STATE OF THE REGION

2020 COORDINATED TRANSPORTATION
SERVICES REPORT

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INTRODUCTION

The Ohio Mid-Eastern Governments Association (OMEGA) region serves 10 counties in eastern Appalachian Ohio including Belmont, Carroll, Columbiana, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum, and Tuscarawas. On January 27, 2016, the Governor of Ohio, pursuant to United States Code, Title 23, Section 135 (m), officially designated OMEGA as an Ohio Regional Transportation Planning Organization (RTPO). The OMEGA RTPO includes all counties previously listed except for Belmont and Jefferson Counties which are part of the Belomar and Brooke-Hancock-Jefferson metropolitan planning organizations, respectively,

In January 2018, the Ohio Department of Transportation (ODOT) selected OMEGA to participate in a Regional Coordinated Public Transit/Human Services Transportation Pilot Program. Transportation is a critical component of the mostly rural communities in the OMEGA region, providing access to jobs, education, healthcare/human services, and allowing all community members to live independently and engage in community life. Though critical, coordinated transportation has never been formally attempted on a regional basis before in Ohio. The purpose of the pilot program is to promote cost-effective coordination of transportation services throughout the region and to increase mobility and ridership especially for seniors, persons with a disability, and low-income persons. This pilot program initially included all ten counties in the OMEGA region; however, in 2020, Columbiana County elected to formally align with Region 10c (Eastgate) for funding and planning activities associated with the coordination of transportation services.

Before the regional plan was drafted, OMEGA assisted counties with updates, demographic mapping, or creation of local county coordinated plans to be current with Fixing America's Surface Transportation (FAST) Act requirements. At an initial meeting, the planning region was defined and the Regional Coordinated Council (RCC) was established. From the RCC meetings, five regional goals were established with strategies, action steps, leading and supporting parties, resources, potential costs, and funding sources, performance measures and targets. These goals were developed throughout 2018 and 2019 and form the backbone of the regional coordinated plan. When the discussion and planning phases were completed, a final Regional Coordinated Public Transit/Human Services Transportation Plan was approved by the Regional Coordinated Council, which recommended adoption by the OMEGA Executive Board. Adoption of the plan occurred in December in 2019, and a copy of the final plan was sent to ODOT's Office of Transit. This concluded the initial planning phase of the pilot project.

In 2020, OMEGA began the implementation phase of the pilot program. The required change of perspective from planning to implementation also necessitated streamlining the multiple advisory committees from the planning phase into one Steering Committee for the implementation phase.   The Steering Committee will provide guidance and recommendations to the Regional Coordinated Council (RCC) and ultimately to the OMEGA Executive Board and ODOT on projects, policies, and other programs to improve transportation services, especially for senior citizens, the disabled, and low income populations. The Steering Committee will be an integral part of the implementation of a successful regional plan and will have strong input in regional direction. This new implementation phase shares regrettable timing with an unforeseeable global pandemic which began affecting the US in March of 2020 and has created unprecedented change across all aspects of normal, everyday life. The lasting effects of the pandemic are unknowable, but the immediate term effects have had to be managed and mobility has had to quickly adapt to it. It was thought prudent that a current State of the Region report be developed so that a baseline to measure coordinated plan implementation results against was established, and to provide a record of the pervasive uncertainty upon which this plan begins its implementation phase.

OVERVIEW

Much about the region, about mobility, and about life in general, has been colored and changed by the global COVID-19 pandemic which began in the US in March of 2020 and, at the time of this writing in August 2020, shows no evidence of an end date. To say that this is a pivotal point, from which some aspects of life "before" will never return, is not an understatement. This is true on a city, county, regional, country, and global scale and represents the first time in modern history that significant changes in the way people live their lives in all aspects, including transportation, are inescapable, but also remain not fully understood or defined.

The COVID-19 pandemic has caused worldwide disruption in all aspects of business and personal life, and transportation as it was known before the pandemic will likely never return to what is was before especially as it relates to the delivery of transportation services. What mobility will become in terms of passenger profile, safety measures, options for transit, reasons for transportation, and the profile of future demand are unknown. Health and safety issues that arose from the pandemic have dictated new requirements, procedures, and challenges for everyone both personally and professionally.

Transportation options, delivery of service methods and standards, as well as financial operational structures have required massive change in a very short time. The lasting impacts and permanent changes in transportation requirements, consumers, and standards because of the required pandemic response have not been clearly defined and cannot be known without the benefit of time, perhaps several years, as the region, the country and the world are resuscitated and come to a new and different balance with life. Not only is nothing the same as before, but the likelihood of life, and mobility, ever returning to what was "normal" before the viral outbreak is highly unlikely.

Amid this sustained uncertainty, and with the COVID-19 pandemic at the forefront of all our minds and still dictating all aspects of our daily life, individually and collectively, OMEGA is beginning the implementation phase of the regional coordinated transportation plan. To better assess the opinions and realities of the nine counties served by the OMEGA region at this time, interviews were conducted with 15 individuals including mobility managers, transit directors, major transportation providers, and representatives from the Metropolitan Planning Organizations (MPO's) in Ohio Area Agency on Aging's Region 9 (AAA9). Each person was asked the same questions beginning with a review of the current regional goals. Those interviewed provided their input as to the current relevance of the goals now that we are both living in a post-COVID world and leaving the generalized planning phase to begin the more detailed and functional implementation phase. Also discussed were the possibilities of sub-regional projects, the call center, regional brochures, county by county transportation funding, and COVID-19 impacts.

REVIEW OF THE CURRENT TOP FIVE REGIONAL TRANSPORTATION GOALS:

Five goals were developed by stakeholders in the Regional Coordinated Plan and shown below. Stakeholder comments on the status of these goals is captured in the following paragraphs.

Goal 1: Increase Ridership for all Transportation Service Providers and Transit Agencies in the Region

Goal 2: More Efficient Out-of-County and Out-of-Region Transportation Service

Goal 3: Reduce Denials and No-Shows of the Riders that Use Transportation Services in the Region

Goal 4: Cost-Effective Vehicle Replacement for all Regional Transportation Service Providers

Goal 5: Increase Employment Transportation Options for Jobseekers and Employees

Goal 1: Increase Ridership for all Transportation Service Providers and Transit Agencies in the Region

More than half of the counties in the region reported that increasing ridership was not possible without increasing the current number of vehicles in their fleet. This was true before the COVID-19 pandemic which brought to light both areas of weakness, and strengths, that were already inherent in the transportation systems. Increasing ridership often means increasing hours of operation. Expanding hours of operation dictates the need for more drivers and either more vehicles, or added stressors on current vehicle fleets, which then ultimately necessitate faster turnover of vehicles. These constraints

are not easily overcome and typically require significant financial assistance from ODOT. This was a difficult balance before the pandemic.

At the time of this writing, nearly half of the counties reported that increasing ridership is not possible at all with current pandemic dictated social distancing requirements in place. The COVID-19 safety guidelines have forced most counties to deliver transportation services with only one or two people in a vehicle and to reduce the hours and types of transportation services offered. About half of the counties are reporting that service is still only at about 50% of pre-COVID levels. Hours of operation are still generally limited, compared to operating hours before, but are slowly beginning to expand as drivers are brought back to work and safety measures are put permanently in place to protect both the drivers and passengers.

The regional consensus is that no ridership expansion is possible without more vehicles delivered in 2020. Even with vehicles delivered, expansion of ridership will be slow and experimental as the situation with the virus unfolds demanding both flexibility and the need for adaptations both short term and more permanently. If COVID safety restrictions limiting one or two riders per vehicle per trip continue for an extended period of time, transportation operators who are non-profits without the availability of aid from government sources may struggle to stay in operation. Those operators that do receive state and federal assistance will be relying on the pandemic-related additional assistance for an extended time into the future if they are to provide transportation services that even come close to levels that were provided pre-pandemic.

An additional concern involves grant match funding. Many transportation providers, especially public transit systems, rely heavily on Medicaid and contract revenue to provide matching funds for their operating and capital grants. The pandemic and resulting shut down and stay-at-home orders within the State of Ohio forced an acceptance of telemedicine which would have otherwise likely taken a much longer amount of time to be adopted, especially with the senior, low income, and disabled populations. Now that these populations and their medical providers have experience with telemedicine as an option for receiving medical services, the impact that may have on Medicaid trips and other general medically related travel is unknown. In a similar manner, services that required consumers to travel before the pandemic are now being delivered to their doors eliminating the need for trips to get prescriptions, food, and other services. How this might impact future transportation demand and transit consumer profiles and demographics is unknown.

For contract transportation, most day programs are still suspended at this time and for the foreseeable future, at least until 2021, and the ones trying to reopen are operating at less than 50% capacity by state requirement. This is reducing the contract revenue and thus the availability of a grant match funding source. The larger dilemma facing transportation providers in this regard is that if these programs open again at full or almost full capacity, providing transportation while still maintaining social distancing requirements will require both more vehicles and more drivers than providers have available currently. The costs of providing that transportation are another matter altogether and are an unknown factor in the question of whether this transportation could be provided by transit providers and could be afforded by the programs.

To summarize, while this is still a regional goal, in the short term (which will need to be measured in years, not in months), this goal may be sacrificed in an effort to just keep transit operations above water, to bring back furloughed drivers, to replace drivers that have terminated their employment because of COVID concerns, to increase vehicles in the fleets, to assess the new procedural, operational and other safety-associated costs required to implement new safety precautions and standards, and to respond to a changing consumer profile and changing transportation demand and expectations for service .

Goal 2: More Efficient Out-of-County and Out-of-Region Transportation Service.

There is strong regional agreement that to make this type of longer transit more efficient and available, state level discussions between ODOT and regional and state Office of Jobs and Family Service (JFS) leaders MUST occur. Most Out- of- County (OOC) trips are through the county office of JFS and the transportation provider, primarily for non-emergency medical trips (NEMT). However, each county JFS office has different policies, procedures, and even definition of terms making it difficult for transportation coordination across county lines and preventing transportation providers from creating best practices and cohesive coordinated transit over several counties, let alone outside the region. Lack of a uniform cost allocation strategy also dampens efforts toward the goal. Muddying the water, most OOC trips are NEMT and there is uncertainty as to the impact that telemedicine acceptance might play in Medicaid demand trips as we move forward, as previously mentioned. Older, low-income, and/or disabled persons, who might have been hesitant or unable to utilize telemedicine before COVID–19 have now been forced to utilize telemedicine and that exposure has led to an acceptance of telemedicine as a potential option for them much more quickly than it would have under normal circumstances. For example, now that seniors, and others, know they can receive a follow up medical appointment in the comfort and safety of their living room and not take an extended trip, expose themselves to others, or struggle with wearing a facemask for extended periods of time and other frustrations associated with new safety requirements, there may be an increasing usage of telemedicine which has the potential to impact both the demand for OOC and Out-of-Region (OOR) medical trips. This would also impact the associated revenue stream received by the transit agency for those trips. Another concern is the lack of methodology and structure to determine how payments for those trips would be calculated and distributed to the transportation providers if there were more than one provider performing one trip.

On a positive note, several counties in the region are already providing regular and frequent trips, on a consistent and reliable schedule, to several destinations out of the region including Columbus, Cleveland, Wheeling, Canton, and Alliance.

In conjunction with the subject of OOC and OOR trips, there was discussion about the possibility of creating agreed upon specific transfer points between counties or within the region. Half of the counties thought this might be a beneficial idea, especially helpful for self- pay persons or for longer distance trips. It might be useful for trips to Cleveland, specifically the Cleveland Clinic. A few counties in the region have already begun utilizing certain transfer spots for coordinated transportation, for example Tuscarawas and Coshocton counties. One cautionary voice was raised that the senior population might prefer one driver for the whole trip and find transferring between transportation systems difficult or confusing. Other considerations included the payment structure that would need to be established in

order to make it easy for the passenger to pay just once for the whole trip with participating transportation providers getting their portion of the trip payed from some central source, and the concern that transportation providers would need to be able to be in communication with each other in case one was late getting to a transfer point and what that might mean as far as upset, confusion or just frustration to the passenger and both providers. Overall, this may be an idea worth taking to the Steering Committee for further consideration.

Goal 3: Reduce Denials and No-Shows of the Riders that Use Transportation Services in the Region:

Most counties expressed frustration with this goal and several commented that it was not truly a goal as much as it was a result. There is good agreement that denials are not being tracked or reported accurately. There were several reasons for this, not the least of which is that there is not yet a regional consensus on the exact definition of a no show, denial, or a cancellation as these differ by funding source and from county to county. Several counties thought the need for cohesive regional policy, definition of terms, and regional best practices and procedures better defined what this goal should be, with the result being a decrease in no shows and denials. To establish regional best practices, consistent definition of terms, and regional consensus will require discussion with, and acceptance from, all regional JFS partners, and potentially regional Boards of Developmental Disabilities (DD), Area Agency on Aging, and Medicaid. This should be moved forward regionally but reveals the need, even requirement, for conversations with these agencies at a state level. The issue of whether this is still a regional goal versus whether it is a result with the truer goal being to establish regional best practices and region-wide policies for denials, no-shows, and cancellations of service can be taken up by the Steering Committee.

COVID-19 has impacted this goal as well. Several counties reported that the denial rates have increased because the restrictions on social distancing are forcing transportation providers to take only one person, perhaps two, to a vehicle per trip. This limitation of passengers per vehicle results in trips for general, non-essential transit being denied in favor of transit systems providing "essential" trips. Additionally, many counties are still operating under restricted hours of operation and have not called back all their drivers who were furloughed because of the virus which adds to the increase of denials. These conditions are hopefully temporary, though not necessarily so in the short term.

Goal 4: Cost-Effective Vehicle Replacement for all Regional Transportation Service Providers:

All agreed that cost-effective vehicle replacement is crucial to meet the needs of the region and did not warrant specific discussion. Having the Steering Committee develop some regionally applicable standards and formulas for vehicle replacement might be helpful, especially when considering that the Steering Committee will eventually be tasked with scoring vehicle replacement and vehicle addition requests from the counties.

Goal 5: Increase Employment Transportation Options for Jobseekers and Employees:

Every county agreed that transportation for employment is still much needed in the region and this is still a strong goal. The biggest unmet needs include employment transportation for low-income earners and disabled persons. These populations often take second and third shift positions and need transportation outside of the Monday-Friday 9-5 window. Many are employed at fast food establishments which require them to work earlier, or later, than typical public transit system hours of operation, and the need for weekend transit service hours to meet employment demands is also high. To truly help with employment transportation, most counties believe that hours of operation will need to be extended. Counties are seeing an increasing need in this area, though most are at a loss to accommodate the need. SEAT has recently expanded their operational hours to better accommodate second and third shift employment demands. The possibility of a new job center in Coshocton is also bringing employment transportation issues to the forefront there.

ADDITIONAL TOPICS OF DISCUSSION

Other topics of regional significance were also discussed, as outlined below:

Regional brochure and regional employment brochure:
A strong majority of counties believe that creating a regional brochure in one or more formats would be a worthwhile project. Most agreed that any method of presenting concise regional transportation information is good, needed, and worth the effort. A regional brochure targeting employment transportation also received support. The response was positive and held by most counties, so taking this idea to the Steering Committee for further action seems justified.

Regional Call Center:
Two counties reported that they have never heard of the current call center. The remaining counties all still have support for the concept of a regional helpline/call center, but all counties agreed that it is not well utilized and does not have regional support or acceptance. They also recognize that the opportunity and value offered by Trip Master through the free availability of the CTS software platform is being under-utilized. Several counties were unclear, and not in agreement, as to the types of service that the call center offers or should offer. Currently, most of the centers' calls, and trips, are within Muskingum or Guernsey counties. While there is still strong regional support for the concept of a call center/helpline, there is an equally strong sense that the call center needs to be "regionalized".

There is also a sense that a well utilized helpline/call center has the potential to be a great help to those needing regional transportation and for those persons who fall just outside of program parameters for longer distance transportation. There was a consensus opinion that the helpline/call center needs to focus on Mobility as a Service (MaaS) methods which were a foundational element in the conception of the helpline/call center pilot program. A concerted effort to reengage regional support for the helpline/call center, along with the development of a compelling regional marketing campaign, could become the foundational elements of a successful project. The acceptance of, and engagement in, the project by the regional mobility managers is critical to the success of the project and will have to be developed.

SUMMARY

In summary, the state of the region is in flux. Transportation as an industry is facing paradigm shifts whose scope and consequence are yet to be fully understood or determined. The overwhelming and all-encompassing effects from the COVID-19 pandemic cannot be overstated in the short term and cannot even be speculated for the medium and long term. Some opportunities and plans that were just on the horizon a short five months ago, have been delayed or perhaps abandoned in the looming shadow of the COVID-19 pandemic and the uncertainty that has been thrust upon us. Weaknesses have been exposed and will need to be dealt with and managed in order to adapt and move forward. But strengths have also been brought to light.

There is strong regional support for sharing information, data, best practices, and general mutual aid for each county in the region by all the other counties, and a good dialog exists that supports the region. The opportunities afforded by the regional free access to the CTS scheduling platform are vast, with many opportunities still unexplored. Mobility managers are a source of great benefit for the region as well and provide a cohesion that successes can be built upon. These are resources that can be, and need to be, better engaged, and utilized as the regional plan is put into implementation.

The crisis of the COVID-19 global pandemic is not over, and the effects of the crisis short term and longer term are unknowable and still very fluid. The only certainty is that mobility will change, and those changes will be affecting all aspects of transportation including operations, customer profile and customer demand, drivers and vehicles, contract and Medicaid requirements, safety requirements and procedures to keep both drivers and passengers safe, and funding sources and limitations. In short, every aspect of transportation as we have known it in the past will require fluidity and adaptation to survive. As an industry, traditional transportation models were already turning to MaaS (Mobility as a Service) initiatives. This is likely to become an even stronger movement within the transportation industry as global, regional, and local perspectives are forever altered from the pandemic and its aftermath. The COVID-19 pandemic will have a lasting but still undetermined influence on society and on the ways and means and types of transportation that are required to be provided to meet the mobility needs of that new society. The mutual support for each county in the OMEGA Region 9; maintaining and supporting open dialog; the willingness to cooperate and coordinate with a constant focus on the greatest benefit to the riders of our transportation systems - these will have to be the backbone upon which the successful future of mobility in the region is developed. These are all strengths which are currently evident in Region 9 and they will lend to the region the ability to adapt and be flexible, to cooperate and coordinate, to survive and thrive in an uncertain future. As one regional body supporting individual counties but focused on success for the whole, as one regional body focused on the mobility customer as a person and meeting their transportation needs and expectations to the highest possible standards, as one regional body committed to excellence in all transportation modalities, OMEGA Region 9 will surely find its successful pathway forward and be a leader in the endeavor to deliver exceptional, cost effective, customer focused, coordinated, regional mobility.