- Access to local funding is the primary difference among transit operators in Southeast Michigan.
 - SMART and AAATA earn revenues through a dedicated property tax that supports transit. These taxes are subjected to periodic voter approval.
 - DDOT raises local revenue from the City of Detroit, which allocates a portion of its general funds to transit. Funding is reviewed annually and must compete with other important services and programs.
 - A handful of municipalities and townships have some revenues earmarked for transit, but most rely on contributions from local general funding.
- Transportation providers in the SMART service area have access to funding through the Community Partnership Program (CPP), which redistributes some local property taxes to opt-in communities to support local demand response transportation services (in addition to service available through the Connector program). Outside of the SMART region, funding options for local transportation providers is limited.
- Funding for transit in Southeast Michigan lags peer regions. An analysis of data from the National Transit Database (NTD) shows that Southeast Michigan has the second lowest per capita funding among eight peer regions analyzed. Peer regions analyzed were Cleveland, Dallas, Denver, Kansas City, Milwaukee, Minneapolis, Pittsburgh, and St. Louis.
- Performance data available for community-based providers is inconsistent and limited. As a result, it is difficult to evaluate the productivity of individual transportation providers (operating cost per hour, cost per trip and riders per hour).

FEDERAL FUNDING

Department of Transportation (U.S. DOT)

The United States Department of Transportation (U.S. DOT) administers funding for all transportation modes; the Federal Transit Administration (FTA) within the U.S. DOT oversees the distribution and allocation of funding to support public transportation. Funding for public transportation is also available through other U.S. DOT programs, such as the Surface Transportation Program (STP) and Congestion Mitigation Air Quality (CMAQ) programs managed by the Federal Highway Administration. One of the defining characteristics of federal transportation funding is that programs almost always require regional and local governments to contribute funding to transit services.

Based on available FTA award letters, in Fiscal Year (FY) 2019, the OnHand region received \$72.9 million in federal formula and discretionary transportation funds to support public transportation. Of these funds, \$62.9 million was allocated directly to transit agencies and \$10 million was distributed through MDOT to rural providers and to human services agencies. The largest federal transit funding source (71%) is FTA Section 5307 funds, a formula grant program that funds urban transit agencies such as SMART, TheRide, DDOT, and Detroit People Mover. Another large FTA program (Section 5339 Bus and Bus Facilities) funded the region's largest fixed-route bus providers at approximately \$7.5 million.

The State of Michigan administers Section 5311 Formula Grants for Rural Areas, of which approximately \$660,000 was distributed to the OnHand region to support rural service providers including People's Express, the North Oakland Transportation Authority (NOTA), and Western Washtenaw Value Express (WAVE). These formula grants are limited to rural areas with fewer than 50,000 residents, which in Southeast Michigan are located on the periphery and between the Detroit and the Ann Arbor urbanized areas.

Section 5310 Funding

The FTA Section 5310 (Transportation for Elderly Persons & Persons with Disabilities) funding program is of particular relevance to the OnHand program in part because this plan is required as part of spending these funds, but also because Southeast Michigan is moving towards administering these funds regionally.

In FY2019, Southeast Michigan was allocated \$3.8 million in Section 5310 funds. Currently, the region's two urbanized areas (Detroit and the Ann Arbor) receive funding directly, with the RTA administering the Detroit UZA program and TheRide administering the Ann Arbor UZA program. In the Detroit UZA, the RTA distributes funds to SMART, which funds subrecipients, primary community service providers and nonprofits. DDOT used its FY 2019 Section 5310 allocation to support MetroLift complementary paratransit. TheRide used its Section 5310 allocation to support service for older adults and people with disabilities.

Department of Health and Human Services (DHHS)

Federal funding is available to support senior transportation through the U.S. Department of Health and Human Services and the Michigan Department of Health and Human Services (MDHHS). This includes Older Americans Act funding, which funds programs to

support transportation for older adults, and Medicaid funding, which includes transportation program for Medicaid-eligible clients to travel to medical appointments.

Non-Emergency Medical Transportation (NEMT)

Non-Emergency Medical Transportation (NEMT) is a medical transportation service for individuals who need more assistance than a taxi service. This service is provided by providers equipped to transport riders in wheelchairs, or with other special needs. For those who are Medicaid eligible, NEMT is free. Some private insurers also cover NEMT costs because it is less expensive to provide the necessary transport to keep a person healthy than to treat them later once their medical issues have worsened.

In Michigan, decision-making on who provides NEMT transportation is left to each individual county. Oakland, Macomb, and Wayne counties operate a NEMT brokerage that coordinates transportation services among multiple transportation providers. The brokerage is currently operated by LogistiCare, the nation's largest provider of NEMT programs for state governments and managed care organizations. Public transportation providers in Southeast Michigan are currently excluded from Medicaid NEMT trips.

Other parts of Michigan use different models. Large parts of the state work with the Michigan Transportation Connection (MTC) to organize NEMT services. MTC is a non-profit organization that provides brokerage services and relies on existing taxpayer funded services and infrastructure, including local community and nonprofit transportation service providers. MTC is integrated with Michigan 2-1-1 among other statewide transportation coordination initiatives.

STATE FUNDING

The Michigan Department of Transportation (MDOT) distributes over \$300 million annually to support public transportation services statewide. This include funds administered by MDOT on behalf of the FTA (Sections 5311 and 5310), and state funds generated through transportation taxes. The primary source of state public transportation funds is the Comprehensive Transportation Fund (CTF), which includes revenues raised from the state motor fuel tax, vehicle registration fees, and sales taxes on automobiles and auto-related products. A description of Michigan's eight public transportation funding programs is included as Appendix C.

In FY 2019, the state distributed just under \$329 million for public transportation programs, including \$273.6 million in direct state support for public transit services, and passed \$54.9 million through to federal subrecipients. Of the nearly \$329 million distributed statewide, about one-third or \$99.3 million was allocated to the OnHand region. Of these funds, the largest distribution was in the local bus operating grant category, of which approximately \$37.4 million was allocated to SMART, \$34.1 million to DDOT, and just under \$14 million to TheRide (Figure 4-2).

Figure 4-2 State Allocation to OnHand Region FY 2019

| Program | SMART | DDOT | DTC | TheRide | State Funding |
|---------------------------------|---------------------|---------------------|--------------------|---------------------|----------------------|
| Local Bus Operating | \$37,355,400 | \$34,051,500 | \$5,751,800 | \$13,926,400 | \$91,085,100 |
| Capital Assistance | \$995,000 | \$4,783,800 | | \$1,738,300 | \$7,517,100 |
| Municipal Credit Program | \$3,261,100 | \$738,900 | | Not applicable | \$4,000,000 |
| Specialized Services | \$787,800 | \$351,900 | | \$176,800 | \$1,316,500 |
| Non-Urban Operating/ Capital | \$250,600 | Not applicable | | \$913,800 | \$1,164,400 |
| Total | \$42,649,900 | \$39,926,100 | \$5,751,800 | \$16,755,300 | \$105,082,900 |
| <i>Percent</i> | <i>41%</i> | <i>38%</i> | <i>5%</i> | <i>16%</i> | <i>93%</i> |

Source: Michigan DOT

Notes: State programs with no funding in OnHand region not shown

Most of Non-Urban Operating/Capital funding is passed through to subrecipients

Capital Assistance funds include state matching funds as well as flexed funding from the Surface Transportation Program and Congestion Mitigation Air Quality funds

Municipal credit program includes \$2 million special appropriation in 2019

See Appendix Table C-1 for descriptions of each funding program

Local Bus Operating Funds

Funded at \$85.3 million in FY 2019, the state allocation for local bus operating funds is the largest source of operating assistance for the OnHand region. Urbanized and non-urbanized areas with a population of less than 100,000 receive assistance for up to 60% of eligible operating expenses. Urbanized areas with populations over 100,000 receive operating assistance for up to 50 percent of eligible expenses; in practice state support has provided for approximately 30% of eligible expenses.

Municipal Credit Program (SMART and DDOT)

Prior to SMART's establishment, the Michigan State Legislature established the municipal credit program to reallocate a portion of the bus operating assistance program to local communities. This program provides funding and authority to individual municipalities and townships interested in developing local transit services. These funds are available to municipalities in Oakland, Wayne, and Macomb counties, but not Washtenaw County.

Municipal credit funds are allocated based on population with a median allocation of approximately \$14,200 per community. However, because the funds are distributed across multiple communities, the impact of the program is diluted.

Specialized Services Program

The Specialized Services Program provides operating assistance to nonprofit agencies and public agencies providing transportation services primarily to seniors and individuals with disabilities.¹⁰ In the OnHand region, this funding often represents the capital and mobility management matching funds for federal 5310 funding. Funded regionally at \$1.3 million in FY 2019, most funds are distributed to municipal and/or community providers (or collaborations), or to nonprofits. According to SMART, funding levels allocated to the SMART region have been the same for the past 20 years, despite rising operating expenses.

REGIONAL TRANSPORTATION FUNDING

Michigan law permits cities and regions to tax themselves to support public transportation. The primary mechanism is the property tax, which is levied as a millage on property values. The OnHand region has several taxes that support public transportation services.

SMART

Macomb County plus parts of Oakland and Wayne counties vote on a ballot measure every four years that approve local funding for SMART. In 2019, the voter-approved 1 Mill tax raised \$74 million, which accounts for more than half (56%) of SMART's operating budget.¹¹

SMART uses property tax revenues to support fixed-route, ADA complementary paratransit and other community transit investments, such as the Community Partnership Program.

Community Credits

As mentioned, SMART established the Community Partnership Program (CPP) in 1996 to help support local transportation services. This program gives local opt-in communities the opportunity to invest tax revenues locally, either by operating service directly or purchasing it from a nearby service provider.

In FY 2019, SMART allocated \$3.75 million in community credits—grants based on the amount of millage paid—to 76 communities in Wayne, Macomb and Oakland counties. Some communities received less than \$5,000 while others received more than \$222,000. In FY 2019, the median allocation was \$29,005. CPP funds can be combined with the municipal credit funds and other resources such as Specialized Services funding and FTA Section 5310 operating funds.

¹⁰ https://www.michigan.gov/mdot/0,4616,7-151-11056_11266-26947--,00.html

¹¹ SMART Financial Report, June 30, 2019, 2019, <https://www.smartbus.org/Portals/0/Documents/Finance/December%202019/2019%20Financial%20Report.pdf>

TheRide

The cities of Ann Arbor Ypsilanti and Ypsilanti Township in Washtenaw County also levy a property tax for public transit, with taxes collected and allocated directly to TheRide. In 2019, the 2.7 Mill (in Ann Arbor) and 1.673 Mill (in Ypsilanti) collected \$15.6 million, 30 percent of TheRide's budget.¹²

In Washtenaw County, local property tax or millage is paid by residents living in Ann Arbor, Ypsilanti, and Ypsilanti to fund TheRide. TheRide's millage is set at 0.7 and is renewed every five years. The last renewal was approved in 2018.

LOCAL FUNDING

In addition to federal, state, and regional sources, some communities use general revenue funding to support transportation services. DDOT, for example, is funded directly from the City of Detroit's general fund, which allocated \$47.2 million to DDOT in 2018. Other communities use general funds to support their local or sub-regional services. Local funds, including both general fund revenues and local millage revenues for transit are vulnerable to changes in local budget priorities.

Some communities in the SMART service area collect property taxes to support transportation. For example, STAR Transportation includes local funding (0.25 Mill) from Romeo, Bruce, and Washington. Mt. Clemons has a local millage to support Dial-A-Ride service and Warren has a recreational millage that also supports local transportation.

Other Resources

Fare Revenue

Passenger fares are an essential source of revenue for traditional public transportation service providers, like SMART, DDOT and TheRide. Some local and sub-regional transportation providers also charge fares. However, it is worth noting that some federal funds, including FTA Section 5310 funds and resources available through DHHS and Medicaid prohibit transportation providers from charging fares.

Grants and Charitable Contributions

Some nonprofit agencies receive funding through private grants from mission-driven foundations, individual donors, and private organizations. Private grants typically support nonprofit agencies rather than public agencies, although there are exceptions, including Kresge Foundation's support for the QLine.

COMPARISON WITH PEER REGIONS

The OnHand project also considered funding among peer regions. While funding models vary from region to region depending on local and state laws, best practices can help

¹² AAATA Operating & Capital Budget 2019, 2018, https://www.theride.org/Portals/0/Documents/5AboutUs/BudgetsandPlans/AAATA_2019_budget_adopted.pdf?ver=2018-09-26-070711-897

guide future funding decisions in the OnHand region. Overall, regional peers provide a diverse picture of transit funding in the U.S., while avoiding comparisons with large systems in Chicago, New York, or Los Angeles (see Figure 4-3).

Figure 4-3 Overall Transit Funding Comparison with Peer Regions (2018 Data)

| Region | UZA Population | Overall Transit Funding per Capita | Non-federal Funding per Capita | UZA Land Area (Sq./Mi) |
|-------------------------|----------------|------------------------------------|--------------------------------|------------------------|
| Detroit / OnHand Region | 4,040,112 | \$82.00 | \$76.09 | 1,497 |
| Cleveland | 1,780,673 | \$150.76 | \$137.76 | 772 |
| Dallas | 5,121,892 | \$157.16 | \$149.28 | 1,779 |
| Denver | 2,374,203 | \$280.83 | \$245.26 | 668 |
| Kansas City | 1,519,417 | \$76.31 | \$66.16 | 678 |
| Milwaukee | 1,376,476 | \$123.48 | \$104.79 | 546 |
| Minneapolis | 2,650,890 | \$212.23 | \$203.62 | 1,022 |
| Pittsburgh | 1,733,853 | \$258.01 | \$236.34 | 905 |
| St. Louis | 2,150,706 | \$149.46 | \$140.84 | 924 |

Source: National Transit Database

Note: Both overall transit funding and non-federal funding per capita estimates include revenues generated through fares, advertisements and other sources.

Federal transit funding for operations is determined by formula largely based on population and the demographic characteristics of the population, so funding amounts are pre-determined. Access to state funding and local contributions, therefore, are responsible for a significant portion of the regional variations (see Figure 4-4). The data shows that while state funding in Michigan is relatively generous, local funding is less than half of the peer average. Only the Kansas City region had lower per capita state and local funding.

Figure 4-4 State and Local Funding Comparison with Peer Regions (2018 Data)

| Region / Urbanized Area | Funding Amounts | | | Per Capita | | |
|-------------------------|---------------------|----------------------|----------------------|----------------|------------------|-----------------|
| | State | Local | Total | State | Local | Total |
| Detroit/OnHand Region | \$100,032,180 | \$144,844,900 | \$244,877,080 | \$24.76 | \$51.33 | \$76.09 |
| Cleveland | \$1,580,090 | \$185,374,159 | \$186,954,249 | \$0.89 | \$136.87 | \$137.76 |
| Dallas | \$2,787,625 | \$626,475,521 | \$629,263,146 | \$0.54 | \$148.73 | \$149.28 |
| Denver | \$2,974,257 | \$401,577,396 | \$404,551,653 | \$1.25 | \$244.01 | \$245.26 |
| Kansas City | \$1,430,852 | \$88,061,809 | \$89,492,661 | \$0.94 | \$65.22 | \$66.16 |
| Milwaukee | \$79,037,151 | \$22,860,828 | \$101,897,979 | \$57.42 | \$47.37 | \$104.79 |
| Minneapolis | \$369,421,349 | \$29,752,601 | \$399,173,950 | \$139.36 | \$64.26 | \$203.62 |
| Pittsburgh | \$250,700,121 | \$42,042,772 | \$292,742,893 | \$144.59 | \$91.75 | \$236.34 |
| St. Louis | \$19,655,297 | \$215,451,085 | \$235,106,382 | \$9.14 | \$131.708 | \$140.84 |
| Peer Average | \$90,948,343 | \$201,449,521 | \$292,397,864 | \$44.27 | \$109.03. | \$151.13 |

Source: National Transit Database

Note: Per capita local funding includes fares and other ad hoc revenues.

5 GAP ANALYSIS AND UNMET NEEDS

Identifying transportation gaps and unmet needs in Southeast Michigan, especially mobility needs experienced by older adults, people with disabilities, and people with low incomes, is at the heart of the OnHand project. This chapter describes the service gaps and unmet needs identified throughout the coordinated planning process, including community input to the overall conversation. It also discusses special topics that were included in the analysis, namely the importance of transportation equity and the short-term impacts of COVID-19 on coordinated planning.

COVID-19 AND TRANSPORTATION EQUITY

As discussed, the coordinated planning process consists of four specific elements: (1) an assessment of current transportation services; (2) an assessment of transportation needs; (3) strategies, activities and/or projects to address the identified transportation needs (as well as ways to improve efficiencies); and (4) implementation priorities based on funding, feasibility, and time, among other criteria. OnHand adhered to this process.

There were two major events that occurred while OnHand was being developed and had a significant impact on the planning process: 1) the COVID-19 pandemic and 2) a renewed focus the pervasiveness of structural and institutional racism. Members of the Technical Working Group were instrumental in leading the conversation surrounding structural racism and the importance of addressing racism in both the planning process and resulting recommendations. Both topics were incorporated into the planning process, albeit in different ways.

Coordinated Planning during COVID-19

Midway through this project, the novel coronavirus became an official pandemic, and statewide stay-at-home orders were implemented on March 23, 2020. The OnHand project team incorporated COVID-19 considerations into the development of the strategies. COVID-19 has triggered stay-at-home orders and impacts to transit service, ridership, and demand.

There will be myriad uncertain and unanticipated impacts associated with COVID-19 and travel demand, including necessary changes to service delivery protocols to limit exposure, such as wearing face masks, enhanced sanitation, and safe physical distancing. Based on early outcomes in the pandemic, disproportionate impacts to target populations are expected, particularly among Black and Latinx communities, and older adults that are at a higher risk. The disproportionate impact reflects long-standing

systematic health and social disparities¹³. People with disabilities of all races are also more likely to experience disproportionate impacts from COVID-19, including higher infection rates and deaths¹⁴.

The COVID-19 pandemic therefore simultaneously makes safe, accessible travel both more important and more difficult. The extent to which transit agencies and providers will be able to implement the strategies included in this plan may depend on recovery efforts and available local, state, and federal funding.

Transportation Equity

It is essential to understand transportation equity in the context of coordinated human services transportation planning. Acknowledging and addressing equity in the context of the OnHand plan will help make a fairer and more inclusive transportation system; it can also help de-institutionalize inequities in the planning process and the resulting recommendations.

Transportation equity refers to how the fair distribution of transportation costs, resources, and benefits improve mobility and access to opportunity. Transportation resources refers to things like funding, but also transit services or vehicles. Transportation planning and policy decisions directly influence the distribution of resources, which in turn, impact people's ability to access economic and social opportunities. Equity can refer to fairness between individuals and groups with equal abilities and needs (*horizontal equity*) or favoring economically, socially, or physically disadvantaged groups (*vertical equity*).

Deep, structural biases and racially discriminatory practices have plagued the United States since its founding. The result is cumulative vertical inequities normalized over time by dominant groups in society that do not personally experience the negative effects of these decisions and investments.¹⁵ Historically, transportation planning has perpetuated discriminatory practices making it critical for plans to promote equity and intentionally remove barriers from transportation policy.

Coordinated human service transportation (HST) planning is inherently a process to address equity because it focuses on vulnerable populations: people with disabilities, older adults, and low-income individuals. The OnHand project, which considers HST at the regional level, can help address inequities by examining transportation needs and available services across a large geography and population. The regional approach will help emphasize disparities that may not be as apparent within a county-level or agency-level coordinated plan.

¹³ Health Equity Considerations and Racial and Ethnic Minor Groups (<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>)

¹⁴ COVID-19 Infections and Deaths Are Higher Among those with Intellectual Disabilities (<https://www.npr.org/2020/06/09/872401607/covid-19-infections-and-deaths-are-higher-among-those-with-intellectual-disabili>)

¹⁵ Note: These inequities are not specific to transportation, but also affect other public services and industries including but not limited to education, housing, employment, healthcare, and public safety.

Applying an Equity Lens in Coordinated Planning

The coordinated planning process, especially when conducted regionally, can help correct and adjust existing inequities and help transition transportation investments in a way that is increasingly fair and equitable. OnHand considered equity in the following ways:



Advancing Equity

As a coordinated plan, OnHand cannot undo years of structural inequities and harm, however, it can acknowledge the issue and begin to alter the status quo and advance transportation equity in the four-county region. There are two approaches to address transportation equity: *programmatic* and *structural* solutions.¹⁶ Programmatic solutions target services and protections to specific disadvantaged groups, while structural solutions affect overall policies and planning activities. Programmatic solutions are often the easiest and most cost-efficient to implement, however structural changes yield more

¹⁶ Litman, Todd. (June 2020). Evaluating Transportation Equity. Available at: <https://www.vtpi.org/equity.pdf>

lasting and broad benefits. They complement each other, and OnHand includes both types of strategies.

Among the many strategies identified for this project, the following strategies specifically and directly address inequities in public and community transportation service quality, access, and delivery:

- Increase funding in service-poor areas.
- Tracking the impact of existing and new services on racial minorities and low-income individuals. This may for example involve setting outcome-based metrics for racial minorities, such as tracking the rate (or number) of missed medical appointments due to report transportation related issues.
- Targeting marketing and outreach efforts, including strategies like travel training and subsidy programs at the most disadvantaged members of the target populations, especially Black and other people of color.
- Shifting administration of the Section 5310 program to the regional level so that regional as well as local priorities are considered when allocating resources (See 5310 program management report).
- Capping fares to limit the maximum spending per trip as part of any pass program.

The OnHand includes some strategies that offer an opportunity to address structural equity, such as performance evaluation. As part of advancing performance metrics, the region may opt to include qualitative measures that capture specific equity goals and the experiences of impacted residents. This could mean, for example, that a program that made sure people with disabilities were able to reliably get to work, or ensured older adults who are also racial minorities could get to medical services may be subjected to a different performance standard for cost effectiveness.

The OnHand program also considered structural equity as part of designing grant programs. Advancing equity goals in this context may mean lowering match requirements for communities with certain demographics or income disparities and/or providing additional support for grant making, such as grant application workshops and materials (or other technical assistance). Other opportunities include providing mentorship or project support during first 18 months of operations for new providers. Technical assistance and pre-application workshops are part of the proposed changes to region's 5310 program; more in-depth mentoring or project support can also be considered. Other options include:

- In addition to understanding the age and disability profile of the underlying community, also request specific information from applicants about the racial, ethnic, and economic characteristics (income, auto ownership) of their communities and considering that information when scoring applications on the "Need and Benefits" selection criterion.¹⁷

¹⁷ At present, the draft application asks for the number of seniors/older adults in the proposed service area.

- Including projects that serve disadvantaged communities or address issues of transportation inequity to the list of “highly competitive projects” that are eligible for additional points during 5310 application scoring.

IDENTIFYING LOCAL, REGIONAL, AND AGENCY NEEDS

The needs addressed in this plan derive from the following sources:

- **Previous Coordinated Plans:** Recipients of federal transit funding for older adults and people with disabilities (Section 5310) are required by the Federal Transit Administration to prepare a coordinated human services transportation plan. DDOT, SMART, and Washtenaw Area Transportation Study (WATS) (includes TheRide) have each completed CHSTPs, these strategies and recommendations for service and capital improvements.
- **Stakeholders:** In the early phase of this project (Fall 2019), the OnHand project team conducted in-person and phone interviews with representatives from fixed-route transit agencies, local and community transit providers, non-profit agencies, and other social service organizations. Stakeholders shared valuable insights rooted in first-hand experience about what is needed to improve human services transportation.
- **OnHand Technical Working Group:** The OnHand Technical Working Group represents stakeholders from each transit agency within the OnHand's four-county region, as well as the Southeast Michigan Council of Governments (SEMCOG), WATS, RTA, and other organizations. To date, the TWG has met eight times over the course of this project to guide the research process and ground truth the project team's findings. See Appendix F for an inventory of TWG meeting agendas and materials.
- **OnHand User Survey:** In Winter 2019-2020, the OnHand project team launched a survey to understand transportation patterns, needs, challenges and barriers, especially related to ADA paratransit and demand response services. TWG members and other human and social service industry stakeholders helped distribute the survey to collect over 1,100 responses, including over 700 responses from people representing OnHand target populations (e.g. older adults, people with disabilities, and low-income individuals). See Appendix E for the survey report and findings.
- **OnHand CHSTP Technical Analysis:** The OnHand CHSTP process includes a market analysis, service inventory, and funding analysis. These technical memos provided the quantitative data to understand the current state and trends in the region's demographics, transportation services and quality (service span, geographic coverage, etc.), and funding sources and uses.

SUMMARY OF GAPS AND UNMET NEEDS

1. As a region, Southeast Michigan's population and employment has stabilized over the past several years. However, even as downtown Detroit attracts more jobs and residents, **the shift for regional population and employment is away from**

the urbanized areas and towards the suburbs. This development pattern exacerbates mobility issues by dispersing the population making it more difficult to provide transportation services efficiently.

2. **Southeast Michigan has an extensive, but complicated service network.** In addition to five fixed-route service providers, there are over 50 independent transportation providers in Southeast Michigan, which includes sub-regional and municipal operators.
3. **The complicated service network is difficult for riders to understand and use.** Many services have unique eligibility requirements and definitions (such as the definition of an older adult), schedules and schedule/reservation methods. Differences between similar services makes it difficult to understand and use. In the rider survey, riders said “identifying available services” was one of their top concerns. Regional mobility management tools, like MyRide2, help riders navigate the complicated network, but the database needs additional investment to offer “one-call, one-click” solutions. One of the challenges associated with navigating existing services identified in the survey was knowing how to schedule and call for a ride.
4. **Most of the service gaps are related to times when service is not available, like weekday evenings and weekend days.** While there is a large network of service, most community transportation services operate on weekdays only. As a result, one of the most consistent comments was the lack of transportation services in the evenings, late-night, and on weekends.
5. **There are a handful of areas where service gaps exist.** These include challenges associated with traveling between communities, especially outside of the SMART service area and parts of Washtenaw County where services do not exist at all. In addition, demand response transportation in the City of Detroit is largely limited to ADA paratransit service offered by DDOT. There are also some types of trips that are hard to take, especially quality of life types of trips to go shopping or visit family or friends.
6. **The cost of to take a trip is a barrier to some individuals.** Public transportation is the least expensive of the available transportation options, but fares can still be hard to cover for residents on a fixed income. Seniors and families with low incomes are a growing portion of our local demographics, and these groups are some of the least able to afford regional transit options like SMART that increase access to medical facilities, jobs, and other critical services.
7. **In many parts of Southeast Michigan, it is difficult to walk to destinations or transit routes. Constituents recognize that investments in the safety of pedestrians and bicycles improve mobility for all.** Further, a lack of amenities like shelter, benches and lighting at bus stops makes it difficult for people to wait for buses. This is especially true for older adults and people with disabilities. Stakeholders discussed missing sidewalks, sidewalks in poor condition, sidewalk blockages due to parked cars and driveways, and missing crossing treatments. A lack of these treatments renders some individuals’ incapable of using the fixed-route system, which could increase the costs of operating ADA Paratransit services. Some comments also

centered on transit stop amenities to make public transit more welcoming for everyone.

8. **Funding needs are growing faster than revenues.** Service providers say that funding is constrained to support the mobility of seniors, people with disabilities, and people with low incomes. Funding levels are lower than in other regions and there is increasing pressure on programs that provide mobility for target populations as those populations are growing and housing near services is less affordable. Funding available for services above and beyond the ADA—which are particularly important in counties where the fixed-route system cannot cover important destinations—are limited in counties without local sales taxes for transportation. Lastly, the grant-based nature of non-ADA funding sources threatens the consistent availability of some programs.
9. While some feedback suggested leveraging transportation network companies (TNCs, such as Lyft or Uber) and other new technologies to assist in solving mobility gaps, **many comments focused on the lack of accessibility of taxis and TNCs.** There is some concern about the ability of target groups to leverage these solutions due to both the cost of the services and the apps' reliance on smartphone ownership.

6 STRATEGIES AND RECOMMENDATIONS

INTRODUCTION

The TWG and project team translated the challenges described in Chapter 5 into five regional goals to guide improved mobility coordination in Southeast Michigan. Strategies and solutions were subsequently organized around these five goals and evaluated in the context of the equity framework developed as part of the study. The process included a prioritization exercise, which included asking members of the Technical Working Group to rank strategies by goal. The full strategy inventory is included as Appendix D.

| | | |
|---|--|--|
|  | Goal 1: Increase Local and Regional Mobility | Provide more and better transportation options, and create fewer service restrictions to expand options and address service disparities. |
|  | Goal 2: Improve Coordination Among Providers | Enhance quality of service operations and delivery, support shared resources, and standardize scheduling and eligibility protocols for a better customer experience. |
|  | Goal 3: Increase Awareness of Existing Services | Ensure riders know and understand how to use their fixed-route and demand response transportation options, and can easily access schedule information and trip planning tools. |
|  | Goal 4: Streamline Funding and Reporting | Creating more consistent performance measures and systems to fairly distribute financial resources among agencies, their subrecipients, and transit customers. |
|  | Goal 5: Develop Partnerships for Supportive Physical Infrastructure | Work with municipalities, regional agencies, and developers to address infrastructure gaps and wayfinding needs to ensure people of all ages and abilities can independently access transit services, and safely reach key destinations. |

STRATEGIES

The following section provides more detail on OnHand's mobility goals by further defining the goal, identifying the need, and listing each of the individual strategies included in the goal. The RTA and OnHand partner agencies will not be able to take on each of these strategies at once. As indicated in each strategy's dashboard, strategies may be near-, mid-, or long-term based on the level of need, associated costs, and implementation feasibility. As mentioned, the Technical Working Group prioritized strategies within each goal; the four highest ranking strategies within each goal are tinted in pink.

Goal 1: Increase Local and Regional Mobility

Increasing local and regional mobility is at the heart of the OnHand plan. It is the plan's first goal, and the strategies identify ways to improve, diversify and expand transportation options for older adults, persons with disabilities and individuals with low incomes. Strategies advance local and regional mobility by creating fewer travel restrictions by time of day, day of the week, cost, and origin or destination. They also offer ways to expand access to jobs and make services more affordable.

Combined, strategies recognize the diverse transportation needs that exist across the region, and addresses service disparities, especially among target populations.



The Need

- One of the most frequently voiced mobility challenges relates to cross-jurisdictional trips, especially ADA paratransit trips but also among people using community transportation providers.
- Early in the OnHand study, stakeholder interviews indicated that riders are challenged to access services beyond their own community. Southeast Michigan residents need to access jobs, healthcare providers, and social and commercial activities regionally, but often face inadequate (e.g., low frequency, strict eligibility) or no available transportation options.
- Finding rides on evenings and weekends was another common transportation barrier reported among OnHand survey respondents from each target group. The most challenging types noted by respondents include medical and shopping trips. This indicates a significant need for more service options to meet a wider variety of trip purposes (evenings, weekends, social trips, or non-medical errands).
- The OnHand team also repeatedly heard comments about service affordability. Some riders could find transportation services but were challenged to pay the fares.
- Needs existed before the COVID-19 pandemic; in the wake of the pandemic these needs will almost certainly intensify. These needs include increased

demand for reliable, affordable transportation options for job access. Economic recovery will rely on workers being able to get to work. In Southeast Michigan this means providing reverse commute services and offering solutions for alternative work schedules, such as service on evenings and weekends.

Sources of the Need

| Previous CHSTPs | Stakeholders | OnHand Technical Working Group | OnHand User Survey | OnHand CHSTP Technical Analyses |
|-----------------|--------------|--------------------------------|--------------------|---------------------------------|
| ✓ | ✓ | ✓ | ✓ | ✓ |

Strategies*

| # | Title | Need Addressed |
|-----|---|--|
| 1.1 | Maintain Existing Services | <ul style="list-style-type: none"> Ensure existing mobility is not eroded by continuing to invest in existing services and service levels. |
| 1.2 | Improved Cross Border Trips | <ul style="list-style-type: none"> Develop programs and policies that make it easier to travel across jurisdictional borders, especially for riders using ADA paratransit services. |
| 1.3 | Flexible Voucher / Subsidy Program | <ul style="list-style-type: none"> Use subsidies to broaden access to services when or where service is unavailable, limited, or otherwise too costly |
| 1.4 | Reverse Commute and Rideshare Programs | <ul style="list-style-type: none"> Provide increased transportation to suburban job locations and alternative transportation models for work and work-related trips |
| 1.5 | Volunteer Driver Program | <ul style="list-style-type: none"> Use volunteers to provide a low-cost transportation service option that are difficult for traditional demand response providers |
| 1.6 | Shared On-Call Service Delivery for Evenings and Weekends | <ul style="list-style-type: none"> Alternate service coverage among providers to include more evening and/or weekend service hours |
| 1.7 | Regional Fare Capping Program | <ul style="list-style-type: none"> Give riders a "pay as you go" option to realize bulk purchase discounts for frequent travel (i.e. 7-day or monthly pass) |
| 1.8 | Alternative ADA Paratransit Service Delivery Models | <ul style="list-style-type: none"> Increase the flexibility and quality of ADA paratransit service for riders and reduce the cost of service for transit providers. |
| | | <ul style="list-style-type: none"> |

* Pink color denotes priority strategy

Successes to Build Upon

Not only are there already collaborations among community transit providers to create efficiencies and share services among municipalities, but there are also local pilot programs to leverage microtransit and transportation network companies (TNCs) to expand mobility. Detroit piloted a program called [NightShift](#) to subsidize transportation to/from DDOT bus stop for non-traditional shift workers. People traveling between 11 pm and 5 am can receive a subsidy of up to \$7.00 for a ride to and from their bus stop. To access the programs, riders' text DDOT and are then asked if they prefer to schedule a

ride from Lyft or Detroit Cab. Based their preference, ride will receive a code to get the subsidy.

Goal 2: Improve Coordination Among Providers

Over 100 agencies provide transportation in the OnHand region, including public transit agencies, publicly sponsored community transportation services and non-profit agencies. In addition, there are numerous private providers, including medical transportation companies as well as ridesharing services (Uber, Lyft) and private shuttles and taxi services.



Even with a vast network of providers, riders, caregivers, organizations, and service providers all described geographic and temporal gaps in service. One of the challenges facing both the OnHand project and the individual transportation providers is to better coordinate services to strengthen overall mobility. The region has some success stories, but additional opportunities remain.

The Need

- Increasing service coordination in the OnHand region can achieve multiple goals, including expanding the availability of service (increased mobility) and reducing costs for the region and for individual providers. Better coordination can make the network of services easier to understand and use, easier to communicate to funders and riders, and easier to operate.
- In SMART's service area (Wayne, Oakland, and Macomb counties), of the 128 communities, 76 "opt in" to SMART and thus participate in the Community Partnership Program. Local services in these opt-in communities are either operated independently (31 communities) or in collaboration (44 communities). The opt-out communities do not receive fixed-route or SMART connector service. Of these, 28 collaborate with another community, 16 operate service directly, and the remainder receive no transit services.
 - The collaboration is largely achieved by groups of communities working together to create a shared service. For example, the Richmond Lenox E.M.S. community service serves residents of 11 communities. Shared service delivery is typically more cost effective and efficient, in part because many trips cross community borders, but also because there are cost efficiencies in larger agencies.
 - In other parts of the OnHand region, individual communities' contract with the same service provider. An example is provided by People's Express in Washtenaw County. Five individual townships contract with People's Express to provide transportation to their residents. While services operate independently, the agency achieves some efficiencies through shared

operations, such as vehicle maintenance, testing and training and scheduling software (for example).

- Recommended coordination strategies for the OnHand region focus on:
 - Improving collaboration with a regional forum to advance coordination strategies and initiatives, including mobility management and technology investments.
 - Incentivizing increased collaboration among local service providers, especially smaller systems
 - Streamlining service delivery through common service standards, policies, and procedures. It may also include consistent information formats.
 - Using coordination strategies to collaborate on health care needs and transportation access, especially for racial minorities and low-income individuals.
- Collaborating on service delivery, such as medical trips and vehicle sharing.

Sources of the Need

| Previous CHSTPs | Stakeholders | OnHand Technical Working Group | OnHand User Survey | OnHand CHSTP Technical Analyses |
|-----------------|--------------|--------------------------------|--------------------|---------------------------------|
| ✓ | ✓ | ✓ | ✓ | ✓ |

Strategies*

| # | Title | Need Addressed |
|-----|--|---|
| 2.1 | Regional Coordinating Councils | <ul style="list-style-type: none"> ▪ Foster learning and exchange between providers within and across counties. |
| 2.2 | Service Standards for Community Transportation Providers | <ul style="list-style-type: none"> ▪ Create a more universal set of rider eligibility criteria to make it simpler for people to qualify and use services. |
| 2.3 | Common ADA Paratransit Terms and Definitions | <ul style="list-style-type: none"> ▪ Create a consistent set of explanations and description of ADA paratransit services terms, like conditional eligibility. |
| 2.4 | Aligned ADA Policies and Practices | <ul style="list-style-type: none"> ▪ Develop consistent policies and procedures among SMART, DDOT, and TheRide for eligibility, appeals, no-shows, and late cancellations to simplify the rider experience and improve coordination. |
| 2.5 | Shared Regional Technology Investments | <ul style="list-style-type: none"> ▪ Coordinates technology procurements among agencies to improve service coordination and access across all mobility providers. |
| 2.6 | Shared Scheduling and Traveler Information Technology | <ul style="list-style-type: none"> ▪ Develops consistent scheduling tools across providers to simplify trip-planning on the backend. |
| 2.7 | Enhanced Coordination with Medical Facilities | <ul style="list-style-type: none"> ▪ Improves service quality and reliability for people with chronic or ongoing medical care needs (e.g. dialysis) |

| # | Title | Need Addressed |
|-----|---------------------------------|--|
| 2.8 | Vehicle Pooling Among Providers | ▪ Reduce the costs and administrative burdens associated with vehicle procurement and maintenance. |

* Pink color denotes priority strategy

Successes to Build Upon

There are a handful of regional resources, forums and networks that already work towards integrating and coordinating transportation services across providers. Examples include the myride2 database and regional mobility services as well as a new effort undertaken in Washtenaw County to develop a countywide transportation service database and trip booking resource. Other resources include the SMART ombudsman who function as liaisons between SMART and the Community Partnership Providers and the ongoing county-based coordinating councils. Combined these resources form a structure and framework for increased regional coordination and collaboration.

Goal 3: Increase Awareness of Existing Services

Available fixed-route and demand response transportation services are only meaningful if people both *know* about them and *feel confident* to use them. Broadening awareness of existing transportation services would make fixed-route and demand response services more top-of-mind for potential riders and help address unmet travel demand.



The Need

- As documented in the Service Inventory Technical Memorandum, Southeast Michigan has a broad network of available public and private transportation providers. Some of these services overlap, and many have unique eligibility requirements and operating characteristics. This leads to confusion and lack of awareness about what exists, especially demand response services.
- The OnHand survey showed that among all target groups and the overall sample, identifying available services is one of the top two challenges people experience, second only to finding rides on evenings and weekends.

Strategies*

| # | Title | Need Addressed |
|-----|---|---|
| 3.1 | Regional Branding and Marketing | <ul style="list-style-type: none"> Create and promotes a cohesive and recognizable brand across all counties for human services transportation under an “umbrella” brand |
| 3.2 | Mobility Management and Travel Training Enhancements | <ul style="list-style-type: none"> Standardize the quality and consistency of available transportation resources and travel training programs, and expand those programs |
| 3.3 | School Based Travel Training Program Expansion | <ul style="list-style-type: none"> Increase awareness and confidence using the fixed-route network as soon as people start traveling independently |
| 3.4 | Demand Response Transportation Integration with Trip Planning Tools | <ul style="list-style-type: none"> Integrate open source software into trip planning tools via websites and smartphones |
| 3.5 | MyRide2 Provider Call Center and Database Enhancements | <ul style="list-style-type: none"> Improve the functionality of the MyRide2 website and service with possible trip scheduling integration |

* Pink color denotes priority strategy

Sources of the Need

| Previous CHSTPs | Stakeholders | OnHand Technical Working Group | OnHand User Survey | OnHand CHSTP Technical Analyses |
|-----------------|--------------|--------------------------------|--------------------|---------------------------------|
| ✓ | ✓ | | ✓ | |

Successes to Build Upon

Transit in the OnHand region has gained national recognition in recent years for making significant strides in rebranding (DDOT), partnering across agencies to advertise regional services (FAST bus), and creating unified fare payment between DDOT, SMART, and the QLine.¹⁸ The following strategies can build on this momentum to extend public awareness and advertising of services beyond fixed-routes services to elevate demand-response services and the target audiences they intend to serve.

¹⁸ Macomb Daily. (February 2020). SMART FAST bus service has seen ridership increase rapidly. https://www.macombdaily.com/news/local/smart-fast-bus-service-has-seen-ridership-increase-rapidly/article_d8448c2e-482b-11ea-bd0e-ff621559a21d.html

Goal 4: Streamline Funding and Reporting

One of the strengths of the community and human service transportation networks in the OnHand Region is its complexity. As noted, the region has more than 50 independent operators, all of whom rely – at least partially – on the same handful of funding sources. While some coordination occurs at a sub-regional level (e.g., groups of abutting townships), other providers operator largely independently. As a result, overall, the network is fragmented and inconsistent.



Strategies to streamline funding and reporting are designed to create consistent building blocks at the financial level, such as coordinating requirements for grants, establishing clear standards, and using simple performance metrics.

The Need

- While the expanse of the community transportation service network in Southeast Michigan is its strength, the lack of integration of individual services plus transparency into services and operations are examples of the network's weaknesses.
- The region does not have a clear, simple, and universally applied set of performance metrics or expectations for service productivity. As a result, it is difficult to identify best practices or recommend strategies to help improve performance.
- Creating universal performance metrics can also help streamline measurements, which may make it easier for transportation service providers coordinate services and collaborate on service delivery.
- Consider incorporating data on outcomes into performance metrics, such as missed appointments due to lack of transportation. Outcomes and performance metrics may be linked to different types of disabilities. Outcome based metrics could also be further linked to race to capture equity impacts.
- Publicly funded transportation service providers build and expand support by articulating their value to their local community and partners. Performance measures help confirm these stories and are particularly effective when used in conjunction with qualitative material about how transit has helped specific individuals and groups of individuals.

Sources of the Need

| Previous CHSTPs | Stakeholders | OnHand Technical Working Group | OnHand User Survey | OnHand CHSTP Technical Analyses |
|-----------------|--------------|--------------------------------|--------------------|---------------------------------|
| ✓ | ✓ | ✓ | | ✓ |

Strategies*

| # | Title | Need Addressed |
|-----|---|--|
| 4.1 | Performance Measurement System | <ul style="list-style-type: none"> Create and standardize a handful of performance measures to track the productivity and efficiency of both individual transportation providers and the network overall. |
| 4.2 | Regional Capital Plan | <ul style="list-style-type: none"> Inventory and prioritize community transportation capital investments at a regional level. |
| 4.3 | Regional Fare Integration | <ul style="list-style-type: none"> Permit community transportation providers to participate in Dart regional fare program. |
| 4.4 | Packages of Funding for Community Transportation Services | <ul style="list-style-type: none"> Combine grants into larger funding packages that are easier to administer and reduce matching requirements |

* Pink color denotes priority strategy

Successes to Build Upon

As part of this effort, the RTA of Southeast Michigan and the regional transit agencies (DDOT, SMART and TheRide) developed a regional Program Management Plan to guide administration of the region's FTA Section 5310 program. As discussed, the FTA Section 5310 program is one of the few designed funding resources for older adults and people with disabilities. Agreeing to administer this program regionally creates a relevant example of regional collaboration over funding.

Goal 5: Develop Partnerships for Supportive Physical Infrastructure

Physical infrastructure refers to the aspects of the built environment—both publicly and privately owned—that affect how easily people can travel within their community and across the region. For purposes of the OnHand project, this goal refers to the quality and presence of local infrastructure that supports travel without a private automobile. It can include everything from safe and accessible sidewalks and street crossings, to bus shelters, to wayfinding.



The Need

- Transportation and transit-supportive infrastructure is fragmented throughout the OnHand region with gaps in the sidewalk network and insufficient funding available for construction and maintenance. Furthermore, there are significant disparities in infrastructure quality across the four counties.
- Transit agencies and community service providers have some funding dedicated to capital investments and infrastructure. This is typically used for investments like vehicles, bus stops and benches. Transit providers rely on a network of accessible sidewalks and street crossings, typically under the purview of state and municipal agencies. Transportation providers, therefore, rely on others to invest in supportive facilities.
- Not only does the region need to modernize infrastructure to account for new mobility services and technologies, but many older adults hoping to age-in-place have adult children that have moved away and therefore lack caregiver support to help them navigate physical obstacles to get to transit services.
- The Technical Working Group identified the need to *improve infrastructure* as a top priority, even though it requires municipal or private partnerships, and, although eligible, is an unlikely use of 5310 funding.

Strategies*

| # | Title | Need Addressed |
|-----|---|--|
| 5.1 | Home Ramp Subsidy Program | <ul style="list-style-type: none"> ▪ Provide financial support for at-home ramp construction to enable people using mobility devices to remain in place |
| 5.2 | Safe Routes for Seniors / Safe Routes for All | <ul style="list-style-type: none"> ▪ Create safe and accessible paths to key destinations for older adults and people with disabilities |
| 5.3 | Bus Stop and Station Accessibility | <ul style="list-style-type: none"> ▪ Remove path-of-travel barriers at bus stops and rail stations |
| 5.4 | Key Destination Mapping | <ul style="list-style-type: none"> ▪ Crowdsource information about accessible routes to transit facilities |
| 5.5 | Mobility Hubs | <ul style="list-style-type: none"> ▪ Develop concentrated and branded transit-supportive amenities that facilitate access to and from bus stops and rail stations |

| # | Title | Need Addressed |
|-----|---|---|
| 5.6 | Eligibility Assessment and Travel Training Center | <ul style="list-style-type: none"> Provide a regional resource for conducting ADA paratransit eligibility interviews and assessments and travel training |

* Pink color denotes priority strategy

Sources of the Need

| Previous CHSTPs | Stakeholders | OnHand Technical Working Group | OnHand User Survey | OnHand CHSTP Technical Analysis |
|-----------------|--------------|--------------------------------|--------------------|---------------------------------|
| ✓ | ✓ | ✓ | ✓ | |

Successes to Build Upon

Several cities and transit providers in the OnHand region are making progress in improving their infrastructure for transit and related mobility services. For example, the City of Royal Oak in Oakland County worked with SMART to locate upgraded bus shelters with LED screens and real-time transit information. Oak Park, Huntington Woods, Berkeley, Ferndale, and Detroit have also partnered with MoGo Detroit bike share to strategically locate stations to support first- and last-mile connections to transit and other destinations. The service expansion launched in June 2020. These types of mobility improvements help travelers by making it easier to walk, bike or take transit.