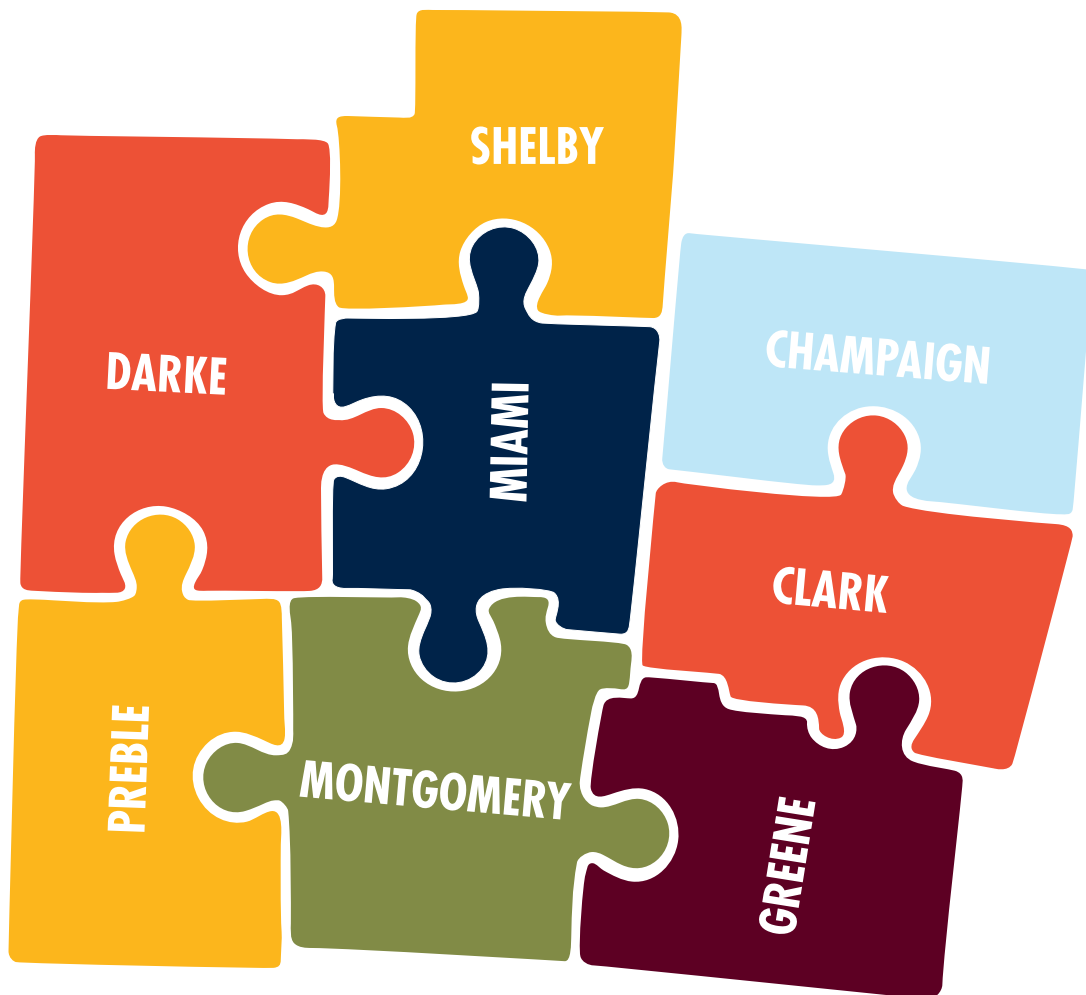


GREATER REGION MOBILITY INITIATIVE

# Transportation Coordination Plan Update

2024/2028

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## **OHIO REGION 2:**

Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, and Shelby Counties

This document is the product of a study financed by the United States Department of Transportation (U.S. DOT), Ohio Department of Transportation (ODOT), and the Miami Valley Regional Planning Commission.

The contents of this document reflect the views of the Miami Valley Regional Planning Commission, which is responsible for the facts and accuracy of the data presented herein. The contents do not necessarily reflect the views of the U.S. DOT or ODOT. This document does not constitute a standard, specification, or regulation.

# Greater Region Mobility Initiative Transportation Coordination Plan Update 2024-2028

Final Draft Report  
July 15, 2024

## Miami Valley Regional Planning Commission

Established in 1964, the Miami Valley Regional Planning Commission promotes collaboration among communities, stakeholders, and residents to advance regional priorities. MVRPC is a forum and resource where the Board of Directors identifies priorities and develops public policy and collaborative strategies to improve the quality of life throughout the Miami Valley Region.

MVRPC performs planning and research functions for our Region that ensure livable and equitable communities; clean air and water; robust roadway, transit, and active transportation options; and strategic community plans that chart the course for member communities and partners. MVRPC's geographic area includes Darke, Greene, Miami, Montgomery, Preble, Shelby, and northern Warren counties in Southwest Ohio. Learn more at [mvrpc.org/our-region](https://mvrpc.org/our-region).



# Acknowledgements

MVRPC staff would like to recognize the valuable contributions of the following groups to the creation and implementation of this GRMI Plan:

- Staff at ODOT Office of Transit
- Mobility Managers within the Region
- Transit Providers within the Region
- Health and Human Services Agencies in the Region
- The Greater Region Mobility Initiative Advisory Committee
- The Greater Region Mobility Initiative Members
- RAMA and Futurety Consulting

# Table of Content

- Background ..... 11**
  - Introduction..... 12
  - Mission ..... 13
  - Vision..... 13
  - Alliance ..... 13
  - Federal & State Requirements..... 15
  - Section 5310 ..... 16
  - The Greater Region, Region 2 .....17
- Chapter 1: Characteristics Of The Greater Region.....19**
  - Travel Patterns ..... 21
  - Trip Generators ..... 24
  - Demographics .....27
  - Population Change 2020-2050 .....27
  - Older Adults..... 31
  - Individuals with Disabilities..... 32
  - Population by Race and Ethnicity..... 35
  - Limited English Proficiency.....37
  - Populations Living Below Poverty..... 38
  - Zero Car Households..... 40
- Chapter 2: Overview of Available Services..... 43**
  - Overview of Transportation Network..... 45
  - Public Transit ..... 49
  - Human Service Transportation ..... 52
  - Senior & Recreation Center ..... 53
  - Non-Profit Agencies ..... 55
  - County Veterans Service Commission ..... 56
  - Dayton VA Medical Center ..... 57
  - Medicare Advantage ..... 58
  - Non-Emergency Medical Transportation ..... 59
  - Non-Emergency Transportation ..... 60

Non-Medical Transportation .....	61
PASSPORT & COMCARE .....	63
Ridesharing .....	64
Active Transportation .....	65
Intercity Bus .....	66
Passenger Airline .....	67
Passenger Rail.....	68
Mobility Management .....	69
<b>Chapter 3: Assessment of Transportation Needs .....</b>	<b>72</b>
Stakeholder & Public Engagement Process.....	74
1. Review of Unmet Needs .....	75
2. Strengths Weakness Opportunities & Threat (SWOT) Analysis.....	77
3. Public Survey .....	78
4. Focus Groups .....	83
5. Provider Survey.....	84
Public Engagement Results.....	85
<b>Chapter 4: Recommendations, Roles, &amp; Responsibilities .....</b>	<b>94</b>
Recommendations .....	95
Participation .....	96
Roles & Responsibilities .....	97
Plan Revision .....	99
Plan Updates .....	99
Plan Amendments.....	100
<b>Chapter 5: Goals and Strategies .....</b>	<b>102</b>
Goal 1: Increase public awareness of services .....	103
Goal 2: Maintain, improve, & expand services .....	107
Goal 3: Enhance coordination of services.....	112
Goal 4: Seek additional funding opportunities.....	119
<b>Chapter 6: Plan Adoption: .....</b>	<b>122</b>
<b>Appendix.....</b>	<b>124</b>
References.....	127

# List of Figures

- Figure A: Mobility Ohio Factsheet ..... 12
- Figure B: Section 5310 Funding Awards ..... 16
- Figure C: Human Services Transportation Coordination Regions Map .....17
- Figure D: Daily Vehicle Miles Traveled by Road Type, 2022..... 21
- Figure E: County Travel Patterns, 2022..... 22
- Figure F: Average Annual Daily Travel, 2022 ..... 23
- Figure G: Trip Origins Housing ..... 24
- Figure H: Trip Destinations Medical Facilities..... 25
- Figure I: Trip Destinations Major Employers..... 26
- Figure J: Percent of Region’s Population by County.....27
- Figure K: Projected Percent Change in Population by County ..... 28
- Figure L: Projected Population ..... 29
- Figure M: Projected Population Children 0 to 19 ..... 29
- Figure N: Projected Population Adults 20 to 64 ..... 30
- Figure O: Projected Population Older Adults 65 and Above ..... 30
- Figure P: Map of Population Age 65 and Above ..... 31
- Figure Q: Percent of Population Living with a Disability by Age ..... 33
- Figure R: Percent of Population Living with a Disability by Type..... 33
- Figure S: Map of Population Living with a Disability ..... 34
- Figure T: Percent of Population by Race & Ethnicity..... 35
- Figure U: Percent of Population that Speaks English Less than Very Well .....37
- Figure V: 2024 Federal Poverty Line ..... 38
- Figure W: Map of Population Below Poverty ..... 39
- Figure X: Percent of Zero Car Households ..... 40
- Figure Y: Map of Zero Car Households..... 41
- Figure Z: Annual Provider Trips ..... 46
- Figure AA: Types of Transportation Services.....47
- Figure AB: Level of Passenger Assistance ..... 48
- Figure AC: Total Passenger Trips ..... 49
- Figure AD: Public Transit Services..... 50

Figure AE: Ohio Statewide Transit Needs Study, 2015..... 51

Figure AF: Senior & Recreation Centers with Transportation Services..... 53

Figure AG: County Veterans Service Commissions ..... 56

Figure AH: Non-Emergency Medical Transportation Providers ..... 59

Figure AI: Non-Medical Transportation Providers..... 61

Figure AJ: Intercity Needs Bus Assessment, Toledo-Cleveland Proposed Route ..... 66

Figure AK: Dayton International Airport, Map of Direct Flights ..... 67

Figure AL: 3C + D Corridor Project Economic Impact Study..... 68

Figure AM: What is Mobility Management?..... 69

Figure AN: Mobility Managers in Ohio ..... 70

Figure AO: Plan Timeline.....74

Figure AP: Chart of Unmet Needs ..... 76

Figure AQ: SWOT Analysis .....77

Figure AR: GRMI Survey Dashboard ..... 79

Figure AS: Survey Completions..... 80

Figure AT: Survey Digital Advertisement Meta..... 81

Figure AU: Survey Promotion Flyer Spanish Translation ..... 82

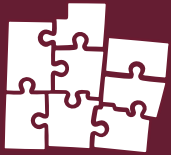
Figure AV: Cancer Care Support Summit ..... 83

Figure AW: Provider Survey..... 84





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# BACKGROUND

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## **Transportation Coordination Plan Update**

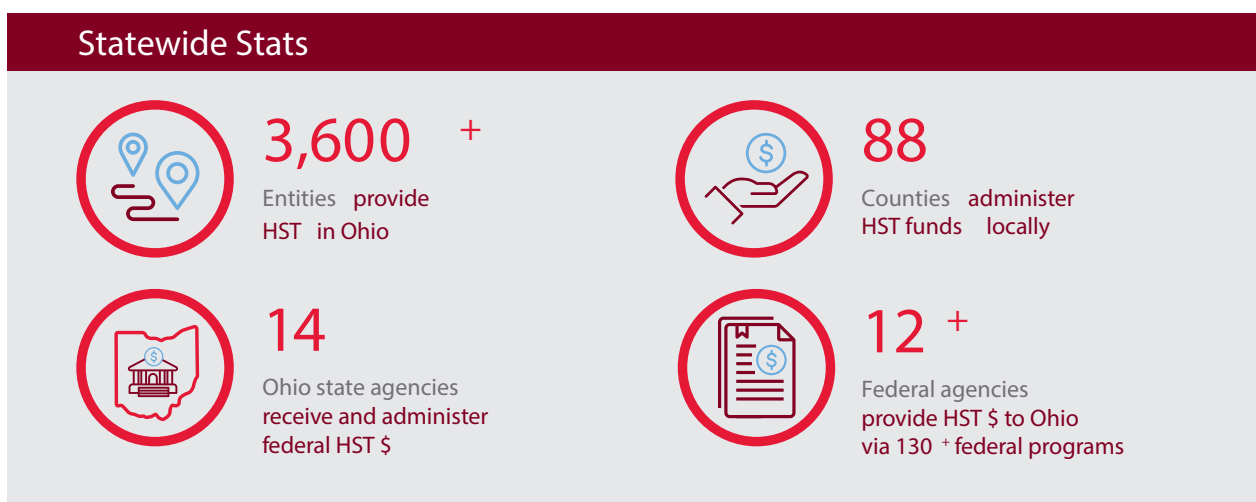
# Introduction

The [Greater Region Mobility Initiative](#) (GRMI) is an effort led by the Miami Valley Regional Planning Commission (MVRPC) in cooperation with the Ohio Department of Transportation (ODOT) Office of Transit.<sup>1</sup> The GRMI was established in 2018 as one of two pilot regions across the state to bring together rural and urban communities to improve transportation coordination, reduce duplication and gaps in services, and eliminate transportation barriers. This plan was developed with GRMI partners using grassroots community input, surveys, focus groups, and data analysis. The purpose is to identify unmet needs for transportation services, establish goals and strategies for meeting needs, and prioritize projects for funding and implementation.

**Why does coordination matter?** Mobility options for those who do not drive are complex and fragmented. Coordination helps alleviate barriers to non-driving populations by making it more accessible and streamlined.

**The transportation network is complex.** Public transportation is a critical need for residents, providing access to jobs, education, healthcare, and human services and allowing community members to live independently and engage in community life. However, due to stagnant funding levels, transit services are limited in hours, geography, and coverage. While public transit is a key component to meeting transportation needs, there are many other ways needs are met. Some gaps in services are met by human services transportation providers. However, similar to public transit, services are limited due to funding constraints. Knowing what services are available and what to use is complex and confusing.

**Transportation services are fragmented.** [Mobility Ohio](#) recognizes that Ohio’s fragmented public transit and human service transportation network is managed by 88 counties, through 14 state and 12 federal agencies.<sup>2</sup> The complexity of these programs has created a fragmented system with inconsistencies in how services are provided and managed from county to county.



**Figure A: Mobility Ohio Factsheet**

Source: [Ohio Department of Transportation \(ODOT\), Office of Transit](#)

# Mission

The Greater Region Mobility Initiative aims to improve transportation services and reduce transportation barriers through expanded outreach, resource sharing, and streamlined and coordinated services in an 8-county region known as the Greater Region.

# Vision

The Greater Region Mobility Initiative promotes regional mobility by identifying and addressing transportation barriers.

# Alliance

The Greater Region Mobility Alliance is a group of public, private, and not-for-profit transportation, human service providers, and transportation users that advance the mission and vision of the Greater Region Mobility Initiative.



Image Credit: [Shared Mobility Principals](#)

# Goals & Strategies

## Goal 1: Increase public awareness of services

- Strategy 1.1 Maintain and expand Mobility Management
- Strategy 1.2 Expand advocacy and outreach
- Strategy 1.3 Expand education on transportation services

## Goal 2: Maintain, improve, and expand services

- Strategy 2.1 Provide data and technical support to transportation providers
- Strategy 2.2 Maintain transportation services
- Strategy 2.3 Expand transportation services
- Strategy 2.4 Increase accessibility of services

## Goal 3: Enhance coordination of services

- Strategy 3.1 Expand partnerships to improve employment and medical transportation services
- Strategy 3.2 Improve coordination of county-line transfers
- Strategy 3.3 Expand partnerships to share and refer transportation resources
- Strategy 3.4 Create driver training and preventative maintenance resources

## Goal 4: Seek additional funding opportunities

- Strategy 4.1 Apply for funding for joint or regional project
- Strategy 4.2 Expand partnerships to improve fiscal responsibility

# Federal & State Requirements



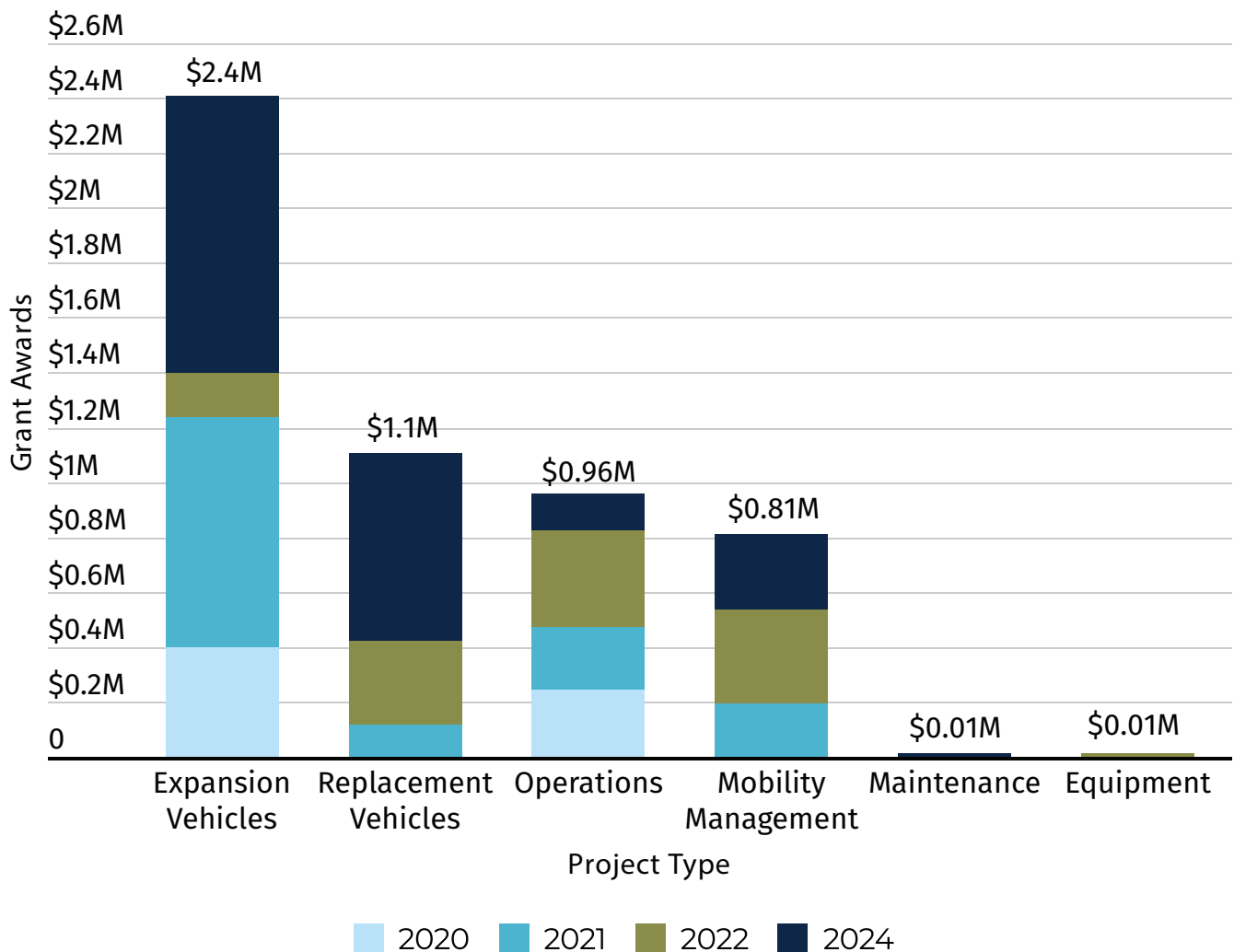
MVRPC is the regional coordinating agency responsible for establishing, reviewing, and implementing components of this plan. The establishment of this plan allows agencies to apply for projects under The Federal Transit Administration’s Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310) Program ([FTA Circular 9070.1G](#)), which funds projects that meet the needs of older adults and people with disabilities when the transportation services are unavailable, insufficient, or inappropriate to meeting needs.

- FTA requires all projects selected must be included in a locally developed, coordinated public transit-human services transportation plan (i.e. aligns with **Chapter 5: Goals and Strategies**). The coordinated plan must be developed and approved through a process that includes participation by older adults, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers, and other members of the public.
- ODOT requires active participation in quarterly meetings to request and potentially receive Section 5310 funding (review **Chapter 4: Recommendations, Roles, & Responsibilities**).

# Section 5310

Section 5310 funds many projects to improve mobility, including wheelchair-accessible buses and minivans, technology and equipment, operations and preventative maintenance, mobility management, travel training, volunteer driver training, and more.

Transportation providers in the Greater Region have leveraged \$5.3 million in Section 5310 funds since 2020, providing 3.4 million miles of transportation services to non-driving populations that may otherwise not have access to transportation services.



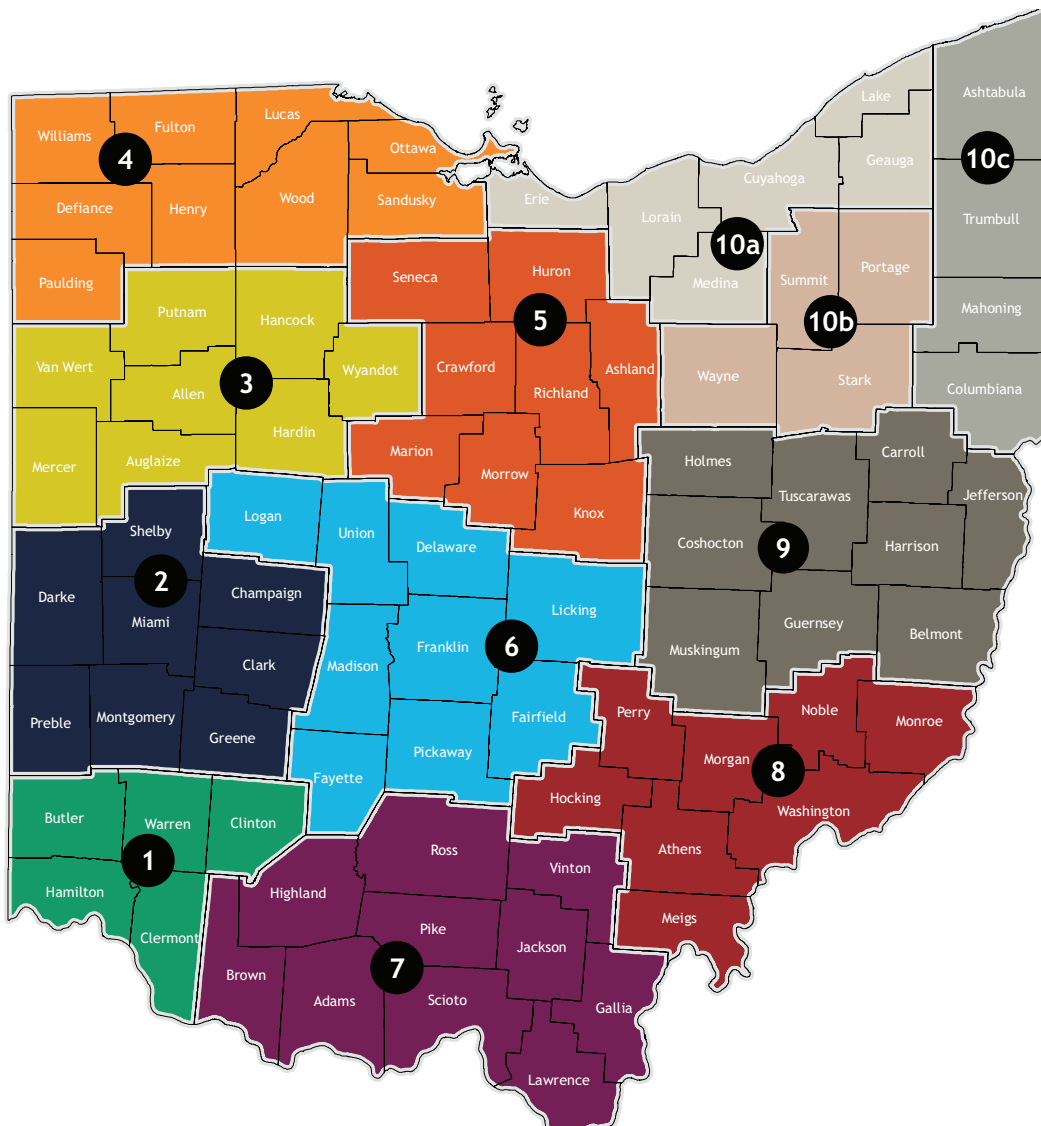
**Figure B: Section 5310 Funding Awards**

Source: [Ohio Department of Transportation, Office of Transit](#)



# The Greater Region, Region 2

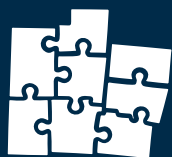
This plan covers a geographic area in west-central Ohio known as Region 2 or the Greater Region, consisting of Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, and Shelby counties. It includes a mix of urban, suburban, and rural populations. As of 2020, the Greater Region’s population was approximately 1.1 million people, which is close to the population of Rhode Island, and the land encompasses a total of approximately 3,500 square miles or approximately three times the size of Rhode Island. There are a total of 30 cities, 73 villages, 101 townships, and 12 unincorporated communities in the 8-county region.



**Figure C: Human Services Transportation Coordination Regions Map**

Source: [Ohio Department of Transportation, Office of Transit](#)

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# CHAPTER 1:

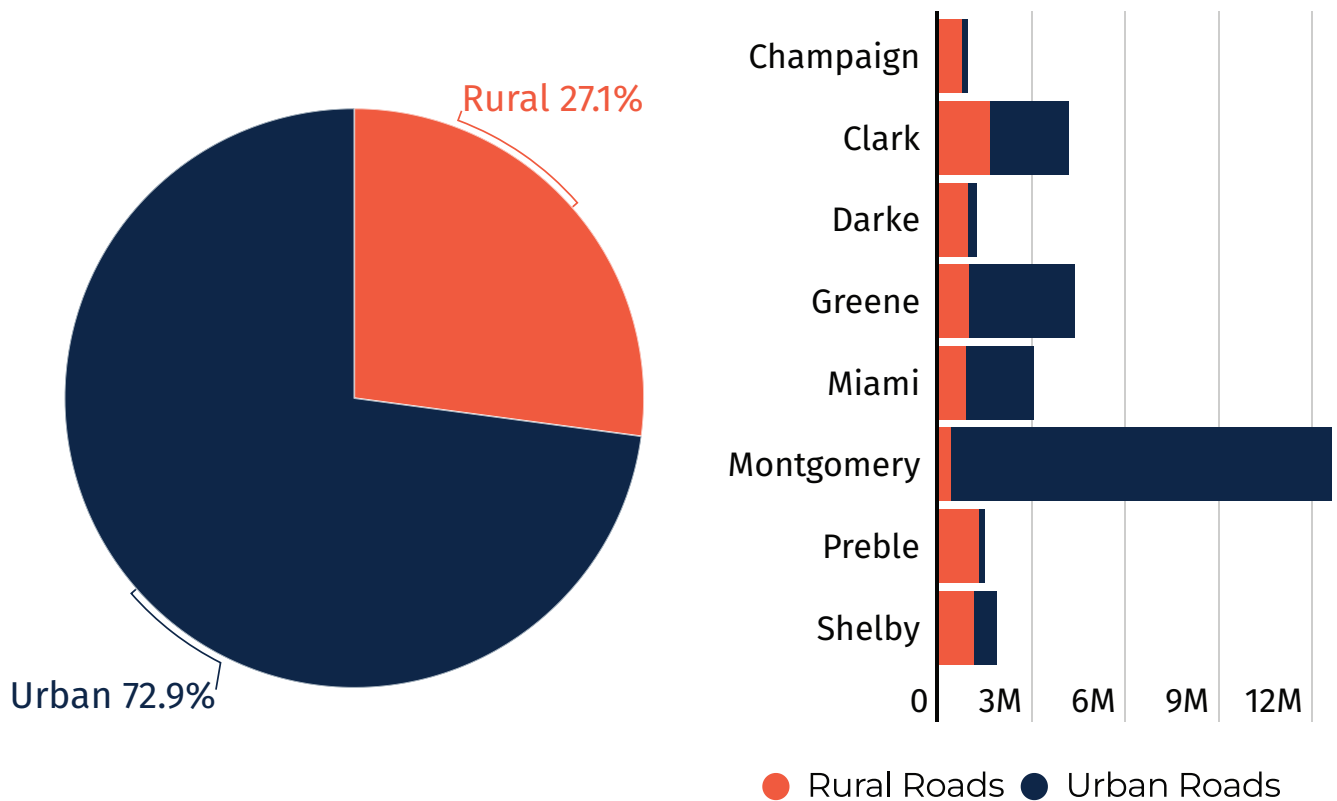
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## Characteristics Of The Greater Region



# Travel Patterns

Long driving distances are one of the most significant barriers to transportation, especially in rural communities. Based on the 2022 Ohio Department of Transportation Daily Vehicle Miles Traveled data, a total of approximately eight million miles are traveled on rural roadways daily in the region. The counties with the largest amount of rural traffic are Clark, Preble, and Shelby, each with over a million miles traveled daily. Low population in rural communities and sprawling development in urban communities have led to a car-dependent transportation-limited region.



**Figure D: Daily Vehicle Miles Traveled by Road Type, 2022**

Source: [ODOT Office of Statewide Planning and Research](#)

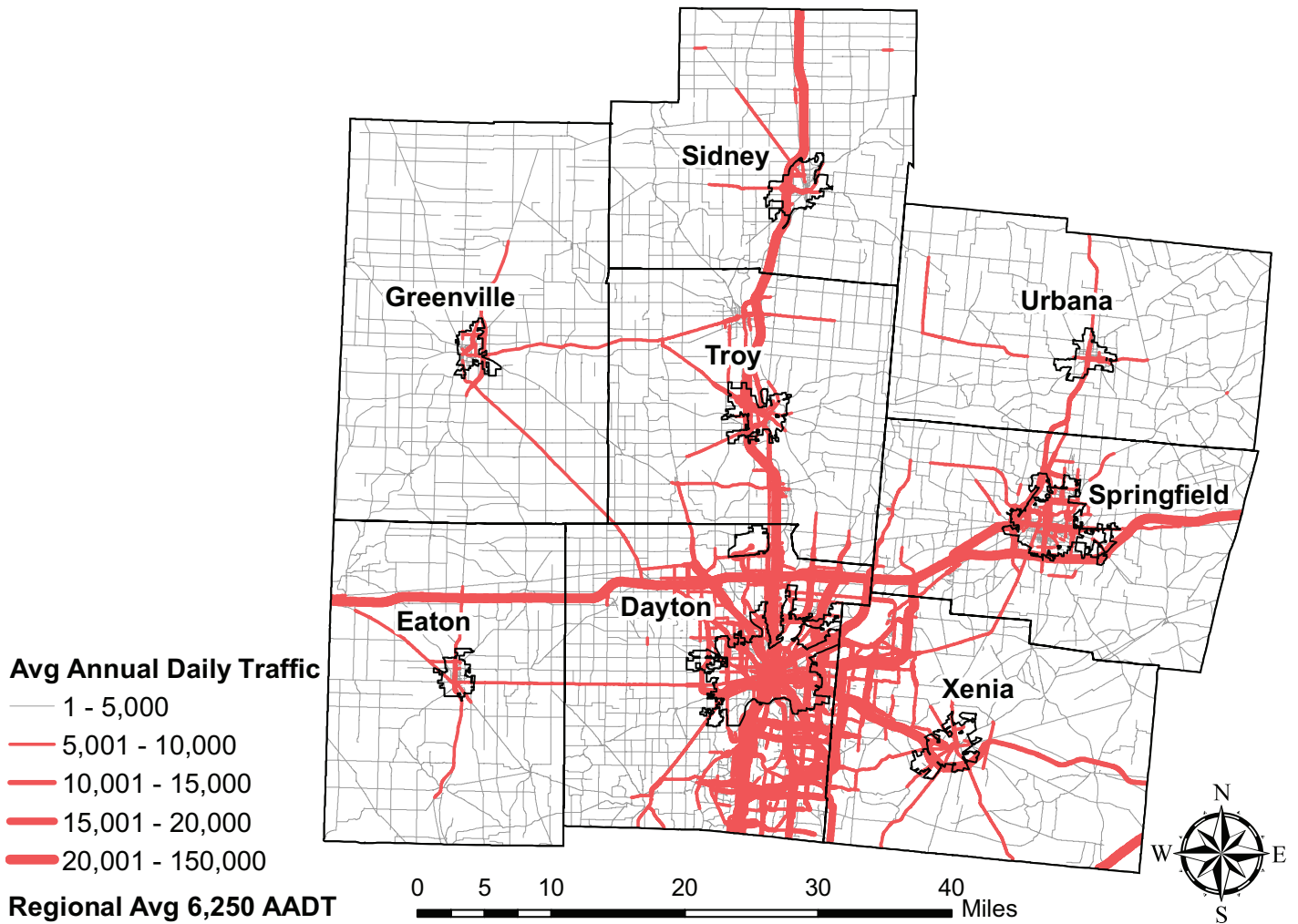
Travel patterns were analyzed in a 2022 study titled Roadmap to One-Call/One-Ride Center in the Miami Valley, which used Streetlight Data gathered by smartphones to see how many cars travel inside county boundaries versus outside. While most residents traveled within the boundaries of the county in which they live, 17% traveled to neighboring counties, meaning 1 in 5 trips are expected to cross county boundaries. Clark, Greene, Miami, and Preble counties take the most trips into Montgomery County. Each of these counties borders Montgomery County which provides a substantial amount of access to important services.

Though the data is very valuable in analyzing existing travel patterns, it does not capture where people need to go but cannot. For many non-driving populations, transit systems are only available within the county and sometimes city boundaries of the community, meaning major limitations for out-of-county and at times, out-of-city transportation options. Non-driving populations must rely on other sources of transportation to meet their needs through caregivers, friends, family, community services, ridesharing, taxi services, or other private paid options.

County	In-County Trips	%	Out-of-County Trips	%
Champ.	59,791	67%	29,574	33%
Clark	294,482	74%	104,439	26%
Darke	102,089	76%	33,046	24%
Greene	359,610	55%	291,492	45%
Miami	242,695	65%	130,099	35%
Mont.	1,318,322	93%	92,775	7%
Preble	70,346	70%	30,524	30%
Shelby	107,085	77%	31,717	23%
<b>Total</b>	<b>2,554,420</b>	<b>83%</b>	<b>521,833</b>	<b>17%</b>

**Figure E: County Travel Patterns, 2022**

Source: Roadmap to One-Call/One-Ride Center in the Miami Valley



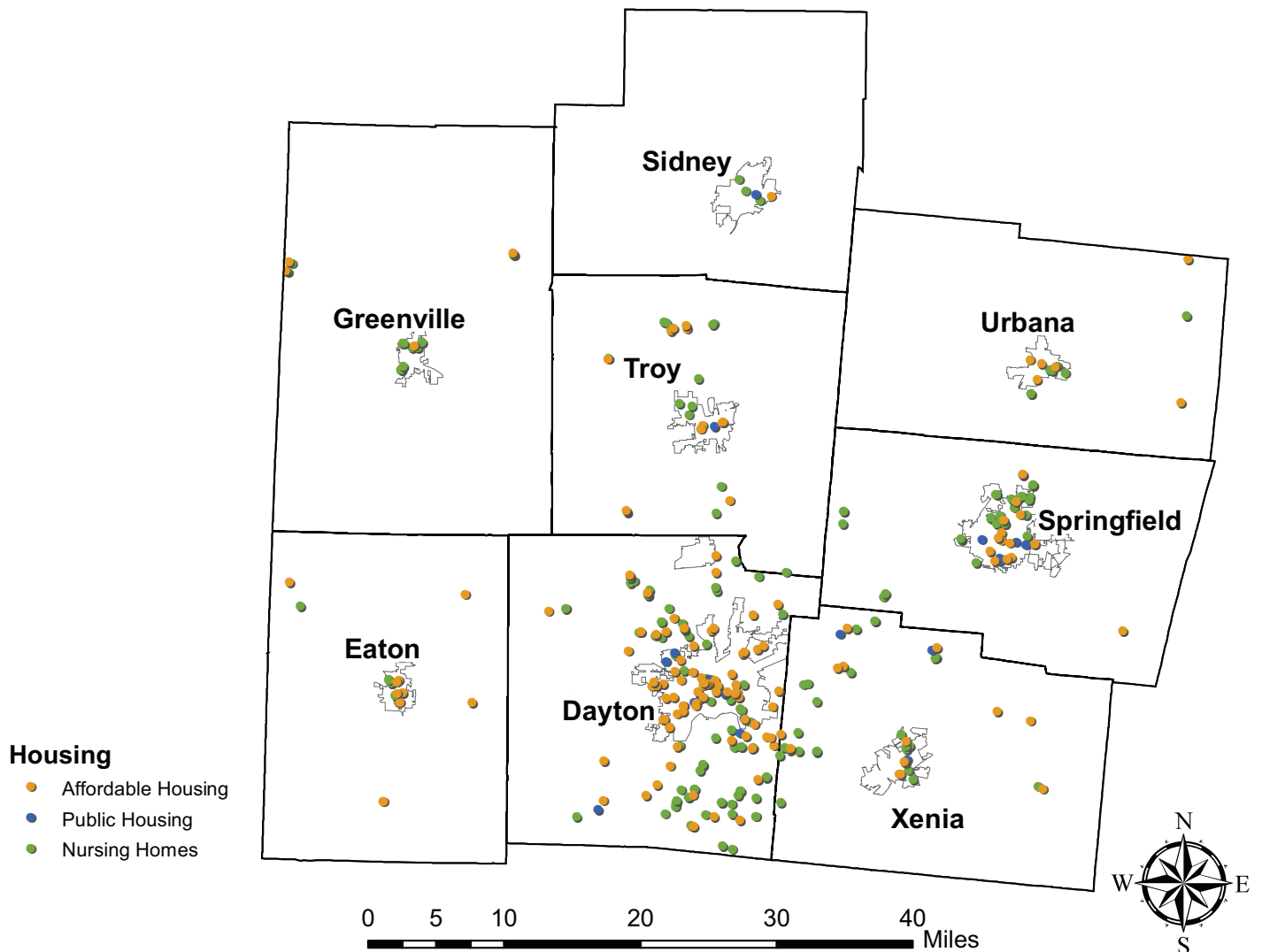
**Figure F: Average Annual Daily Travel, 2022**

Source: [ODOT Transportation Information Mapping System](#)

# Trip Generators

Trip origins indicate where people are coming from (often their residence) and trip destinations are the final location of travel, together this information provides trip generators. For this plan, the following origins and destinations were mapped out to better understand medical and employment travel demands:

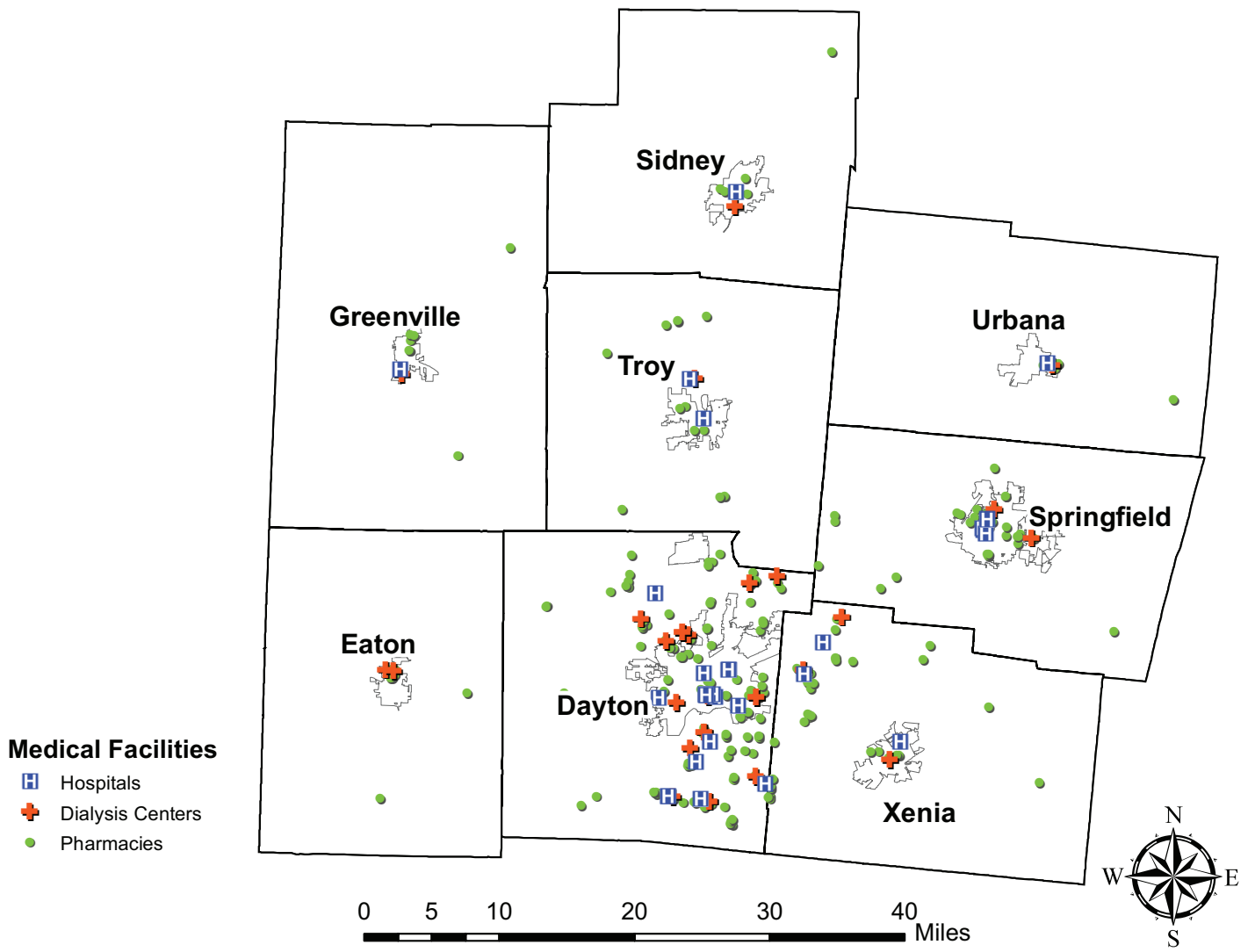
- Affordable and public housing
- Nursing homes
- Medical facilities
- Major employers



**Figure G: Trip Origins Housing**

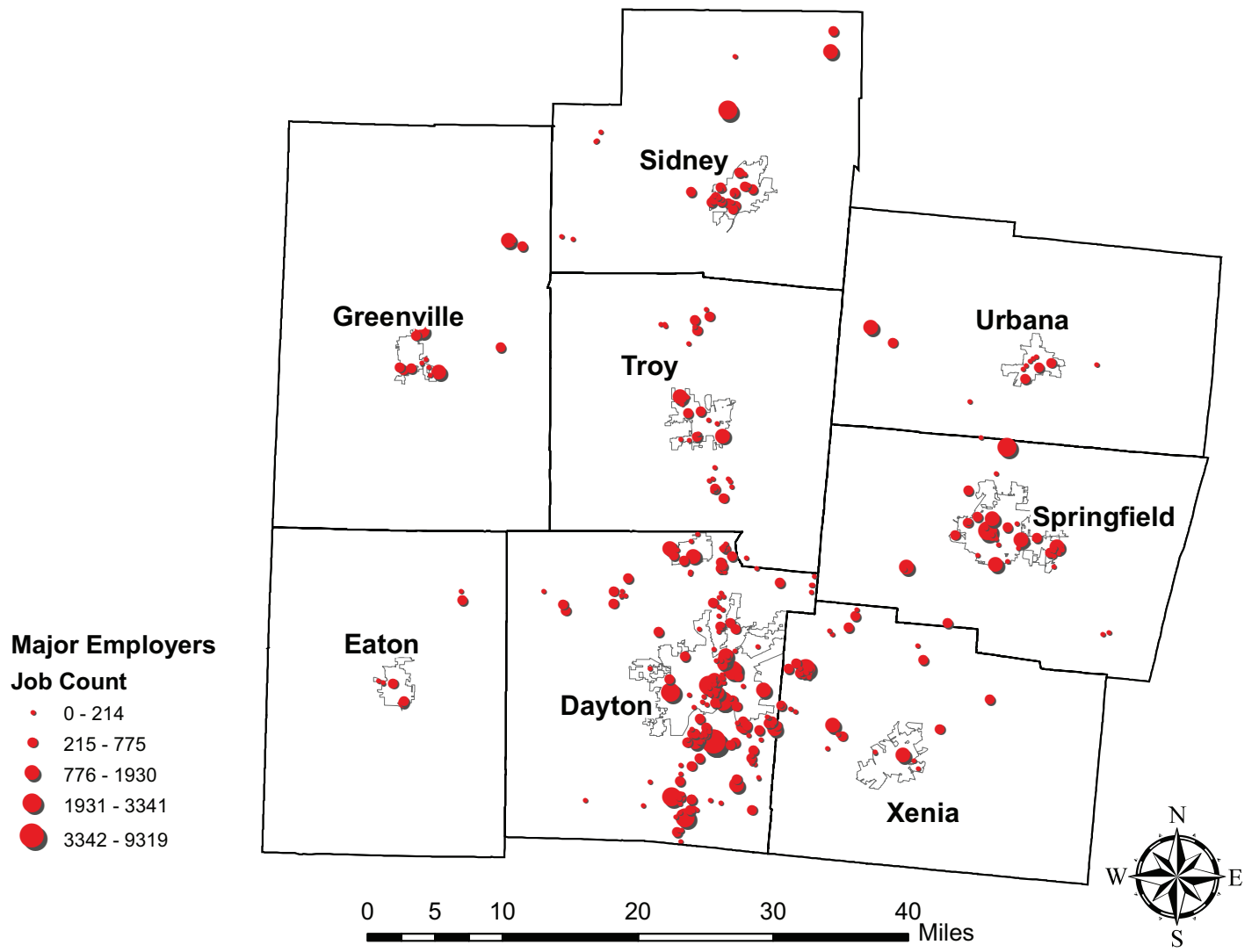
Source: MVRPC





**Figure H: Trip Destinations Medical Facilities**

Source: MVRP



**Figure I: Trip Destinations Major Employers**

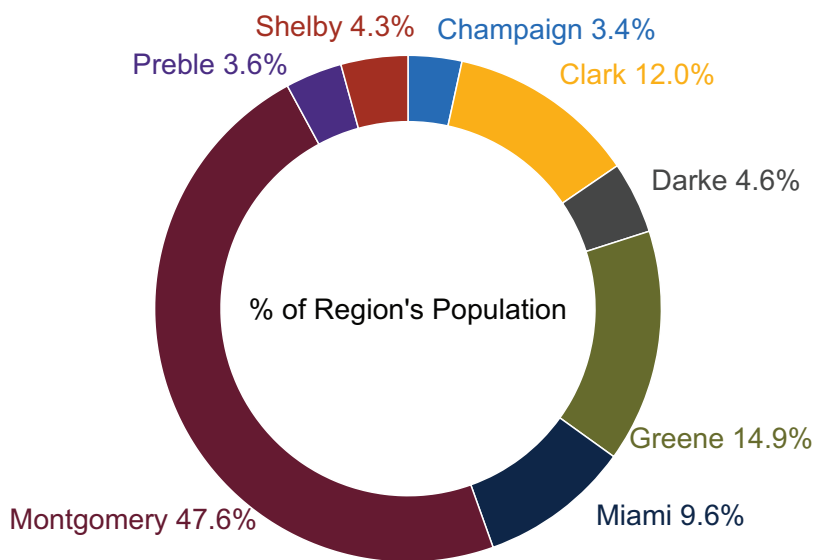
Source: MVRPC

# Demographics

The focus of this plan is to understand the needs of non-driving populations with unique experiences and needs, specifically targeting older adults, individuals with disabilities, low-income populations, and limited English proficiency households. Additionally, the plan identifies areas of population growth, to better understand where there may be a growing need for additional transportation services. Analysis of population trends allows for improved allocation of targeted investments to meet growing needs.

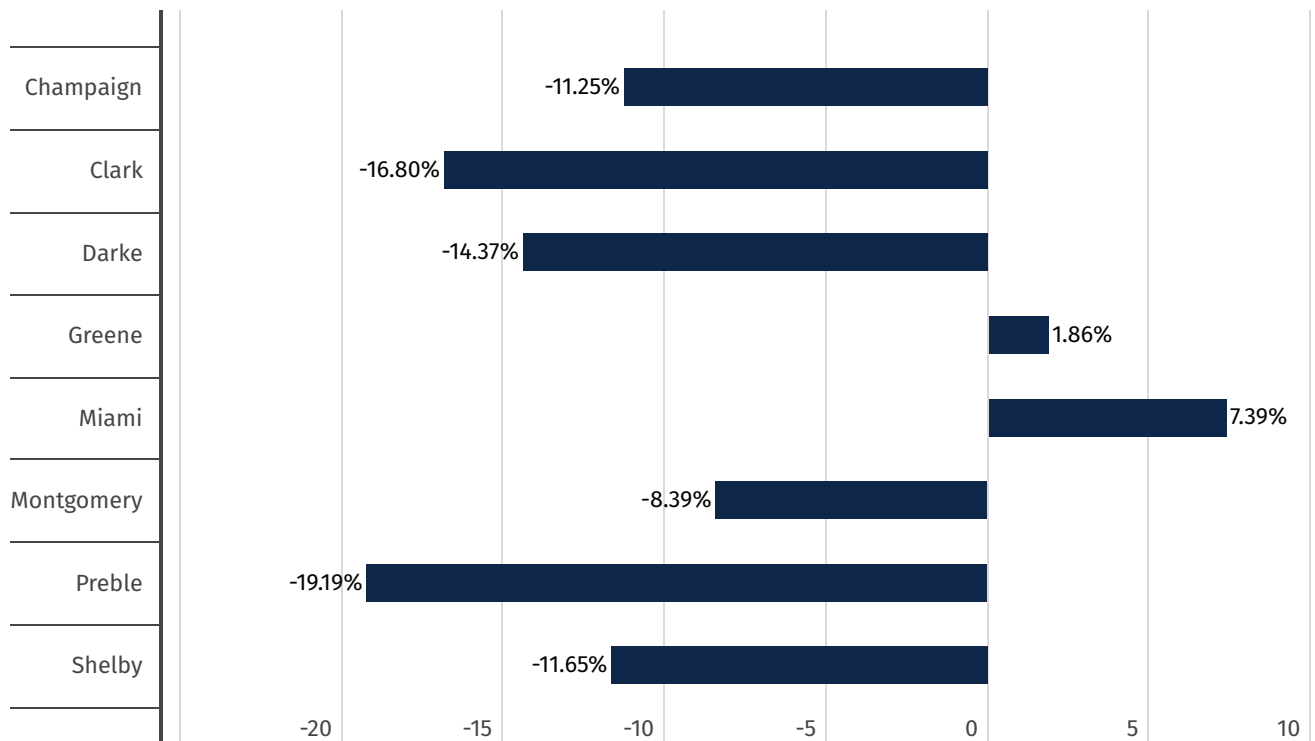
## Population Change 2020-2050

According to the Ohio Development Services Agency, over the next 30 years, the population is expected to decline by about 2.5% every decade. By 2050, the population of the region is expected to remain just above one million. The exception is Greene and Miami Counties, which are projected to experience about a 1% and 7% increase over the next 30 years. Many of the rural communities will experience the most significant decline, with Preble County expected to lose 19% of its population by 2050.



**Figure J: Percent of Region's Population by County**

Source: [Ohio Development Services Agency, Population Characteristics and Projections](#)

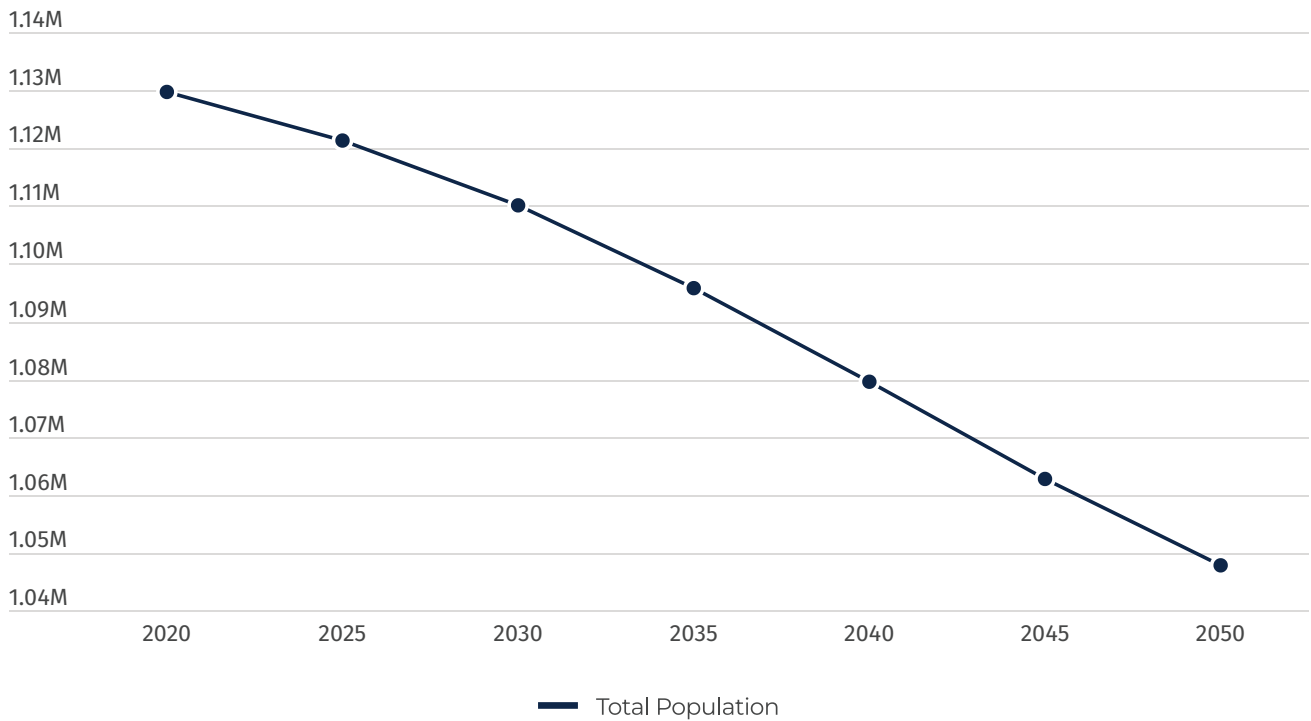


**Figure K: Projected Percent Change in Population by County**

Source: [Ohio Development Services Agency, Population Characteristics and Projections](#)

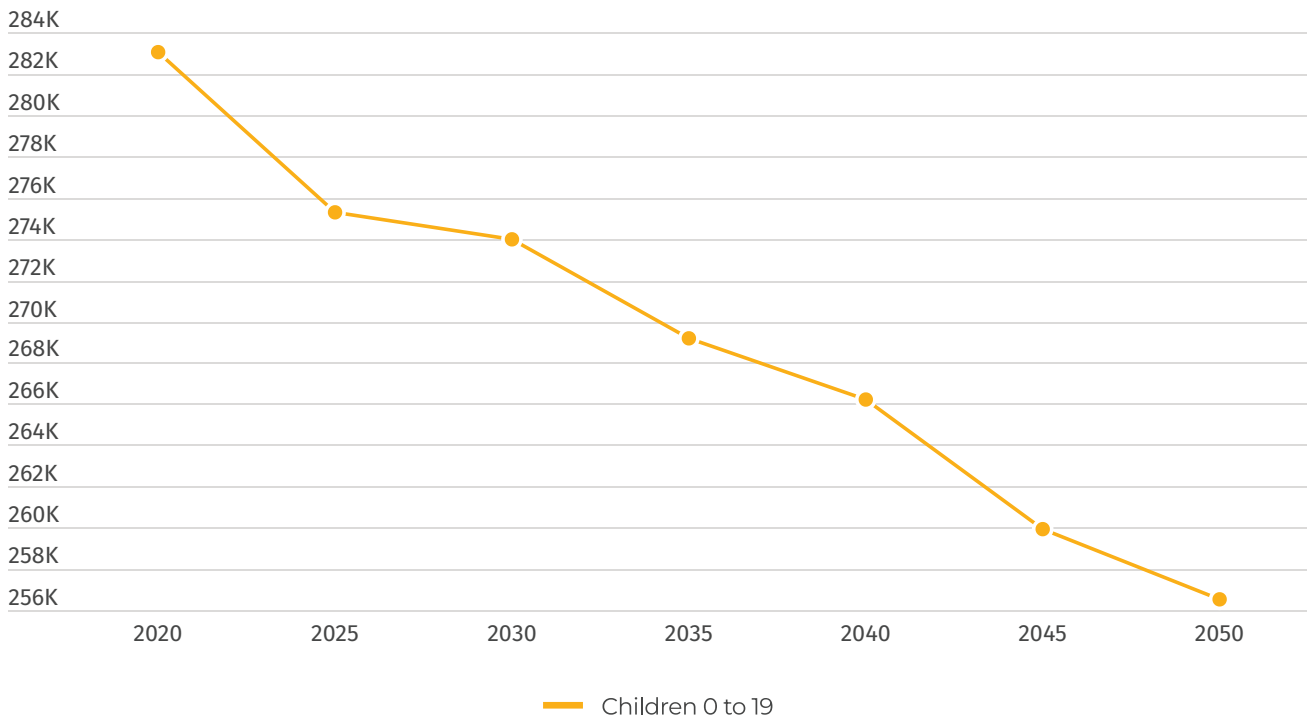
Population decline is anticipated to occur most with older and younger populations. Older populations are anticipated to continue to rapidly increase over the next decade, followed by a sharp decline, while younger populations will steadily decline over the next three decades.

People are living much longer than they were in the past and that is expected to continue in future generations. By 2050, the world’s population of people aged 60 years and older will double according to the [World Health Organization](#).<sup>3</sup> In the region, the most rapid growth in any population will occur with those 85 years and older. According to the [American Automobile Association](#), many older adults will outlive their ability to drive safely by an average of 7-10 years. Because we are a rapidly aging world that is living longer, we need to plan for our “driving retirement” just as we plan for our financial retirement.<sup>4</sup> This plan is designed to understand the transportation needs of both current and future non-driving populations, which includes rapidly aging demographics.



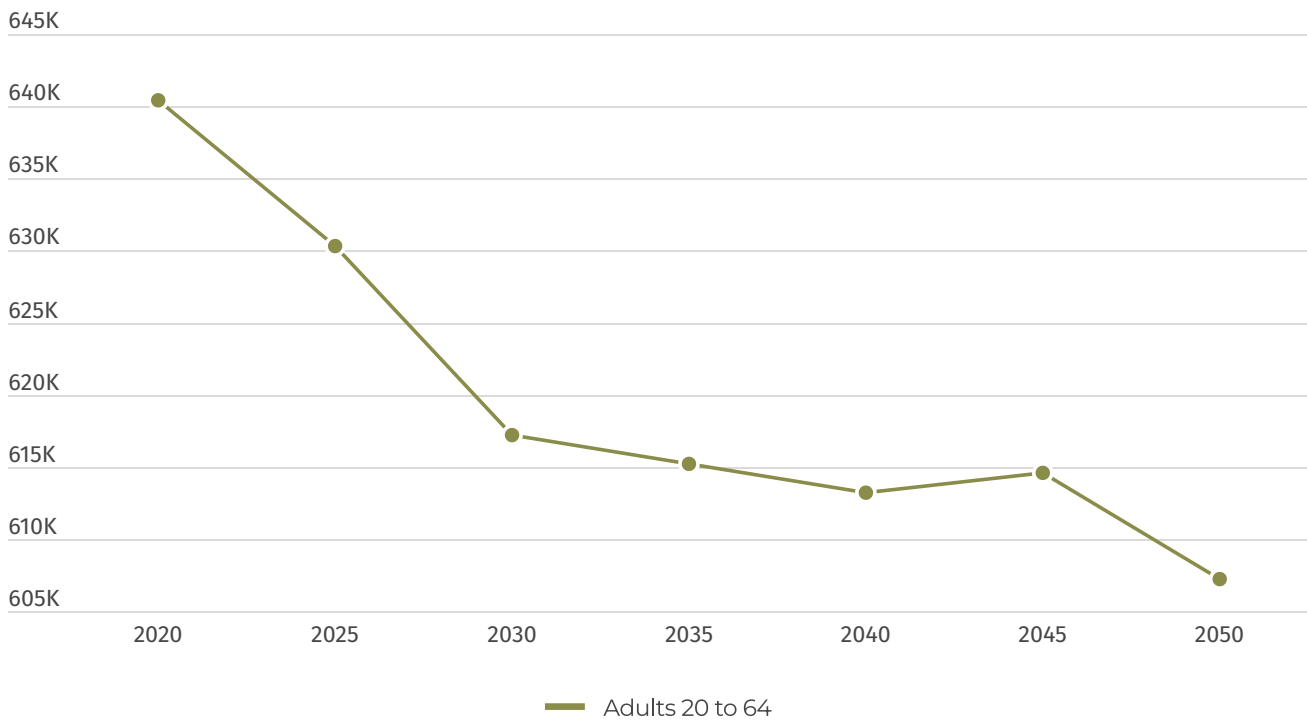
**Figure L: Projected Population**

Source: [Ohio Development Services Agency, Population Characteristics and Projections](#)



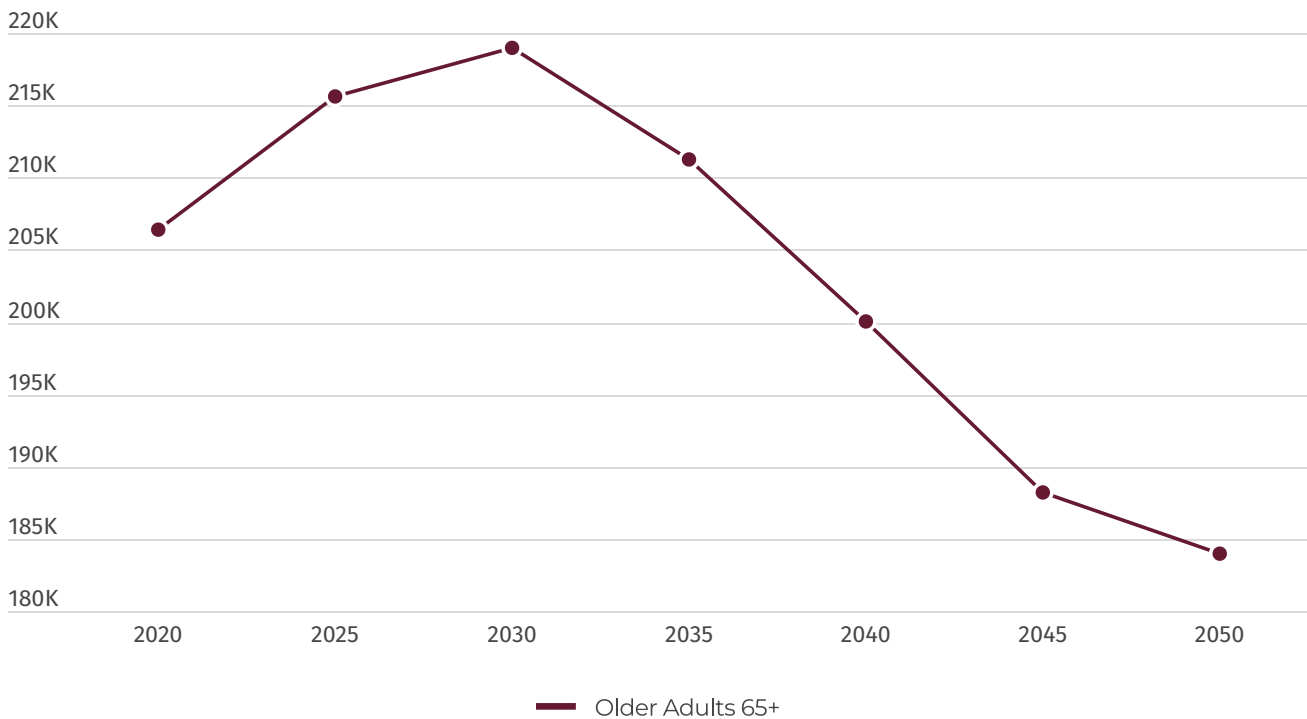
**Figure M: Projected Population Children 0 to 19**

Source: [Ohio Development Services Agency, Population Characteristics and Projections](#)



**Figure N: Projected Population Adults 20 to 64**

Source: [Ohio Development Services Agency, Population Characteristics and Projections](#)



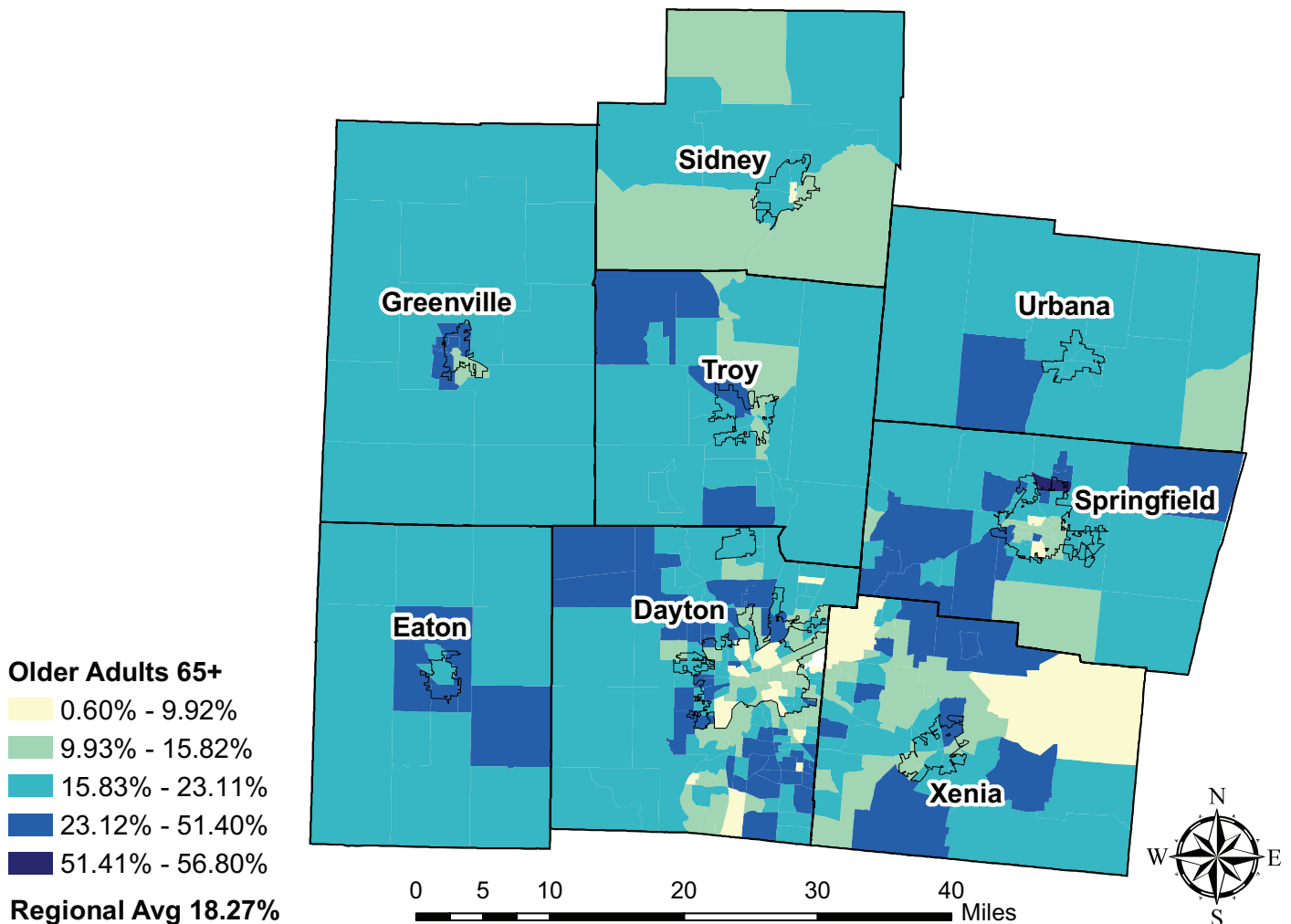
**Figure O: Projected Population Older Adults 65 and Above**

Source: [Ohio Development Services Agency, Population Characteristics and Projections](#)

# Older Adults

The regional average of the population aged 65 years and older is 18%. **Figure P: Map of Population Age 65 and Above** illustrates where there are densities of older adult residents throughout the region. Many areas with high densities of older adults are located at the edges of the counties, reflecting a need for transportation services connecting older adults living in rural settings to services in city centers.

Because many older adults are not geographically centralized, the risk of social isolation is a major concern. According to a study by the [American Association of Retired Persons \(AARP\)](#), 77% of adults over 50 would prefer to age in their own homes.<sup>5</sup> However, there is a rising increase of older adults living in poverty and facing many challenges relative to staying in their homes, including accessing safe, reliable, and affordable transportation services.<sup>6</sup>



**Figure P: Map of Population Age 65 and Above**

Source: [U.S. Census Bureau, 2017-2022 American Community Survey 5-Year Estimates](#)

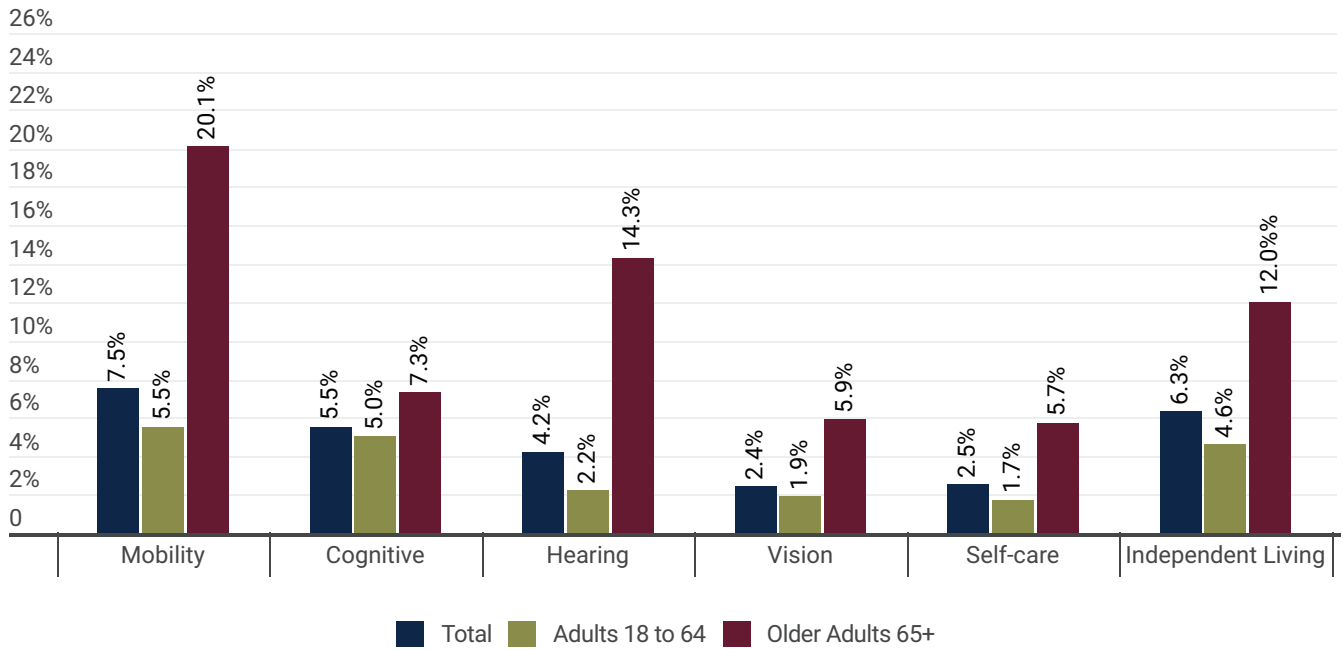
# Individuals with Disabilities

The regional average of populations living with a disability is 14% or 1 out of 7 adults. Older Adults living in the region are 2.5 times more likely to be living with a disability. Approximately 33% of all adults 65 years and older are currently living with a disability, which equates to 1 out of 3 older adults. Clark County contains the highest densities of populations living with disabilities, primarily located in the City of Springfield. There are also high densities of populations living with disabilities throughout the City of Dayton, along the west and east sides of the city, and in Greene County in the City of Xenia.

Transportation is consistently cited as a top unmet need for Ohioans with disabilities. Transportation was reported as the primary barrier to community integration for Ohioans with disabilities in the [2012 Ohio Mobility Improvement Study](#).<sup>7</sup> Meeting the transportation needs of individuals with disabilities depends upon the functional difficulty type of each individual. For instance, a person with vision impairment will need different solutions than a person with cognitive challenges. The U.S. Census Bureau gathers data from populations experiencing various types of disabilities to better target solutions:

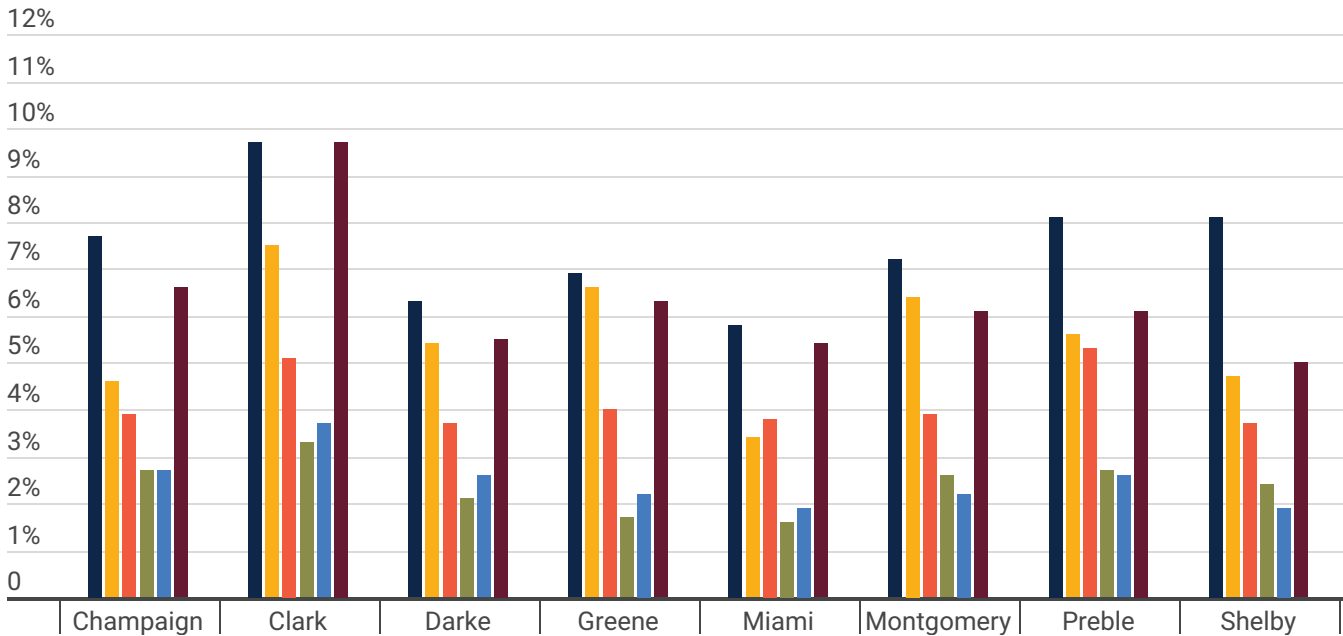
- Mobility: Serious difficulty walking or climbing stairs
- Cognition: Serious difficulty concentrating, remembering, or making decisions
- Independent living: Serious difficulty doing errands alone, such as visiting a doctor's office
- Hearing: Deafness or serious difficulty hearing
- Vision: Blind or serious difficulty seeing, even when wearing glasses
- Self-care: Difficulty dressing or bathing





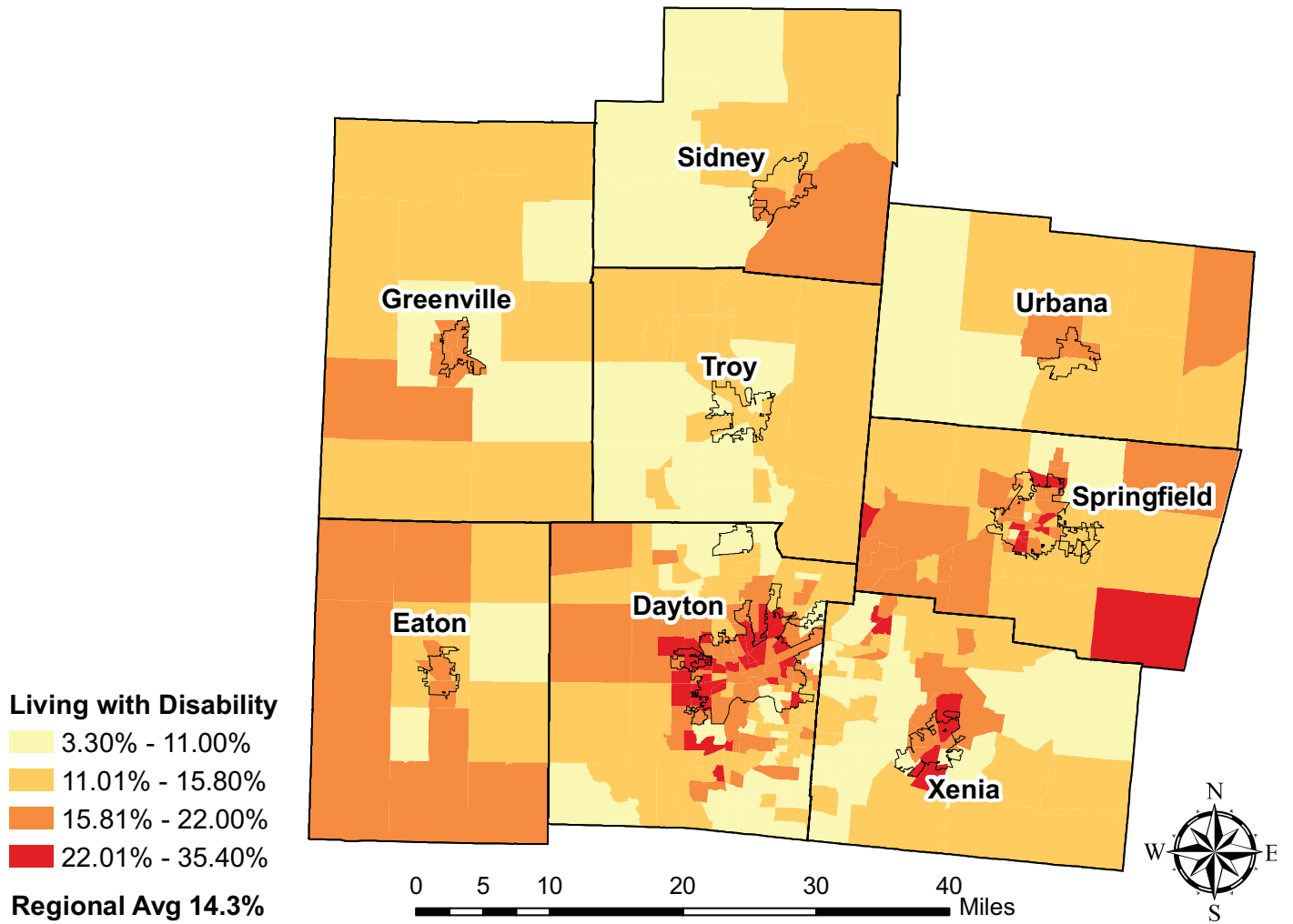
**Figure Q: Percent of Population Living with a Disability by Age**

Source: [U.S. Census Bureau, 2017-2022 American Community Survey 5-Year Estimates](#)



**Figure R: Percent of Population Living with a Disability by Type**

Source: [U.S. Census Bureau, 2017-2022 American Community Survey 5-Year Estimates](#)



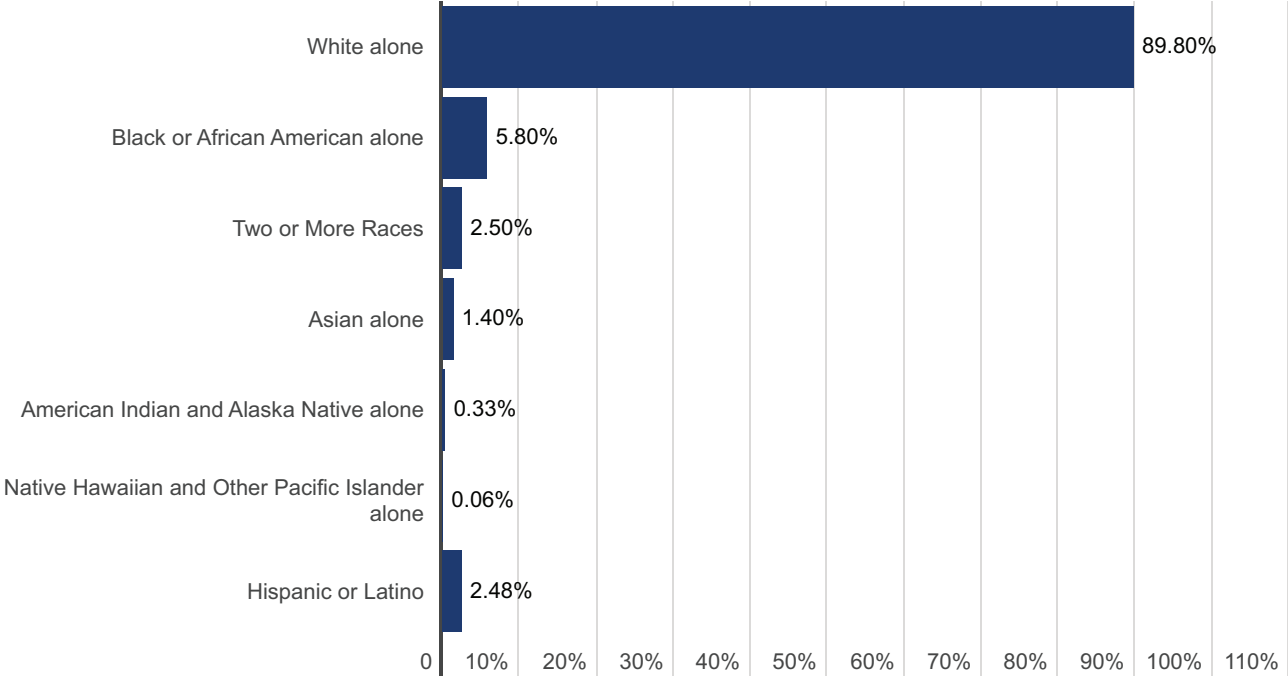
**Figure S: Map of Population Living with a Disability**

Source: [U.S. Census Bureau, 2017-2022 American Community Survey 5-Year Estimates](#)

# Population by Race and Ethnicity

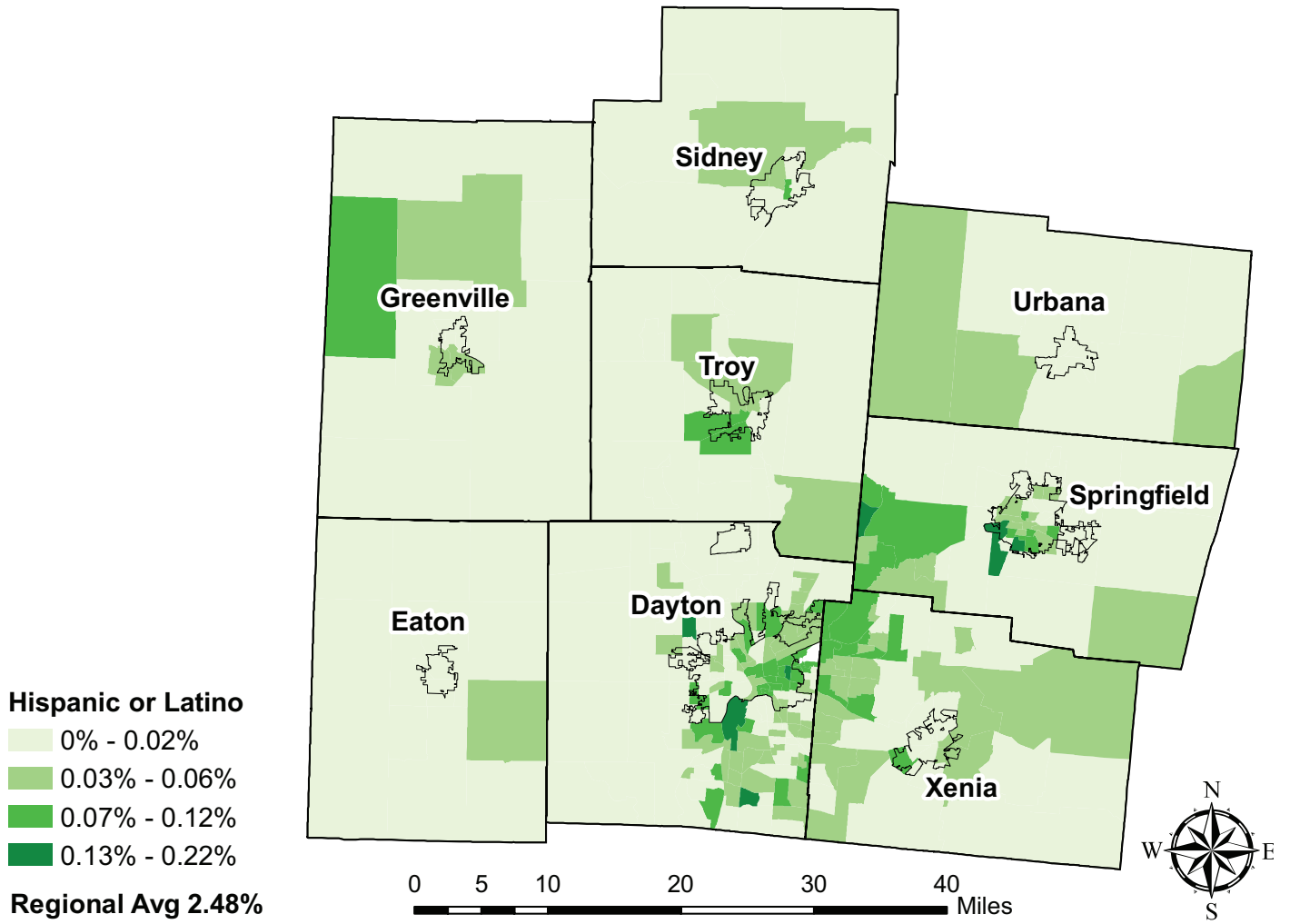
The racial makeup of the region is primarily Caucasian, with the second most prevalent being Black or African American. Montgomery County is the most racially diverse county while Darke is the least. Hispanic populations account for 2.5% of the total population, with Clark County having the highest densities of Hispanic populations. While current Hispanic populations are low in the region, the Hispanic population is rapidly growing throughout the nation. According to the [U.S. Census Bureau](#), the Hispanic populations are expected to grow to 26% of the US population by 2050.<sup>8</sup>

Race and ethnicity are an important consideration in transit planning as it opens the door to reviewing past policies and practices which have led to unintended disparities within communities. The equity landscape should be considered, especially when meeting the needs of underserved populations. It is recommended transit and human service providers should encourage participation from different races and ethnicities when making future decisions on transportation investments to avoid further unintended disparities.



**Figure T: Percent of Population by Race & Ethnicity**

Source: [U.S. Census Bureau, 2017-2022 American Community Survey 5-Year Estimates](#)



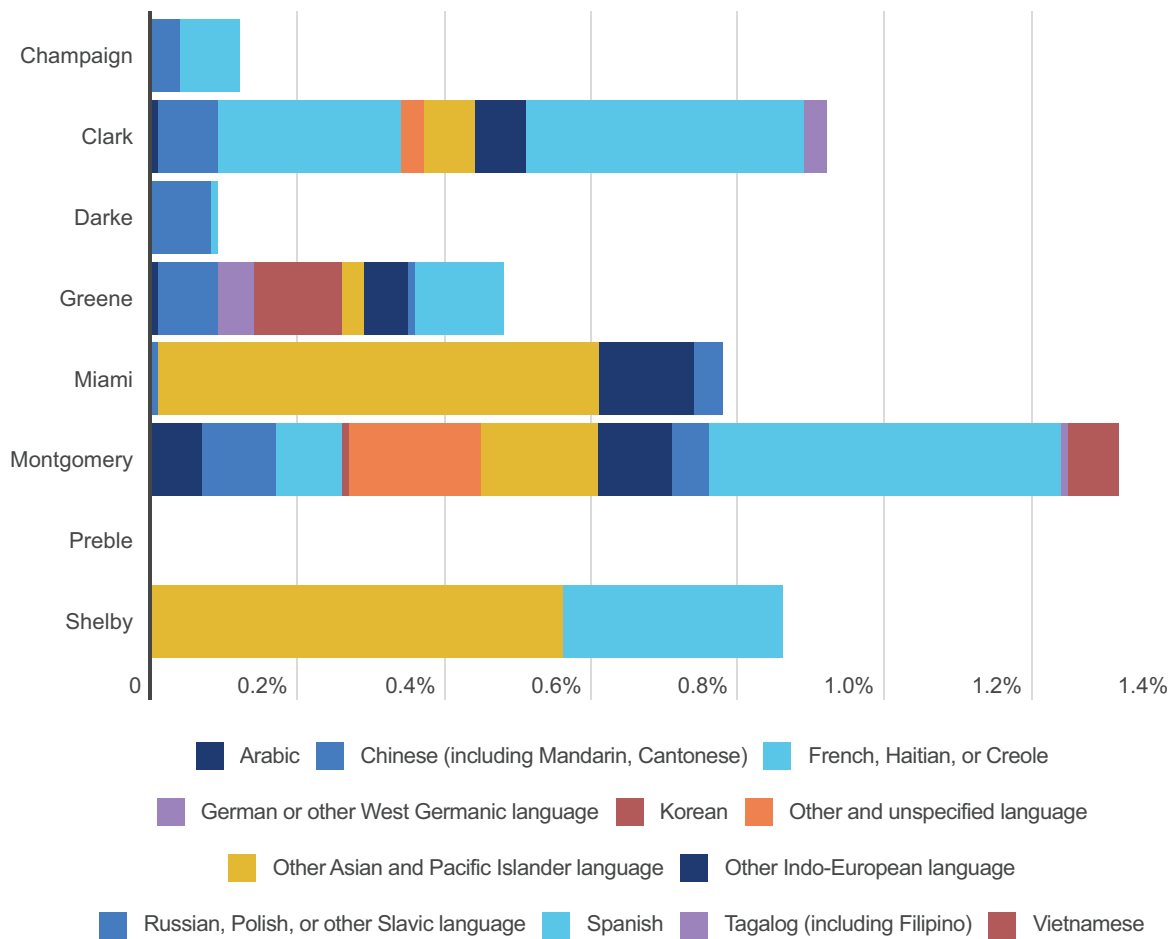
**Map of Population Hispanic or Latino Origin of Ethnicity**

Source: [U.S. Census Bureau, 2017-2022 American Community Survey 5-Year Estimates](#)

# Limited English Proficiency

The region has 4,400 households who speak English “less than very well.” This equates to 1% of the population or 1 out of 100 households. According to the US Census Bureau, a “limited English household” means all members 14 years old and over have at least some difficulty with English. Montgomery County has the highest number of households that speak English “less than very well”, accounting for over 3,000 Limited English-speaking households in the region.

Because the region is largely English-speaking, resources are often not made available in different languages or marketed to a multicultural audience, creating major language barriers to new Americans accessing transportation services in the region.



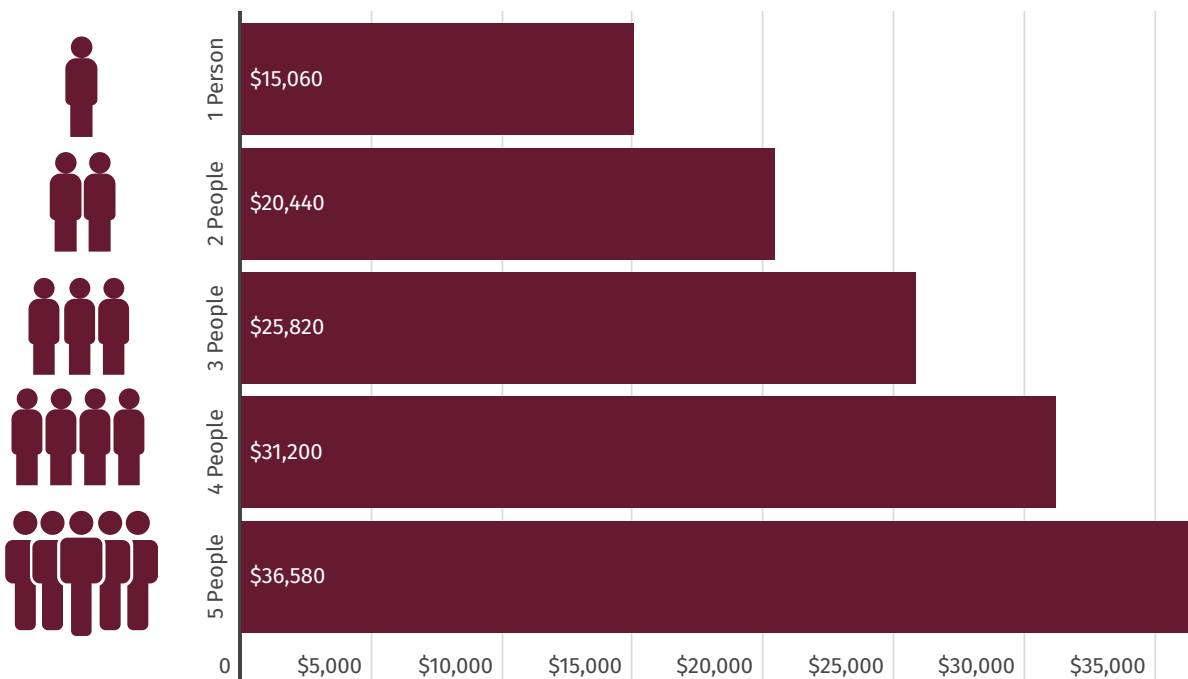
**Figure U: Percent of Population that Speaks English Less than Very Well**

Source: [U.S. Census Bureau, 2017-2022 American Community Survey 5-Year Estimates](#)

# Populations Living Below Poverty

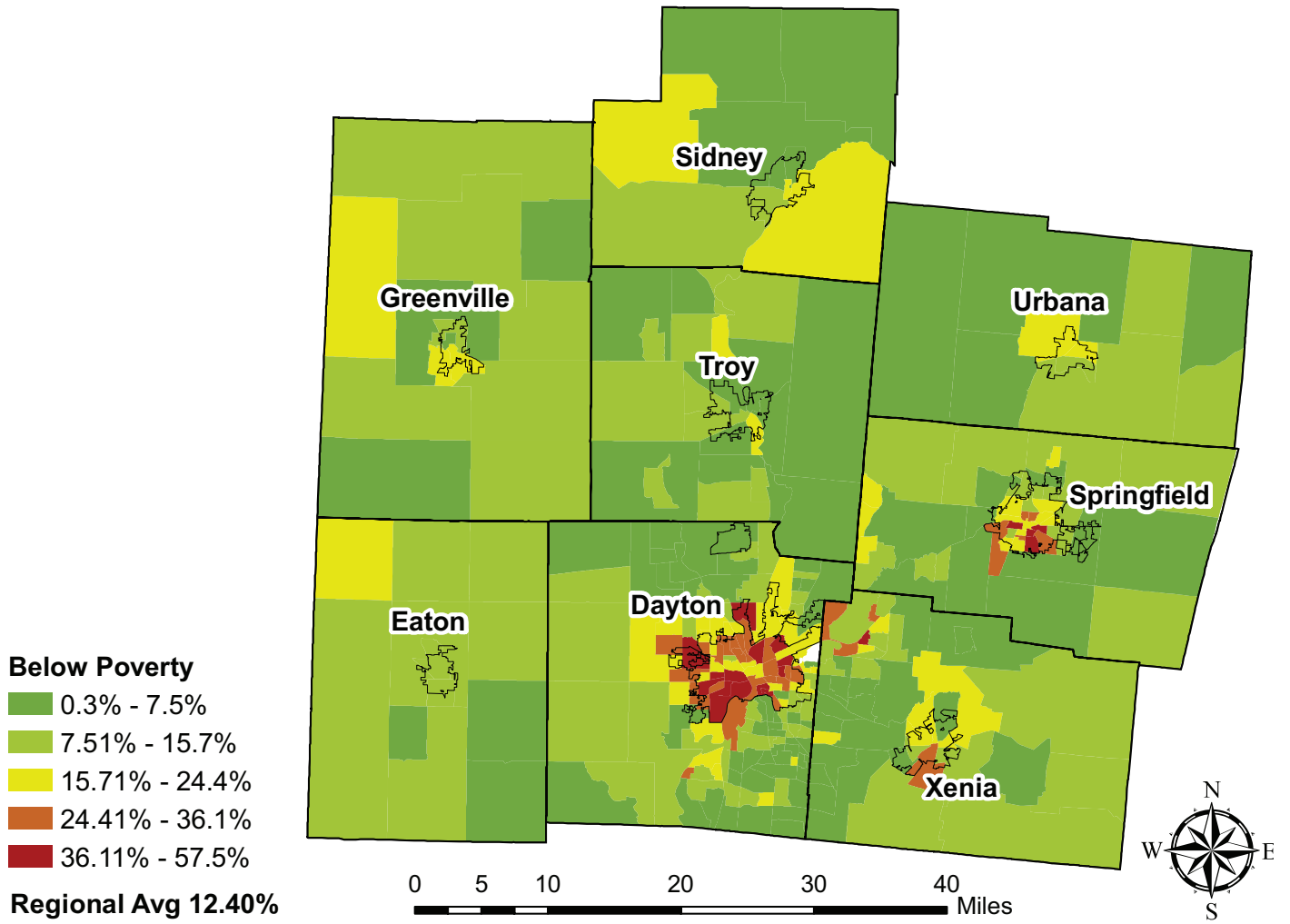
The region has 12% of its population living below the Federal Poverty Line, with the highest concentrations located in the City of Dayton and City of Springfield, where there are pockets of concentrated poverty of up to 40-50%. The Federal Poverty Level is a measure of income used by the government to determine eligibility for subsidies, programs, and benefits. The [Department of Health and Human Services](#) updates the poverty guidelines every year and issues poverty guidelines for each household size.<sup>9</sup>

Financial experts recommend that no more than 50% of a household's annual income go toward basic needs including housing, groceries, utilities, healthcare, and transportation. In the region, housing and transportation costs are far exceeding recommended budget thresholds, ranging from 51% to 59% of household income according to the [Center for Neighborhood Technology: Housing and Transportation Index](#).<sup>10</sup> Many households living in poverty are forced to decide between paying for one basic need over the other. Therefore, many of those living in poverty could forgo driving because of the inability to afford a personal vehicle.



**Figure V: 2024 Federal Poverty Line**

Source: [Department of Health and Human Services Poverty Guidelines, 2024](#)



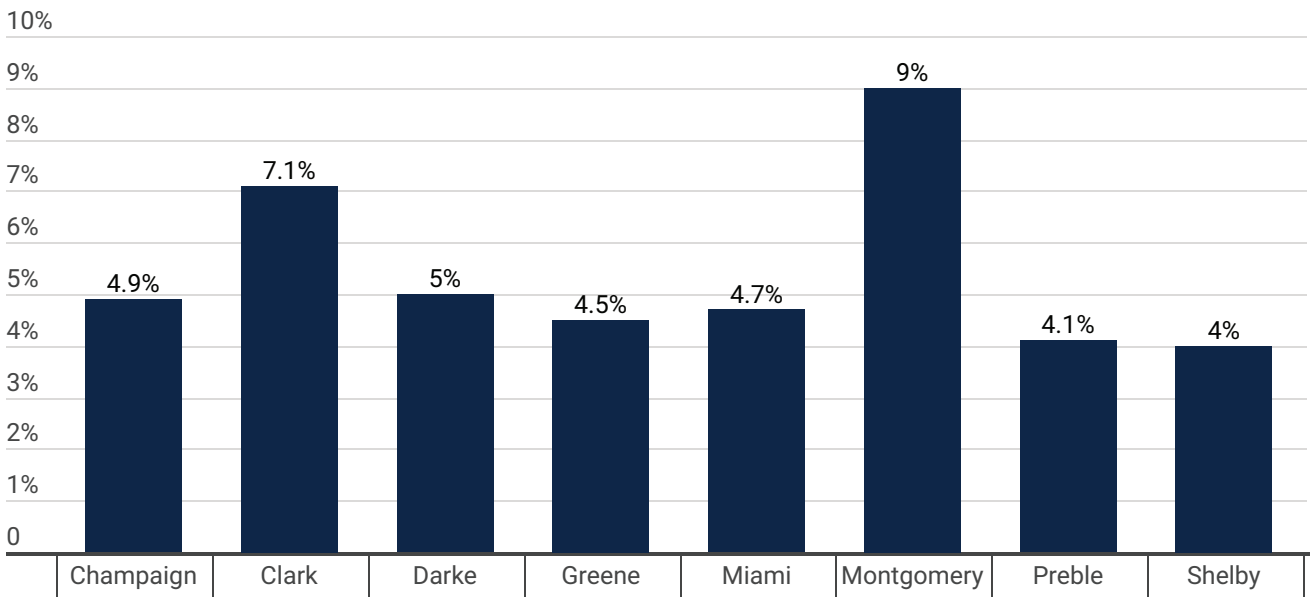
**Figure W: Map of Population Below Poverty**

Source: [U.S. Census Bureau, 2017-2022 American Community Survey 5-Year Estimates](#)

# Zero Car Households

Currently, the regional average of households that do not have access to a personal vehicle is 5.4%. According to the [Center for Neighborhood Technology: Housing and Transportation Index](#), individuals in the region with access to a personal vehicle spend an average of 25% of their annual income on transportation, or around \$16,700 a year. Costs above 15% are considered not affordable.

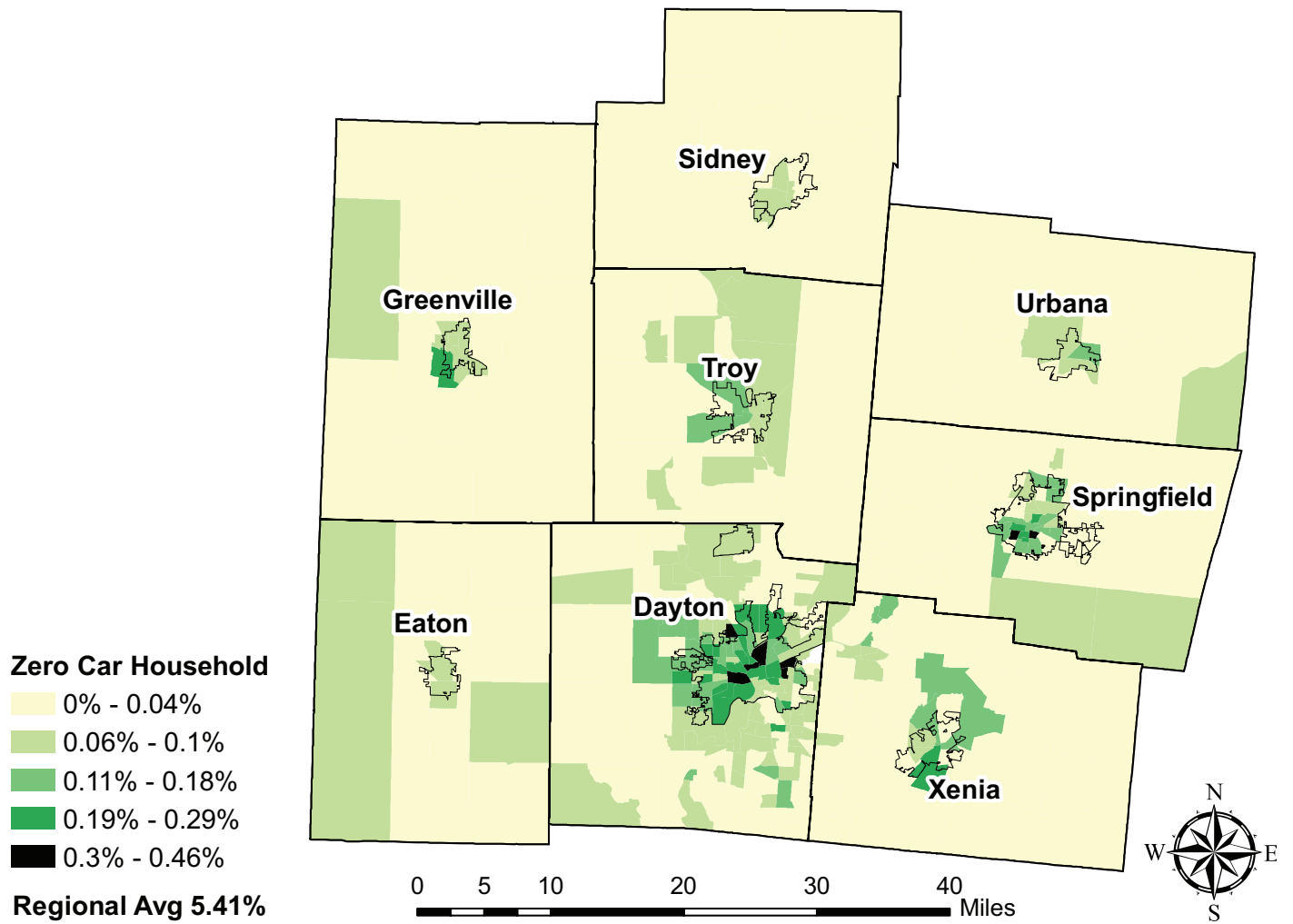
In rural communities where there are fewer public transportation options and longer driving distances, transportation costs account for the highest percentages of personal income. For instance, owning a vehicle in Darke County costs 29% of personal income versus in Greene County where it costs 19%. Rural communities also experience more significant job limitations because residents are often required to travel outside of the county for employment and owning a personal vehicle is very costly. In urban communities, transportation costs tend to be a much lower percentage of personal income due to shorter driving commutes and more transportation options. Individuals may also choose to forgo owning a personal vehicle in urban communities for other reasons, such as a preference for alternative modes of transportation such as walking, biking, and transit. Therefore, access to a variety of transportation options is an important aspect of the economic vitality of a community.



**Figure X: Percent of Zero Car Households**

Source: U.S. Census Bureau, 2017-2022 American Community Survey 5-Year Estimates

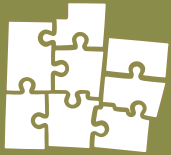




**Figure Y: Map of Zero Car Households**

Source: U.S. Census Bureau, 2017-2022 American Community Survey 5-Year Estimates

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# CHAPTER 2:

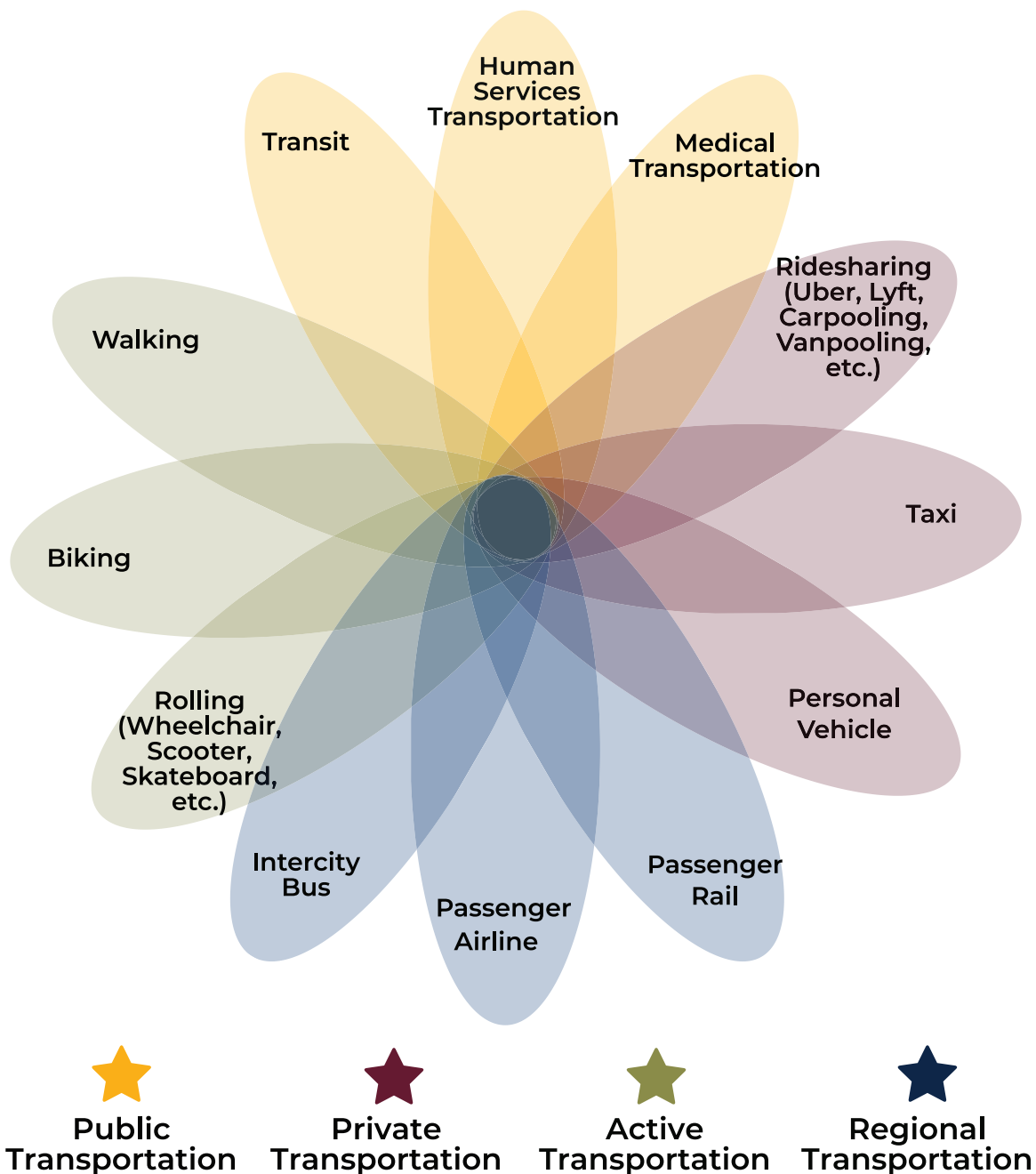
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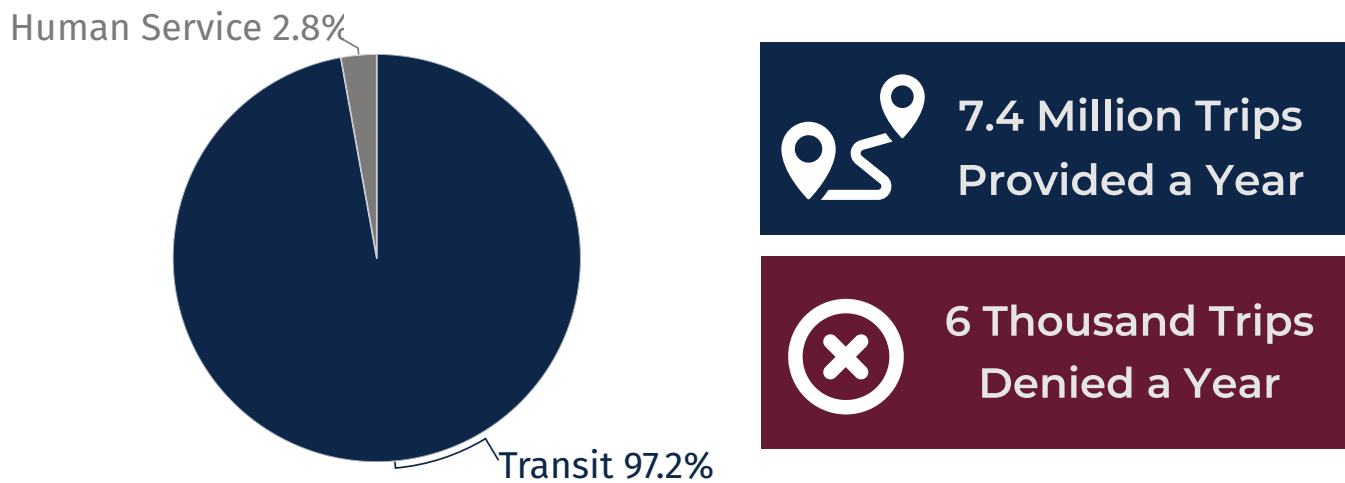
## Overview of Available Services



# Overview of Transportation Network

The regional transportation network is complex, involving a variety of private, public, and active transportation systems. All forms of transportation are vital to regional mobility. Though this plan reviews each category of the transportation system, it does not cover each mode in-depth and may be missing some culturally specific forms of transportation such as horse and buggy. The focus of this plan is to better understand modes of transportation that impact non-driving populations.



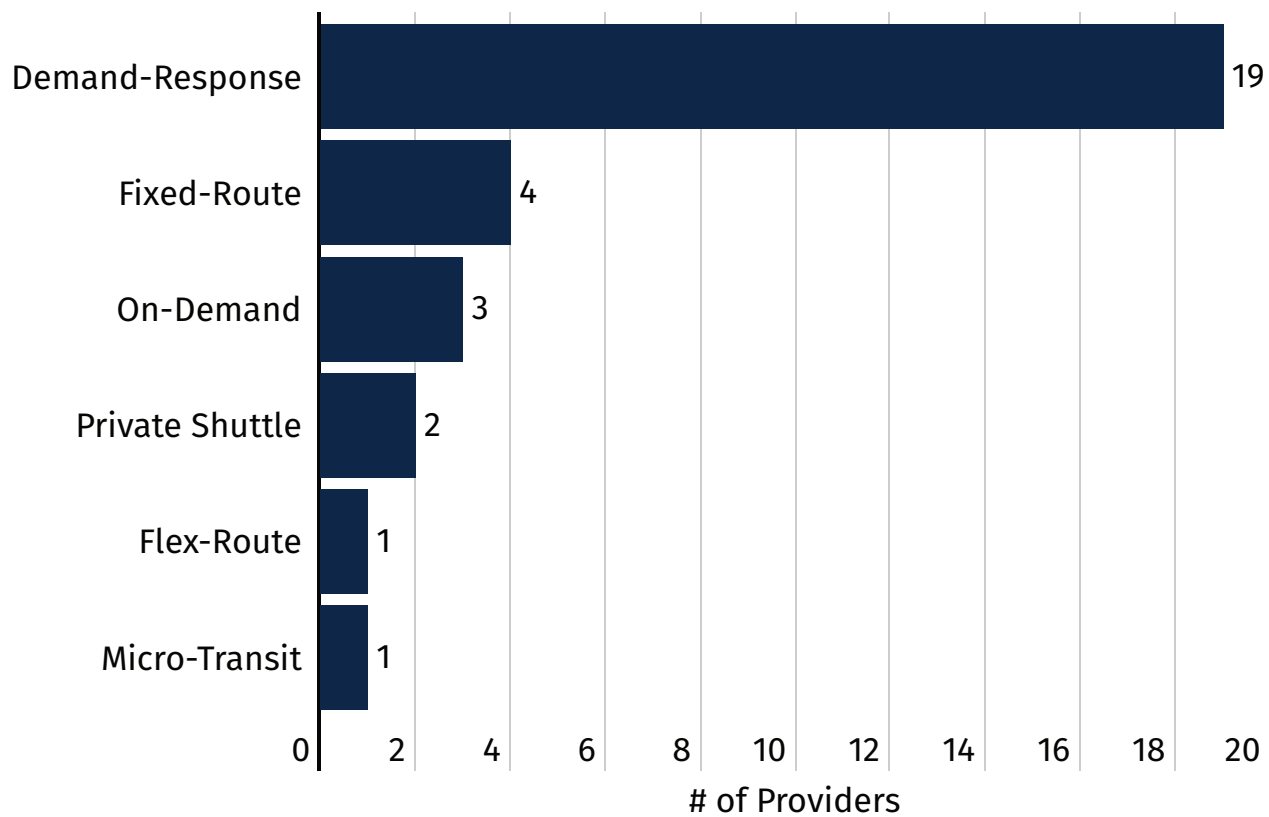


**Figure Z: Annual Provider Trips**

Source: MVRPC

A provider survey was conducted in April 2024 to highlight the level of services offered across the region. The survey gathered information from key transit and human service transportation providers, generating a clearer picture of the types of services offered and the challenges faced. Providers in the region offer a wide variety of types of transportation services and passenger assistance. Each service varies significantly based on the needs of the community served.

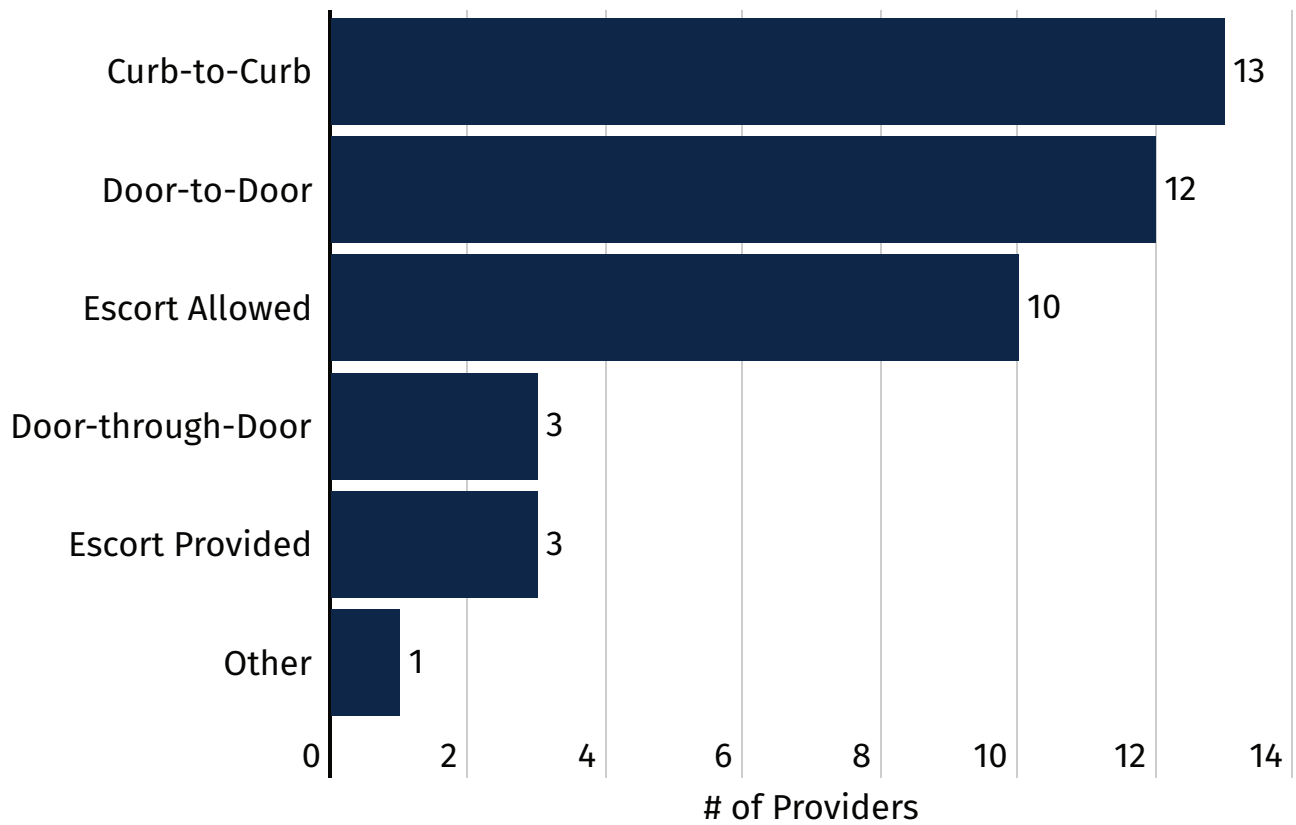
Transportation agencies also vary in size and capacity. While smaller human service agencies typically provide hundreds of trips annually, the largest public transit service provides annual trips in the millions. Agencies, regardless of the size, may have to deny trips as they do not have the resources, funding, vehicles, or drivers to meet the demand, which requires passengers to utilize a wide variety of services to meet their needs.



**Figure AA: Types of Transportation Services**

Source: MVRPC

- **Demand-response:** transportation system that is not on a fixed route and requires advanced scheduling.
- **Fixed-route:** transportation system that is operated along a prescribed route according to a fixed schedule, with designated stops and requiring no advanced scheduling.
- **On-demand:** transportation system that requires no advance notice.
- **Private shuttle:** corporate, regional, and local shuttles that make limited stops, often only picking up specified riders.
- **Flex-route or deviated-route:** transportation system which is operated on a fixed path with scheduled time points at key locations, but no designated stops and can deviate within a prescribed distance (e.g. ½ mile) of the route and flag down the bus when safe enough to do so.
- **Micro-transit:** a technology-enabled transportation system that provides on-demand services with dynamically generated routing, traditionally providing service in designated service areas or within a specific zone or geography. Service models include first-and-last-mile connections to fixed-route services; hub-to-hub zone-based services; and point-to-point services within a specified zone or geography.<sup>11</sup>



**Figure AB: Level of Passenger Assistance**

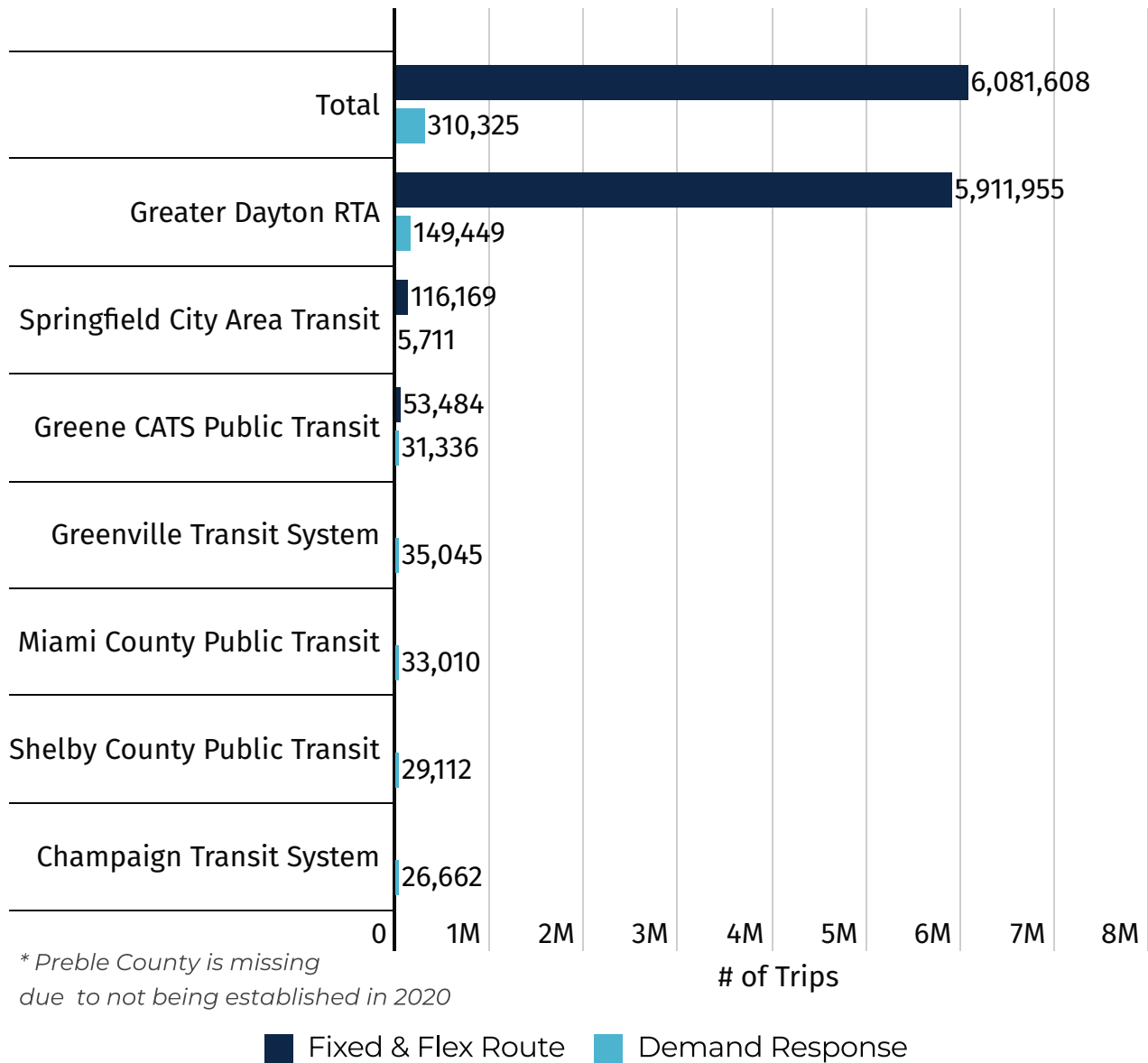
Source: MVRPC

- **Curb-to-curb:** drop off and pick up at the curb or driveway, driver does not assist the passenger to the door of the home or destination.
- **Door-to-door:** The driver assists the passenger out of the vehicle and to the door of the home or destination.
- **Door-through-door:** assists passenger out of the vehicle and enters home or destination
- **Escort Allowed:** passengers are permitted to travel with their personal care attendant or escort.
- **Escort Provided:** personal care attendants or escorts provided, as needed.



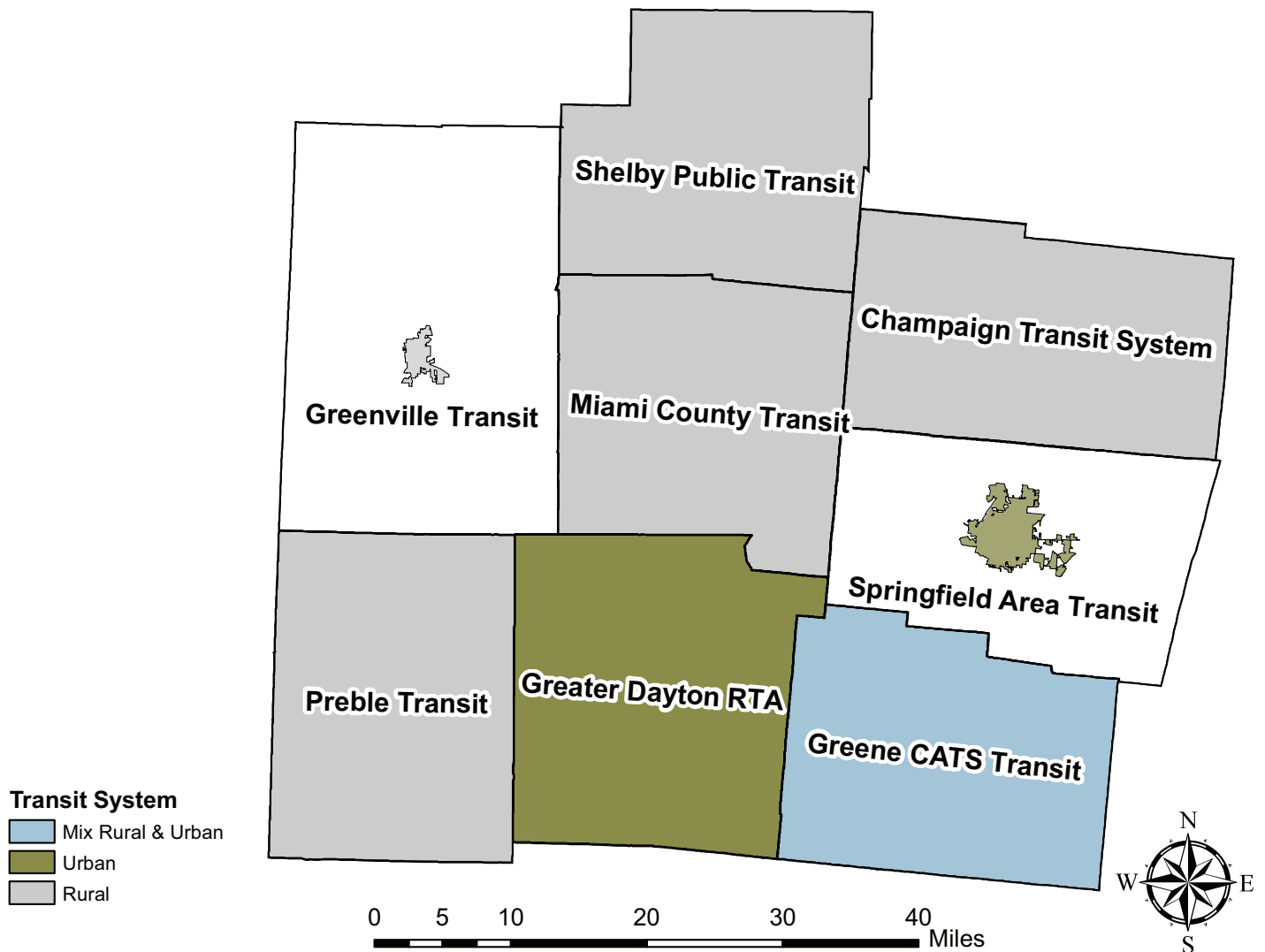


# Public Transit



**Figure AC: Total Passenger Trips, Status of Public Transit Published in 2023 with 2020 Data**

Source: [Ohio Department of Transportation, Office of Transit](#)



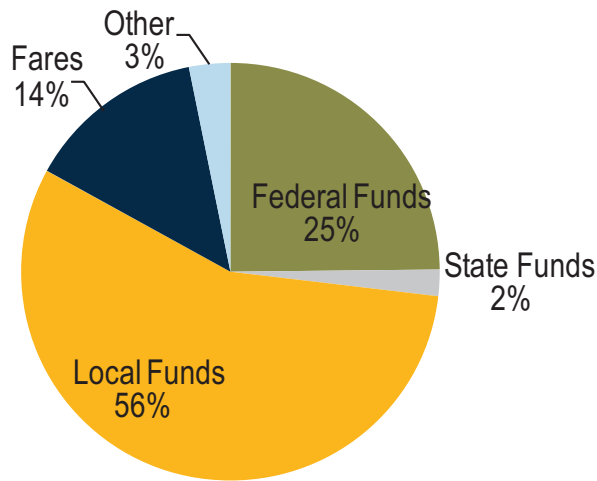
**Figure AD: Public Transit Services**

Source: MVRPC

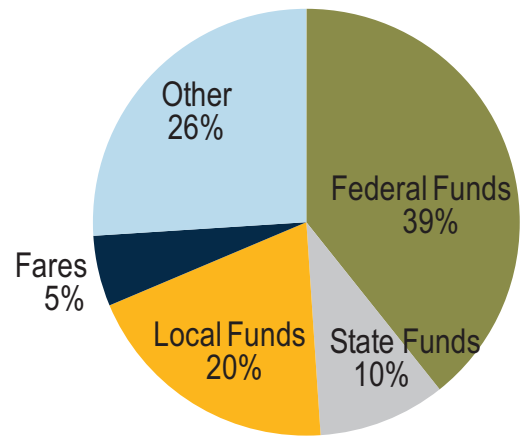
Public transit options are limited in size and scope across the region, with some offering county-wide and others city-wide services. There are eight transit systems in the region with the newest being established in Preble County. Five of the eight transit systems are undergoing major changes:

- **Clark (Springfield City Area Transit)** is undergoing a major overhaul from a fixed route system in Springfield to a county-wide micro transit.
- **Darke County (Greenville Transit System):** is piloting county-wide services.
- **Miami County Public Transit** is switching from an urban to a rural transit system.
- **Greene County (Greene CATS Public Transit)** is both a small urban and rural transit system.
- **Preble County Public Transit** is establishing a brand-new transit system.

## Funding Urban Transit Systems



## Funding Rural Transit Systems



**Figure AE: Ohio Statewide Transit Needs Study, 2015**

Source: [Ohio Department of Transportation, Office of Transit](#)

Funding for transit consists of a mix of federal, state, and local funds, transit fares, and other funding sources. Urban transit systems tend to invest a higher percentage of local funds, while rural systems tend to be funded primarily through federal and state grants. Federal funding for transit is typically provided through two grant programs: the Urbanized Area Formula Grant ([Section 5307](#)) and the Rural Area Formula Grant ([Section 5311](#)).<sup>12</sup>

According to the [2015 Ohio Statewide Transit Needs Study](#), the State is projected to need \$1,842 million in federal, state, and local funding by the year 2025 to meet transportation needs. In fiscal year 2025, \$270 million in federal funding was awarded to transit agencies across the State. According to the study, the amount needed was closer to \$497 million. According to the study, the amount needed was closer to \$497 million. Ohio currently spends \$6 per capita on public transit, while the national average of public transit funding is around \$60 per capita.<sup>13</sup> Significant shortfalls in transit investment, across the State and in the region, continue to be a challenge and limit transit's ability to meet the need for services.



# Human Service Transportation

The [Federal Transit Administration](#) defines Human Services Transportation (HST) as a broad range of transportation services designed to meet the needs of transportation-disadvantaged populations. Individuals may require different solutions depending on their needs, the size of the community they live in, and the options available.<sup>14</sup>

Human service agencies that provide transportation often have unique missions and, therefore, unique requirements for use, often only serving certain segments of the population, geography, and/or types of trips to meet specific needs. One agency may provide employment services, while another may focus on the delivery of health care as their primary mission. Funding for HST varies from agency to agency and is offered through a variety of public and private agencies including, but not limited to:

- Social service agencies
- Community centers
- Aging and disability organizations
- Public health departments
- Behavioral, mental health, or recovery treatment centers
- Criminal justice programs
- Veteran's transportation programs
- Vocational rehabilitation programs
- Schools
- Advocacy groups
- Faith-based communities and more

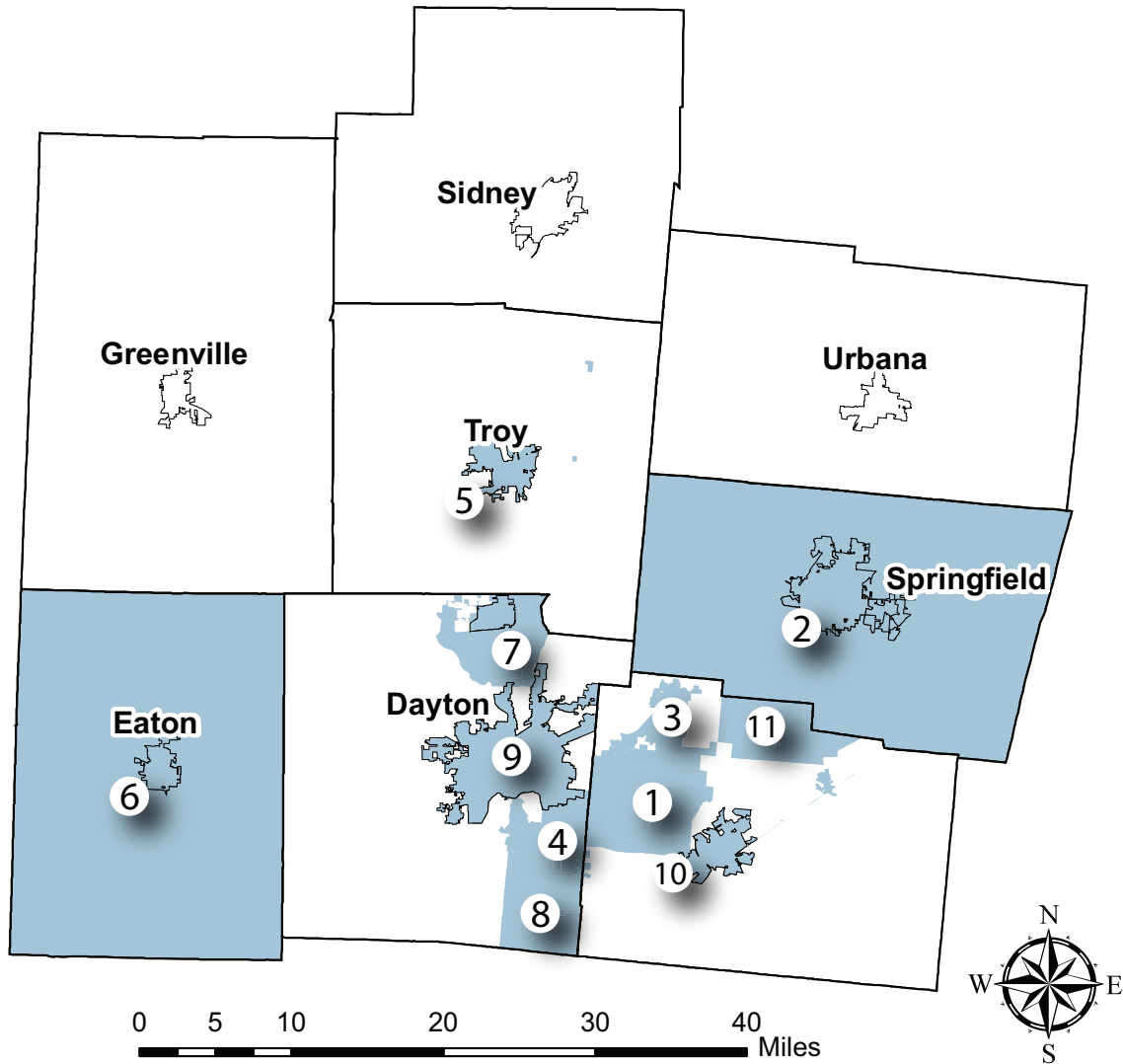
HST services include, but are not limited to:

- Dial-a-ride (i.e., responding to individual door-to-door requests)
- Non-Emergency Medical Transportation or non-medical transportation funded by Medicaid in combination with other funding sources
- Transportation vouchers (e.g., transit passes, taxis, etc.)
- Volunteer transportation services or mileage reimbursements
- Contracted services through Uber or Lyft
- Escorted (i.e., door-through-door or hand-to-hand) transportation services and more

Below are detailed descriptions of HST providers in the region.



# Senior & Recreation Center



**Figure AF: Senior & Recreation Centers with Transportation Services**

Source: MVRPC

Many local senior and adult recreation centers provide transportation services to older adults living in their community. Most utilize [Section 5310](#) funding to purchase vehicles and fund operations through levy dollars, grants, contracts, fares, and other funding sources.<sup>15</sup>



1. [Beavercreek Senior Center](#) Beavercreek residents 55 and over
2. [Elderly United of Springfield and Clark County \(United Senior Services\)](#) Clark County residents 55 and over
3. [Fairborn Senior Center](#) Fairborn residents 50 and over
4. [Kettering Charles I. Lathrem Senior Center](#) Kettering residents 60 and over
5. [Partners in Hope](#) Troy, Casstown, and Fletcher residents 62 and over
6. [Preble County Council on Aging](#) Preble County residents 60 years and over
7. [Vandalia Senior Center](#) Vandalia and Butler Township residents 60 years and over
8. [Washington Township RecPlex](#) Centerville and Washington Township residents 60 years and over
9. [Wesley Community Center](#) Montgomery County Residents 60 years and over
10. [Xenia Adult Recreation and Services Center](#) Greene County residents 50 years and over
11. [Yellow Springs Senior Center](#) Yellow Springs, Miami Township, Clifton, and Cedarville residents 60 years and over



# Non-Profit Agencies

Many local non-profit organizations provide transportation to support specific community needs, such as access to employment, healthcare, and other community or social services.

## 1. [Community Rides](#)

Community Rides provides transportation for individuals to and from work in the City of Troy and some surrounding communities and is designed to be a temporary solution for those having difficulties getting to work.

## 2. [Catholic Social Services RideConnect](#)

RideConnect is a volunteer driver program covering 11 counties: Auglaize, Champaign, Clark, Darke, Greene, Logan, Mercer, Miami, Montgomery, Preble, and Shelby counties, and is designed to fill in gaps in services when there are no other options available.

## 3. [Disabled Area Veterans \(DAV\)](#)

The DAV provides transportation for Veterans to and from the Dayton VA.

## 4. [Gala of Hope Foundation](#)

Gala of Hope Foundation provides financial resources for cancer patients, by supporting cancer treatment and local cancer research, and by providing gas cards and other transportation funds to partners who support cancer patients.

## 5. [Jewish Family Services of Greater Dayton](#)

Jewish Family Services provides transportation services to clientele through case management.

## 6. [Pink Ribbon Good](#)

Pink Ribbon Good provides up to 30 round-trip rides to medical appointments for breast and gynecological cancer patients.

## 7. [American Cancer Society Road to Recovery](#)

American Cancer Society Road to Recovery is a volunteer-based transportation program providing trips for cancer-related medical appointments.



# County Veterans Service Commission



**Figure AG: County Veterans Service Commissions**

Source: MVRPC





The [County Veterans Service Commission](#) is funded through county property tax. Each local CVSC is required to establish transportation for veterans to and from veteran's administration medical centers through arrangements determined to be most cost-effective.<sup>16</sup>

1. [Champaign County](#) contracts with Champaign Transit System
2. [Clark County](#) contract with Veterans of Foreign Wars (VFW) Post 1031
3. [Darke County](#) provides services through county resources
4. [Greene County](#) provides services and contracts with Greene CATS Public Transit
5. [Miami County](#) provides service and contracts with Miami County Transit
6. [Montgomery County](#) purchases bus passes through Greater Dayton RTA
7. [Preble County](#) contracts with Miami Valley Community Action Partnership
8. [Shelby County](#) provides service through county resources



## Dayton VA Medical Center



The [Veterans Transportation Service](#) is a U.S. Department of Veterans Affairs (VA) funded program designed to help Veterans with disabilities who live in remote and rural locations access transportation to and from VA health care appointments.<sup>17</sup> The VTS program provides shuttle and wheelchair-accessible transportation to and from the Dayton VA Medical Center.

In addition to providing transportation services, the VA offers [travel pay reimbursement](#) for Veterans and their caregivers for mileage and other travel expenses to and from approved healthcare appointments.<sup>18</sup>



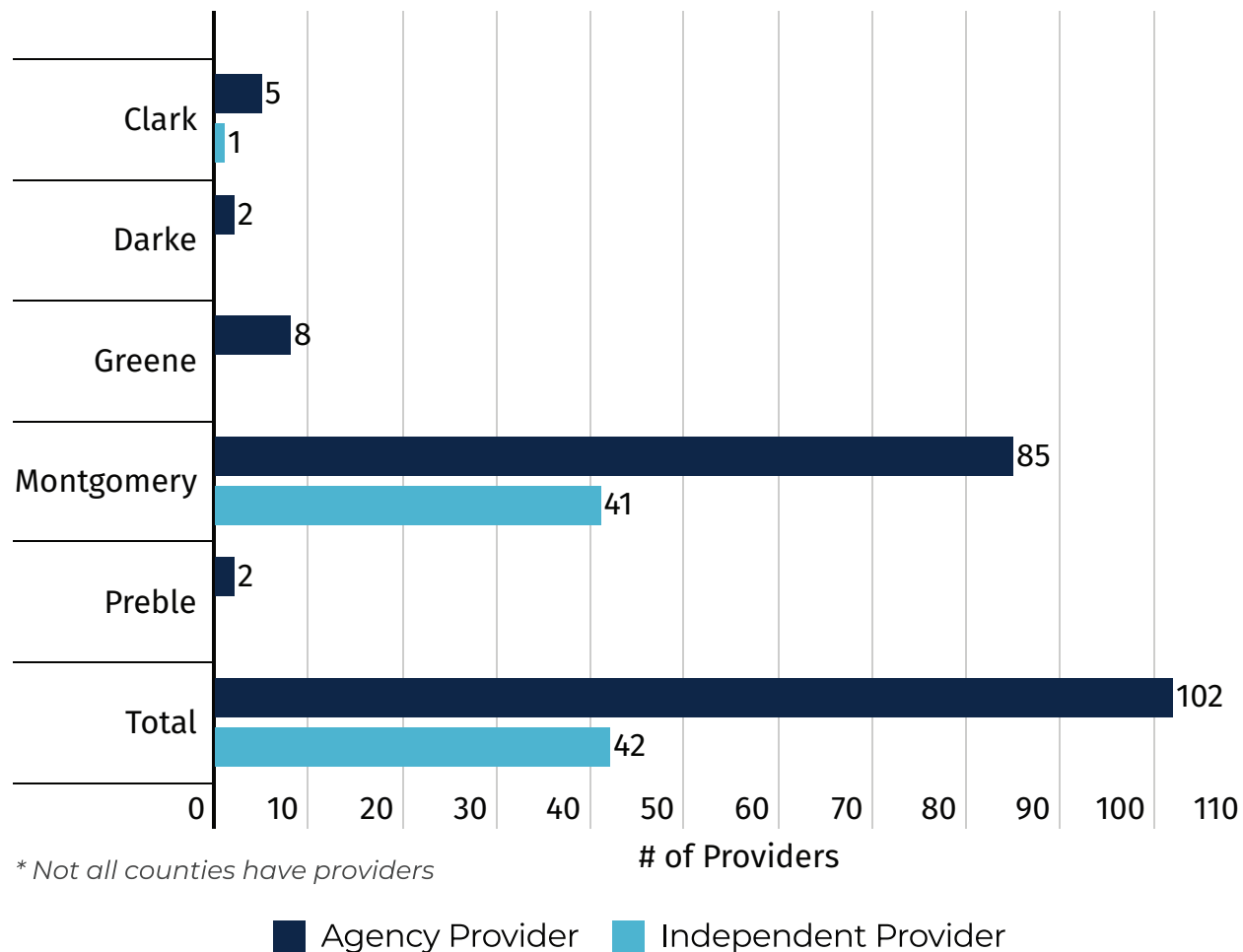
# Medicare Advantage



Medicare Advantage health plans (sometimes called Medicare Part C) combine the benefits from Medicare Part A and B into a simple all-in-one plan. Medicare Part B covers non-emergency ambulance services to the nearest medical facility, if you have a written order from your doctor saying that it is medically necessary. Medicare Part A covers emergency transportation. In addition to covering everything from Part A and B, Medicare Advantage provides additional transportation benefits such as transportation to dialysis treatment.<sup>19</sup>



# Non-Emergency Medical Transportation



**Figure AH: Non-Emergency Medical Transportation Providers**

Source: [National Identifier Database Registry](#)

Non-Emergency Medical Transportation (NEMT) is provided through managed care plans (i.e. Medicaid Insurance). Medicaid provides transportation for qualified medical trips over 30 miles. Coverage for NEMT rides differs depending on the individual’s situation and need. Each managed care organization manages its NEMT program differently, but follows similar guidelines established by the [Ohio Department of Medicaid](#).<sup>20</sup> Providers change frequently, therefore the number of providers depicted in **Figure AH: Non-Emergency Medical Transportation Providers** is a snapshot in time.



# Non-Emergency Transportation

Medicaid establishes agreements with each County Department of Job and Family Services (CDJFS) to provide [Non-Emergency Transportation](#) (NET) for individuals who qualify for NEMT, but are not on a managed care plan or are traveling less than 30 miles. For each individual, the CDJFS is expected to select the type of assistance that enables timely access, and that is most cost-effective and suitable to meet the individual's needs and circumstances. Therefore, each NET program functions differently from community to community.

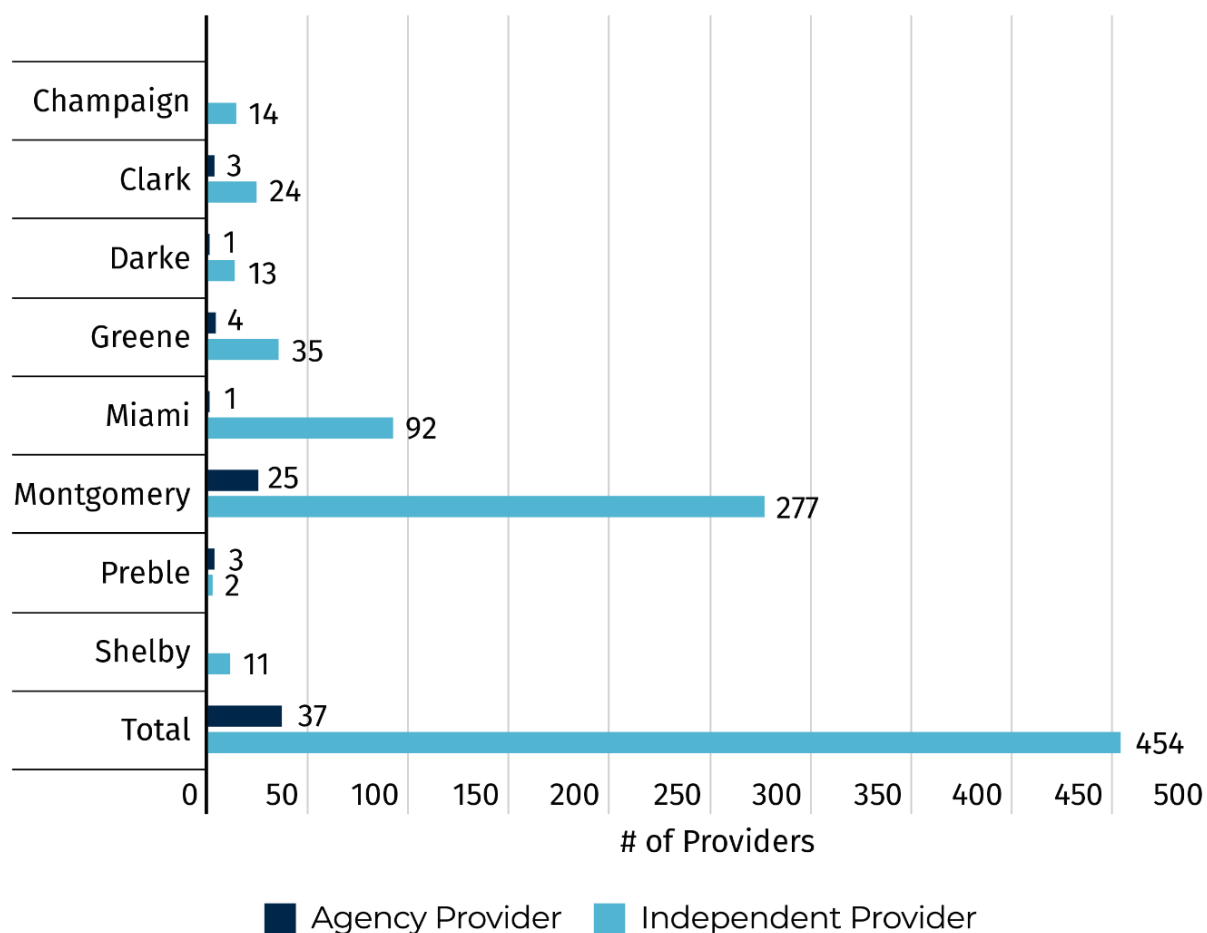
[Ohio Administration Code rule 5160-15-10](#), paragraph (D)(2) states:

“The types of non-emergency transportation assistance offered by a JFS generally reflect the resources available within its community service area. In a large metropolitan area with an extensive public transit system and numerous taxicab and transportation network companies, for example, the JFS may choose to offer rides rather than payment of vehicle costs; in a very rural area with no public transit and few options, the JFS may choose to offer fuel subsidy as its main form of assistance. Every JFS, however, regardless of community service area, is expected to develop a process for identifying transportation sources and to make a good-faith effort to secure rides for individuals who need actual transportation.”<sup>21</sup>

1. [Champaign County](#) contracts with Champaign Transit System, and Quality Care Transport and provides mileage reimbursement
2. [Clark County](#) contracts with TAC Industries, provides fuel cards, and bus passes, and provides mileage reimbursement
3. [Darke County](#) contracts with Spirit Medical Transport and provides mileage reimbursement
4. [Greene County](#) contracts with Greene CATS Public Transit, Xenia Adult Recreation and Services Center and provides mileage reimbursement
5. [Miami County](#) contracts with Miami County Public Transit and provides mileage reimbursement
6. [Montgomery County](#) contracts with Valley Transport, provides bus passes, and provides mileage reimbursement
7. [Preble County](#) contracts with the Preble County Council on Aging and provides mileage reimbursement
8. [Shelby County](#) contracts with Shelby Public Transit and provides fuel cards



## Non-Medical Transportation



**Figure A1: Non-Medical Transportation Providers**

Source: [Ohio Department of Developmental Disabilities Provider Search](#)

Non-Medical Transportation (NMT) is a Medicaid covered service which help individuals with developmental disabilities gain independence. NMT is managed through County Boards of Developmental Disabilities. NMT includes transportation to, from, between, or among:

- A place of employment
- A location where adult day support, career planning, group employment support, individual employment support, or vocational rehabilitation
- A volunteer activity
- A post-secondary educational program
- An internship or practicum



Agency and independent providers with a Medicaid provider agreement and that are Department of Developmental Disability (DODD)-certified, can provide this service. All services must be delivered as specified in the individual service plan (ISP) and authorized in Payment Authorization for Waiver Services. Non-medical transportation can be provided as one-on-one or as a group service. There are three modes of non-medical transportation:<sup>22</sup>

- Per trip
- Per mile
- Commercial vehicles at the usual and customary fare

There are hundreds of private agencies and independent providers who are NMT providers in the region. Many utilize [Section 5310](#) funding to purchase vehicles and fund operations through Medicaid waivers, grants, and other funding sources.<sup>23</sup> Providers change frequently, therefore the number of providers depicted in **Figure A1: Non-Medical Transportation Providers** is a snapshot in time.



## PASSPORT & COMCARE



The Medicaid [Passport Program](#) helps older adults gain independence, by providing home- and community-based services. Passport is offered by both the [Area Agency on Aging](#) and [Catholic Social Services of the Miami Valley](#) in the region. Catholic Social Services serves the rural counties of Champaign, Darke, Logan, Miami, Preble and Shelby, while the Area Agency on Aging serves the urban counties of Clark, Greene and Montgomery.<sup>24</sup>

In addition to Passport, the Comcare Program provides additional home- and community-based services to Montgomery County residents. Comcare is funded through the [Montgomery County Human Services Levy](#). Transportation services are offered to Passport and Comcare clientele through case management.



# Ridesharing



Ridesharing is another way to reduce gaps in transportation services. Private paid services such as taxi, Uber and Lyft are vital services for those left without transportation options or need services on-demand. There is a higher demand for these services in the urban communities, making it more affordable for the passenger and profitable for the provider. However, in rural areas these services are often not an option due to it being both unaffordable or unavailable in certain communities.

The [MVRPC Rideshare Program](#) is a free service available to anyone who lives, works or attends college in Montgomery, Greene, Miami, Preble, Darke and Clinton counties.<sup>25</sup> The Rideshare Program is designed to match interested users with others who are traveling the same commute to form or join a carpool, vanpool or bikepool to share their commute. MVRPC's Rideshare Program is part of a statewide platform to provide these services called [Gohio Commute](#).<sup>26</sup>



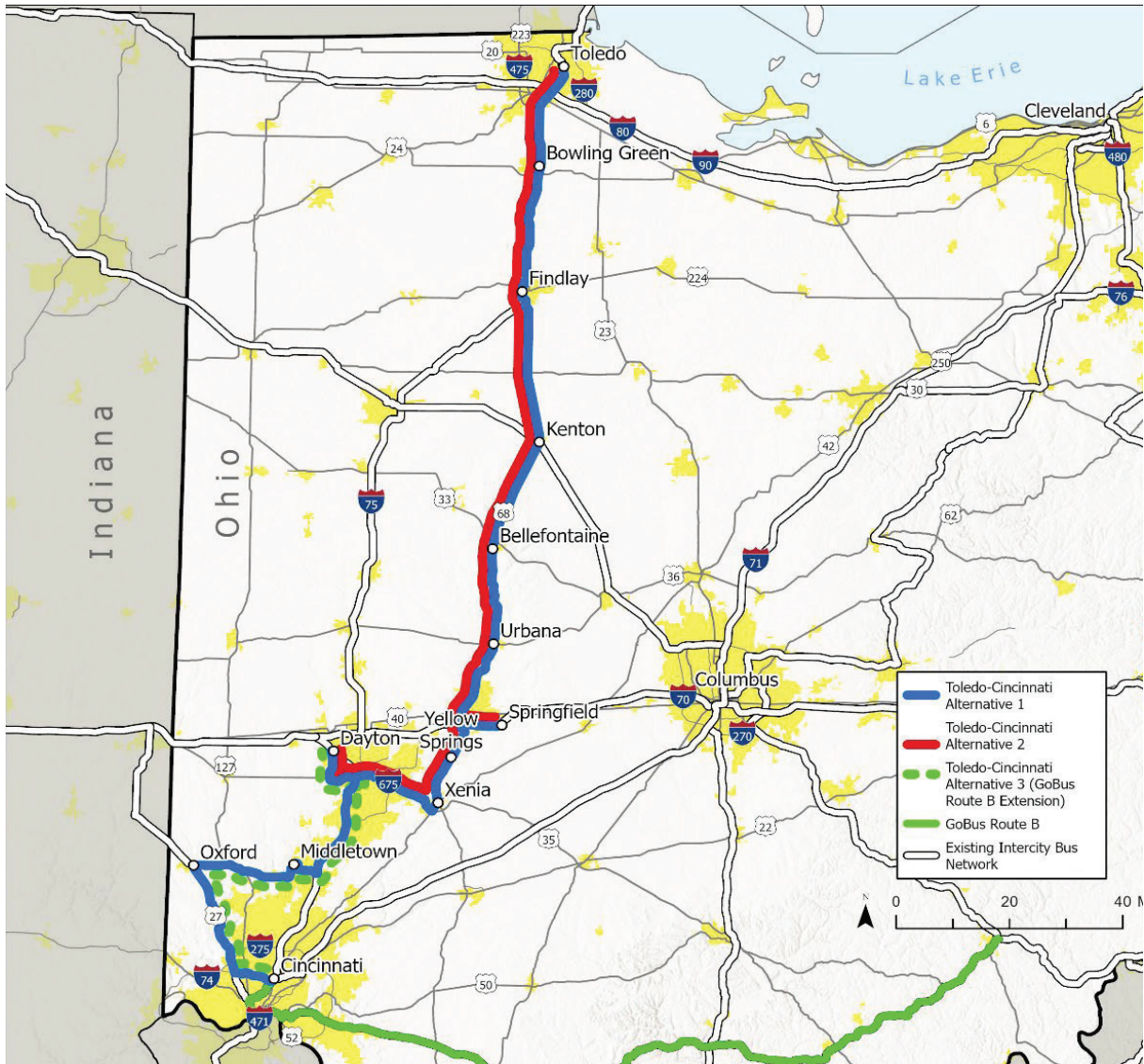
# Active Transportation



Walking, biking or rolling on a scooter, skateboard, or wheelchair serves as an important step in first-and-last-mile connections to transit. Chapter 5 of the [Miami Valley Regional Active Transportation Plan](#) reviewed pedestrian access to fixed route transit systems in Greene and Montgomery counties.<sup>27</sup> Pedestrian accessibility was not reviewed for demand-response transit systems due to these services being typically door-to-door and not requiring walking, biking or rolling to a bus stop. The plan found that just over 83 percent of Greater Dayton RTA bus stops are served by sidewalks and that most of Greene CATS Public Transit flex routes, where people are able to flag down the bus, also have sidewalk access. The plan did identify areas of significant length along both fixed and flex routes which do not have sidewalk access. These areas could be considered for future investment to improve first and last mile connections to fixed and flex route transit services.



# Intercity Bus



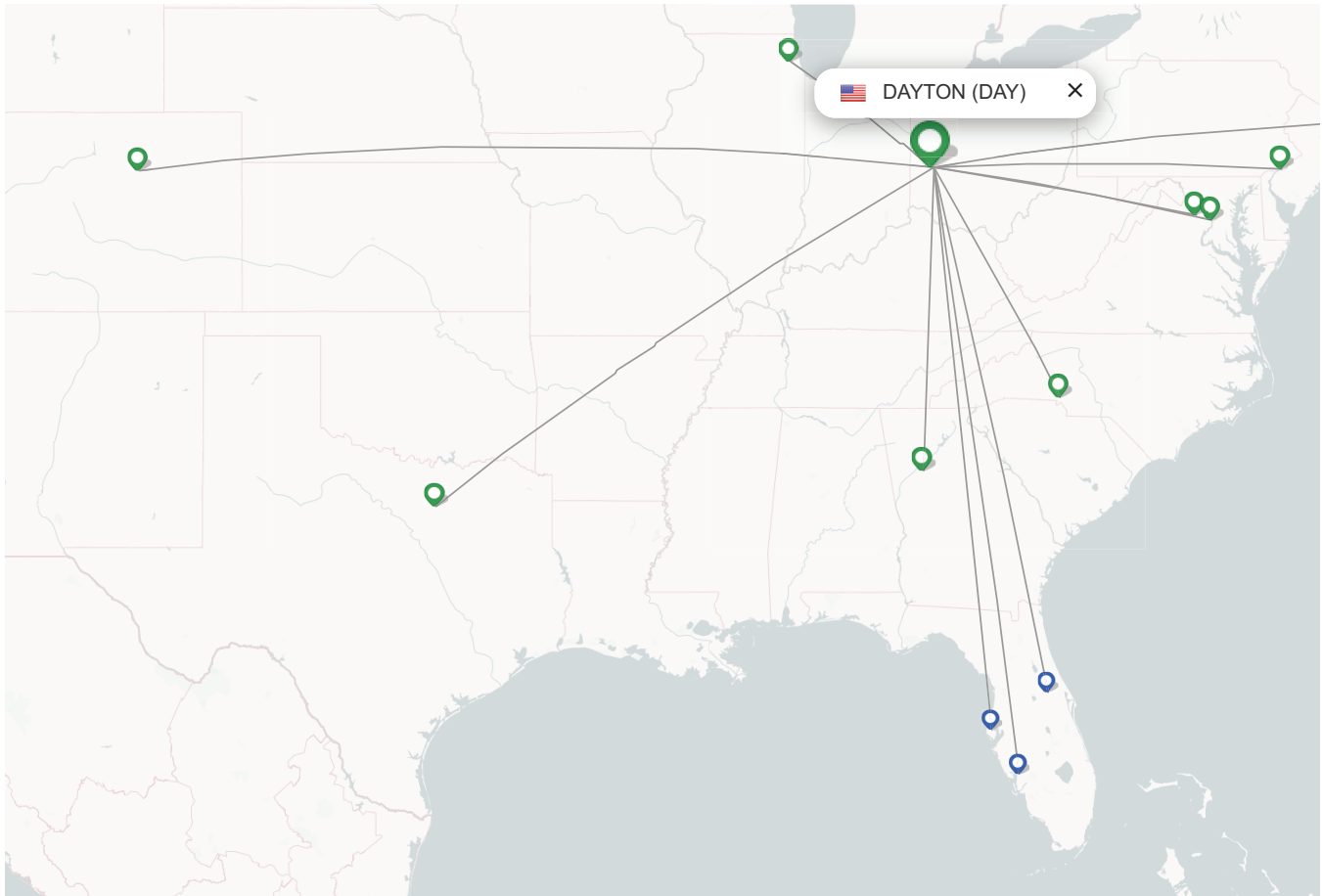
**Figure AJ: Intercity Needs Bus Assessment, Toledo-Cleveland Proposed Route**

Source: [Ohio Department of Transportation \(ODOT\), Office of Transit](#)

Since the summer of 2023, the Ohio Department of Transportation (ODOT), Office of Transit has been undergoing an assessment of the Ohio Intercity Bus network named [GoBus](#).<sup>28</sup> The study is designed to identify opportunities to expand and improve the system in future years, and has highlighted several routes for future expansion, including a proposed Toledo-Cleveland route. If implemented, the Toledo-Cleveland alternative would pass through Champaign, Clark, Greene and Montgomery counties.



## Passenger Airline



**Figure AK: Dayton International Airport, Map of Direct Flights**

Source: [FlightsFrom.com](https://www.flightsfrom.com)

The Dayton International Airport located in the City of Vandalia provides around 250,000 flights annually, offering 12 direct flights primarily to southern and eastern states.<sup>29</sup> There are four airlines that fly out of Dayton: American, Delta, United and Allegiant. Though Dayton is an international airport, Columbus and Cincinnati airports have significantly more airlines and flights. Therefore, many people living in Dayton may be traveling to Columbus and Cincinnati to access more affordable and direct flights.



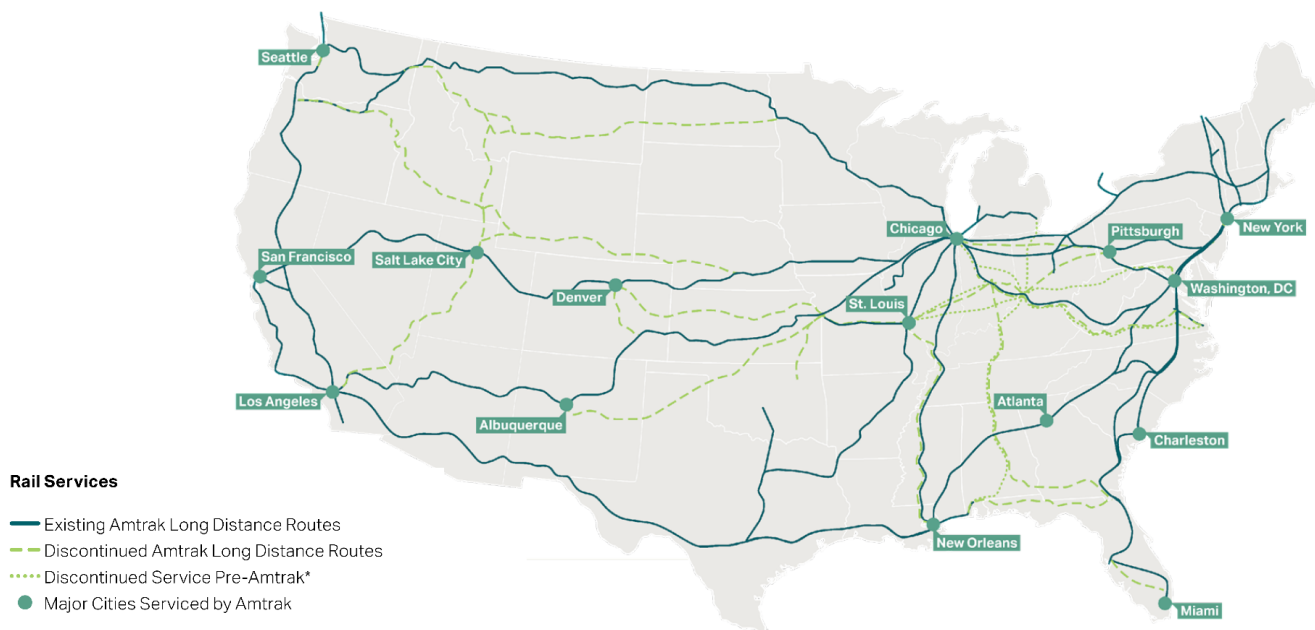
# Passenger Rail

In the winter of 2023, the Federal Railroad Administration (FRA) approved a planning grant to assess the viability of expanding intercity passenger rail services in Ohio. The rail corridors receiving the planning grants include the following corridors:

- Cleveland-Columbus-Dayton-Cincinnati (3C+D)
- Cleveland-Toledo-Detroit
- Chicago-Fort Wayne-Lima-Columbus-Pittsburgh (Midwest Connect Corridor)

The study is a multi-phased effort to determine viability of adding passenger rail services to Ohio's largest cities, which have not been connected to passenger rail since 1967 including Cleveland, Columbus, Cincinnati and Dayton.<sup>30</sup>

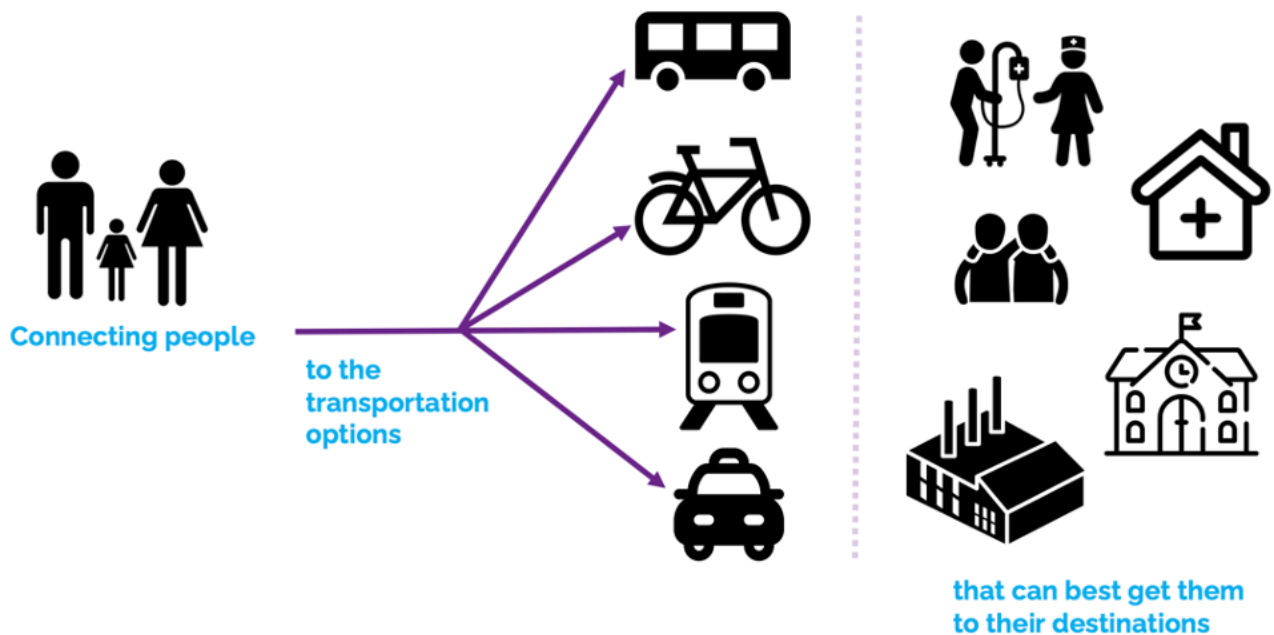
## EXISTING AND DISCONTINUED LONG-DISTANCE ROUTES



**Figure AL: 3C + D Corridor Project Economic Impact Study**

Source: [All Aboard Ohio](#)

# Mobility Management



**Figure AM: What is Mobility Management?**

Source: [National Center for Mobility Management](#)

According to the [Federal Transit Administration](#), mobility management is an innovative approach to managing and delivering coordinated transportation services to customers, including transportation-disadvantaged populations. Mobility management focuses on meeting individual customer needs through a wide range of transportation options and service providers, and on coordinating services and providers to achieve a more efficient transportation service delivery system. They serve as conveners, policy coordinators, operation service brokers, and customer travel navigators.<sup>31</sup>



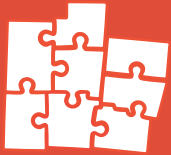
**Figure AN: Mobility Managers in Ohio**

Source: [Ohio Department of Transportation \(ODOT\), Office of Transit](#)

The region has three ODOT funded mobility managers covering five counties: Champaign, Darke, Greene, Preble and Shelby. Though ODOT does not currently fund mobility managers in Clark, Miami and Montgomery counties, many agencies fill the role of mobility management through other means. Additionally, the Dayton VA has a mobility manager serving the Veteran population in the region.

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# CHAPTER 3:

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## **Assessment of Transportation Needs**



# Stakeholder & Public Engagement Process

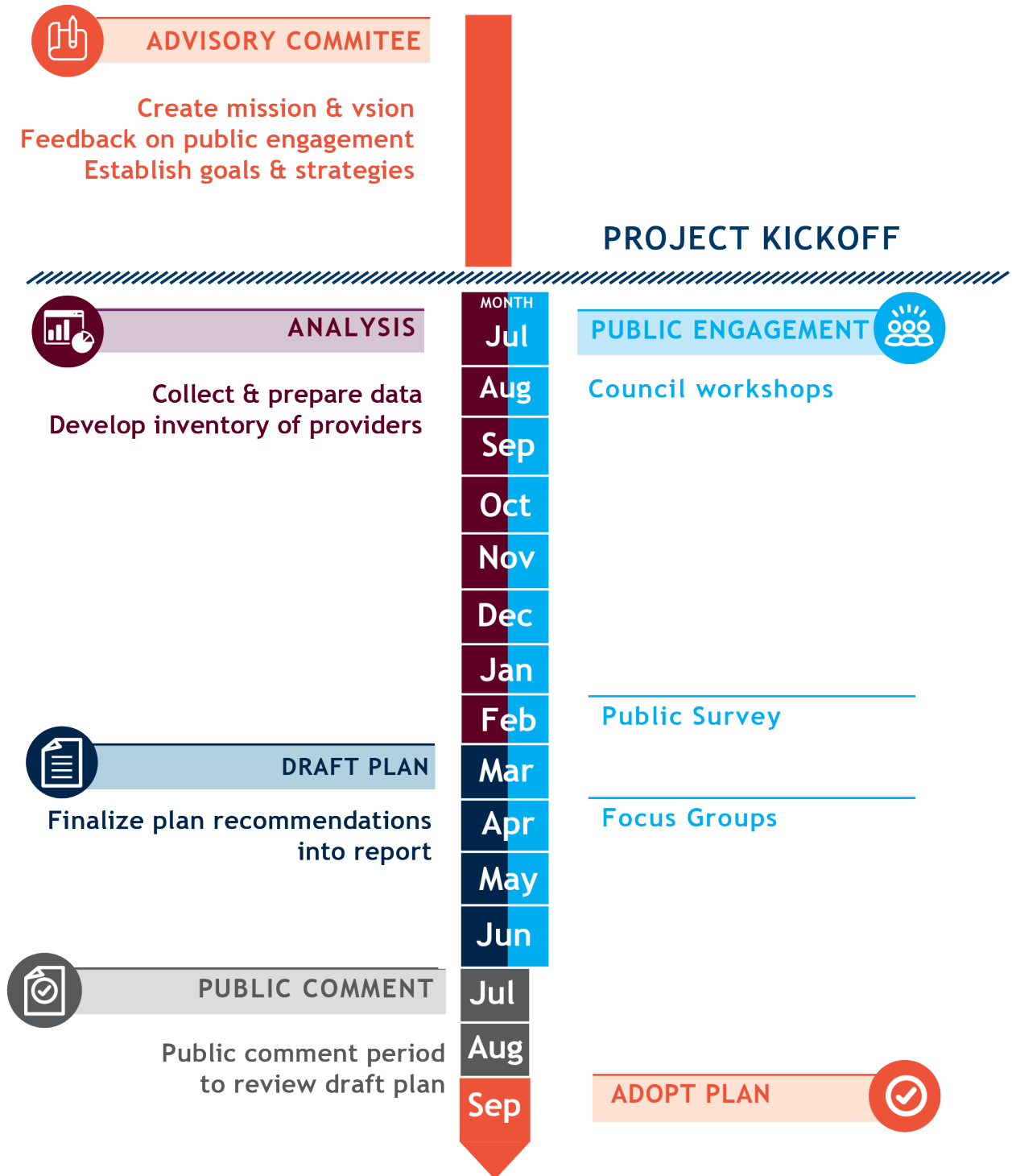


Figure AO: Plan Timeline

Source: MVRPC

The Miami Valley Regional Planning Commission undertook a comprehensive effort to gather public feedback for the Greater Region Mobility Initiative Transportation Coordination Plan Update. This process involved a multi-step approach to stakeholder and community engagement. Below is a summary of the five-step process used to identify and evaluate top unmet needs for transportation services in the Greater Region.

# 1. Review of Unmet Needs

Unmet needs were reviewed by key community stakeholders in 2022. In total, 45 representatives of local non-profit, government, and transit agencies identified unmet needs for each community.

	1.	2.	3.	4.	5.
Champaign	Out of county travel	Coordination between counties	Early, evening, weekend & same-day		
Clark	After-hour & weekend transportation	Expand public information using different methods	Expand funding to include non-traditional sources	County-wide & cross-county transportation	Collaborative sub-committee
Darke	County-wide transportation	Early morning & evening	County-to-county transportation	Transportation for those who don't have funding	
Greene	Access to healthcare, treatment, and recovery	Capacity & information sharing	Employment related transportation	Driver shortages	
Preble	Transportation for new entry-level employees	Funding for populations not served	Explore options to expand services	Improve public knowledge of available options	Cooperation among stakeholders
Shelby	Early mornings, evenings & holidays for medical trips	Employment & non-medical trips	Educating residents on transportation options	Driver shortages	Affordable out of county service
Miami	Employment related transportation	Access to healthcare	Capacity & information sharing	Marketing & outreach of existing services	Increased expenses: fuel, labor, etc.
Montgomery	Access to healthcare, treatment, and recovery	Capacity & information sharing	Employment related transportation	Driver shortages	



Local meetings were held by local Human Services Transportation Council in each county. Around 45 individuals representing local area non-profits, government agencies, transit agencies and county boards evaluated local unmet needs on behalf of the clients they serve. These agencies provide various services for older adults, individuals with disabilities and low income individuals across the Greater Region. Unmet needs were prioritized for the region by identifying the top unmet needs by total count.

**Figure AP: Chart of Unmet Needs**

**Source:** [MVRPC, Greater Region Transportation Profile](#)

## 2. Strengths Weakness Opportunities & Threat (SWOT) Analysis

Upon completion of the local review of unmet needs, regional stakeholders performed a SWOT analysis of the entire region. The SWOT Analysis provided further understanding of progress made in 2022 and identified areas of growing need:



Figure AQ: SWOT Analysis

Source: [MVRPC](#)

### 3. Public Survey



In the summer and early fall of 2023, several workshops were held to garner feedback from key stakeholders on the development of a broad engagement and outreach strategy. Stakeholders shared recommendations for targeting key non-driving populations to include, but not limited to:

- Older adults
- Individuals with disabilities
- Low-income populations
- Unhoused populations
- Non-English speaking and minority populations
- Teens and youth
- Caregivers
- General public

Stakeholders also provided feedback on recommended questions and the method of outreach to include, but not limited to:

- In-person events
- Print
- Social media outreach
- Flyers with QR codes

Based on feedback gathered, a survey was launched in early 2024 to help obtain a broader representation of the experiences and needs of non-driving populations. The survey was designed to review the unmet needs in more depth, foster broader public feedback, and gather additional data to help move towards developing plan goals and strategies. The information feedback gathered during the workshops guided the development of the survey.



## GREATER REGION MOBILITY INITIATIVE

Age ▾

County ▾

Race/Ethnicity ▾

Users of Mobility Devices

Users on Medicaid

Users of Public Transit

Users of NEMT

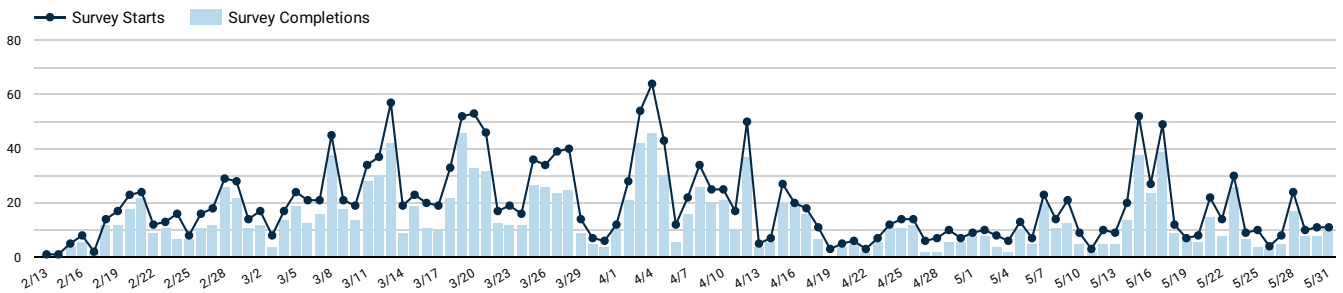
English Second Language

Hispanic or Latino Users

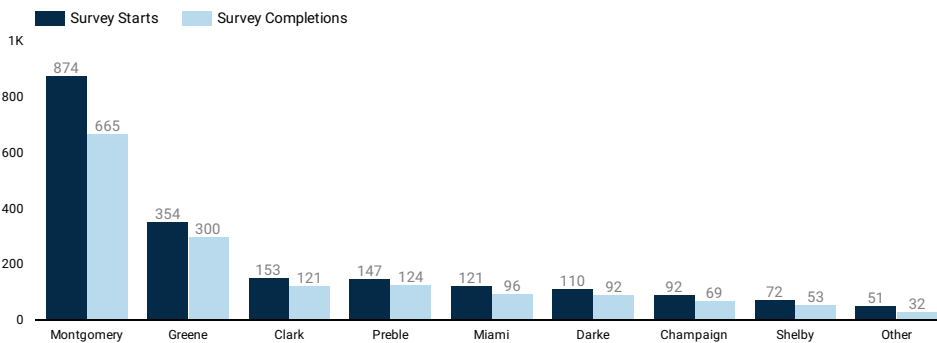
### SURVEY TRAFFIC & SOURCES



### SURVEY STARTS & COMPLETIONS OVER TIME



### RESPONDENTS BY COUNTY



### "OTHER" COUNTIES

County	Survey Starts	Completions
Warren	14	11
Hamilton	8	6
Outside Ohio	8	6
Butler	5	2
Logan	1	1
Portage	1	0
Wayne	1	0
Kent	1	1
Franklin	1	1

**Grand total**                      **40**                      **28**

**Figure AR: GRMI Survey Dashboard**

Source: MVRPC



## Survey Dashboard

Before the launch, the survey questions and dashboard were tested and reviewed by two key groups consisting of older adults and individuals with developmental disabilities, to ensure the survey is accessible and understandable. Based on feedback, questions were edited to be written in plain language and adapted to include a paper version to ensure internet access was not a barrier. After initial survey distribution, additional feedback from partners serving immigrant populations identified language translation as another potential barrier and the survey was translated into twelve key languages.

The interactive survey dashboard was created to provide real-time insights into the progress of the survey. The survey was promoted and distributed through a comprehensive social media strategy and community distribution effort, targeting specific non-driving populations. In total, the survey had a 79% completion rate, meaning 4 out of every 5 people who started the survey completed it. This rate is much higher than the industry average of 34%, according to [Survey Sparrow](#) (the platform used to collect the data). The below sections provide a more in-depth description of the different types of outreach used to promote the survey.

County	% Total	% Completion	Total Starts	Total Submissions	Total Pop.
Miami	0.09%	79.3%	121	96	108,774
Clark	0.09%	79.1%	153	121	136,001
Shelby	0.11%	73.6%	72	53	48,230
Mont.	0.12%	76.1%	874	665	537,309
Darke	0.18%	83.6%	110	92	51,881
Cham.	0.18%	75.0%	92	69	38,714
Greene	0.18%	84.7%	354	300	167,966
Preble	0.30%	84.4%	147	124	40,999
<b>Region</b>	<b>0.11%</b>	<b>79.0%</b>	<b>1,923</b>	<b>1,520</b>	<b>830,314</b>

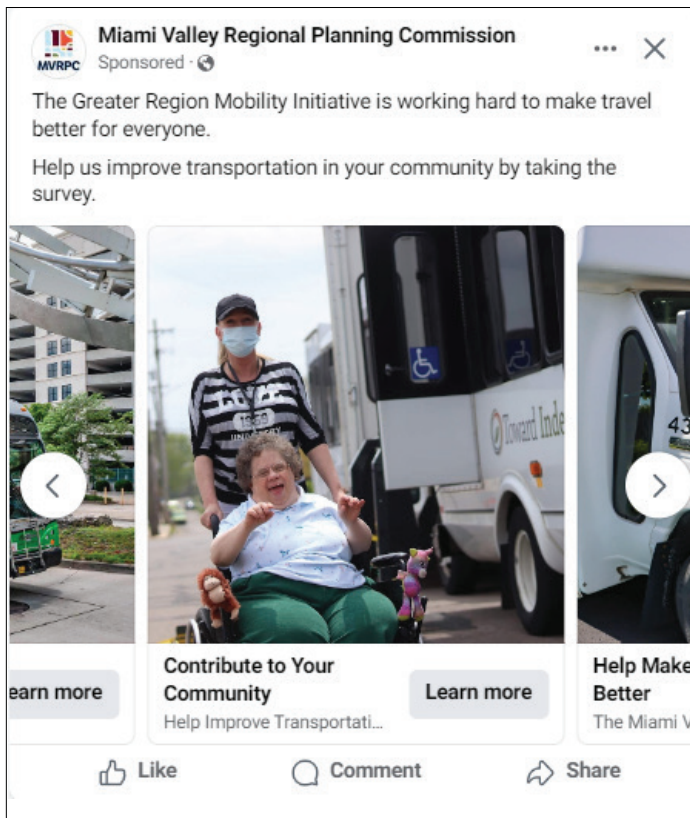
**Figure AS: Survey Completions**

Source: MVRPC

## Digital Promotions

Social media advertisements were developed and deployed through Meta (Facebook and Instagram) and Google. These ads used images of actual providers and riders from the region and simple messaging to ensure familiarity and comfort when clicking on the link. Incoming survey metrics, such as county locations and demographics, were continuously monitored to refine and adjust the social media strategy.

Though the Meta ads reached more individuals, Google ads resulted in more completed surveys. This is likely because Google ads are more targeted to keyword searches, so users who saw the ad were already seeking information about transportation services.



**Figure AT: Survey Digital Advertisement Meta**

Source: [Futurity Digital](#)

## Community Promotions

Grassroots promotion efforts in the community were a critical support to the digital engagement strategy and, ultimately, drove 43% of all survey completions. To promote the survey, multiple versions of the flyers were created, including Spanish and Haitian Creole-translated flyers. A promotional toolkit was distributed to local organizations serving the target populations. Toolkits included a flyer, a sample social media post, and a newsletter text. Each toolkit and flyer were assigned a QR code indicating the type of agency or targeted population. The use of multiple QR codes allowed us to track where promotions yielded the best results.

Digital promotions and community promotions were fairly even in their ability to garner survey starts. This data reveals that the region benefits from a strong network, built on relationships and support. The reach of the MVRPC QR code, which accounted for 61% of community-promoted surveys and nearly a third of all completed surveys, indicates that requests coming directly from MVRPC are highly effective. The MVRPC QR code was distributed through MVRPC communication channels which include the Executive Directors Update newsletter, GRMI meeting invitations, and the MVRPC website.

**MIAMI VALLEY**  
Regional Planning Commission

### ¿CÓMO TE MUEVES POR TU COMUNIDAD?

¡Ayuda a que el transporte sea **MEJOR** en nuestros ocho condados!

¡Queremos escucharte!  
La Comisión de Planificación Regional del Valle de Miami (Miami Valley Regional Planning Commission) necesita tu ayuda. ¡Responde hoy a nuestra encuesta rápida de 5 minutos y comparte tu experiencia para ayudarnos a mejorar los servicios de transporte en nuestra región!

TOMA NUESTRA ENCUESTA

¿Cómo se utilizará mi entrada?

- Para descubrir dónde quiere ir la gente
- Para proporcionar más opciones de transporte para las personas mayores y personas con discapacidades
- Para coordinar mejor el transporte abordando las necesidades insatisfechas y eliminando barreras

Obtenga más información en [mvrpc.org/mobility](http://mvrpc.org/mobility)

**Figure AU: Survey Promotion Flyer Spanish Translation**

Source: [RAMA Consulting](#)

## 4. Focus Groups

Focus groups were organized to explore unmet needs more deeply and to gather direct testimonies about personal challenges. Each session was designed to learn more about specific needs or challenges.

- Two focus groups were conducted in collaboration with the Community Action Partnership of Miami Valley; one in Preble and Darke county. These locations were identified due to their heavily rural populations which were underrepresented in the survey data. These focus groups were held in person, with eight total participants.
- Two virtual focus groups were held with individuals who were Medicaid recipients. These individuals had completed the survey and indicated that they would be willing to participate in a focus group. The nine individuals who participated were targeted to better understand the unique challenges associated with non-emergency medical transportation.
- The focus group team was invited to attend and conduct a small discussion during a Gala of Hope Foundation event. The Gala of Hope Foundation supports cancer patients, cancer treatment, and local cancer research in the Dayton region. Eight-five participants, representing patients, caregivers, and medical professionals, shared their experiences with medical transportation services, as well as recommendations for system improvements.



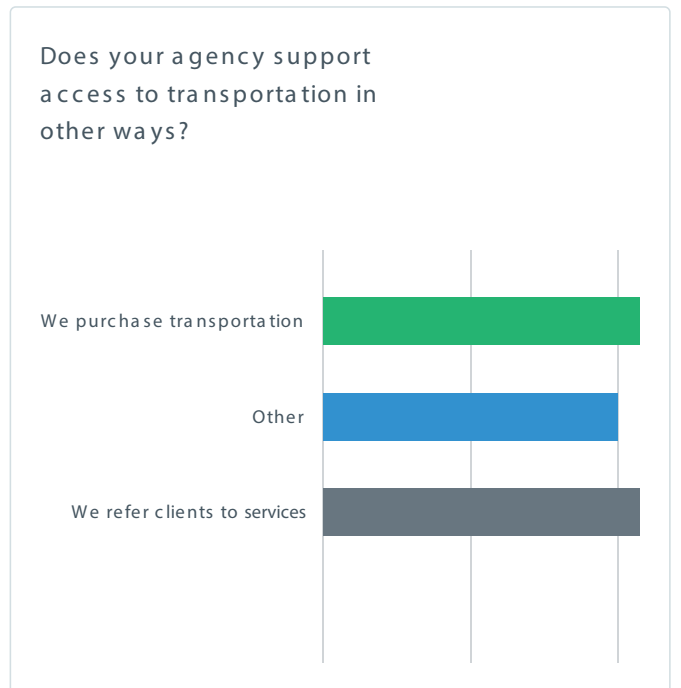
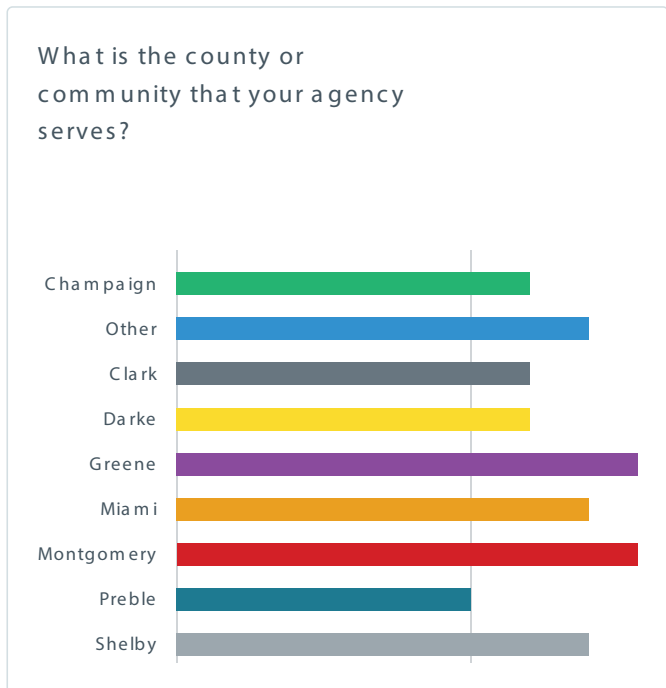
**Figure AV: Cancer Care Support Summit**

Source: [Gala of Hope](#)

# 5. Provider Survey

A transportation provider survey was launched in April 2024, gathering information from 28 key transit and human service transportation providers and generating a clearer picture of services offered and the challenges faced.

As a result of the survey, it is clear that transportation providers are experiencing major resource challenges and are either operating at a lesser capacity or operating at a larger capacity with fewer resources. Since COVID, the cost to maintain has gone up in every aspect. Providers struggle to replace aging fleets and the cost to maintain vehicles and to hire and retain staff is increasing. Many providers have been forced to cut back or deny services to sustain services and now demands are returning and providers are struggling to get back to where they were before COVID.



**Figure AW: Provider Survey**

Source: MVRPC

# Public Engagement Results

Surveys and focus groups provided additional data and insights into the unmet needs identified in 2022. The survey collected over 1,000 comments of personal challenges and recommendations for transportation improvements which were further analyzed and sorted into key themes to better understand the current state of transportation in the region as well as opportunities for improvement.



## **Employment & Medical Trips**

Access to transportation for jobs or medical services is critical for ensuring self-sufficiency and healthy outcomes for all individuals, particularly older adults, and low-income populations. The survey data confirms that this is a pressing need for individuals in the region. Work or employment was the second most frequent location traveled, followed by medical centers and pharmacies. Lack of reliable transportation has caused individuals to be unable to find or keep a job, according to 15% of working-age adults (ages 19-64). Additionally, 20% of survey respondents indicated they have missed doctor's appointments because of unreliable transportation.

***A local employer states: "one of the biggest barriers to employment at our stores is transportation."***

***Local Law Office shares: "Part of our business is serving Social Security/Disability Clients. For these clients, transportation is proven to continue to be a problem that prevents them from working. A lot of the disability clients couldn't get to their hearings and struggle to get to doctor's appointments, forcing them to be non-compliant for not attending medical appointments."***

After further analysis, three specific challenges were identified as impacting people's ability to access these critical needs:

**1) Limited Operating Hours:** 31% of respondents expressed frustration with the limited hours of operation. For example, many transit services often stop running early in the evening and do not run at all on weekends, this can make employment particularly challenging as it significantly limits the worker's availability and these hours do not align with many entry-level or shift-work jobs.

Written comments also indicated that the availability and reach of transit routes created additional barriers for workers – this was most prevalent in rural counties but was frequently cited in the urban centers as well.

***"Bus 11 in Montgomery County was discontinued. I can no longer take the bus to and from my job at TJ MAXX in Kettering."***

**2) Advanced Scheduling Requirements:** Participants noted that they often need to schedule transportation services well in advance, sometimes as much as two days ahead. This creates a significant barrier for those needing last-minute or urgent rides and limits the flexibility of the region's workforce. The inability to schedule rides "on demand" was the fourth most frequently cited challenge with current transportation services and was noted as an issue by 22% of working-age adults.

**3) Reliability and Follow-up:** There were several comments about the unreliability of medical transport services. Respondents mentioned that medical transport often does not return to pick them up after appointments, leaving them stranded. Some focus group participants indicated they have switched to using ride-sharing services like Uber and Lyft due to the inadequacies of Non-Emergency Medical Transportation (NEMT) services.

Across our five focus group sessions, there were countless stories of individual challenges with getting to or returning home from medical appointments. Often, the problem does not exist with getting to appointments, but rather it is getting home from appointments that causes the greatest difficulty. Patients have waited hours for rides home from appointments, and some reported giving up and calling family members instead. During one focus group session, a participant said that her sister is currently leaving work to go pick up her mother from an appointment. People with a disability have heightened difficulties, such as wheelchair users or those who require stretchers for transportation. Often, transit providers struggle to care for these specialized needs, possibly due to liability concerns.

***“If my family can’t take me, I just cancel and don’t go to medical appointments.”***

***“Many times I needed to go to the hospital by ambulance in the late afternoon or evening only to find I had no way back home when discharged. The Uber, Lyft, and taxi services don’t run late either. I am new to Ohio and haven’t made friends yet and have no family with transportation. So I quit going to the hospital and take my chances at living or dying.”***

***Social Worker at a local health facility states: “ I am grasping at straws for our Medicaid patients. We have had several patients not making appointments because their Medicaid transportation cancels the same day hours before their appointments. We now have physicians dismissing patients from their practice due to missed appointments.”***



## ***County-wide & Cross-country trips***

The Greater Region includes large rural areas that are often disconnected, serviced by transit providers with limited resources that make inter-county travel difficult. For instance in Preble County, transportation resources are limited and there is frequent need for travel across county or state boundaries. 56.3% of survey respondents said they must travel outside their county to meet their needs. Even when isolating the data to users of public transit (i.e. buses), 45.6% of users indicated they needed to travel to other counties to meet their needs.

***“[We need] service to take people outside our county for specialized medical care.”***



## ***Early mornings, nights & weekends***

The survey asked respondents to indicate what times of day they typically traveled. Responses from all surveys skewed heavily towards mornings and afternoons. However, because transit services are operating within these hours, this data is likely reflecting current travel instead of what is desirable or needed.

However, when isolating the data to working-age adults (ages 19-64), the needs change. Afternoon hours remain the top need, but evening hours emerge as the second largest travel time. Working-age adults also represent the largest group traveling during early mornings, nights, and late evenings. This indicates that transit hours of operation most significantly impact individuals who travel for employment.



## **Awareness & Outreach**

Awareness of both available transit services and how to use them was identified as a significant unmet need. Among the 42.5% of survey respondents who indicated they had challenges using transit services in their community, being unaware of options was the second most frequently cited challenge and the top challenge for survey respondents over the age of 65. In addition, many of the comments on transportation improvements from survey participants included many comments related to misinformation including comments indicating that there are no transit services in communities that do currently have transit services.

***“Living in Greene County without a license means either an expensive Uber or not going anywhere.”***

***“I don’t think there is a bus service in Miami County.”***

During focus groups, technology emerged as a significant barrier to awareness and accessing services. In rural areas, this was attributed to a lack of reliable access to internet service. Older adults also noted more issues with using technology to access information or schedule rides. This lack of access or comfort with technology may also be a barrier to effective promotional efforts by service providers and transportation councils. Ultimately, written comments from the survey and focus group participants, across all counties, called for more education and communication about transportation services, schedules, and payment methods. Varied communication channels, with an emphasis on community-based networks, should be included in awareness-building efforts.



## ***Driver Shortages***

GRMI providers noted that they struggle to maintain an adequate pool of drivers, which impedes their ability to deliver services and meet needs. Though the survey did not ask about workforce challenges specifically, challenges attributed to this issue were prevalent. Despite not being asked explicitly about driver shortages, transit users were very tuned in to this issue and raised it several times in their open-ended written responses:

***“Used to use NEMT until Uber and Lyft became the main options because of driver shortages.”***

***“Public transport and Paratransit often drop in quality due to driver shortages.”***

***“Sometimes just want to take a ride and don’t need it, but the driver shortage makes it impossible.”***

These references indicate that driver shortages are a notable and visible concern affecting the reliability and availability of transportation services in the region.



## ***Funds: affordability***

Analysis of survey respondent challenges and focus group responses highlighted cost as an additional significant challenge. 20% of survey respondents who indicated they had challenges with using transportation services identified cost as a significant challenge. This issue was reinforced during focus groups, with many participants mentioning that the cost of transportation services is prohibitive, especially for those with limited income. Several survey respondents also noted that the high cost of transportation limits their ability to participate in community activities, access medical services, and attend events, thereby reducing their overall quality of life. Reducing transportation costs was a recurring theme across multiple counties, indicating a widespread need for more affordable transportation options.

***“If my family can’t take me, I just cancel and don’t go to medical appointments because I can’t afford the cost.”***

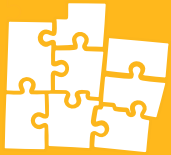
Most survey and focus group participants emphasized the importance of making medical transportation more affordable, particularly for those who need regular medical care. Some felt that medical transportation, as an essential service, should have reduced rates or be subsidized.

***“Low-cost transportation for medical and other essential services is needed to support our community.”***

Several participants also recommended making public transportation more affordable overall, ensuring that low-income individuals can access necessary services without financial strain. Participants from rural counties particularly stressed the need for affordable transportation solutions, as current options are either too expensive or nonexistent.



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# CHAPTER 4:

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## Recommendations, Roles, & Responsibilities

# Recommendations

This plan is a strategic document with a simple mission and vision to improve transportation services by addressing transportation barriers through established goals and strategies (review Chapter 5: Goals & Strategies). The plan was established in cooperation with the Ohio Department of Transportation (ODOT) Office of Transit and in partnership with health and human service providers, public transit agencies, mobility managers, community stakeholders, and leaders who identified unmet needs and established the goals and strategies of this plan. The plan was developed using grassroots community input, surveys, and focus groups, ensuring broad representation and feedback in the planning process.

The goals and strategies of this plan directly respond to identified transportation needs (review **Chapter 3: Assessment of Transportation Needs**). Each strategy provides steps toward meeting plan goals, identifies the responsible parties for leading the project, and a timeline for implementation. Each goal is designed to be actionable and measurable toward meeting the plan's mission and vision.

Many of the action items in the plan categorize projects that could be funded through Section 5310. To qualify for funding under the Section 5310 program (FTA Circular 9070.1G), all projects must meet the needs of older adults and people with disabilities when transportation services are unavailable, insufficient, or inappropriate to meet needs. There are two main prerequisites for applying for Section 5310 funding:

- FTA requires all Section 5310 to be included in a locally developed, coordinated public transit-human services transportation plan (i.e. aligns with **Chapter 5: Goals and Strategies**).
- ODOT requires active participation in quarterly meetings to request and potentially receive Section 5310 funding (Review **Participation** below).

In addition to the Section 5310 program, ODOT provides transportation funding for operations and capital expenses through various state and federal programs. To learn more about transportation funding, including Section 5310, visit the Ohio Department of Transportation Transit Funding.

Not all action items listed in the goals and strategies are Section 5310 funding-specific. Much of this plan identifies strategic opportunities to improve transportation services through enhanced coordination. These projects are categorized as strategic, technical, or communication and outreach.



# Participation

To be eligible for Section 5310 funding, agencies must certify how they participated in the coordinated planning process when applying for funding. At the minimum, agencies must meet the following criteria:

1. Attendance by an agency representative to at least 75% (3 out of 4 meetings annually) of the quarterly regional or local coordination meetings, or have made alternative arrangements with MVRPC to participate in coordination through other means;
  - agencies that are applying for funding for projects for multiple counties must attend the regional meetings;
  - agencies that are applying for funding for projects for a single county may count attendance of a local meeting, if applicable;
  - agencies must attend the annual meeting to review the region's Strengths Weaknesses Opportunities and Threats (SWOT).
2. The project must align with one or several goals or strategies identified in **Chapter 5: Goals and Strategies**;
  - all projects must identify how their project aligns with the plan goals and strategies when writing their grant application.
3. The agency must actively participate in stakeholder activities such as completing surveys, providing data, and providing information about programs, services, or inventory when requested.
4. Once applications are submitted for review, MVRPC validates participation in coordination by:
  - determining if the agency participated in coordinated planning meetings;
  - confirming provider information was updated and submitted for plan revisions;
5. Once applications are submitted for review, MVRPC confirms whether or not projects align with **Chapter 5: Goals and Strategies**.

# Roles & Responsibilities



This plan was developed in partnership with health and human service providers, public transit agencies, mobility managers, community stakeholders, and leaders who identified unmet needs and established the goals and strategies of this plan. In addition to implementation of the goals and strategies, MVRPC and key stakeholders have the following roles and responsibilities:

## 1. Greater Region Mobility Alliance

- The alliance is a group of public, private, not-for-profit transportation, human service providers, and transportation users that advance the mission and vision of the Greater Region Mobility Initiative.
- The alliance meets quarterly to discuss transportation issues, work to develop projects or programs to implement the plan goals and strategies and provide feedback on the annual update of the plan.

## 2. Advisory Committee

- The advisory committee is the decision-making body responsible for guiding plan revisions, updates, and amendments.
- Members of the advisory committee equally represent the eight counties of the GRMI and include diverse representation from organizations that align with the vision and mission of the plan.
- The advisory committee provides feedback on coordinated meeting format, regional initiatives, best practices, and performance standards.
- The advisory committee updates local transportation councils and other relevant groups when

## 3. MVRPC

- MVRPC leads the establishment of the coordinated plan and is responsible for plan revisions, updates, and amendments.
- MVRPC convenes and facilitates regional coordination meetings to include, but is not limited to: alliance meetings, advisory committee meetings, and other coordination meetings when necessary.
- MVRPC reviews grant applications and organizes a regional review committee to make funding recommendations to ODOT annually; however, ODOT makes the final decision on project awards.

## 4. ODOT Office of Transit

- ODOT provides oversight and direction on regional coordination and reviews plan revisions, updates, and amendments for final approval.
- ODOT administers grant solicitation, reviews projects to determine applicant eligibility and priority, and manages grant distribution and oversight.
- ODOT submits grants, reports, and manages compliance expectations on behalf of the FTA.

## 5. Ohio Public Transit Association

- OPTA is the primary advocate for public transportation in Ohio.
- OPTA advocates for increased funding for public transportation at the federal, state, and local levels.
- OPTA governmental affairs program influences public policy, legislation, and regulation at the local, state, and federal levels.

# Plan Revision

ODOT requires the plan to be revised every four years, with the next revision targeted in 2028. Revisions include, but are not limited to:

- Demographic data analysis
- Overview of available services and provider inventories
- Public engagement involving surveys and focus groups
- Prioritization of unmet needs
- A SWOT analysis
- An update to the plan goals and strategies
- A formal [public participation](#) and plan adoption<sup>32</sup>

# Plan Updates

ODOT requires the plan to be reviewed and updated once every year. Plan updates include, but are not limited to:

- Review of unmet needs
- A SWOT analysis
- Review the goals and strategies to confirm they are still relevant

The process will be clearly outlined in the plan document at the end of the report and submitted to ODOT for final review. The plan may require an amendment if updates are significant enough to impact funding determinations. The following updates will not require an amendment:

- Updates to geographic data
- Adding additional providers or services
- Adjustments to descriptions of services
- Minor changes such as edits to spelling or grammar

The following updates will require an amendment:

- Updates to the identified needs
- Change in prioritization of needs
- Changes to the goals or strategies
- Changes in prioritization of goals or strategies

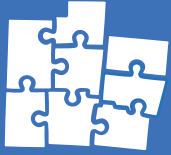
# Plan Amendments



The amendment process must include input from plan participants but does not require formal public involvement or adoption. Should an amendment be required, the following process should occur:

1. MVRPC will provide a summary of the proposed amendment to the advisory committee. The summary will include:
  - A summary of the changes requested
  - Rationale of why the changes are needed
  - Potential impact of the changes
2. MVRPC will allow 30 days for comments from the advisory committee and will ensure that all comments received are shared with other members of the committee.
3. MVRPC will organize a vote for approval or rejection of the plan amendment by the advisory committee. Should the advisory committee consist of more than one individual from the same agency, each agency will get a single vote for a plan amendment. If a majority of the responses are to approve the amendment, then the amendment is approved.
4. Once the amendment is approved, MVRPC will add the following to the plan:
  - A summary of the amendment process
  - Rationale for why the amendment was needed
  - Potential impact of the amendment
  - Date amendment was adopted and the plan was updated

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# CHAPTER 5:

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## Goals & Strategies

# Goal 1: Increase public awareness of services

## *Strategy 1.1: Maintain and expand Mobility Management Programming*

### Action Steps:

1. Continued investment in Mobility Management
  - Type of project: Local
  - Category of project: Mobility Management
  - 5310 project: Yes (review [Section 5310](#) program requirements)
  - Timeline: Apply Annually
  - Responsible parties: Mobility Management sponsor agency
  - Unmet need addressed: Awareness and outreach
  - Possible outcomes: Mobility Management Programs maintained
  
2. Research need and opportunity to expand Mobility Management into new communities
  - Type of project: Local or regional
  - Category of project: Strategic
  - 5310 project: Yes (review [Section 5310](#) program requirements)
  - Timeline: 2026 - 2027
  - Responsible parties: MVRPC
  - Unmet need addressed: Awareness and outreach
  - Possible outcomes: Mobility Management established in new communities



## ***Strategy 1.2: Expand advocacy for transportation services***

### **Action Steps:**

1. Analyze findings and create fact sheets for each community
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2025
  - Responsible parties: MVRPC
  - Unmet need addressed: Awareness and outreach
  - Possible outcomes: Fact sheets created for each county/community
  
2. Present findings to community leaders and elected officials, educating the importance of transportation investment
  - Type of project: Regional
  - Category of project: Outreach and Communication
  - 5310 project: No
  - Timeline: 2026-2027
  - Responsible parties: MVRPC and Mobility Managers
  - Unmet need addressed: Awareness and outreach
  - Possible outcomes: Findings presented to key partners
  
3. Attend OPTA's legislation reception during the Ohio Loves Transit event annually, encouraging stakeholders to meet with legislators to educate the importance of transportation investment
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2026-2028
  - Responsible parties: MVRPC and Mobility Managers
  - Unmet need addressed: Awareness and outreach
  - Possible outcomes: Findings shared during Ohio Loves Transit event

### ***Strategy 1.3: Expand outreach to transportation users***

#### **Action Steps:**

1. Organize deep-dive learning sessions with targeted populations to learn more about specific challenges and needs
  - Type of project: Local
  - Category of project: Outreach and Communication
  - 5310 project: No
  - Timeline: 2026
  - Responsible parties: MVRPC and Mobility Managers
  - Unmet need addressed: Awareness and outreach
  - Possible outcomes: 2-3 learning sessions completed
  
2. Information gathered to support the implementation of Strategy 1.3 (expanded education)
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2027-2028
  - Responsible parties: MVRPC
  - Unmet need addressed: Awareness and outreach
  - Possible outcomes: Regional marketing strategy established

## **Strategy 1.4: Expand education on transportation services**

### **Action Steps:**

1. Create and implement a regional marketing strategy to promote resources
  - Type of project: Regional
  - Category of project: Outreach and Communication
  - 5310 project: Yes, if tied to Mobility Management (review [Section 5310](#) program requirements)
  - Timeline: 2027-2028
  - Responsible parties: MVRPC and Mobility Managers
  - Unmet need addressed: Awareness and outreach
  - Possible outcomes: Regional marketing strategy established
  
2. Include in step 1: process for maintaining mobility information tools Miami Valley Ride Finder and Gohio Mobility
  - Type of project: Regional
  - Category of project: Outreach and Communication
  - 5310 project: Yes, if tied to Mobility Management (review [Section 5310](#) program requirements)
  - Timeline: 2027-2028
  - Responsible parties: MVRPC and Mobility Managers
  - Unmet need addressed: Awareness and outreach
  - Possible outcomes: Validate and update tools
  
3. Include in step 1: identify opportunities to develop printed resources, professional videos and/or photography, and targeted media strategies
  - Type of project: Regional
  - Category of project: Outreach and Communication
  - 5310 project: Yes, if tied to Mobility Management (review [Section 5310](#) program requirements)
  - Timeline: 2027-2028
  - Responsible parties: MVRPC and Mobility Managers
  - Unmet need addressed: Awareness and outreach
  - Possible outcomes: Create printed resources and targeted media

# Goal 2: Maintain, improve, & expand services

## *Strategy 2.1: Provide data and technical support to transportation providers*

### **Action Steps:**

1. Enhanced grant writing support, training opportunities, and one-on-one coaching
  - Type of project: Local
  - Category of project: Technical
  - 5310 project: No
  - Timeline: Annually
  - Responsible parties: MVRPC
  - Unmet need addressed: Capacity and information sharing
  - Possible outcomes: Training and technical support provided
2. Additional technical support is provided through access to gathered data, dashboards, and other resources
  - Type of project: Local or regional
  - Category of project: Technical
  - 5310 project: No
  - Timeline: 2025-2026
  - Responsible parties: MVRPC
  - Unmet need addressed: Capacity and information sharing
  - Possible outcomes: Tools and resources shared
3. Gather and assess vehicle inventories to prioritize vehicle replacements that are beyond useful life, tied to Strategy 2.2
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2025
  - Responsible parties: MVRPC
  - Unmet need addressed: Capacity and information sharing
  - Possible outcomes: Vehicle inventory and assessment developed

## **Strategy 2.2: Maintain transportation services**

### **Action Steps:**

1. Apply for priority replacement vehicles beyond useful life identified in Strategy 2.1
  - Type of project: Local
  - Category of project: Vehicles
  - 5310 project: Yes (review [Section 5310](#) program requirements)
  - Timeline: Apply Annually
  - Responsible parties: Section 5310 Grantees
  - Unmet need addressed: Multiple
  - Possible outcomes: Services saved from being eliminated
2. Apply for priority preventative maintenance projects identified in Strategy 3.4
  - Type of project: Local
  - Category of project: Preventative maintenance
  - 5310 project: Yes (review [Section 5310](#) program requirements)
  - Timeline: Apply Annually
  - Responsible parties: Section 5310 Grantees
  - Unmet need addressed: Multiple
  - Possible outcomes: Aging vehicles kept on the road
3. Apply for operating assistance to maintain regional projects (volunteer driver and regional medical shuttle)
  - Type of project: Regional
  - Category of project: Operating Assistance
  - 5310 project: Yes (review [Section 5310](#) program requirements)
  - Timeline: Apply Annually
  - Responsible parties: Section 5310 Grantees
  - Unmet need addressed: Multiple
  - Possible outcomes: Services saved from being eliminated

### ***Strategy 2.3: Expand transportation services***

#### **Action Steps:**

1. Review scoring criteria to identify priority needs for expanding services
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2025
  - Responsible parties: MVRPC
  - Unmet need addressed: Multiple
  - Possible outcomes: Identify priority projects for grant awards
2. Apply for new vehicles to grow priority transportation services
  - Type of project: Local or regional
  - Category of project: Vehicles
  - 5310 project: Yes (review [Section 5310](#) program requirements)
  - Timeline: Apply Annually
  - Responsible parties: Section 5310 Grantees
  - Unmet need addressed: Multiple
  - Possible outcomes: Services expanded

3. Apply for operating assistance to grow priority transportation services
  - Type of project: Local or regional
  - Category of project: Operating assistance
  - 5310 project: Yes (review [Section 5310](#) program requirements)
  - Timeline: Apply Annually
  - Responsible parties: Section 5310 Grantees
  - Unmet need addressed: Multiple
  - Possible outcomes: Services expanded
  
4. Grow regional projects by applying for funding and building new partnerships
  - Type of project: Regional
  - Category of project: Operating assistance
  - 5310 project: Yes (review [Section 5310](#) program requirements)
  - Timeline: Apply Annually
  - Responsible parties: Section 5310 Grantees
  - Unmet need addressed: Multiple
  - Possible outcomes: Services expanded

## **Strategy 2.4: Increase accessibility of transportation services**

### **Action Steps:**

1. Accessibility projects designed to improve access to fixed route bus stops, transfer points, and/or flex route timepoints
  - Type of project: Local or regional
  - Category of project: Infrastructure
  - 5310 project: Yes (review [Section 5310](#) program requirements)
  - Timeline: To Be Determined
  - Responsible parties: Transit
  - Unmet need addressed: Multiple
  - Possible outcomes: Increased accessibility of fixed and flex route services
2. Purchase equipment or software to improve scheduling and/or dispatching of services, tied to Strategy 3.2 and 3.3
  - Type of project: Local or regional
  - Category of project: Software or Equipment
  - 5310 project: Yes (review [Section 5310](#) program requirements)
  - Timeline: To Be Determined
  - Responsible parties: Transit or Human Service Transportation Providers
  - Unmet need addressed: Multiple
  - Possible outcomes: Increased access through improved scheduling and dispatching
3. Provide translation or interpretation services, tied to Strategy 1.2
  - Type of project: Local or regional
  - Category of project: Outreach and Communication
  - 5310 project: No
  - Timeline: To Be Determined
  - Responsible parties: Transit or Human Service Transportation Providers
  - Unmet need addressed: Multiple
  - Possible outcomes: Expanded outreach to non-English speaking population



# Goal 3: Enhance coordination of services

## *Strategy 3.1: Build partnerships to improve employment & medical services*

### **Action Steps:**

1. Collaborate with the **Miami Valley Rideshare Program**, targeting transportation-disadvantaged populations
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2025-2026
  - Responsible parties: MVRPC
  - Unmet need addressed: Employment and Medical
  - Possible outcomes: Improved access to employment opportunities
2. Collaborate with medical stakeholders to strategize opportunities to improve medical transportation
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2025-2026
  - Responsible parties: MVRPC and Mobility Managers
  - Unmet need addressed: Employment and Medical
  - Possible outcomes: Improved access to medical services
3. Prioritize joint or regional project to pilot improvements, tied to Strategy 4.1
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2026
  - Responsible parties: MVRPC and Mobility Managers
  - Unmet need addressed: Employment and Medical
  - Possible outcomes: Improved access to medical services

### ***Strategy 3.2: Improve coordination of county-line transfers***

#### **Action Steps:**

1. Identify and review transfer points
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2025-2026
  - Responsible parties: MVRPC and Transit
  - Unmet need addressed: County and Cross-County Services
  - Possible outcomes: Data gathered and analyzed
2. Track and assess cross-county travel demands and trip refusals
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2025-2026
  - Responsible parties: MVRPC and Transit
  - Unmet need addressed: County and Cross-County Services
  - Possible outcomes: Data gathered and analyzed

3. Identify opportunities for improvements at county line transfer points
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2026-2027
  - Responsible parties: MVRPC and Transit
  - Unmet need addressed: County and cross-county services
  - Possible outcomes: New transfer point(s) identified
4. Create new cross-county routes, reducing the number of transfers required for passengers
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2026-2027
  - Responsible parties: MVRPC and Transit
  - Unmet need addressed: County and cross-county services
  - Possible outcomes: New transfer point(s) created

### ***Strategy 3.3: Expand partnerships to share and refer resources***

#### **Action Steps:**

1. Create a resource-sharing database for retired equipment and vehicles
  - Type of project: Regional
  - Category of project: Technical
  - 5310 project: No
  - Timeline: 2025
  - Responsible parties: MVRPC
  - Unmet need addressed: Capacity and information sharing
  - Possible outcomes: Database created
2. Track and assess trip denials
  - Type of project: Regional
  - Category of project: Technical
  - 5310 project: No
  - Timeline: 2025-2026
  - Responsible parties: MVRPC and Transit
  - Unmet need addressed: Capacity and information sharing
  - Possible outcomes: Data gathered and analyzed
3. Analyze current technology solutions for scheduling
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2026-2027
  - Responsible parties: MVRPC and Transit
  - Unmet need addressed: Capacity and information sharing
  - Possible outcomes: Data gathered and analyzed

4. Establish new trip referral opportunities between providers
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: To Be Determined
  - Responsible parties: MVRPC and Transit
  - Unmet need addressed: Capacity and information sharing
  - Possible outcomes: New partnerships established
5. Explore technology solutions that will allow schedule sharing between providers
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: To Be Determined
  - Responsible parties: MVRPC and Transit
  - Unmet need addressed: Capacity and information sharing
  - Possible outcomes: New partnerships established

### ***Strategy 3.4: Create driver training and preventative maintenance resources***

#### **Action Steps:**

1. Evaluate driver training and preventative maintenance priorities, tied to Strategy 2.2
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: 2025
  - Responsible parties: MVRPC
  - Unmet need addressed: Driver shortages
  - Possible outcomes: Training priorities established
2. Create resource database: driver training and preventative maintenance
  - Type of project: Regional
  - Category of project: Technical
  - 5310 project: No
  - Timeline: 2025
  - Responsible parties: MVRPC
  - Unmet need addressed: Driver shortages
  - Possible outcomes: Database created

3. Improve and expand training programs such as DRIVE, Defensive Driving, CARFIT, etc.
  - Type of project: Local or regional
  - Category of project: Mobility Management
  - 5310 project: Yes, if tied to Mobility Management (review [Section 5310](#) program requirements)
  - Timeline: 2026-2027
  - Responsible parties: Mobility Managers
  - Unmet need addressed: Driver shortages
  - Possible outcomes: Training programs implemented
4. Re-evaluate and re-establish a regional driver training program
  - Type of project: Local or regional
  - Category of project: Mobility Management
  - 5310 project: Yes, if tied to Mobility Management (review [Section 5310](#) program requirements)
  - Timeline: 2026-2027
  - Responsible parties: MVRPC and Mobility Managers
  - Unmet need addressed: Driver shortages
  - Possible outcomes: Training program re-established

# Goal 4: Seek additional funding opportunities

## *Strategy 4.1: Apply for funding for joint or regional project*

### **Action Steps:**

1. Develop a joint project to improve medical transportation
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: Possibly (review [Section 5310](#) program requirements)
  - Timeline: 2026-2027
  - Responsible parties: Multiple
  - Unmet need addressed: Employment and medical
  - Possible outcomes: Project scope developed
2. Secure funding for implementation; to be included in the 2028 plan update
  - Type of project: Regional
  - Category of project: Strategic
  - 5310 project: Possibly (review [Section 5310](#) program requirements)
  - Timeline: 2028
  - Responsible parties: Multiple
  - Unmet need addressed: Employment and medical
  - Possible outcomes: Funding secured

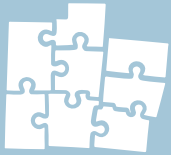


## ***Strategy 4.2: Expand partnerships to improve fiscal responsibility***

### **Action Steps:**

1. Establish new business partnerships, contracts, and other funding mechanisms
  - Type of project: Local or regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: To Be Determined
  - Responsible parties: Multiple
  - Unmet need addressed: Capacity and information sharing
  - Possible outcomes: New partnerships established
2. Identify joint procurement opportunities
  - Type of project: Local or regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: To Be Determined
  - Responsible parties: Multiple
  - Unmet need addressed: Capacity and information sharing
  - Possible outcomes: Joint procurements established
3. Identify funding sources to encourage crossing county boundaries
  - Type of project: Local or regional
  - Category of project: Strategic
  - 5310 project: No
  - Timeline: To Be Determined
  - Responsible parties: Multiple
  - Unmet need addressed: Capacity and information sharing
  - Possible outcomes: Joint funding secured

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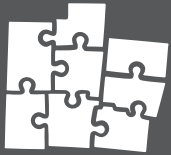


# CHAPTER 6:

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## Plan Adoption

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# APPENDIX

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