

Report Appendices

Evaluating the State of Mobility Management and Specialized Transportation Coordination in Delaware

June 2017

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Delaware Department of Transportation

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Appendix A. Schedule of Outreach and Input Meetings, 2015–2016

Mobility Management and Coordination Project: Schedule of Outreach and Input Meetings, 2015 - 2016

Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

| Name/Group/Event | Entity | Date | Location | # Attending |
|---|---|----------|------------|-------------|
| Veterans Transportation Forum | Delaware Transit Corporation | 9/30/15 | Millsboro | 26 |
| Teleconference with Jackie Sullivan | Greater Lewes Community Village | 10/15/15 | Newark | 3 |
| Transportation: Moving Forward (The Annual LIVE Conference) | Advisory Committee on Aging and Adults with Physical Disabilities for Sussex County Council | 10/21/15 | Georgetown | 50+ |
| Teleconference with Marcella Brainard | Delaware Transit Corporation | 12/15/15 | Newark | 3 |
| Teleconference with Kathy Maguire | Delaware Transit Corporation | 1/26/16 | Newark | 4 |
| Teleconference with Christian Regosch | Rideshare Delaware | 1/27/16 | Newark | 4 |
| Teleconference with B. Viswanathan and E. Sparling | UD Center for Disabilities Studies | 2/25/16 | Newark | 3 |
| Teleconference with Shelly Cecchett | Greater Kent Committee | 3/8/16 | Newark | 2 |
| Teleconference with Maggie Ratnayake | Brandywine Village Network | 3/8/16 | Newark | 3 |
| Email communicate with Carolyn Morris | DHSS Delaware Telehealth Coalition | 3/18/16 | N/A | 3 |
| Meeting with Ann Bourne | LogistiCare | 3/11/16 | Dover | 2 |
| Meeting with Julie Miller | Delaware Division of Services for Aging and Adults with Physical Disabilities | 4/6/16 | Christiana | 2 |

Phase 2 – Outreach: Presentations at Mobility Coordination Workshops and Events

| Name/Group/Event | Date | Location | # Attending |
|---|----------|------------|-------------|
| Presentation to Governor's Commission on Community-Based Alternatives – Health Care Committee | 3/18/16 | Dover | 12 |
| Workshop #1 at Newark Senior Center | 4/21/16 | Newark | 14 |
| Workshop #2 at CHEER Community Center | 4/25/16 | Georgetown | 16 |
| Workshop #3 at Modern Maturity Center | 5/2/16 | Dover | 14 |
| Statewide Mobility Coordination Forum | 10/18/16 | Dover | 44 |

Appendix B. County-Based Mobility Coordination Workshop PowerPoint

Dare to be first.

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Presentation to County-Based Workshops

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Toolkit for Healthy Delaware

www.ipa.uudel.edu/healthyDEtoolkit/

www.completecommunitiesde.org

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Complete Communities

affordable, inclusive, efficient, healthy & resilient places

Project Site

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IPA's Applied Research

Framing the Issues of Paratransit Services in Delaware

Enhancing Mobility to Improve Quality of Life for Delawareans

Complete Streets in Delaware: A Guide for Local Governments

Optimizing Accessible Taxi Service to Supplement Traditional Public Transit Services in Delaware

Minor Accessibility of Public Transit Facilities in Delaware: A Guide for Local Governments

Improving Access to Transit for People with Disabilities and Senior Citizens

Transportation Services in Delaware for Persons with Disabilities and Senior Citizens

Improving Access to Taxi Service Delaware's "Yellow" Transit Mode

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Project Components

- PROJECT 1:** Analyzing the Transportation Costs of Community Facility Locations
- PROJECT 2:** Evaluating the State of Mobility Management and Specialized Transportation Coordination in Delaware

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Initial Project Action Steps

- Identify specialized transportation service needs, gaps, and challenges
- Gather and share information among specialized transportation providers and stakeholders
- Assess current initiatives to coordinate specialized transportation services
- Research national and local best practices
- Survey 5310-program funding recipients and providers of specialized transportation services
- Convene working groups in each county

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Mobility Management Defined

Mobility management is an **approach** for managing and delivering coordinated transportation services to customers, including:

- Older adults
- Persons with disabilities
- Individuals with lower incomes
- Veterans

Mobility Management

The mobility management approach offers long traditional transit services in several ways:

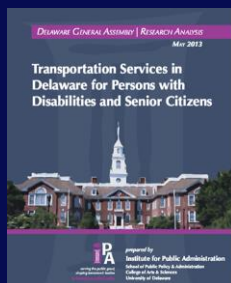
- Addressing transportation needs:** Mobility management addresses the needs of people who are unable to use traditional transit services. It provides a range of services, including door-to-door transportation, paratransit, and other specialized services.
- Coordinating services:** Mobility management coordinates different transportation services to provide a seamless experience for users. This includes coordinating with traditional transit, paratransit, and other specialized services.
- Providing information:** Mobility management provides information to users about available services, routes, and schedules. This information is often provided through a central website or a dedicated app.
- Improving access:** Mobility management improves access to transportation services for people who are unable to use traditional transit services. This is achieved through a variety of measures, including providing door-to-door transportation and other specialized services.

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Not a New Topic!

- 2007 Delaware Statewide Action Plan to Coordinate Human Service Transportation – not implemented
- Lack of coordination of services among providers
- Providers also rely on DTC's paratransit bus system
- Need to create "Interagency Council on Specialized Transportation"



Delaware Councils, Commissions, and Committees

1. Delaware Developmental Disabilities Council
2. Commission on Building Access to Community-Based Services (Health Care Committee)
3. Commission on Community-Based Alternatives for Individuals with Disabilities
4. Sussex County Advisory Committee for Seniors and Persons with Disabilities
5. The Elderly and Disabled Transit Advisory Committee
6. Advisory Committee on Aging and Adults with Physical Disabilities for Sussex County Council
7. Advisory Council on Walkability and Pedestrian Awareness

Plans, Reports, Initiatives



Delaware Specialized Transportation Framework

Rideshare Apps
Fee-based
Carpooling PARATransit
Medicare/Medicaid co-ops
Private Agency-based
Fixed-route
Volunteer Flex
DART

What are Ongoing Challenges?

- Specialized transportation efficiency issues
- Unmet needs/gaps in service delivery
- Coordination challenges among service providers
- Lack of information sharing among providers
- "Demand drivers" of specialized transportation—changing demographics, location of facilities/housing
- Other challenges?

What's Working Well in Delaware?



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Best Practice Strategies

| | | |
|---|---|---|
| 1. Develop Transportation Information Portals | 2. Expand Specialized Transportation Mobility Options | 3. Improve Mobility Infrastructure |
| 4. Enhance Coordination | 5. Link Land Use and Transportation Planning | 6. Utilize Transportation Technology |
| 7. Fee-Based, Transportation Co-Ops | 8. Link Shared-Use Mobility to Public Transit | 9. Pilot Expansion of Rideshare Program |

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Develop Transportation Information Portals

TransLoc
TransLoc Rider, NC

In Motion
In Motion, King County, WA

FTA
VetLink
VetLink Program 2-1-1, CA

MOVET
MoVet, MA

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Expand Specialized Transportation Mobility Options

the OPAS
Y OPAS, Phoenix AZ

Private Rideshare Options

- Ridesharing options growing in popularity
- Address first- and last-mile connectivity to transit

- Volunteer service initiated by a church
- Became YMCA program in 2006
- FREE support services for seniors/caregivers; includes transportation

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Utilize Transportation Technology

MTA NYCT hackathon

- Recent event focus - improving bus service
- Previous event focus - transit app development

King County Mobility Coalition, WA

- Facilitates coordination of special needs transportation
- Travel training videos

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Fee-Based Transportation Co-ops

iTN Southern Delaware
Dignified transportation for seniors

Riders' Club
TRANSPORTATION YOU TRUST

iTN Southern Delaware

- Membership-based organization
- Annual fee and cash free transactions
- Target is seniors and adults

Riders' Club Co-op, Mont. Co, PA

- Membership-based organization
- Annual fee and cash free transactions
- Target is seniors, children, PDs

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Enhance Coordination

PATS
Paducah Area Transit System, KY

VALLEY METRO
Valley Metro, AZ

Growing Transit Communities
Growing Transit Communities, WA

- Goal to create solutions that encourage high-quality, equitable development around transit

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Reality Check

- Among these “best practice” strategies, what is feasible for Delaware?
- Feasibility of other strategies?

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Survey of 5310 and Specialized Transportation Providers

Purpose:

- Understand the nature of specialized transportation services in Delaware
- Gauge interest in coordinating mobility services

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Location of Providers

Q4 Please provide the jurisdiction your organization(s) is located in:

Answers: 11 - Step 4.1

General Providers

Q4 Please provide the jurisdiction your organization(s) is located in:

Answers: 7 - Step 4.1

5310 Providers

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Trip Destination

Q5 Please rank the following in order of the most frequent destinations of your trips.

Answers: 10 - Step 4.2

General Providers

Q5 Please rank the following in order of the most frequent destinations of your trips.

Answers: 7 - Step 4.2

5310 Providers

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Utilization of Other Transportation Services

Methods of Transportation

Number of Responses

In addition to specialized transportation services offered or coordinated by your organization, do members utilize other transportation services on a routine basis?

Answers: 10 - Step 4.3

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Need to Coordinate

Q10 There is a need to coordinate specialized transportation services in Delaware to maximize mobility, address unmet transportation needs of clients, and improve service gaps.

Answers: 10 - Step 4.4

General Providers

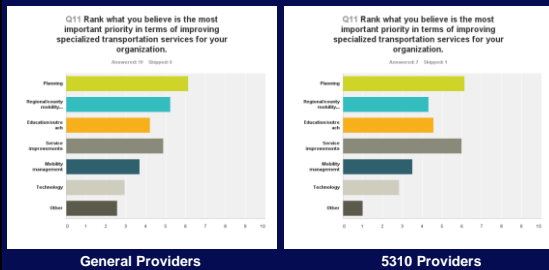
Q10 There is a need to coordinate specialized transportation services in Delaware to maximize mobility, address unmet transportation needs of clients, and improve service gaps.

Answers: 7 - Step 4.4

5310 Providers

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Priorities



Discussion

1. Is there a need to prepare a statewide or county-specific Plan(s) to Coordinate Human Services Transportation?
2. Is there a need to create an "Interagency Council on Specialized Transportation?"
 - If so, how would this be organized?
 - If not, how can current committees fulfill this role?
3. What are suggested strategies to:
 - Improve mobility management?
 - Better coordinate services among providers?

Next Steps

IPA's next steps –

- Summarize outcomes of 3 workshops
- Prepare matrix of best practices
- Investigate programmatic best practices – statewide mobility coordination
- Plan fall forum
- Draft white paper to incorporate lit review and outreach

What did we miss?

We Welcome Your Involvement! Contact:

Marcia Scott, Policy Scientist
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Julia O'Hanlon, Associate Policy Scientist
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Appendix C. Mobility Coordination Policy Forum PowerPoint

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Statewide Mobility Coordination Forum

Tuesday, October 18, 2016
Dover Public Library
Dover, Delaware

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Registration & Continental Breakfast

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Welcome and Project Overview

Julia O'Hanlon, IPA Policy Scientist

Marcia Scott, IPA Policy Scientist

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Welcome and Project Overview

- **Goals of the Day**
 - Info sharing
 - Identify Themes
 - Build consensus
- **Key Takeaways**
 - Ongoing mobility challenges statewide
 - Current initiatives & future opportunities
 - Moving forward

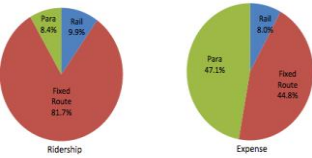


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Ongoing Challenges

DTC Ridership vs Expense FY 2014



Delaware Transit Corporation Transit Redesign Implementation Plan January 2015
Last Revised - June 4, 2015

DTC is working with our riders, advocates, agencies, and legislators to develop and implement a statewide, multi-modal transit system that:

- will be expanded to respond to growing demand
- can be maintained over the long term
- can be expanded to respond to growing demand
- can be expanded to respond to growing demand

DART
Delaware Area Rapid Transit

In order to provide new or expanded bus services, DTC expenses need to better align with our ridership.

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Ongoing Challenges of Specialized Transportation Services

New Castle County Workshop

- 1 "Demand Drivers" of specialized transportation
- 2 Coordination challenges among service providers
- 3 Unmet needs/gaps in service delivery
- 4 Specialized transportation efficiency issues
- 5 Lack of information among sharing among providers
- 6 Other challenges/issues*

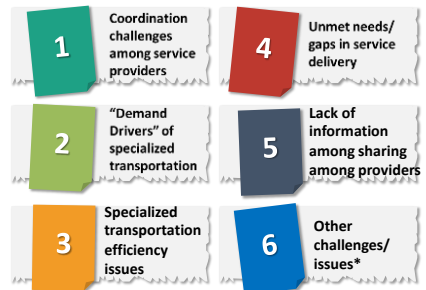
*Non-emergency medical transportation, Auto-centric culture, issues with transit-supportive land use

Ongoing Challenges of Specialized Transportation Services Kent County Workshop



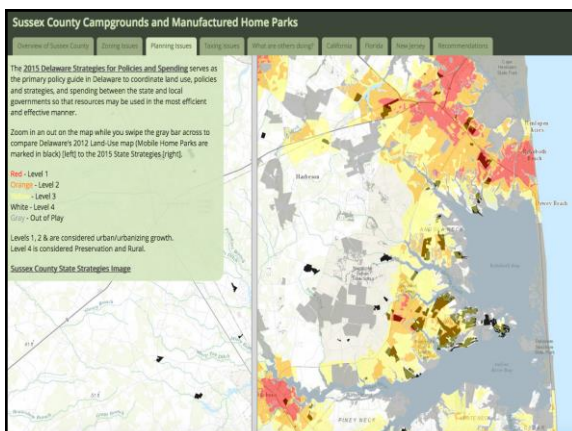
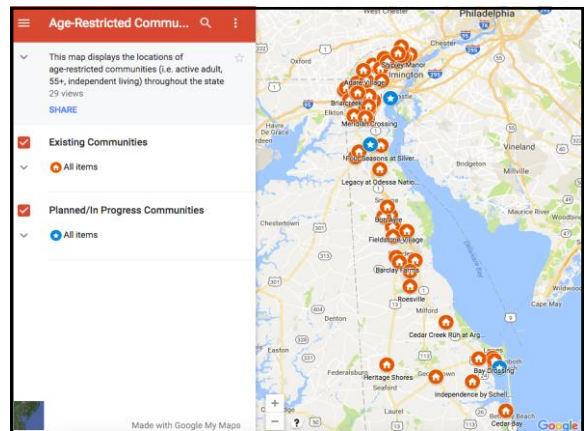
*Dialysis center 3rd shift transportation, Emergency evacuation of vulnerable populations, ADA accessible bus stops, accessible taxi service...

Ongoing Challenges of Specialized Transportation Services Sussex County Workshop



*Lack of consumer awareness, cross-county services

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|--|-----|------|--------|--|
| Top Specialized Transportation Challenges by Working Group | | | | |
| | NCC | Kent | Sussex | |
| Coordination challenges | 2 | 1 | 1 | |
| "Demand Drivers" | 1 | 4 | 2 | |
| Unmet service needs/gaps | 3 | 2 | 4 | |
| Specialized transportation efficiency | 4 | 3 | 3 | |
| Lack of information sharing | 5 | 5 | 5 | |



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|------------------------------------|---|--|--|
| Suggested Solutions – NCC Workshop | | | |
| 1. Expand Partnerships with DART | 2. Senior centers as specialized transport hubs | 3. Non-essential paratransit trips in off-peak hours | |
| 4. Advance Telemedicine | 5. Explore Uber partnerships (e.g., senior rides) | 6. Expand Rideshare Delaware | |

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Suggested Solutions – Kent Co. Workshop

1. Explore public carrier law changes

2. 5310 fund purchase of accessible vehicles

3. Expansion of FLEX services

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Suggested Solutions – Sussex Workshop

1. Develop information portal

2. Create one-call/one-click center

3. Use FLEX as backbone for specialized transportation

4. Consider FTA pilot programs

5. Communicate and coordinate planning (counties, states)

6. Consider future demand drivers

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Consolidated Path Forward Ideas

| | |
|---|--|
| Apply for FTA grants for pilot programs | <ul style="list-style-type: none"> Proposed "Wellness on Wheels" – Kent County |
| Update 2007 Statewide Action Plan | <ul style="list-style-type: none"> Broaden stakeholder involvement Coordinate by county |
| Establish Information Portal; One-call/One-click center | |
| Replicate best practices | <ul style="list-style-type: none"> Delaware models National models |
| Advance partnerships | <ul style="list-style-type: none"> Coordinate transportation for non-emergency medical trips LogistiCare + Senior Centers Interagency (DHSS + DTC) Land use + transportation |

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Best Practice Research Outcomes and Potential Replicability

- Develop Transportation Information Portals
- Enhance Coordination
- Fee-based Transportation Co-Ops
- Utilize Transportation Technology
- Expand Specialized Transportation Mobility Options



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Consider Strategies to Enhance Mobility Management and Coordination in Delaware

- Strategy 1: community outreach and education



- Strategy 2: examine current transportation coordination and efficiency efforts

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Consider Strategies to Enhance Mobility Management and Coordination in Delaware

- Strategy 3: Leverage partnerships for mobility management, interagency coordination, and collaborative initiatives




- Strategy 4: Broaden stakeholder involvement to update 2007 Delaware Statewide Action Plan to Coordinate Human Services Transportation

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Delaware Statewide Action Plan to Coordinate Human Service Transportation (2007)



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MAP-21 5310 Program Modifications (2012)

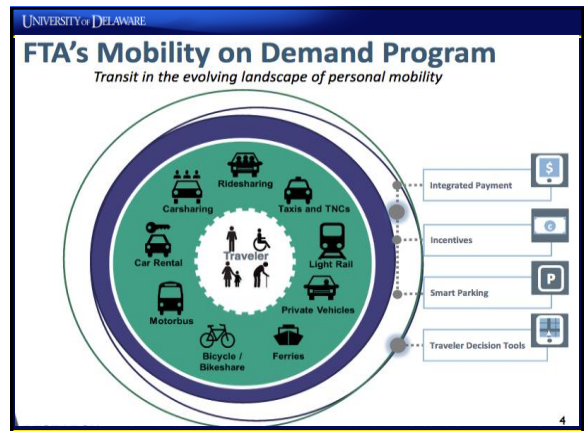
| Traditional (Capital) Projects 55% of Budget | Non-Traditional Projects |
|--|--|
| Vehicles (buses, vans, accessible taxis) | Enhanced travel training |
| Approved vehicle overhaul | Volunteer driver programs |
| Capital equipment or transit-related IT | Pedestrian signals or way-finding IT |
| Mobility management programs | Mobility management programs |
| Cost of leased or contracted transportation services | Bus stop and pedestrian accessibility improvements |
| Vehicle equipment (lifts, ramps, etc.) | One-call/one-click call centers |

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FAST Act 5310 Program Modifications

| Traditional | Non-Traditional | Section 3006(b) of the FAST Act |
|--|---|---|
| <ul style="list-style-type: none"> Capital projects | <ul style="list-style-type: none"> Innovative programs Reflect prioritized action plan strategies | <ul style="list-style-type: none"> Discretionary Pilot programs: Mobility on Demand Rides to Wellness Coordination technology |

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How can Delaware Better Leverage FTA Funds?

Update Statewide Action Plan to:

- ✓ Be consistent with state and MPO plans
- ✓ Engage and involve diverse stakeholders
- ✓ Ensure that the 5310 project selection process reflects plan priorities and FAST Act mandates
- ✓ Provide 5310 non-traditional project framework:
 - Promote innovative coordinated access and mobility
 - Involve partnerships and increase coordination
 - Address mobility barriers
 - Expand transportation solutions

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Connection Between Land Use and Transportation

Troy Mix, AICP, IPA Policy Scientist

Bill Swiatek, AICP, Senior Planner, WILMAPCO

Transportation Costs of Community Facility Locations

Troy Mix, AICP

Statewide Mobility Coordination Forum
October 18, 2016

Agenda

- Overview of paratransit-focused research
- “Community” facilities & public policy
- Summary of locations & ride frequency
- Dialysis example of costs
- Questions for consideration

Research overview

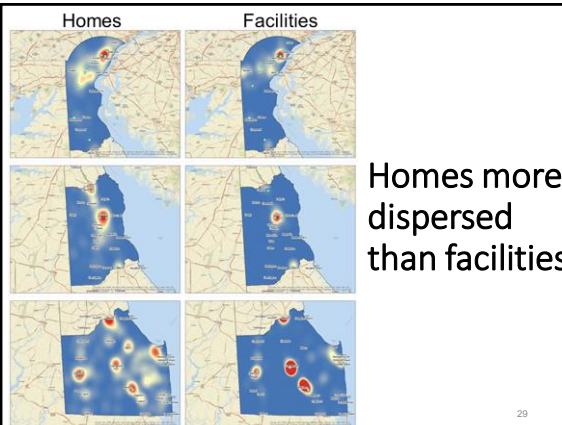
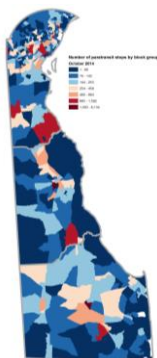
- State-funded infrastructure research program
- Impetus for this project
 - Paratransit service costs & demands increasing
 - Locations of homes & destinations affect cost
- Research questions
 - How do locations of quasi-public facilities affect costs?
 - Can use & service patterns to these facilities be improved?

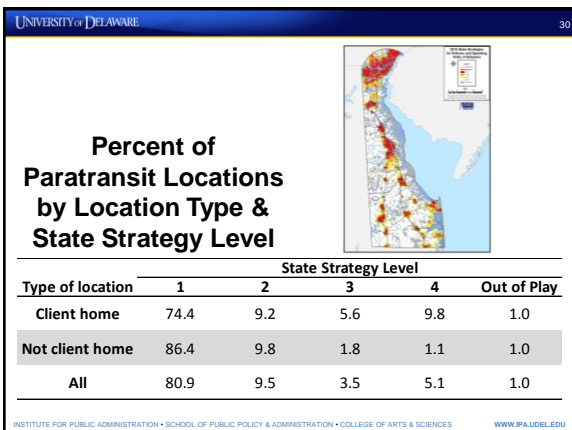
Community facilities & public policy

- What facilities?
 - State service centers, nursing homes, 55+ communities, group homes, dialysis/renal care centers, social services, general medical
- How is public policy involved?
 - State run (e.g., state service centers)
 - Zoning regulations
 - Licensing
 - Division of Long Term Care Residents Protection
 - Office of Health Facilities Licensing & Certification

Paratransit snapshot (October 2014)

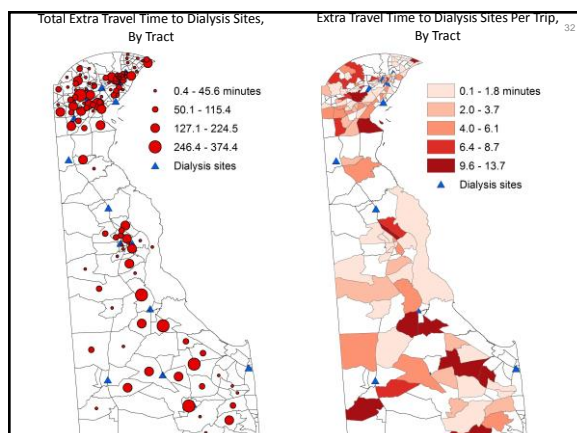
- 88,907 one-way trips
- 6,110 unique Pickup and Drop-off sites
- 150 sites (2.5%) accounted for 35,953 trips (40%)



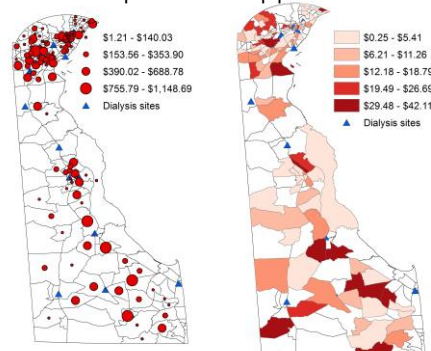


Rough time and money costs of facility locations:
A dialysis example focused on ~4,000 rides to 18 locations

31



Only \$29k estimated cost difference, but models potential approach



- UNIVERSITY OF DELAWARE 34
- ### Questions worth considering
- Are there opportunities to steer new care providers to desired locations through regulatory approval processes?
 - When do the benefits of attending the closest facility outweigh other considerations?
 - Could medical providers and service centers play role in counseling patients on choice of closest, medically comparable facilities?
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2015 Accessibility & Mobility Report

T ransportation J ustice



IPA State Mobility Forum
October 18, 2016






Photographs courtesy of the U.S. Census Bureau's Public Information Office










Who is WILMAPCO?


















What is Transportation Justice?

- **Extension of Title VI/EJ**
 - Federally-mandated
 - Low-income and minorities
- **Considers accessibility/mobility**
 - Other constrained populations
 - Households without vehicles
 - Disabled
 - Seniors (age 65+)















WILMAPCO TJ Demographics

- **No Vehicles:** 17,000 (7.3% of households)
- **Disabled:** 72,000 (12.0% of population)
- **Seniors:** 76,000 (12.3% of population)


Data source: 2008-12 American Community Survey



TJ Transportation Concerns

- **Private vehicle dependency**
 - Social isolation
 - Economic impacts
 - Health impacts
- **"Aging in place"/Complete Places**
 - Connectivity
 - Accessibility



© iStockphoto









Special Telephone Survey



Special Telephone Survey

- Survey TJ groups
- Use version of existing survey
 - Telephone survey
 - Landline only
 - Abridged version
- Compare results to existing surveys
 - How do transportation needs/perceptions differ among TJ communities versus existing sample?

Special Telephone Survey

At Least Some Transportation Difficulty Reaching Services

■ Disabled
■ No vehicle
■ Seniors

| Category | Disabled (%) | No vehicle (%) | Seniors (%) |
|--------------------------|--------------|----------------|-------------|
| Grocery/other essentials | 60 | 60 | 15 |
| Social activities | 60 | 60 | 15 |
| Medical care | 55 | 50 | 15 |
| Other services | 60 | 55 | 15 |

Technical Analyses

Base Layer

Significant TJ Neighborhoods*
WILMAPCO Region
2014 Transportation Justice Report

■ Significant

TJ Area Connectivity Analyses

Significant TJ Neighborhoods*
WILMAPCO Region
2014 Transportation Justice Report

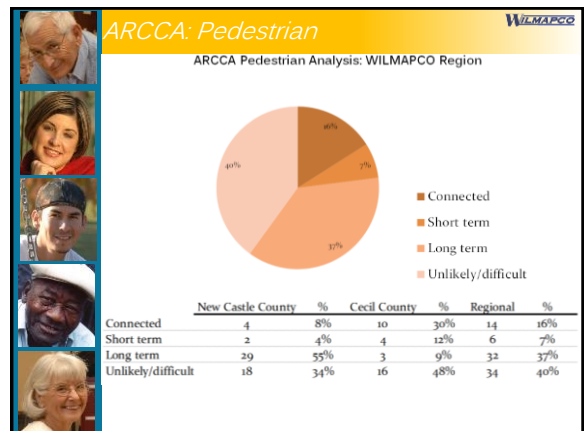
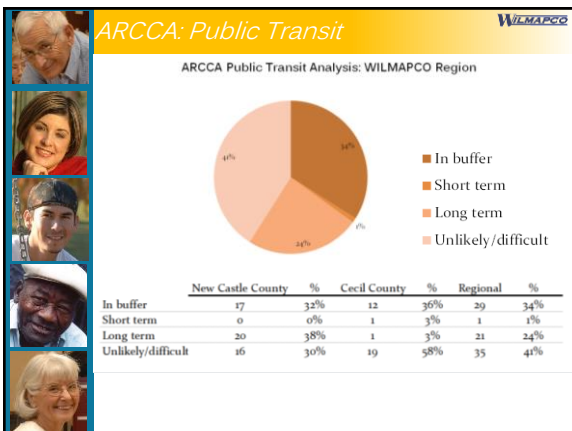
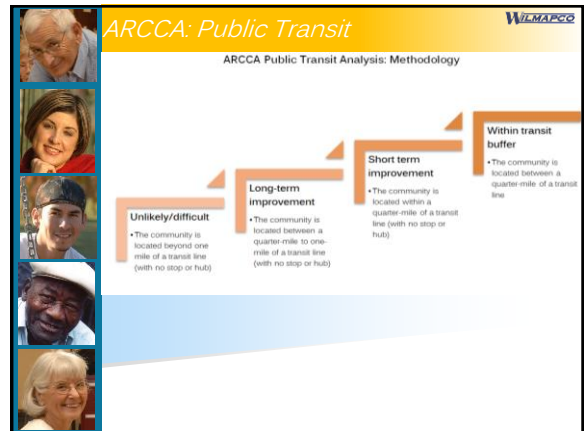
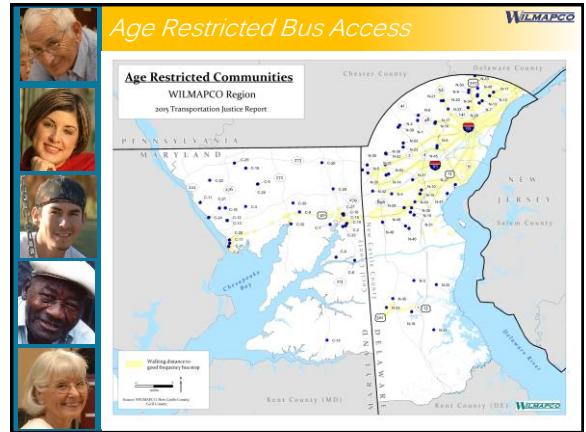
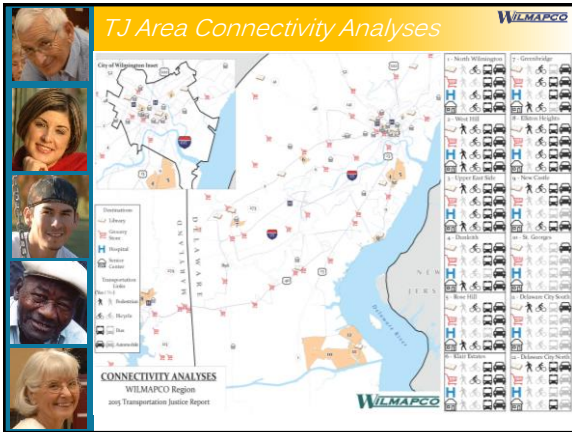
■ Significant

TJ Area Connectivity Analyses

8 - Elkton Heights

10 - St. Georges

■ Significant









Recommendations







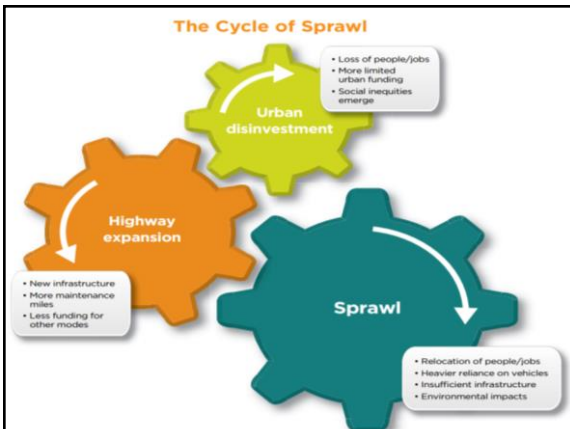









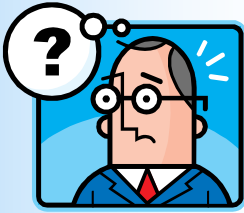
Recommendations


- Continue TJ project prioritization
- Consider filling connectivity gaps
- Encourage denser development patterns
- Encourage age restricted communities to develop near other destinations
- Raise awareness of alternative transportation options to potential buyers
- Continue to refine ARCCA methodology












Break



Panel 1 – Coordinating Specialized Transportation Services in Delaware: Best Practices and Potential Replicability

Kenneth S. Bock, MPA
Executive Director, CHEER

Peggy Markovitz
Contract Operations Manager, Delaware Transit Corporation

Maggie Ratnayake, MS, LPCMH, ATR, NCC
Director, Brandywine Village Network

Jackie Sullivan
Executive Director, Greater Lewes Community Village

Panel 2 – County/Regional Planning for Transit-Oriented Communities and Transportation-Disadvantaged Populations

Facilitator:

David L. Edgell, AICP

Principal Planner, Delaware Office of State Planning Coordination

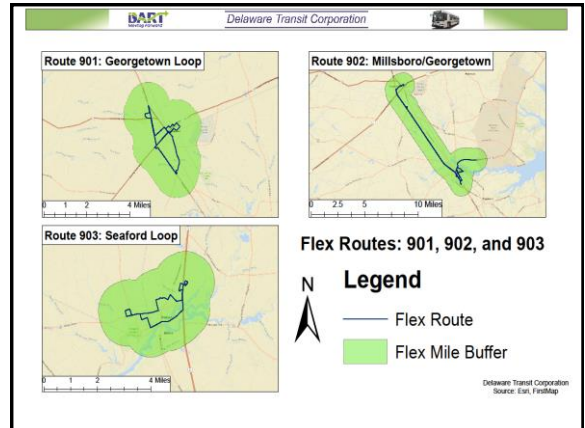
Panel Members:

Mary Ellen Gray

Assistant Director, Kent County Department of Planning Services, Division of Planning

James C. Smith, Jr., Esq.

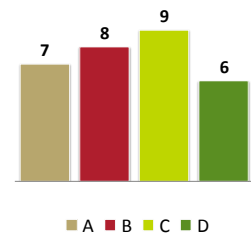
Assistant General Manager, New Castle County Department of Land Use



Consensus Building and Path Forward

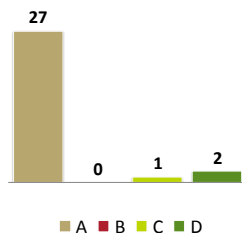
If you were a candy bar, which candy bar would you be?

- A) Snickers
- B) Peppermint Patty
- C) Reese's Peanut Butter Cup
- D) Kit Kat



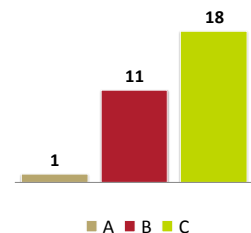
Does the 2007 Delaware Statewide Action Plan to Coordinate Human Service Transportation need a comprehensive update?

- A) Yes
- B) No
- C) Maybe
- D) Never heard of it

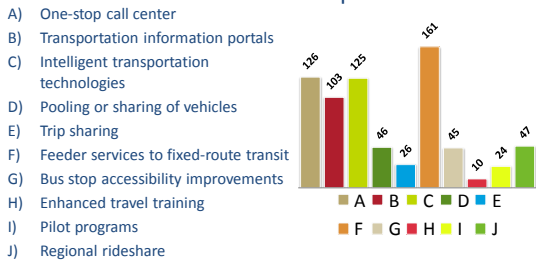


If the Delaware statewide action plan is updated, how should stakeholder groups be organized?

- A) Statewide
- B) By County
- C) Both

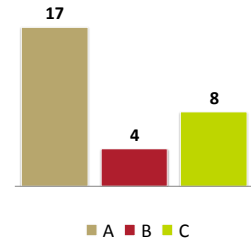


Select the top three (3) innovative activities that should be prioritized within an updated Delaware statewide action plan.



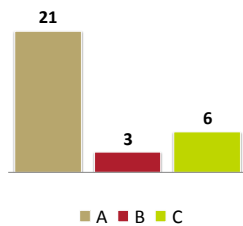
Should Delaware's 5310 Program consider a competitive selection process to allocate funds?

- A) Yes
B) No
C) Maybe



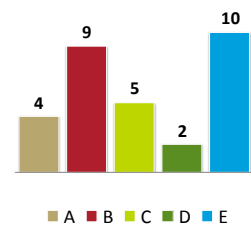
Should the 5310 Program or other grant funds be allocated based on priorities determined from an updated statewide action plan?

- A) Yes
B) No
C) Maybe



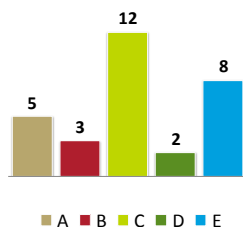
Select one (1) "best practice" that should be replicated in Delaware

- A) Develop transportation information portals
B) Enhance coordination
C) Fee-based transportation co-ops
D) Utilize transportation technology
E) Expand specialized transportation mobility options



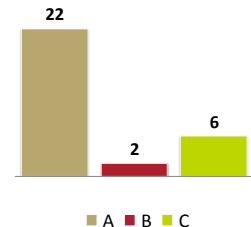
Select one (1) of these initiatives that could be replicated in other parts of the state

- A) Flex
B) Membership-based ride sharing
C) Village network transportation
D) Private ride-sharing services
E) Partnerships to share trips to non-emergency medical services



Would your organization be interested in exploring partnership opportunities?

- A) Yes
B) No
C) Maybe



Appendix D. Teleconferences, Meetings, and Events Summary Notes

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: Veterans Transportation Forum

Location: American Legion Post #28, Millsboro, Del.

Date: September 30, 2015

Participants: 26 participants including representatives from Delaware Transit Corporation (DTC) CEO John Sisson, DTC Transit Supervisor Gary Morris, Delaware Representative William Carson, Jr., and representatives from DCVA, Veterans' organizations (e.g., American Legion, Delaware Veterans Stand Down, AmVets, Military Officers Association of America), and Peoples Place.

Purpose: To inform veterans of currently available existing transportation options and gain input as to where improvements could be made based on need. The Forum was a cooperative program between DTC and DCVA. One topic of discussion was on how to get veterans to the Wilmington VA Medical Center or the Kent and Sussex Community Based Outpatient Clinics (CBOCs).

Items Discussed

- **Improve connections to fixed route buses:**
 - Interest in having more safe, covered shelters to wait for fixed route buses/connections along major bus routes in Sussex County
 - Provide information on Uber in DART First State transportation brochure for Veterans—to make first and last mile connections to transit or pick-up points for specialized transportation services
- **Addressing lower DE transportation service gaps:**
 - Possibility of Veteran's groups collaborating to apply for funding under 5310 and/or 5311 programs
 - Possibility of working collaboratively with other regional specialized transportation providers through 5310/5311 funding (e.g., Cheer) to shopping trips to Walmart, etc.
 - Possibility of VA bus making additional runs to/from Southern DE (How does Wilmington VA work with NJDOT or state of NJ to transport outpatients to southern New Jersey)?
 - Determine Wilmington VA Medical Center's role/responsibility in better coordinating transportation across state lines to other VA medical facilities (e.g., Philadelphia and Baltimore)
 - Concern with lack of DART First State transportation receipts (fixed-route travel) to receive travel reimbursement from VA Hospital (this may incentivize veterans to apply for paratransit eligibility)

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

- **Address statewide communication/outreach needs:**
 - Develop, provide, and distribute hardcopy and electronic (downloadable) DART First State veteran's transportation brochure on websites of Veteran's groups
 - Have Veteran's groups provide information via their websites on Veteran's Choice (health care from non-VA doctors)
 - Place hardcopy DART First State transportation brochure for veterans at VA hospital and CBOCs and electronic (downloadable) version on websites
 - Develop a questionnaire to gauge the need for additional or supplemental service in Kent and Sussex Counties
 - Possibly provide Veterans transportation information via a "bus wrap"
- **Organize a Veterans Transportation Working Group:**
 - Seven people expressed interest in joining a working group that is supported by DTC and DCVA
 - Need to conduct research into how the cost of DTC services can be reimbursed to the veteran

Action Items

- Form a working group of concerned veterans and their caregivers to review the transportation issues facing veterans in rural Kent and Sussex Counties; to be spearheaded by Gary M. Morris, DTC Transit System supervisor
- Develop an online, downloadable Transportation Services for Veterans brochure (published on 11/15, see:
http://deldot.gov/information/pubs_forms/brochures/pdf/Veterans_and_DART.pdf)
- Develop a Delaware veterans transportation services questionnaire/survey
- Determine Wilmington VA Medical Center's role/responsibility in coordinating transportation across state lines to other VA medical facilities
- Determine transportation coordination efforts that address the needs of transporting Veterans to healthcare services and medical appointments

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: Teleconference Meeting with Jackie Sullivan, Greater Lewes Village

Location: Newark/Teleconference

Date: October 15, 2015

Participants: Julia O’Hanlon, Marcia Scott, Graduate Research Assistant Stephanie Malin

Purpose: To better understand the organizational mission, goals, and objectives of the Greater Lewes Village, learn about its membership options and services, gain perspective on needs for seniors in the Greater Lewes area, and inform the group about the work that IPA is performing with DTC/determine whether the organization would be interested in learning more and participating in project survey and workshop activities.

Items Discussed

- **Primary Goals and Objectives of Greater Lewes Village/Evaluation of Services**
 - Nonprofit status/501(c)(3) which follows national “village” model with mission to provide a volunteer-based, community support system to preserve independence among area seniors, promote social activity and engagement within the community; organization is approximately two years old
 - Services performed primarily in 19958 or surrounding areas (within a 10-mile radius of Lewes/19958); sometimes will go outside this for some non-emergency medical or doctor’s appointments; currently about 90 members and 70 volunteers
 - 4 primary membership types: Associate , Reduced-Income (For households with annual income of \$24,000 or less/year, Regular/Individual (1 person in household at \$500.00 annually), Regular/Household (2 or more in same household at \$750.00 annually); each month members receive specific number of hours a year for various services including household chores, running errands, technical assistance, minor landscaping, handy work, telephone check ins, office assistance, some very local transportation medical appointments, grocery trips, drug store errands, etc.
- **Plans for Working with other Local Service Providers**
 - Would consider working with other groups re transportation issues/options (e.g., ITNSouthernDelaware approached Greater Lewes Village, as have some local pastors, and Camp Rehoboth)
 - Concerned about not too complex of a model/want to work with a simple and straightforward pricing and funding model
 - Knows of a home-remodeling organization in Sussex with huge wait list

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

- **Involvement with Local or Statewide Committees, Advisory Groups Related to Services for Delaware’s Aging Population**
 - Not currently involved with many other groups, boards, committees (on some e-mail lists), but would like to get more involved, particularly with DHSS-related initiatives
 - Works with local legislators and has contact info with Brandywine Village Network in northern Delaware
 - Drives at least one veteran to Georgetown to get shuttle to Wilmington
- **Would the Organization Be Willing to Review our Current List of Service Providers and Participate in County-Specific Working Group that IPA is Coordinating?**
 - Yes to both
 - 12 board members know the area very well
- **Greatest Challenges and Opportunities Related to Mobility Management in Delaware**
 - Growing service area; the area is experiencing a higher number of individuals aged 50+ moving to the Greater Lewes area; many do not have family members nearby
 - Transportation a big issue; some use DART, some are members of ITN*SouthernDelaware*
 - Majority of their members are not involved in a senior center/different market, some find not for them/too depressing
 - Removing the “fear factor”—addressing the “what’s in it for me” while helping Delaware with this issue

Action Items

- IPA to send Jackie follow up info re survey, mobility workshop scheduled for Sussex County
- Jackie to send IPA Brandywine Village Network contacts/info
- Develop a Delaware veterans transportation services questionnaire/survey
- Determine Wilmington VA Medical Center’s role/responsibility in coordinating transportation across state lines to other VA medical facilities
- Determine transportation coordination efforts that address the needs of transporting Veterans to healthcare services and medical appointments

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: The 3rd Annual LIVE Conference – Transportation: Moving Forward

Location: Cheer Community Center, Georgetown Delaware

Date: October 21, 2015

Participants: Julia O’Hanlon, Panelist, Angela Kline, PhD Candidate with University of Delaware-School of Public Policy & Administration (SPPA) Students

Purpose: Conference sponsored by the Sussex County Advisory Committee on Aging and Adults with Physical Disabilities for Sussex County’s County Council. Conference agenda focused on getting out and about, learn about transportation resources and services for Sussex County’s senior and disabled citizens. IPA staffer Julio O’Hanlon presented information as part of a morning panel focused on rural transportation developments for seniors. Specifically, Julia’s presentation focused on national, state, and local demographic trends and policy implications. Other panelists included representatives from the Community Transportation Association of America (CTAA), former United we Ride and CTAA Board President, moderated by CHEER, Inc. Deputy Director. Doctoral candidate Angela Kline, working with UD-SPPA students enrolled in a program evaluation course, coordinated and led an Automated Response System (ARS) polling session. The polling session was designed to assist the Advisory Committee on Aging & Adults with Physical Disabilities in better understanding its conference attendees and their interests, which can help inform County Council members (to whom the committee reports), and informally learn more about some of the key quality of life indicators associated with aging in Sussex County.

Items Discussed During Panel Presentation

- **IPA and UD Project Work on Mobility, Aging**
 - Senior Center GIA Funding Formula Project
 - Mobility management and coordination work with DelDOT and DTC
 - ITNSouthernDelaware
- **National Demographic Trends**
 - Delaware mirrors national trends
 - 2010 Census reported that US 65+ population accounted for 13% of nation’s population – largest % recorded nationally
 - By 2025, projections indicated that this % will reach about 21%
 - Baby boomers and life expectancy rates greatly impacting
 - By 2030, all of the baby boomers will have moved into the ranks of the older cohort of the nation’s population (85+)

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

- While not nearly as diverse as the younger populations, an increase in racial and ethnic diversity is projected over the next 3-4 decades among the senior population
- Because women tend to outlive men, the share of widowed women living alone is likely to be higher than that of men
- Dependency ratio also a factor
- **Delaware Demographic Trends**
 - As of last census, Delaware's 65+ population accounted for 14% of the state's total population
 - Currently, Delaware ranks among the top 15 states in terms of its percentage 65 + of the state's population
 - CADSR's uneven "blob" – distribution pyramid compared to 1960 when it looked like a triangle
 - United Way funding – also strongly supported through high-mark Delaware
- **Local Demographic Trends**
 - NCCo expected to experience highest increase in number of seniors over the next several decades, followed by Sussex and then Kent County
 - City of Wilmington will continue having the lowest senior population in the state
 - Sussex County growth rate differential has narrowed due to slowed housing economy several years ago—impacted the net migration rate to the area and also the number of growing baby boomers residing in NCCO compared to other counties
 - Sussex County trends that are important to track over next several decades: 1) number of 65+ expected to reach about 80,000 nearly twice number in 2010 and 2) those 85+ will increase nearly 3-fold
- **Policy Implications**
 - Nearly 90% of Americans 65+ say they want to stay in their residences as they age (AARP); however, concept of aging in place in rural settings with fewer public transportation options is a challenge
 - Sussex is most rural and largest county geographically – with an increasing older cohort of seniors (85+); related to this are housing and land use issues, location of senior housing and service facilities
 - Important to think about infrastructure and incentives that better support multi-generational communities
 - Are there better opportunities for better coordination among private, public, nonprofit providers to address current and future issues associated with transportation issues and aging/persons with disabilities in Sussex County?

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

ARS Polling Process and Results

- The students developed questions for the polling activity. While this project was ruled exempt by the University of Delaware’s Institutional Review Board, all of the students enrolled in the class and who participated in the activities were required to complete the University’s Human Subjects Training module. Conference attendee participation in the ARS poll was voluntary. While the ARS poll was not scientific or representative of Sussex County seniors, it was an interactive exercise and opportunity for attendees to compare their input with that of their peers. The students provided technical assistance and helped seniors use the ARS clickers.
- Despite the nonscientific nature of the ARS poll, several results are worth noting for future investigation. Most noteworthy were the demographics of the poll participants and their perceptions regarding the future of the county. Among the 97 participants of the ARS poll, 73 percent of respondents were not originally from Delaware. The majority of participants reported being White (74 percent), followed by 15 percent being Black or African American. The participants indicated they were highly educated with 56 percent having a bachelor’s degree or higher. When asked about the “responsible party for ensuring that Sussex County continues to be a destination for retirees,” 56 percent of the poll participants hold state and local governments responsible. Following government, 14 percent identified the business sector as being primarily responsible, and 5 percent hold the nonprofit sector as being the sector most responsible.

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: Teleconference with Marcella Brainard, Mobility Manager, Delaware Transit Corporation

Location: Newark/Teleconference

Date: December 15, 2015

Participants: Julia O'Hanlon, Marcia Scott, Marcella Brainard

Purpose: To discuss current IPA project work on mobility coordination and develop ideas on who to talk with about current statewide programs, initiatives, working groups, etc., that should be included county and/or statewide specific working groups, workshops. IPA also wanted to learn about opportunities to work closely with Marcella and other DTC staff on gathering information from stakeholder groups, and engaging target populations, including low-income, veterans, and seniors, in discussions and best practices related to mobility coordination in Delaware.

Items Discussed

- **5310 Program Info**
 - Discussed whether or not there would be an opportunity to survey organizational recipients re vehicle usage; Marcella informed us that program coordinator Kathy Maguire best point of contact for this; Marcella thinks a survey to these organizations would be valuable; probably best to keep brief and facilitate an electronic survey
 - Marcella will think through potential questions and help put us in touch with Kathy
- **Easter Seals and CHEER Partnership with DTC**
 - IPA interested in knowing the status of this initiative; Easter Seals are transporting people who were already using Paratransit; CHEER – might be new eligible users; we could get info/breakdown of CHEER users if need be from CHEER (e.g., only Adult Day Care participants or others?)
- **Veteran's Transportation and Mobility Issues**
 - IPA interested in finding out if there is a comprehensive list of organizations, providers that offer transportation services to vets in Delaware (organizations besides DART); Marcella thinks it would be important to have this information – she had some info on who is going to Smyrna or VA hospital, but could contact Gary Morris to see about gaining survey participants to get this information

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

- Veteran's transportation is an area that DART/DTC would like to expand and improve; there are providers they're aware of, but she is not aware of a comprehensive list of veterans' transportation providers
- **Ride Share Program**
 - Focus in on car-pooling to places of employment to address congestion
 - As of Jan. 1, 2016, there might be more focus on paratransit as part of this program – looking at potential target locations (e.g., day workshops, etc.)
 - Christian Regosch is the program manager and we can go ahead and be in touch with him directly about the program and any current or future initiatives that might be related to our work

Action Items

- Marcella glad to review our current list of general and 5310 providers, names, contacts and help us update and build upon the list so that we can better outreach and include people in the survey we're doing; she is interested in staying involved in our work to identify local stakeholders from EDTAC and other groups who should be surveyed, included in county specific working groups in the spring
- Marcella to help put us in touch with Kathy Maguire and Christian Regosch

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: Teleconference with Kathy Maguire, 5310 Contract Specialist, Delaware Transit Corporation (DTC)

Location: Newark/Teleconference

Date: January 26, 2016

Participants: Julia O’Hanlon, Marcia Scott, Kathy Maguire, Evan Miller

Purpose: To discuss the 5310 Program and any reporting by program recipients. To ask about any statistics/reports on the growth of the program in Delaware. The research team sought input on ways to maximize transportation mobility and leverage resources among program recipients that continue to apply for funding.

Items Discussed

- **5310 Program Reporting**
 - Kathy mentioned that she receives monthly reports that are reviewed by DTC and are not provided to the federal government for review. These reports describe the types of trips provided (medical, shopping, recreational, etc.), revenue hours, revenue miles, and destinations traveled to if outside of the state.
 - Quarterly meetings are usually hosted where 5310 recipients come in and talk about what they are doing and how they could help each other, however, this hasn’t been done in a while. Consider possibly hosting volunteer coordination working groups to get feedback from providers and share information.
 - In 2001, there were 39 agencies receiving funding, in 2016, reportedly had 83 agencies with 136 vehicles operating.
 - In the program application, recipients do not have to disclose whether or not they use the Paratransit service or other vehicles funded from another source to provide transportation. However, there seems to be more of an overlap of services from clients themselves rather than organizations.
- **Requirements for Usage**
 - Under 5310 Program regulations, vehicles must be used for the services described in the program application. There is to be no subcontracting or leasing of 5310 vehicles. The only time vehicles are leased is when another vehicle has broken down. There are normally two vehicles kept as back up in case of an incident.
 - When recipients apply for a vehicle, they have to indicate how they will abide by the state coordination plan. Organizations applying must identify something

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

specific within the plan that refers to the service they will provide and must write out a description. Justification for funding has to be consistent with the coordination plan [although this has not been comprehensively updated since 2007].

▪ Coordination

- Kathy mentioned that she does not think senior centers receiving 5310 funds could coordinate non-emergency medical trips (NEMT) because their vehicles tend to be filled to capacity. However, some of the faith-based transportation providers may be able to coordinate NEMT since their vehicles have more downtime. If a vehicle is not being used to its full capacity every day, there is no sense in using vehicles for trips to and from church services only.
- Veterans organizations do not have 5310 vehicles to use on a regular basis. Private providers are often supplying vehicles for these individuals. Possible collaboration and coordination with Paratransit to and from community based outreach clinics from veterans' organizations?
- With the rising cost of Paratransit, having organizations apply for 5310 funding as a group could maximize transportation mobility. If some organizations are in a similar service area, they could apply together and get vehicles to share.

▪ Implications for Federal Funding

- Kathy's opinion is that the federal government will not take away funding for the 5310 Program. The state Senator has the ability to provide funds to agencies that provide services.

▪ Reapplying

- Some organizations such as CHEER and Kent-Sussex Industries apply for funding every year for additional vehicles, others do not apply as often.
- 5310 Program vehicles have a useful life of five years, however, some are kept for a longer period of time if they are not being utilized as much. A record is kept of what went wrong with vehicles after they have been decommissioned and the vehicles must be turned back in to DTC. If a recipient would like to get another vehicle, they must reapply after turning in the vehicle. Also, reporting must continue if the vehicle exceeds its five-year useful life.

Action Items

- Get back in touch with Kathy Maguire regarding end of the year totals for 5310 Program trips.
- Stay in touch with Kathy Maguire regarding the research team's workshop meetings.
- Touch base with Eli Turkel regarding reporting requirements of other states.

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

- Touch base with Troy Mix regarding demand drivers for specialized transportation services and consider creating GIS layers for services dealing with veterans.
- Perform research on 5310 provider surveys to identify if any funding formulas/evaluation formulas exist. Identify to what extent these providers are surveying members.

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: Teleconference with Christian Regosch, Project Manager, RideShare Delaware

Location: Newark/Teleconference

Date: January 27, 2016

Participants: Julia O’Hanlon, Marcia Scott, Christian Regosch, Evan Miller

Purpose: To discuss RideShare Delaware and recent initiatives undertaken by the program. The research team also wanted to learn about any national “best practice” RideShare Programs that have been identified and may serve as a model for mobility coordination in Delaware.

Items Discussed

RideShare Delaware is DART First State’s program to reduce traffic and encourage alternative transportation arrangements. The program is supported by state and federal funds as a part of Delaware’s efforts to maintain air quality.

▪ RideShare Database

- Rideshare users start by going online to Commuter Connections (www.commuterconnections.org) and signing up. This signup information goes into a database, which is self-reported. The issue with self-reporting is that thousands of people could have used the service yet only a handful may be reporting.
- Since 2009, 12,000 people have been added to the database. Individuals signup for themselves and then enter their employer to get destination information added to their account.

▪ Recent Initiatives

- RideShare has performed employer and employee based outreach in an effort to get them to encourage and use “clean commuting” methods to get to work (i.e., walking and biking).
- In 2016, RideShare began considering how it could be used to coordinate and help older adults and persons with disabilities.
- Also in 2016, RideShare started considering options to mitigate demand for Paratransit service in Delaware. Christian believes one of the best ways to do this is through vanpooling, since other options such as Uber do not provide services statewide just yet.

▪ Best Practices

- Uber and other taxi-based services are looking to expand into the rideshare market. However, Delaware’s resort-community market may not be able to fulfill

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

the necessary demand for RideShare since the program is geared more towards commuters needing rides to and from work.

- Adopting a service that uses volunteers to handle transportation for older adults and persons with disabilities may be the best option. However, current carpooling services do not compensate drivers, which may make it difficult to find people willing to transport these populations for free.
- Christian mentioned that older adults who are looking to age in place need to be brought to areas where necessary amenities are already provided. From mobility perspective, transportation works better with a dense population and with a denser population, the RideShare program would work better.

Action Items

- Stay in contact with Christian regarding workshop meetings hosted by the IPA research team.
- Consider reaching out to Department of Revenue to try and get a list of current Active Adult (i.e. Age-restricted, 55+, 62+) Communities.

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: Teleconference Meeting with Bhavana Viswanathan and Eileen Sparling, Center for Disabilities Studies, University of Delaware

Location: Newark/Teleconference

Date: February 25, 2016

Participants: Julia O’Hanlon, Bhavana Viswanathan and Eileen Sparling

Purpose: Discuss the CDS report titled “The Plan to Achieve Health Equity for Delawareans for Disabilities” and determine alignment among current CDS and IPA projects – specifically focused on healthy communities and mobility coordination.

<http://www.gohdwd.org/documents/healthequityplan0215.pdf>

Items Discussed

CDS staff reported that the aforementioned report was completed in partnership with DHSS as part of a CDS funded project. It now sits with the Governor’s Commission on Building Community-Based Alternatives/Services, which Secretary Landgraf currently chairs. As part of this commission, there are several smaller sub-committees/work groups – Eileen is currently serving as co-chair to the healthcare committee. The next meeting of this group will be on **March 18, 2016**, DeIDOT building, Dover. **IPA is invited to attend this meeting and provide an update on our current initiatives (e.g., walkability assessment, CC, mobility coordination).** Thereafter, they will meet on **May 20 at CDS** office in Newark, UD Campus. Other committees include transportation (Bonnie Hitch contact) and employment.

Action Items

- Julia to talk with Marcia about her availability to attend and brief Eileen’s work group on March 18; get back to Eileen and Bhavana on this.
- Identify other possibilities for aligning the mobility coordination work.
- Julia to send Eileen and Bhavana comments and responses to the report – items of interest, potential alignment for projects

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: Teleconference Meeting with Shelly Cecchett, Greater Kent Committee

Location: Newark/Teleconference

Date: March 8, 2016

Participants: Julia O'Hanlon, Shelly Cecchett

Purpose: This was an unplanned call from Shelly to Julia to find out more about IPA's work with DTC in Kent County and to find out if Greater Kent could be part of the conversations.

Items Discussed

- **Primary Goals and Objectives of IPA Project with DTC**
 - Julia explained that the work being performed was a DelDOT/DART funded project aimed at reviewing and researching statewide issues related to specialized transportation services for Delaware's transportation disadvantaged
 - Shelly explained more about the Greater Kent Committee, its recent focus areas/topics, including transportation in and around Kent County; the group had talked about doing a local survey, but heard IPA was facilitating surveys and wanted to find out if they could receive a copy, complete
 - Julia invited Shelly or another Greater Kent Committee representative to participate in the survey and the Kent County workshop that was being planned in a few months

Action Items

- IPA to send Shelly follow up info re survey, mobility workshop scheduled for Kent County

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: Teleconference Meeting with Maggie Ratnayake, Brandywine Village Network

Location: Newark/Teleconference

Date: March 8, 2016

Participants: Julia O’Hanlon, Marcia Scott

Purpose: To better understand the organizational mission, goals, and objectives of the Brandywine Village Network, learn about its membership options and services, gain perspective on needs for seniors in the North Wilmington/Brandywine area, and inform Maggie and her staff about the work that IPA is performing with DTC/determine whether the organization would be interested in learning more and participating in project survey and workshop activities.

Items Discussed

- **Primary Goals and Objectives of Brandywine Village Network/Evaluation of Services**
 - Nonprofit status/501(c)(3) which follows national “village” model with mission to provide a volunteer-based, community support system to preserve independence among area seniors, promote social activity and engagement within the community/aging in place; organization is four years old (since Feb 2012)
 - Services performed under the Jewish Family Services umbrella (office located on-site at JCC campus in N. Wilmington, Garden of Eden Road, 19810); transportation a huge reason why people join – often for social activities and medical-related appointments; also provide in-home assistance, non-skilled activities, housework, technology assistance (geriatric care staff and managers help gauge individuals’ needs/level of need)
 - Membership is \$48/month (\$576/year) – this provides members with up to 6 round trips/month within a 15-mile radius of home; Village needs 3 business days’ notice to set up
 - Volunteers are scheduled through an online scheduling system (volunteers are screened and trained); they use their own personal vehicles
 - Boundaries are based on zip codes – will go to PA border, Claymont, Bellefonte, some of City of Wilmington – PA Ave/Luther Towers up Kennett Pike
- **Plans for Working with other Local Service Providers**
 - If individuals not able to use transportation services, Village will identify other resources or help with groceries
- **Involvement with Local or Statewide Committees, Advisory Groups Related to Services for Delaware’s Aging Population**
 - New office near Millsboro and looking at partnering with Camp Rehoboth

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

- United Way funding – also strongly supported through high-mark Delaware
- **Would the Organization Be Willing to Review our Current List of Service Providers and Participate in County-Specific Working Group that IPA is Coordinating?**
 - Yes to both

Action Items

- IPA to send Maggie follow up info re survey, mobility workshop scheduled for NCCo; would like to participate and stay involved

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: Email communication with Carolyn Morris, MSHA, Director of Telehealth Planning & Development, Office of the Secretary, DHSS

Location: N/A

Date: March 18, 2016

Participants: Marcia Scott, Julia O’Hanlon, and Carolyn Morris

Purpose: Understand DHSS’ Telehealth Strategic Action Plan and Implementation Initiatives

Items Discussed

- **DHSS’ Telehealth Strategic Action Plan**

DHSS has been working on this initiative for about 5 years in large part due to the aging population, disability mobility issues and general lack of access to certain health services in the area. Transportation is one of the driving factors making these efforts critically important. DHSS has made progress in advancing the ability to utilize telehealth in Delaware, but there are still some barriers.

DHSS has a Telehealth Strategic Action Plan with several committees tasked with its implementation. Strives to partner with other groups in order to collaborate and to promote the use of telehealth in our area; this has served to help in a variety of ways. For example, by partnering with the Oral Health Coalition, some dentists have become interested in teledentistry. Another collaborative project within DHSS across 4 divisions is a project at the Stockley Center (outside Georgetown, Del.) to provide telehealth services to, first, the residents at Stockley who have developmental and physical disabilities, and then after that is up and running to provide outpatient telehealth services to individuals with disabilities in the community. A new state law was enacted through the efforts of some of its members that requires private insurance to reimburse for telehealth and Medicaid is covering it, too. Both will cover services delivered to the patient in their home, as well, when appropriate. (Biggest barrier is Medicare.)

Carolyn also is the co-chair the Delaware Telehealth Coalition with the DHSS Medical Director, Gerard Gallucci, MD, MPH; Host a website:

<http://detelehealth.wix.com/detelehealth>

Action Items

- Invite Carolyn to attend workshop in New Castle County
- Include this group in initiatives to update Statewide Action Plan

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: In-Person Meeting with Ann Bourne, Executive Director, LogistiCare Solutions, LLC

Location: LogistiCare Solutions, LLC, Dover, Delaware

Date: March 11, 2016

Participants: Julia O’Hanlon and Ann Bourne

Purpose: Understand LogistiCare’s role serving as a transportation broker via State agencies for Medicaid-eligible individuals in Delaware

Items Discussed

- **IPA’s Current Work with DTC; Introduction and Background**
 - Julia introduced IPA and its role in working with DTC (as well as past transportation-related projects)
 - Discussed the October LIVE conference in Sussex County, since both Ann and Julia served on panels for this event
- **LogistiCare Solutions, LLC Background and How it Works in Delaware**
 - Ann provided background and information about the corporate organization and how it works nationally and here in Delaware
 - The organization serves as a transportation “broker” by contracting and managing transportation services statewide with various direct service providers – private, public, and nonprofits
 - Organization’s goals are to contract and manage reservations, determine credentials, prevent/detect fraud (e.g., Medicaid eligibility)
 - Client eligibility is restricted to Medicaid passengers with no alternative transportation options for necessary, non-emergency medical trips; works closely with DHSS to determine eligibility and report trips
- **How LogistiCare Determines What Organizations to Contact for Trips**
 - Recurring reservations take place for dialysis treatment clients, medical adult day care services
 - Provides access to medical and mental health resources for qualifying Medicaid members through network of 60 providers
 - Priorities and trips types/vehicles needed based on level of urgency, level of mobility
 - Types of trips are broken into: Ambulatory (87%), wheelchair accessible (10%), stretcher accessible (2%) (for certain types of medical treatments that require prone or supine positioning of clients); will provide/coordinate non-emergent air transport if necessary

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

- Paratransit contacted based on accessibility of vehicles needed for trips
- Typically, the organization needs at least three business days notice to coordinate services; will do same or next day service coordination when urgent care needed (e.g., hospital discharge required of a patient due to bed demands); anything that “bumps” a 3-day window trip needs verification
- Will coordinate out of state trips so long as the client is a Delaware Medicaid member/recipient
- “Dual-eligible” clients are those who qualify for both Medicaid (income-based) and Medicare (65+); in these instances, Medicaid is the “payer of last resort”
- **Trends/Demographics, Increased Demand for Services, and Coordination Issues**
 - Since 2008, the organization has experienced tremendous growth in number of gross reservations per month
 - Challenges facing LogistiCare and the NEMT program facing in Delaware include:
 - Overall growth in trip demand
 - Statewide 2013 – 2015 overall 22% increase to from roughly 1.1M to 1.4 M trips
 - Some of the biggest growth - in community-based services such as Adult Day Care (doubled), Mental Health (increased by 75%), and Substance Abuse treatment (increased 36%)
 - Growth in more rural areas; longer trips – harder for providers to multi load passengers
 - Demand for more wheelchair and stretcher transportation (instead of ambulatory) is exceeding supply of vehicles
 - Demand/demographics and expansion of Medicaid is so fluid and continually growing that it is hard to predict and plan for; important to focus on things that can be controlled
 - LogistiCare was a key player in the passing of Delaware SB 91 (passed by the 148th Delaware General Assembly and signed into law by Governor Jack Markell in June 2015), which makes changes to the transportation services for Medicaid clients. It clarifies that health care facilities are able to transport their Medicaid patients and receive reimbursement from a Medicaid transportation contractor. The bill also sets out the circumstances and clients that stretcher vans can serve. <https://legiscan.com/DE/bill/SB91/2015>
 - Emergency management plans among states very important; DEMA has to be involved in this transportation issue; aging in place is great in concept, but raises concern about whether people are actually able to independently in a

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

- community (e.g., whether people can easily access services they need, especially medically-related trips)
- Safety of individuals in their homes/individuals living by themselves and who need help getting to/from places of need
- Location of facilities is something outside of the organization's and direct transportation service providers' control
- Delaware does not have any trip limits; some states do have boundaries
- Cost containment
- Resources site needed; data maintenance and information sharing among organizations, providers, etc.
- Some national best practices to consider in terms of coordination (e.g., California in-home care call center)

Action Items

- Julia will send Ann general provider survey and information about the Kent County workshop –she wants to be involved
- Ann to send additional info about number of trips and type by county; current list of providers they work with/broker

Outreach and Input Meetings Phase 1 – Input and Information Gathering: Teleconferences, Meetings, and Events

Event: In-Person Meeting with Julie Miller, Delaware Department of Health & Social Services, Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

Location: Newark/Teleconference

Date: April 6, 2016

Participants: Julia O’Hanlon, Julie Miller

Purpose: To learn more about Julie’s work in the division and opportunities to work together on issues related to transportation and seniors/persons with disabilities in Delaware.

Items Discussed

- **Primary Focus Areas of DSAAPD’s Delaware State Plan on Aging/Focus Areas**
 - Julie explained her role in providing information and working to implement this plan between October 2016-September 2020. She provided information about the key elements.
 - States must describe plans to strengthen or expand **Older Americans Act (OAA) Core Programs**
 - States must describe plans to integrate **ACL Discretionary Grants** with core OAA programs
 - States must describe planned efforts to support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of long term care services, including home, community and institutional settings
 - States must describe planned efforts to support and enhance multi-disciplinary responses to elder abuse, neglect and exploitation
- **Primary Goals and Objectives DSAAPD’s Delaware State Plan on Aging That are Related and Significant to Mobility Coordination Efforts in Delaware**
 - **Goal 2: Carry out advocacy efforts to develop service structures that improve the lives of older persons, adults with disabilities**
 - Objective 2.1 Promote the development of **Telehealth** services statewide.
 - Objective 2.2 Carry out strategies which lead to greater **emergency preparedness** by and on behalf of older persons and persons with disabilities in Delaware.
 - Objective 2.6 Advocate for **affordable, accessible transportation and mobility options**, especially in areas with critical transportation needs.

Action Items

- IPA to send Julie follow up info re survey, mobility workshop scheduled for each of the counties, particularly NCC

**Outreach and Input Meetings Phase 1 – Input and Information Gathering:
Teleconferences, Meetings, and Events**

- Julie to send IPA public hearing schedule – re the State Plan on Aging
- Keep each other in the loop about how state's Plan on Aging and mobility coordination efforts/plans could be integrated in Delaware

Appendix E. New Castle County Workshop Summary

WORKSHOP #1 – Evaluating the State of Mobility Management and Specialized Transportation Services in Delaware

Thursday, April 21, 2016, Newark Senior Center, Newark, Delaware

IPA Project Team: Marcia Scott, Julia O’Hanlon, Jessica Stump, and Evan Miller

List of Attendees:

| <i>Name</i> | <i>Affiliation</i> |
|--------------------------|---|
| <i>Richard Magner</i> | Military Order of the Purple Heart |
| <i>Carolyn Morris</i> | Delaware Health and Social Services (DHSS), Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) |
| <i>Marcella Brainard</i> | Delaware Transit Corporation (DART) |
| <i>Roy Birch</i> | Mary Campbell Center |
| <i>Caral Grygiel</i> | Newark Senior Center |
| <i>Darlene A. Cole</i> | Delaware Health and Social Services (DHSS), Division for the Visually Impaired (DVI) |
| <i>Maggie Ratnayake</i> | Brandywine Village Network of Jewish Family Services of Delaware |
| <i>Evelyn Leake</i> | Delaware Transit Corporation (DART) |
| <i>Cathy Smith</i> | Delaware Transit Corporation (DART) |
| <i>Natasha Knight</i> | Delaware Commission of Veterans Affairs (DCVA) |

Summary of Proceedings:

I. Welcome and Introductions

Julia O’Hanlon introduced the IPA research team and then asked participants to introduce themselves and their respective organizations. Julia explained that there are two prongs to IPA’s current transportation and mobility related research. Our research team is focusing on mobility management and coordination among Delaware’s specialized transportation services. The scope of the work includes:

- Identifying specialized transportation service needs, gaps, and challenges
- Gathering and sharing information among specialized transportation providers and stakeholders
- Assessing current initiatives to coordinate specialized transportation services
- Researching national and local best practices
- Surveying 5310-program funding recipients and [general] providers of specialized transportation services
- Convening working groups in each county
- Planning and facilitating a forum with working group members and other specialized transportation stakeholders

II. Presentation on Mobility Management and Specialized Transportation Services in Delaware (see presentation notes for details).

This presentation provided project background and a brief history of human services transportation options and ongoing challenges in Delaware. Several Delaware Councils, Commissions, and Committees are working to address challenges faced by transportation justice populations—including older adults, persons with disabilities, individuals with lower incomes and veterans. In addition, several recent plans, reports, and initiatives recognize the need to resolve service gaps, address unmet needs, eliminate duplication of services, and improve service efficiencies to broaden transportation options available to transportation justice populations.

IPA presented national and local research on best practice strategies, which included the creation of information portals, expansion of specialized transportation options, enhancing coordination efforts, utilization of transportation technology programs/resources, and establishment of fee-based transportation co-ops. IPA also presented outcomes of an informal, electronic questionnaire it recently administered to 5310 funding recipients and providers of specialized transportation services in Delaware. The questionnaire sought to 1) understand the nature of specialized transportation services in Delaware, and 2) gauge interest in coordinating mobility services.

III. Group Facilitated Discussion

During the working group session, IPA facilitated discussion among participants on several key topics (described below).

A. Facilitated Exercise: What Are Ongoing Challenges of Specialized Transportation Services in Delaware?

Participants were asked to review identified ongoing specialized transportation challenges in Delaware, and place their dot next to what they perceive to be the greatest challenge. The topics below are listed numerically in order of the greatest to least number of respondents. Summaries of the comments follow.

1. “Demand Drivers” of specialized transportation (e.g., changing demographics, locations of facilities/housing)
 - a. Veterans: common issue of getting those who are downstate to VA hospital
 - DART limited by county lines
 - b. Transportation growth has not matched residential development
 - c. Doctor’s visits to specialists are often demand drivers for specialized transportation. For example, there is a lack of Parkinson’s specialists/mental health providers in DE, which may require long travel times and/or out-of-state travel for patients. Telemedicine is one approach that needs to be advanced in Delaware to address transportation demand to out-of-state medical specialists
 - d. There are deficiencies in pedestrian infrastructure and maintenance (sidewalks, bus stops/shelters) that can limit ADA accessibility and connectivity to/from fixed-route transit. This inability to walk/roll to a fixed-route location can be a demand driver for specialized transportation because people simply don’t feel safe (lighting is also an issue)
2. Coordination challenges among service providers
 - a. Issue with bus services crossing state lines
 - Some specialists that transportation justice communities (seniors, persons with disabilities, veterans) need to visit are located outside of Delaware

- 5310 program recipients focus on transporting members/clients to and from their facility and programs. Due to demands for transportation services during peak times, they are unable to conduct door-to-door shuttle services to doctor's office/appointments, but could possibly
- 3. Unmet needs/gaps in service delivery
 - a. Fixed-route is not designed to meet demand-response needs
 - b. Often, people who qualify to ride Paratransit, but need to get a prescription filled or have an immediate transportation need, lack options due to advanced Paratransit scheduling requirements
 - c. There is a lack of specialized transportation options for people living in rural areas
- 4. Specialized transportation efficiency issues
 - a. DART needs to understand the critical routing preferences of prospective riders
 - b. DART has their hands tied by critical mass requirements
 - Funding is set 2 years in advance
 - Land use is dynamic, difficult to be reactive instead of responsive
 - Funding mandates from the federal government require equitable services
 - c. Need to ensure transit operation checks and balances to the public
 - d. Reliable, on-time transportation is an issue for people who are riding Paratransit to get to jobs and/or doctor's appointments
 - e. The use of smart phones, or mobile technology, could provide critical information/relieve anxiety to people awaiting arrival of both fixed-route services and Paratransit vans
- 5. Lack of information sharing among providers
 - a. Array of 5310 and other specialized transportation providers may not know what specialized transportation services are being provided
 - b. Duplication of service provision exists
- 6. Other challenges/issues (added to the list by participants and brought up during discussion)
 - a. Aging population/people with disabilities have transportation challenges to get to healthcare appointments
 - Populations living in isolated communities or rural areas face additional challenges. Some older adults lack knowledge about how to use mobile or electronic transportation applications
 - b. Delaware's culture is auto-centric
 - Many people move to Delaware from metro and other areas and assume transportation will be similar
 - In addition, many people in Delaware do not know how to ride fixed route
 - Difficult to navigate DART's online route/scheduling information. Website is designed to have the same appearance as the state's website and is not designed to meet the needs of transit users
 - c. Disconnects between local land use and transit supportive land uses
 - DART struggles to obtain consideration for transit in land use plans
 - Many have the opinion of "not in my back yard"

- d. Transit stops can be expensive to establish and there is a large concern regarding the safety of these stops and crosswalks
- e. Chicken and Egg issue: Routes aren't placed where no one will ride, however, no one will ride unless a route is available
- f. Lack of public attendance at public hearings so their needs are not being brought to the attention of others
 - Lack of communication between the public and their legislators regarding transportation concerns
 - What are other options for public participation for those who are unable to attend public hearings (e.g., online/digital public engagement platforms)

B. Discussion Topic: What's Working Well in Delaware?

Participants were asked to share their perspectives on programs and specialized transportation options that are working well and could be replicated/expanded in Delaware.

1. Brandywine Village Network
 - a. Engages the community using volunteers. Allow for up to 6 rides per month as far as 15 miles
 - Perhaps apply this model to transportation for veterans?
 - b. Successful beyond just transportation
 - Filling prescriptions, grocery shopping, social engagement, contractor home improvement services, etc.
2. Partnerships with Easter Seals and CHEER
3. FLEX/deviated fixed-route in Sussex
 - a. Combine fixed-route and specialized transit models
4. Services and drivers also praised for their work and customer service
 - a. Responsive and accessible

C. What Are Best Practices/Possible Solutions That Could Be Applied in Delaware?

Following a brief overview of national and local best practice strategies, workshop participants were asked to respond to these strategies and comment on whether any might be feasible in Delaware.

1. DART attempting to address challenges through partnerships
 - a. Have been freed up to purchase smaller vehicles and looking into making adjustments to current routes
2. Senior centers serving as a hub for Paratransit services
 - a. Work with DTC and local health care providers to schedule weekly times to coordinate trips for non-emergency medical appointments: encourage and work with seniors to book appointments to Christiana Care Health System on that day during non-peak hours of 5310 and Paratransit services
3. Paratransit customers book non-essential trips during non-peak hours
4. Telemedicine as an option: use of telecommunication and information technologies to provide clinical health care at a distance; might eliminate distance barriers
 - a. Challenge with Medicare reimbursement for telehealth services in Delaware
5. Atlanta program: "Common Courtesy"

- a. The Brandywine Village Network has explored this option: Uber-like program (however, uses volunteer drivers) for senior transportation. Acts a brokerage service to schedule rideshare for those who do not have access to smartphones
- 6. Need to consider available ridesharing options for areas where roads are large and difficult for people to cross
- 7. Ridesharing may be a possible option for veterans' organizations or active-adult communities in assisting abled-bodied community member needing transportation for prescription pick-ups, shopping trips, or transportation to other community destinations

D. Discussion Questions/Path Forward/Ideas

This discussion focused on three specific questions: 1) Need for statewide or county-specific plan(s) to coordinate human services/specialized transportation services, 2) Need for interagency councils in each county, and 3) Specific, suggested strategies.

- 1. Strategic planning is important but it is critical that a "lead agency"/team implement and maintain such a body
 - a. Coalition of stakeholders, employers, and care providers from multiple areas
 - Hold an event to determine roles and responsibilities
 - Identify funds needed to support a coalition
- 2. Establish interagency councils in each county?
 - a. Delaware is small enough that it might be easy to coordinate statewide (video conferencing). Will people go to meetings in different counties?
 - Take 1-2 good ideas from each county and pilot
 - b. Sense was that DART should serve as the lead agency for this type of initiative
- 3. Specific, suggested strategy:
 - a. NCC working group proposed a pilot project transporting Newark Senior Center members to/from Christiana Health Care System for doctor's appointments on a specific day during non-peak hours

IV. Wrap-Up

- a. No one size fits all option
 - Need to connect individual services to serve all of Delaware
- b. Create and maintain an up-to-date, accurate resource page of all services available
- c. Need to address the disconnect between land use and transportation planning
- d. Proposed having one "pilot project initiative" coming from each working group

Appendix F. Kent County Workshop Summary

WORKSHOP #3 – Evaluating the State of Mobility Management and Specialized Transportation Services in Delaware

Monday, May 2, 2016, Modern Maturity Center, Dover, Delaware

IPA Project Team: Marcia Scott, Julia O’Hanlon, Jessica Stump, and Evan Miller

List of Attendees:

| <i>Name</i> | <i>Affiliation</i> |
|--------------------------|---|
| <i>Rich Vetter</i> | Dover/Kent Metropolitan Planning Organization |
| <i>Jamie Wolfe</i> | Director/CEO of Wolfe Consulting and Public Policy Manager at Delaware Developmental Disabilities Council |
| <i>Marcella Brainard</i> | Delaware Transit Corporation (DTC) |
| <i>Jamila Jones</i> | Delaware Transit Corporation (DTC) |
| <i>Carolyn Fredrick</i> | Modern Maturity Center |
| <i>Ann Bourne</i> | LogistiCare |
| <i>Robert Ysais</i> | LogistiCare |
| <i>Angela Brozena</i> | DART First State |
| <i>Candelaria Rivera</i> | Delaware Transit Corporation (DTC) |
| <i>Beth MacDonald</i> | Office of Preparedness |

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1. Coordination challenges among service providers
 - a. Modern Maturity Center has 7 vehicles available during downtime, however, no one to coordinate their use
2. Unmet needs/gaps in service delivery
 - a. DTC's origin/destination study determined not enough transportation options are available to address the needs of the population
 - b. LogistiCare has no accessible transportation options for mechanized wheelchairs other than to transport individuals by stretcher
 - i. Individuals taken to the doctor on a stretcher require attendants to stay with them during appointments
 - c. Outreach to special needs populations that are living in communities
3. Specialized transportation efficiency issues
4. "Demand Drivers" of specialized transportation
 - a. Individuals who require transportation but are in a non-facility setting (residential community)
5. Lack of information sharing among providers
 - a. Lack of overall understanding about the different transportation services that are currently available
6. Other challenges/issues

- a. Dialysis center has established 3rd shift to meet with more patients, however, hard to find transportation during this time
- b. Emergency evacuation planning for vulnerable populations
- c. ADA accessibility of bus stops in Kent County
- d. Persons with disabilities are uncomfortable using fixed route because of the view that they should be riding Paratransit
- e. DTC has been trying to get accessible taxi service but has received very little response
 - i. Taxi companies view non-emergency medical rides as I.O.U. to drivers
- f. Need outreach to families with children that have disabilities
 - i. Contact school districts for accurate number of students requiring transportation

B. Discussion Topic: What's Working Well in Delaware?

Participants were asked to share their perspectives on programs and specialized transportation options that are working well and could be replicated/expanded in Delaware.

- 1. FLEX service in Sussex County
 - a. Expansion to other counties?
 - b. Possible backbone to coordinate specialized transportation services
- 2. LogistiCare has the option to book reservations online
 - a. Online reservations can be made by an individual or by a facility on behalf of an individual

C. What Are Best Practices/Possible Solutions That Could Be Applied in Delaware?

Following a brief overview of national and local best practice strategies, workshop participants were asked to respond to these strategies and comment on whether any might be feasible in Delaware.

- 1. Can LogistiCare contract with Senior Centers to be classified as a “public carrier?” (work with office of public carrier to make realistic)
 - a. Regulatory instead of legislative change is needed
 - b. So far, LogistiCare has passed two laws:
 - i. Allowing facilities that are not “public transportation carriers” to transport clients
 - ii. Allowing “stretcher vans” to be used for non-emergency medical trips
 - c. Can Senior Center vans be used for dialysis center trips during downtime?
- 2. 5310 funding to purchase accessible taxis?
- 3. Expansion of FLEX route option for same-day service
- 4. FLEX “Go Link”/“Flex Zone”; operates as a circulator system that takes people to fixed route stop

D. Discussion Questions/Path Forward/Ideas

This discussion focused on three specific questions: 1) Need for statewide or county-specific plan(s) to coordinate human services/specialized transportation services, 2) Need for interagency councils in each county, and 3) Specific, suggested strategies.

- 1. Federal grant – Ride to Wellness

- a. Federal Transit Administration will competitively distribute funding for innovative projects that improve the coordination of transportation services with non-emergency medical transportation (NEMT) services
 - b. Eligible recipients are existing partnerships with specific goals for improving coordinated transportation
 - i. Establish a portal that acts as a one-stop shop providing information on all transportation options available within the state
 - ii. Use of FTA grant for this?
- 2. Dart First State marketing
 - a. Provide updates annually related to all transportation options and distribute to committees, councils, and commissions
 - i. Additional outreach to people in non-group home setting
 - ii. Need outreach to schools (address children with special needs who live at home until the age of 21)
- 3. Statewide plan coordinated by county?
 - a. Find commonalities between all three and hone in on county specific issues
 - b. Hire a contractor
- 4. Create interagency council to advise/assess/prepare a plan
- 5. Continue outreach to Easter seals, home health agencies, Medicaid, Department of Health and Social Services

IV. Wrap-Up

- a. Establish a portal that acts as a one-stop shop providing information on all transportation options available within the state
- b. Collaboration between LogistiCare and Modern Maturity Center for the use of vans during downtime
 - i. LogistiCare could coordinate transportation for non-emergency medical trips during downtime of Modern Maturity vans
 - 1. Include this information on LogistiCare's website so people can schedule appointments during this downtime

Appendix G. Sussex County Workshop Summary

WORKSHOP #2 – Evaluating the State of Mobility Management and Specialized Transportation Services in Delaware

Monday, April 25, 2016, CHEER Center, Georgetown, Delaware

IPA Project Team: Marcia Scott, Julia O’Hanlon, Jessica Stump, Evan Miller

List of Attendees:

| <i>Name</i> | <i>Affiliation</i> |
|--------------------------|---|
| <i>Gary M. Morris</i> | Delaware Transit Corporation (DTC) |
| <i>Barbara Spray</i> | Milford Senior Center |
| <i>Ruthann Biedemann</i> | Milford Senior Center |
| <i>Ken Bock</i> | CHEER Inc. |
| <i>Candelaria Rivera</i> | Delaware Transit Corporation (DTC) |
| <i>Janelle Cornwell</i> | Sussex County |
| <i>Sharon McCalister</i> | DART |
| <i>Scott Phillips</i> | Advisory Committee on Aging and Adults with Physical Disabilities |
| <i>Jamila Jones</i> | Delaware Transit Corporation (DTC) |
| <i>Ed Lewandowski</i> | Delaware Sea Grant Marine Advisory Service |
| <i>Nancy Feichtl</i> | iTN Southern Delaware |
| <i>Marcella Brainard</i> | Delaware Transit Corporation (DTC) |

Summary of Proceedings:

I. Welcome and Introductions

Julia O’Hanlon introduced the IPA research team and then asked participants to introduce themselves and their respective organizations. Julia explained that there are two prongs to IPA’s current transportation and mobility related research. Our research team is focusing on mobility management and coordination among Delaware’s specialized transportation services. The scope of the work includes:

- Identifying specialized transportation service needs, gaps, and challenges
- Gathering and sharing information among specialized transportation providers and stakeholders
- Assessing current initiatives to coordinate specialized transportation services
- Researching national and local best practices
- Surveying 5310-program funding recipients and [general] providers of specialized transportation services
- Convening working groups in each county
- Planning and facilitating a forum with working group members and other specialized transportation stakeholders

II. Presentation on Mobility Management and Specialized Transportation Services in Delaware (see presentation notes for details).

This presentation provided project background and a brief history of human services transportation options and ongoing challenges in Delaware. Several Delaware Councils, Commissions, and Committees are working to address challenges faced by transportation justice populations—including older adults, persons with disabilities, individuals with lower incomes and veterans. In addition, several recent plans, reports, and initiatives recognize the need to resolve service gaps, address unmet needs, eliminate duplication of services, and improve service efficiencies to broaden transportation options available to transportation justice populations.

IPA presented national and local research on best practice strategies, which included the creation of information portals, expansion of specialized transportation options, enhancing coordination efforts, utilization of transportation technology programs/resources, and establishment of fee-based transportation co-ops. IPA also presented outcomes of an informal, electronic questionnaire it recently administered to 5310 funding recipients and providers of specialized transportation services in Delaware. The questionnaire sought to 1) understand the nature of specialized transportation services in Delaware, and 2) gauge interest in coordinating mobility services.

III. Group Facilitated Discussion

During the working group session, IPA facilitated discussion among participants on several key topics (described below).

A. Facilitated Exercise: What Are Ongoing Challenges of Specialized Transportation Services in Delaware?

Participants were asked to review identified ongoing specialized transportation challenges in Delaware, and place their dot next to what they perceive to be the greatest challenge. The topics below are listed numerically in order of the greatest to least number of respondents. Summaries of the comments follow.

1. Coordination challenges among service providers
 - a. Lack of awareness of available services
 - b. Silo-ed veterans' services
2. "Demand Drivers" of specialized transportation (e.g., changing demographics, locations of facilities/housing)
 - a. Changing demographics
 - i. Increasing age of residents and influx of out-of-state seniors
 - b. Land use/ planning disconnect
 - i. Rural area, isolated communities (especially 55+)
 - ii. Cul-de-sacs instead of through roads, lack of ADA infrastructure, etc.
3. Specialized transportation efficiency issues
4. Unmet needs/gaps in service delivery
 - a. Lack of appropriate shelters for bus stops
 - b. Businesses do not have enough handicap parking spots for the community
5. Lack of information sharing among providers
6. Other challenges/issues
 - a. Consumers are not aware of all the services available
 - b. Struggles in growing transportation services across counties

B. Discussion Topic: What's Working Well in Delaware?

Participants were asked to share their perspectives on programs and specialized transportation options that are working well and could be replicated/expanded in Delaware.

1. Current partnerships
 - a. CHEER and DART for their adult-day care services
 - i. DART providers transportation to and from facilities
 - ii. Caregivers don't have to stay at home to care for loved ones
2. iTN Southern
 - a. Looking to expand in Milford
3. Niches are being filled by smaller organizations
4. "FlexZone" (service offered by DART)
 - a. No limitations to who can use it, unlike Paratransit
 - b. More flexible service

C. What Are Best Practices/Possible Solutions That Could Be Applied in Delaware?

Following a brief overview of national and local best practice strategies, workshop participants were asked to respond to these strategies and comment on whether any might be feasible in Delaware.

1. Outreach challenges
 - a. Seniors
 - i. Growing senior demographic and technology challenges (not everyone has mobile devices with apps)
 - ii. Need info-portal for older, senior population
 1. 1-800 numbers and/or mailed packets with correct, centralized information
 - iii. Long range vs. short range planning
 1. Address technology needs and gaps
 - b. Transportation-disadvantaged populations, including low-income and English-as-2nd language consumers
 - c. Veterans that need transportation to COBs and Wilmington VAMC
2. Create a central brokerage warehouse
 - a. "One call, one click"
 - b. Connect all the niche services into one hub to create sustainable density
 - c. Allow smaller organizations to focus less on marketing
3. Use FLEX as the backbone of the county's specialized transportation system
 - a. Have smaller organizations act as feeders to FLEX services
4. Consider pilot programs via federal grants to improve planning/ coordination
5. Communicate and coordinate planning between counties and neighboring states
 - a. E.g. Salisbury, MD and Wicomico County, MD (location of medical facilities in lower Sussex)
6. Consider future demand-drivers for specialized transportation services (e.g., influx of retirees to resort and low-cost areas not served by transit, planned location of active-adult communities, location and transit accessibility to medical/social service facilities,
 - a. Address disconnects between land use and transportation planning, need for mixed-use development, roads that are built and maintained to DelDOT standards (not private), residents living in mobile home communities not served by transit and flood prone.

- b. Ensure pedestrian infrastructure is ADA accessible
- c. Consider impact fees for age-restricted communities to reflect the cost of services needed
- d. Involve realtors and developers in discussions with land use and transportation planners

D. Discussion Questions/Path Forward/Ideas

This discussion focused on three specific questions: 1) Need for statewide or county-specific plan(s) to coordinate human services/specialized transportation services, 2) Need for interagency councils in each county, and 3) Specific, suggested strategies.

- 1. No one-size-fits all answer
 - a. Work on connecting services, county and statewide
- 2. Statewide vs. county-specific committees to update 2007 Plan to Coordinate Human Service Transportation
 - a. Most, agreed there was some need for a statewide plan, but that counties should each work independently to determine issues and solutions
 - i. Consider individual problems and resources available
 - ii. Build from county level to drive momentum for statewide initiatives
- 3. DHSS and DelDOT need to come together
 - a. Project to capture attention of legislatures
 - b. Goal is to reach policy level, to get all state agency stakeholders committed

IV. Wrap-Up

- a. Portal with all current transportation service information
- b. Memo of understanding between DHSS and DelDOT
- c. Discuss implications of new federal mandate to strategically use federal funding/grants to coordinate human services transportation
- d. Replicate best practices underway in DE and other states

Appendix H. Mobility Coordination Policy Forum Summary

Statewide Mobility Coordination Forum
Tuesday, October 18, 2016
Dover Public Library

IPA Project Team: Marcia Scott, Julia O'Hanlon, Evan Miller, Jessica Stump, and Kelly Perillo

List of Attendees:

| <i>Name</i> | <i>Affiliation</i> |
|--------------------------------|---|
| <i>Ann Bourne</i> | LogistiCare |
| <i>Beth MacDonald</i> | Delaware Division of Public Health |
| <i>Bill Matthews</i> | Office of State Planning Coordination |
| <i>Bill Swiatek</i> | Wilmington Area Planning Council |
| <i>Candita Weber-Hitchcock</i> | State Chronic Renal Program Board Member |
| <i>Carla Grygiel</i> | Newark Senior Center |
| <i>Carmela Tate</i> | Delaware Transit Corporation |
| <i>Carol Barnett</i> | Delaware Division of Services for Aging & Adults with Physical Disabilities |
| <i>Carolyn Morris</i> | Delaware Health and Social Services |
| <i>Chris Oakes</i> | Delaware Division of Services for Aging & Adults with Physical Disabilities |
| <i>Christian Regosch</i> | RideShare Delaware |
| <i>Chuck Peterson</i> | M.O.T Senior Center |
| <i>Darlene Cole</i> | Delaware Division for the Visually Impaired |
| <i>David Edgell</i> | Office of State Planning Coordination |
| <i>Devin Getchell</i> | Center for Disease Control & Prevention |
| <i>Emmanuel Jenkins</i> | Delaware Developmental Disabilities Council |
| <i>Herb Inden</i> | Office of State Planning Coordination |
| <i>Jackie Sullivan</i> | Greater Lewes Community Village |
| <i>Jared Kauffman</i> | Delaware Department of Transportation |
| <i>Jay Gerner</i> | DelDOT |
| <i>Jim Miller</i> | Polio/Post-Polio Survivors Support Group |
| <i>Jim Smith</i> | Assistant General Manager, New Castle County Department of Land Use |
| <i>Joanne Saltzberg</i> | Jewish Family Services, Sussex County |
| <i>Josh Thomas</i> | Delaware Department of Transportation |
| <i>Kat Schmitz</i> | Community Advocate |
| <i>Kathleen Maguire</i> | Delaware Transit Corporation |
| <i>Katie Macklin</i> | Alzheimer's Association |
| <i>Ken Bock</i> | CHEER |
| <i>LaBarre Everette</i> | Generations Home Care, Inc. |
| <i>Lloyd Schmitz</i> | Governor's Advisory Council on the Blind |
| <i>Maggie Ratnayake</i> | Brandywine Village Network |
| <i>Marcella Brainard</i> | Delaware Transit Corporation (DTC) |
| <i>Margaret Webb</i> | Delaware Transit Corporation |
| <i>Mary Ellen Gray</i> | Kent County Planning Department |
| <i>Mary Johnson</i> | Delaware Division of Public Health |
| <i>Melissa Martin</i> | Autism Delaware |
| <i>Michelle Broadway</i> | Delaware Division of Public Health |
| <i>Peg Poppiti</i> | Delaware State Chronic Renal Advisory Board |

Peggy Markovitz
Richard Kajim
Sandra L. Ballard
Stephen Ottinger
Timothy Snow
Tony Gonzalez

Delaware Transit Corporation
Delaware Health and Social Services
Peoples Settlement Association
Delaware Transit Corporation
DelDOT
Kent-Sussex Industries, Inc.

Summary of Proceedings:

I. Welcome and Project Overview – Julia O’Hanlon and Marcia Scott, IPA Policy Scientists

Julia O’Hanlon introduced the IPA research team and mentioned that one of the goals of the Statewide Mobility Coordination Forum was to discuss the next steps of a strategic planning process. This planning process will involve a solution-oriented approach that engages diverse stakeholders who are willing to explore partnerships and innovate to improve mobility for all Delaware residents. Additionally, this work is aligned with Delaware Transit Corporation’s recent Transit Redesign Implementation Program (initiated in 2015). Despite growing concerns and more pressing challenges associated with specialized transportation options for Delaware, there are a number of very positive initiatives, partnerships, and ideas underway to improve transportation options, especially for transportation-disadvantaged individuals in Delaware—including seniors, individuals with disabilities, veterans, and low-income individuals. Additional goals for the forum included:

1. Sharing outcomes from county-based workshops held in the spring
2. Providing an overview of workshop common themes and unique challenges
3. Determining if forum participants can build consensus on ways to keep ideas flowing, expand current partnerships, engage stakeholders, and need to update the Statewide Action Plan to move forward

Next, Marcia Scott discussed ongoing challenges of specialized transportation services that came to light from IPA’s county-based workshops. Some of the top challenges discussed during these workshops were:

1. “Demand Drivers” of specialized transportation
2. Coordination challenges among service providers
3. Unmet needs/gaps in service delivery
4. Specialized transportation efficiency issues

Marcia then spoke about IPA’s current work to gather information on the location of existing and planned "age-restricted" retirement communities (also called "active adult, 55+ or 62+, independent living communities) in Delaware. These communities (as opposed to “assisted-living, continuing care, or skilled nursing” facilities) may generate a future demand for paratransit and/or specialized transportation services as these residents age-in-place and may lose their ability to drive. IPA has collaborated with WILMAPCO to build upon its inventory and mapping of age-restricted communities in New Castle County, as part of its 2015 Transportation Justice report. The plan is to work with the Delaware Transit Corporation (DTC) to map locations of age-restricted communities relative to fixed-route transit routes and State Strategy

Levels. Marcia also discussed mapping of mixed-use manufactured home communities in Sussex County that are located in flood-prone areas and/or State Strategy levels that are not designated for state investments in infrastructure and services (e.g., fixed-route transit, paratransit). More research is needed to determine if some communities are evolving into year-round communities that provide affordable places to live for low-income populations and retirees. Marcia then briefly summarized ongoing challenges and possible solutions for specialized transportation, as outcomes of each of IPA's county-based workshops held last spring. Top solutions suggested by county workshop participants include applying for FTA grants for pilot programs, updating the 2007 Statewide Action Plan, establishing an information portal and/or a one-call one-click transportation center, replicating best practices, and advancing partnerships.

IPA project team member Evan Miller presented on "best practice" research outcomes. While nine best practices categories were identified in research, five categories were summarized during the forum:

1. Developing transportation information portals
2. Enhancing coordination
3. Fee-based transportation co-ops
4. Utilizing transportation technology
5. Expanding specialized transportation mobility options

In addition to the best practices strategies that were identified, several preliminary strategies to enhance mobility management and coordination in Delaware were identified. The following strategies merit additional discourse:

- Strategy 1: Community outreach and education
- Strategy 2: Examine current transportation coordination and efficiency efforts
- Strategy 3: Leverage partnership for mobility management, interagency coordination, and collaborative initiatives
- Strategy 4: Broaden stakeholder involvement to update the 2007 Delaware Statewide Action Plan to Coordinate Human Services Transportation

Changes to federal surface transportation legislation and 5310 program impact were discussed. Beginning with MAP-21 in 2012, expanded coordinated plan requirements included a stronger emphasis on mobility management, specific stakeholder involvement mandates, and need to integrate specialized transportation plans with formal transportation plans of MPOs and state agencies. Funds may be allocated to either traditional capital projects (e.g., vehicles, vehicle equipment, and capital equipment, or transit-related IT) or non-traditional projects (e.g., one-call/one-click centers, mobility management programs, and bus stop and pedestrian accessibility improvements). FAST Act legislation emphasizes the need to fund programs that enhance transportation independence, address barriers to mobility for all, increase transportation options for transportation-disadvantaged populations, and coordinate specialized transportation services. States and regions are responding by revising 5310 program grant requirements to better leverage resources and competitively award funds.

II. Presentation: “*Connection Between Land Use and Transit*”

A. Troy Mix, AICP, IPA Policy Scientist – *Transportation Costs of Community Facility Locations*

The presentation began with an overview of IPA’s paratransit-focused research. Two factors serve as the impetus for IPA’s research, 1) paratransit service costs and demands are increasing, and 2) the locations of homes and destinations affect the cost of providing this service. Since a small minority of paratransit ride destinations account for a disproportionate share of rides in the system, the research goal was to gain a better understanding of the location of and service patterns to these facilities could reveal policy levers for enhanced paratransit service quality and efficiency. The research questions posed for his research were:

- How do locations of quasi-public facilities affect costs?
- Can use and service patterns to these facilities be improved?

Demand for specialized transportation comes from a variety of community facilities including state service centers, nursing homes, 55+ communities, group homes, dialysis/renal care centers, social services, and general medical facilities. Additionally, policy levers, such as state run service centers, zoning regulations, and licensing, all affect where these facilities are located and where they can open new facilities.

Troy explained findings from a one-month study of Paratransit data in Delaware:

- In October 2014, there were 88,907 one-way trips (i.e., doctors’ offices to homes).
- Out of those one-way trips, 6,110 were to unique pick-up and drop off sites.
- Furthermore, 150 (or 2%) of these sites accounted for 35,953 of these trips (or 40%).
- Smyrna is a hotspot for homes being more dispersed than facilities.
- Facilities tend to be more centrally located and are also located in more populated areas whereas homes are more dispersed.

Troy discussed the methodology used to analyze paratransit ridership data and estimate the public costs attributable to serving these locations with paratransit service. Using trips to dialysis centers as an example, he noted several research questions worth considering:

- Are there opportunities to steer new care providers to desired locations through regulatory approval processes?
- When do the benefits of attending the closest facility outweigh other considerations?
- Could medical providers and service centers play role in counseling patients on choice of closest, medically comparable facilities?

B. Bill Swiatek, AICP, Senior Planner, WILMAPCO - *2015 Accessibility & Mobility Report: Transportation Justice Study*

Bill Swiatek stated that as the regional metropolitan planning organization, WILMAPCO is responsible for developing long-range transportation plans for New Castle, Del. and Cecil County, Md. WILMAPCO’s Transportation Justice (TJ) study details a process to assess the transportation needs of mobility-constrained populations in the region. TJ is an outgrowth of WILMAPCO’s Environmental Justice (EJ) Title VI initiative, which is federally mandated and considers the transportation burden carried by minority and low-income populations. In this study, WILMAPCO’s TJ demographics included households without vehicles (17,000), seniors

(76,000), and persons with disabilities (72,000). Transportation concerns regarding these groups include:

- Private vehicle dependency: social isolation, economic impacts, and health impacts.
- “Aging in place”/Complete Places: connectivity and accessibility.

Bill described WILMAPCO’s telephone survey used to assess the needs and perceptions of TJ groups. The findings from this survey included:

- Persons with disabilities accounted for over half of the sampled population that expressed difficulty accessing services like grocery shopping, social activities, medical care, or other services.
- Lack of a personal vehicle accounted for about 10% of the sampled population that expressed difficulty accessing services like grocery shopping, social activities, medical care, or other services.
- Seniors accounted for over half of the sampled population that expressed difficulty accessing services like grocery shopping, social activities, medical care, or other services.

Bill also discussed WILMAPCO’s TJ accessibility and connectivity analyses that explored transportation system connections from TJ neighborhoods to important TJ destinations (e.g., grocery stores, libraries, medical centers). The analysis illustrated the opportunities and difficulties TJ area residents have with mobility and connecting to important destinations (e.g., grocery stores) using transit and multi-modal transportation options. Findings showed connectivity varied greatly between communities. The study also focused on the location of age-restricted communities. A connectivity assessment found that most of the age-restricted communities in New Castle County are outside the transit buffer. Additionally, further analysis assessed the likelihood of these communities having a transit connection in the near future.

Overall TJ policy recommendations include fostering a meaningful effort to support denser, mixed land uses, mass transit and other alternative modes, which will benefit households without vehicles, persons with disabilities, and seniors. Recommendations include continuing TJ prioritization, filling connectivity gaps, encouraging denser development patterns, developing age-restricted communities near other service destinations, raising awareness of alternative transportation options to potential buyers, and continuing to refine the Age Restricted Community Connectivity Assessment (ARCCA) methodology.

C. Panel 1: Coordinating Specialized Transportation Services in Delaware: Best Practices and Potential Replicability

Panel Members:

- Kenneth S. Bock, *Executive Director*, CHEER
- Peggy Markovitz, *Contract Operations Manager*, Delaware Transit Corporation
- Maggie Ratnayake, *Director*, Brandywine Village Network
- Jackie Sullivan, *Executive Director*, Greater Lewes Community Village

Ken Bock provided an overview of the changing demographic landscape as context for the panel discussion. There is an increase in senior citizens migrating into Sussex County from major metropolitan areas. Additionally, Sussex County continues to be characterized as a low-density,

rural area that does not support robust fixed-route transportation services. Ken highlighted a successful Sussex County adult daycare program that has helped relieve some of the load on caregivers. In the beginning, there was minimal participation in this program because transportation wasn't reliable and the existing service model wasn't accessible for user needs. As a result of a partnership with DART First State, participation increased over a six-month period. Additionally, CHEER has been trying to share buses with senior centers by coordinating demand times for particular services. For example, providing trips to senior centers and then providing transportation for the adult daycare program. This has led to better utilization of 5310 vehicles and increased cost savings for DART. Ken mentioned that he would like to see this model replicated in Sussex County and elsewhere. He also suggested better coordinating capacity for identifying which providers are best for niche markets. Important to consider a network of providers/mobility operators for better responsiveness, and make current capacity/resources/capital more efficient and customer-focused.

Peggy Markovitz described the FLEX service currently operating by DART First State in Sussex County. These routes include the 901 route (Georgetown), the 902 route (Millsboro), and the 903 route (Seaford). One of the benefits of this service is the ability to schedule a ride two hours in advance. Also, the FLEX service not only acts as a regular bus service to designated bus stops, but also has the flexibility to accommodate off-route, curbside pick-up and drop-off locations up to one mile off the regular route by reservation. In 2016, the FLEX service saw an 8% decrease in ridership. On the other hand, there are future plans to do a year round resort in Sept. 2018 and expand routes/operating areas into New Castle County and Kent County

Maggie Ratnayake from the Brandywine Village Network and **Jackie Sullivan** from the Greater Lewes Community Village co-presented on the "Village Model," which is a community-driven model that engages neighbors and volunteers to support those within the network. This model supports an aging in place program for those who want to stay in their own home or apartment. Additionally, volunteers are used to provide services including transportation, housekeeping, and meal provision. If the village cannot provide desired services through their volunteers, the network will look to others to provide these services. One of the biggest goals of the Village Model is to get people to become engaged and build a relationship between members and volunteers. This ensures that residents get out of the house and avoid social isolation. Currently there are over 200 villages and 160 in developments within the entire country with three existing within Delaware. The Village model successfully meets and provides intergenerational support for members. A total of 3,900 services have been provided between both villages and transportation is roughly 75% of the services they are providing. They have provided over 1,000 rides for medical purposes and over 1,000 rides for non-medical purposes. Several questions were addressed regarding the wheelchair accessibility of the vehicles used within the Village Networks. Currently, the villages require all users to be able to "turn and pivot." However, they are working on reviewing their insurance policies to see if it would be possible to add wheelchair accessible vehicles to their fleet.

D. Panel 2: County/Regional Planning for Transit-Oriented Communities and Transportation-Disadvantaged Populations

Facilitator: David L. Edgell, *Principal Planner*, Delaware Office of State Planning Coordination
Panel Members:

- Mary Ellen Gray, *Assistant Director*, Kent County Department of Planning Services, Division of Planning.
- James C. Smith, Jr., Esq., *Assistant General Manager*, New Castle County Department of Land Use

David Edgell facilitated discussion of the following questions:

- 1) The demand to live in transit-oriented communities with access to a variety of transit options is growing. How is your county/region addressing network connectivity from a land-use planning perspective?

Gray: Kent County is largely rural with a population of 174,000 in 2015. In gathering data, Kent County looks at subdivision information and policies that have either encouraged or discouraged growth within them. Next, Mary Ellen showed a map of the developments that are growing or remaining stagnant. She then described how Kent County is trying to encourage growth where these developments exist (growth zones).

Smith: New Castle County (NCC) has very diverse growth patterns. For example, southern NCC is more rural whereas northern NCC is more urban. For these reasons, northern NCC has more extensive infrastructure and thus the focus is on redevelopment rather than development. In southern NCC there is a stronger focus on growth within specified areas (for example, where sewers are provided). NCC has also partnered with WILMAPCO and DelDOT to find areas to redevelop and capitalize on transit systems. James mentioned that we need to find ways to encourage transit (such as North Claymont transit plan- use under-utilized properties). Challenges facing NCC is going back and focusing on redevelopment opportunities in the northern part of the state and having people express their need for transit so transit comes to the area.

- 2) How are transit-supportive elements being considered, or incorporated into your jurisdiction's regulatory framework (e.g., the comprehensive plan)?

Gray: Kent County is looking beyond available infrastructure and sewer capacity to support development. Where services are and what policies they can implement to encourage development where current services exist. Kent County also been involved in a Plan4Health project, which supports initiatives at the intersection of planning and public health. A survey and citizen engagement will inform the county how the built environment affects public health and identify potential policy changes.

Smith: Instead of focusing on available sewer capacity or existing infrastructure, NCC is also planning strategically to direct development to where investments are planned. Following extensive community outreach and engagement, NCC adopted legislation that developed general principles and expectations for development, along with a series of amendments to the Unified Development Code (UDC). Integrating transportation and land use, connectivity, and multi-modal options are important considerations within these principles for development.

- 3) Provide examples of opportunities to foster (or barriers that inhibit) complete streets in your county/region

Gray: A barrier that inhibits complete streets is money. It's costly to provide links and services to connect people to services. Identifying roads that need functional classification is also challenging (ensuring street design is up to the most recent standard). Coordination for long-range transportation plans with MPO and DelDOT is necessary [but difficult]. A lot of roads were tow paths that were paved over with no shoulder. A goal is to construct transportation infrastructure with complete street elements (e.g., ped/bike infrastructure) to improve connectivity.

Smith: NCC is currently working with the state and WILMAPCO to come up with plans and change the dynamic and focus from what it has been. Also making sure redevelopments are focused on planning from the beginning for multimodal opportunities rather than doing the bare minimum. Success is hometown overlay districts that they developed. Try to take focus off heavy car use and created a number of villages. Worked with DelDOT to put in landscape and define crosswalks. Hockessin and Claymont have been most successful. NCC is focusing on developing multi-modal communities to improve connectivity and provide complete streets.

- 4) How can communities foster development of inclusive communities that are ADA accessible, aging friendly and transit friendly?

Gray: Kent County does not regulate or age-restricted communities differently. The county is beginning to study these communities for its 2018 comprehensive plan update. A demographic analysis, using census information, indicates that the older-adult population is dispersed throughout the county. People need to be better educated about these communities so they begin to think about access to services and health care. These people see the houses within the communities and the affiliated amenities but don't realize that other resources aren't near. Developers will go where the market is.

Smith: New Castle County does not regulate age-restricted communities differently either. However, the county provides a density bonus to developers that locate close to transit. Currently there is only a 55+ community bonus.

E. Consensus Building and Path Forward

Miller led a consensus building and path forward inquiry using an electronic (Ombea) Audience Response System. Polling questions and responses from forum attendees are listed below.

1. Does the 2007 Delaware Statewide Action Plan to Coordinate Human Service Transportation need a comprehensive update? (Total responses: 30)
 - a. Yes (27)
 - b. No (0)
 - c. Maybe (1)
 - d. Never heard of it (2)
2. If the Delaware statewide action plan is updated, how should stakeholder groups be organized? (Total responses: 30)

- a. Statewide (1)
 - b. By County (11)
 - c. Both (18)
- 3. Select the top three (3) innovative activities that should be prioritized within an updated Delaware statewide action plan.
 - a. One-stop call center (#2)
 - b. Transportation information portals (#4)
 - c. Intelligent transportation technologies (#3)
 - d. Pooling or sharing of vehicles (#6)
 - e. Trip sharing (#8)
 - f. Feeder services to fixed-route transit (#1)
 - g. Bus stop accessibility improvements (#7)
 - h. Enhanced travel training (#10)
 - i. Pilot programs (#9)
 - j. Regional rideshare (#5)
- 4. Should Delaware's 5310 Program consider a competitive selection process to allocate funds? (Total responses: 29)
 - a. Yes (17)
 - b. No (4)
 - c. Maybe (8)
- 5. Should the 5310 Program or other grant funds be allocated based on priorities determined from an updated statewide action plan? (Total responses: 30)
 - a. Yes (21)
 - b. No (3)
 - c. Maybe (6)
- 6. Select one (1) "best practice" that should be replicated in Delaware. (Total responses: 30)
 - a. Develop transportation information portals (4)
 - b. Enhance coordination (9)
 - c. Fee-based transportation co-ops (5)
 - d. Utilize transportation technology (2)
 - e. Expand specialized transportation mobility options (10)
- 7. Select one (1) of these initiatives that could be replicated in other parts of the state. (Total responses: 30)
 - a. FLEX (5)
 - b. Membership-based ride sharing (3)
 - c. Village network transportation (12)
 - d. Private ride-sharing services (2)
 - e. Partnerships to share trips to non-emergency medical services (8)

8. Would your organization be interested in exploring partnership opportunities? (Total responses: 30)
- a. Yes (22)
 - b. No (2)
 - c. Maybe (6)

F. Wrap Up

IPA distributed forms and invited forum participants to:

- Anonymously evaluate the forum
- Provide information on additional ideas related to mobility management and coordination in Delaware
- Separately provide contact information if interested in staying engaged in future transit planning activities

IPA promised a follow-up with participants via a MailChimp communication that would provide a summary of the forum, PowerPoint slides, and link to the online map of age-restricted communities in Delaware.

Appendix I. Preliminary Inventory: Delaware Specialized Transportation Provider Matrix

Preliminary Inventory of Specialized Transportation Services in Delaware

| | Client Type | | | | | | Service Type | | | | | | | | | | Agency (not service) Location | | | | Total Trips FY15 | | | |
|---|-------------|------------|------------|------------|-----------------|-------------|--------------|----------------|-------------|-------------------|----------------|---------------------------------|-------------------------|---|----------------------------|----------|-------------------------------|----------------|----------|------------|---------------------|-----------|---------------|--|
| | Senior | Disability | Low-Income | Employment | Social Services | Faith-Based | Veterans | General Public | Fixed Route | Demand Responsive | Deviated Route | Non-Emergency Medical (NEMT) | Fee-based Membership | Non Fee-based Membership or Residential | Brokered Transportation | Wellness | Ride-hailing and Taxis | New Castle Co. | Kent Co. | Sussex Co. | | Statewide | Outside State | |
| Public (State) Transportation | | | | | | | | | | | | | | | | | | | | | | | | |
| DART First State Transit | | | | | | | | | X | X | | | | | | | | | | | | X | | |
| DART First State Paratransit Services | X | X | | | | | | | | X | | | | | | | | | | | | | | |
| DART First State Flex Route Services | | | | | | | | | X | X | X | | | | | | | | X | | X | | | |
| DART First State GoLink Flex service | | | | | | | | | X | X | X | | | | | | | | X | | X | | | |
| DelaRide Program (proposed) | | | | | | | | | | | | | | | | | | | | | | | | |
| RideShare Delaware | | | | X | | | | X | | | | X | | | | | | X | | | | X | | |
| Senior Citizen Affordable Taxi (SCAT) | X | | | | | | | | | X | | | | | | | | | | | | X | | |
| Public (Local) Transportation | | | | | | | | | | | | | | | | | | | | | | | | |
| City of Newark, Unicity Bus | | | | | | | | X | X | | | | | | | | | X | | | | | | |
| Private Providers | | | | | | | | | | | | | | | | | | | | | | | | |
| Generations Home Care | X | X | | | | | | | | | | X | X | | | | | | | | | X | | |
| Griswold Home Care | X | | | | | | | | | | | X | X | | | | | X | | | | | | |
| Homewatch Caregivers of Delaware | X | | | | X | | | | | | | X | X | | | | | X | | | | | | |
| Lyft | | | | | | | | X | | | | | | | | | X | X | | | | | | |
| Operation Homefront | | | | | | | X | | | | | X | | | | | | | | | | | X | |
| Senior Helpers | X | | | | | | | | | | | X | | | | | | X | | | | | | |
| Taxi Companies | | | | | | | | X | | | | | | | | | X | | | | X | | | |
| Uber | | | | | | | | X | | | | | | | | | X | | | | | | X | |
| Non-Profit Organizations (not 5310) | | | | | | | | | | | | | | | | | | | | | | | | |
| Delaware Center for Homeless Veterans | | | | | | | X | | | | | X | | X | | | | X | | | | | | |
| Delaware Veterans Home | | | | | | | X | | | | | X | | X | | | | | | | | | | |
| Delaware Veterans' Stand Down | | | | | | | X | | | | | X | | | | | | | | X | | | | |
| FISH of Northern Delaware | | | | | | | | | | | | | X | | | | | X | | | | | | |
| Greater Lewes Village Network | X | | | | | | | | | | | X | X | | | | | | | X | | | | |
| Home of the Brave | | | | | | | X | | | | | X | | X | | | | | | X | | | | |
| LogistiCare Solutions, Medicaid Transportation | X | X | | | | | | | | | | X | | | X | | | | X | | | | | |
| Disabled American Veterans (DAV) | | | | | | | | | | | | | | | | | | | | | | | | |
| Transportation Network sites: | | | | | | | | | | | | | | | | | | | | | | | | |
| American Legion Post #28, Oak Orchard | | | | | | | X | | | | | X | | | | | | | | | | | | |
| DAV Dover | | | | | | | X | | | | | | | | | | | | X | | | X | | |
| DAV Seaford | | | | | | | X | | | | | | | | | | | | X | | | | | |
| People's Place Veterans' Outreach | | | | | | | X | | | | | | | | | | | | | X | | | | |
| Veterans' Transportation Service, Salisbury, MD | | | | | | | X | | | | | X | | | | | | | | | | | X | |

Preliminary Inventory of Specialized Transportation Services in Delaware

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|--|--------|------------|------------|------------|-----------------|-------------|----------|----------------|-------------|-------------------|----------------|------------------------------|----------------------|-----------------------------|-------------------------------------|----------|------------------------|----------------|----------|------------|-----------|---------------|------------------|
| Veterans Administration Mobile Health Clinic | | | | | | | X | | | | | X | | | | | | | | X | | | |
| Wilmington VA Medical Center Shuttle | | | | | | | X | | | | | X | | | | | | | | | X | | |
| Section 5310 Subrecipients (FY 15) | | | | | | | | | | | | | | | | | | | | | | | |
| Absalom Jones Senior Center | X | | | | | | | | | | | | | | | X | | X | | | | | 551 |
| Annotated Word Evangelistic Fellowship | | | | | | X | | | | | | | | X | | | | X | | | | | |
| Bethel AME Church Milford | | | | | | X | | | | | | | | X | | | | X | | | | | 111 |
| Bethel Caring Hands, Inc. | X | | | | | | | | | | | | | | X | | | X | | | | | 899 |
| Brandywine Community Resource Center (Claymont Community Center) | X | | | | | | | | | | | | | | X | | | X | | | | | 317 |
| Burton's Chapel | | | | | | X | | | | | | | | X | | | | | | X | | | |
| C.E.R.T.S. | | X | | | | | | | | | | | | | X | | | X | | | | | 387 |
| Calvary Baptist Church | | | | | | X | | | | | | | | X | | | | | | | | | 125 |
| Canaan Baptist Church | | | | | | X | | | | | | | | X | | | | X | | | | | 224 |
| Cape Henlopen Senior Center | X | | | | | | | | | | | | | X | | | | X | | X | | | 4,599 |
| Centennial U.M.Church | | | | | | X | | | | | | | | X | | | | | X | | | | 61 |
| CHEER aka Sussex Cty Sr Services Inc. | X | | | | | | | | | | | | | | | X | | | X | | | | 52,009 |
| Church of the Rock Ministry | | | | | | X | | | | | | | | X | | | | X | | | | | |
| Coleman Memorial U.M. Church | | | | | | X | | | | | | | | X | | | | X | | | | | 289 |
| Cornerstone Fellowship Baptist Church | | | | | | X | | | | | | | | X | | | | X | | | | | |
| Dickerson Chapel | | | | | | X | | | | | | | | X | | | | | | X | | | |
| DuRoss Heights Church of God & Prophecy | | | | | | X | | | | | | | | X | | | | X | | | | | 12 |
| Easter Seals | X | X | | | X | | | | | | | | | | | X | | | | | X | | 19,988 |
| Ebenezer Baptist Church | | | | | | X | | | | | | | | X | | | | X | | | | | 357 |
| Emmanuel AME Church | | | | | | X | | | | | | | | X | | | | | X | | | | 38 |
| Epworth United Methodist Church | | | | | | X | | | | | | | | X | | | | | | X | | | 25 |
| Exceptional Care for Children | X | X | | | | | | | | | | X | | | | X | | X | | | | | 449 |
| Ezion Mt. Carmel Church | | | | | | X | | | | | | | | X | | | | X | | | | | 712 |
| Family Outreach Community Center | | | | | X | | | | | | | | X | | | | | | | X | | | 88 |
| Frederica Senior Center | X | | | | | | | | | | | | | X | | | | | X | | | | 537 |
| Generations Home Care, Inc. | X | | | | | | | | | | | | | X | | | | X | | | | | 6,793 |
| Harbor Healthcare & Rehabilitation | | X | | | | | | | | | X | | | | | | | | | X | | | 12 |
| Harrington Senior Center | X | | | | | | | | | | | | | X | | | | | X | | | | 2,884 |
| Harvest Years Senior Center | X | | | | | | | | | | | | | X | | | | | X | | | | 1,014 |
| Ingleside Retirement Homes, Inc. | X | | | | | | | | | | | X | | | | | | X | | | | | 3,721 |
| Jewish Community Center | | | | | | X | | | | | | | | X | | | | X | | | | | 182 |
| Kent-Sussex Industries | | X | | X | | | | | | X | | | | X | | | | | X | X | | | 34,937 |
| Krystie Bingham Cerebral Palsy Foundation | | X | | | | | | | | | | X | | | | | | X | | | | | 81 |
| Laurel Senior Center | X | | | | | | | | | | | | | X | | | | | | X | | | 5,679 |

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|--|--------|------------|------------|------------|-----------------|-------------|----------|----------------|-------------|-------------------|----------------|------------------------------|----------------------|-----------------------------|-------------------------------------|----------|------------------------|----------------|----------|------------|-----------|---------------|------------------|
| Lewes Senior Center | X | | | | | | | | | | | | | X | X | | | | X | | | | 1,399 |
| Lillian Smith Senior Center | X | | | | | | | | | | | | | X | | | | | X | | | | 36 |
| Little Sisters of the Poor | X | | X | | | | | | | | | X | | | | | | X | | | | | 1,002 |
| Lorelton Foundation | X | | | | | | | | | | | | X | | | | | X | | | | | 979 |
| Lutheran Senior Services (Luther Towers) | X | | | | | | | | | | | | X | | | | | X | | | | | 2,425 |
| Macedonia Baptist Church | | | | | | X | | | | | | | | X | | | | X | | | | | |
| Mamie A. Warren Senior Center | X | | | | | | | | | | | | | X | | | | X | | | | | 5,227 |
| Manna Community Development Corp | | | | | | X | | | | | | | | X | | | | X | | | | | 498 |
| Mary Campbell Center | X | X | | | | | | | | | | X | | | | | | X | | | | | 2,740 |
| Mid-County Senior Center | X | | | | | | | | | | | | | X | | | | X | | | | | 700 |
| Middletown Baptist Church | | | | | | X | | | | | | | | X | | | | X | | | | | 83 |
| Milford Senior Center | X | | | | | | | | | | | | | | X | | | | | X | | | 6,994 |
| Ministry of Caring | | | | | | X | | | | | | | | X | | | | X | | | | | 5,703 |
| Modern Maturity Center | X | | | | | | | | | | | | | X | | | | X | | | | | 25,592 |
| Morning Star Church | | | | | | X | | | | | | | | X | | | | X | | | | | |
| M.O.T. Senior Center | X | | | | | | | | | | | | | | X | | | X | | | | | 13,043 |
| Most Worshipful Prince Hall Grand Lodge | | | | | | X | | | | | | | | X | | | | X | | | | | 2,543 |
| Mother U.A.M.E. Church | | | | | | X | | | | | | | | X | | | | X | | | | | 1,356 |
| Mt. Enon Baptist Church | | | | | | X | | | | | | | | X | | | | | X | | | | 32 |
| Nanticoke Senior Center | X | | | | | | | | | | | | | X | | | | | | X | | | 5,000 |
| New Mt. Bethel Baptist Church | | | | | | X | | | | | | | | X | | | | X | | | | | 632 |
| Newark Senior Center | X | | | | | | | | | | | | | X | | | | X | | | | | 9,927 |
| New Calvary Baptist Church | | | | | | X | | | | | | | | X | | | | X | | | | | 488 |
| New Castle Senior Center | X | | | | | | | | | | | | | X | | | | X | | | | | 6,270 |
| Parkview Nursing & Rehabilitation Center | | X | | | | | | | | | | X | X | | | | | X | | | | | 880 |
| Peoples Settlement Association | | | | | X | | | | | | | | | | | | | X | | | | | 392 |
| Rosehill Community Center | X | | | | | | | | | | | | | X | | | | X | | | | | 6,252 |
| Rock of Ages Missionary Baptist Church | | | | | | X | | | | | | | | X | | | | X | | | | | 893 |
| Sellers Senior Center | X | | | | | | | | | | | | | X | | | | X | | | | | 312 |
| Sharon Temple 7th Day Adventists Church | | | | | | X | | | | | | | | X | | | | X | | | | | |
| Seaford Child Development & Partnerships | | | | | | | | | | | | | | | | | | | | | | | |
| Shiloh Baptist Church | | | | | | X | | | | | | | | X | | | | X | | | | | 77 |
| Simpson United Methodist Church | | | | | | X | | | | | | | | X | | | | X | | | | | 135 |
| St. Anthony's Community Center | X | | | | | | | | | | | | | X | | | | X | | | | | 5,666 |
| St. Patrick's Senior Center | X | | | | | | | | | | | | | X | | | | X | | | | | 5,554 |
| St. Paul U.A.M.E. Church | | | | | | X | | | | | | | | X | | | | X | | | | | 652 |
| Tabernacle Praise & Healing | | | | | | X | | | | | | | | X | | | | | | X | | | |
| The Church the Body of Christ | | | | | | X | | | | | | | | X | | | | | X | | | | |

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|--|--------|------------|------------|------------|-----------------|-------------|----------|----------------|-------------|-------------------|----------------|------------------------------|----------------------|---|-------------------------|----------|------------------------|----------------|----------|------------|-----------------------|---------------|------------------|
| Trinity AME Church | | | | | | X | | | | | | | | X | | | | X | | | X | | |
| The Upper Room Church | | | | | | X | | | | | | | | X | | | | X | | | | | 9 |
| Union Baptist Church | | X | | | | | | | | | | X | | X | | | | X | | | | | 1,821 |
| United Cerebral Palsy | | | | | | | | | | | | | | X | | | | X | | | | | 11,670 |
| West Center City Adult Center | X | | | | | X | | | | | | | | X | | | | X | X | | | | 76 |
| Whatcoat Methodist Church | | | | | | | | | | | | | | X | | | | X | | | | | 2,701 |
| Wilmington Senior Center | X | | | | | | | | | | | | | X | | | | X | | | | | N/A |
| Wings of Faith Church | | | | | | X | | | | | | | | | | | | X | | | | | |
| | | | | | | | | | | | | | | | | | | | | | Total FY15 5310 Trips | | 266,840 |
| *5310 Program providers that were listed on a March 2015 DTC list, but excluded from a DTC 2015 spreadsheet of 5310 Program providers* | | | | | | | | | | | | | | | | | | | | | | | |

Appendix J. Annotated Bibliography

Annotated Bibliography: Studies related to the Intersection of Transportation Equity, Land Use, and Planning (2007 – Present)

City of Wilmington Advisory Group. “Wilmington Transit Moving Forward.” Wilmington, DE. August 2014.

The final report was developed to advise and assist in setting a vision for the future of transit in Wilmington. It provides recommendations that are encompassed within a set of nineteen Principles and implementation is prioritized into four time frames. Recommendations of the study are applicable statewide—in including the need to ensure ADA accessibility to walk to transit stations, link land use and transit planning, use state-of-the-art technology to provide customer information, and emphasize transit service in selected corridors and provide supporting infrastructure.

Cummer, J. & Tuttle, D. “Improving Access to Taxi Service: Delaware’s Missing Mode.” Newark, DE: Institute for Public Administration, Aug. 2013.

The shifting demographic profile in Delaware has increased the demand for public transit services in the state. To offset the rising cost and ridership burden, other jurisdictions dealing with this issue have partnered the taxicab industry. The Delaware Center for Transportation (DCT) commissioned the Institute for Public Administration (IPA) to examine the taxicab industry in the state and explore ways the industry can become a partner in the delivery of paratransit services to Delawareans. The taxicab industry can become an important aspect of the public and paratransit service provided in Delaware. By partnering with independent taxicab companies, the state can offload a portion of the growing demand and cost burden currently facing its public transit operations. Regulatory reforms and the expansion of the current subsidy program provide an important starting point to ending taxicabs’ status as Delaware’s missing transit mode.

DeCoursey, W.J. “Transit-Oriented Design: Illustrations of TOD Characteristics.” Newark, DE: Institute for Public Administration, University of Delaware, Nov. 2007.

Since the 1997 study, national research has continued on effectiveness measures and successful implementation of TODs. TODs create compact, walkable neighborhoods around transit stations that require only a short walk. Progress has been made in Delaware with the institution of the commuter rail with long-range plans of extending service west into Maryland and south to Middletown, Dover, and eventually Sussex County. TOD should be promoted because it improves quality of life in regard to health and fitness, personal and household economics, community economics, environmental quality, and the creation of better places to live and work. Some design characteristics of successful TODs include quality transit facilities and service, walkability, destinations, location, and parking. This study completed a literature review, looks at case studies, and researches new developments in making their recommendations.

DHSS Division of Division of Services for Aging and Adults with Physical Disabilities.

“Delaware State Plan on Aging: October 1, 2016 to September 30, 2020.” Dover, DE.

The Delaware State Plan on Aging was developed by DHSS Division of Services for Aging and Adults with Physical Disabilities to meet the requirements to receive funding under Titles III and VII of the Older Americans Act (OAA). The Act provides funding for a variety of programs and services for older Delawareans and their caregivers including supportive services, nutrition

programs, disease prevention and health promotion initiatives, elder rights protection activities, and caregiver support programs. Several primary goals and objectives in the plan are related and significant to mobility coordination efforts in Delaware, including:

Goal 2: Carry out advocacy efforts to develop service structures that improve the lives of older persons, adults with disabilities

- Objective 2.1 - Promote the development of Telehealth services statewide.
- Objective 2.2 - Carry out strategies which lead to greater emergency preparedness by and on behalf of older persons and persons with disabilities in Delaware.
- Objective 2.6 - Advocate for affordable, accessible transportation and mobility options, especially in areas with critical transportation needs.

Dworsky, B. "Assessing the Needs of Delaware's Older Drivers." Newark, DE: Institute for Public Administration, University of Delaware, Jun. 2007.

In light of Delaware's growing population age 60 and older, it is important to plan for the state's projected increase in older drivers. Current road designs should be reviewed to determine whether modifications are necessary to better accommodate Delaware's older drivers. Possible modifications include making intersections more driver- and pedestrian friendly and improving traffic signs and signal design. Additionally, comprehensive assessment, education, and outreach programs can assist individuals, families, and physicians facilitate discussions about driving and promote mobility and independence among older Delawareans. Many older adults wish to remain living in their homes or communities as they are, which is called "aging in place". Aging in home gives seniors a sense of familiarity and comfort. The major disadvantage to aging in home is that many adults have chosen residences in mostly suburban or rural settings, in which they are dependent on a personal vehicle for transportation. (This study spoke more toward preventing auto crashes than selecting public transit as the alternative).

Jacobson, E., DeCoursey, W.J., & Rosenberg, N. "The Health-Impact Assessment (HIA): A Useful Tool." Newark, DE: Institute for Public Administration, University of Delaware, Feb. 2011.

This source addresses the question: "How are existing or planned land use, community design, and transportation policies, projects, or programs affecting or likely to affect public's health?" Geography, timing, and scale are factors that should be taken into consideration when deciding whether to use a HIA. There are five major steps in conducting an HIA: 1) Screening 2) Scoping 3) Analysis 4) Reporting and 5) Evaluation/Monitoring. The extent of an HIA can vary greatly, from quick calculations for small plans to complex land-development efforts involving multiyear investigations that forecast and model behavior and interactions for many years to come. HIA's consider not only multiple aspects of health, but economic factors. This allows an HIA to not only impact community-health determinants, but quality of life at the individual level. HIA's are a new concept that has been utilized more and more frequently in recent years. Performing an HIA is a helpful way to justify the acceptance, denial, or modification of a policy/project in question, see the effects a potential project/plan may have before the plan is approved, educate and lobby key stakeholders, educate and raise awareness among citizens, academics, and the media, and determining whether particular kinds of projects are worthwhile.

Jacobson, E., O'Hanlon, J., & Scott, J. "Leading Tomorrow's Senior Centers." Issue Brief 2. Newark, DE: Institute for Public Administration, University of Delaware, Jul. 2009.

By collectively working toward creating a greater quality of life for older adults through collaborative health promotion and disease-prevention efforts, older adults are more likely to lead healthier, more independent lives—a goal that many hope to achieve in their later years. NCOA encourages partnerships among academic institutions, healthcare and public-health entities, and community leaders to achieve long-term health outcomes for older adults through community-based services. In keeping with NCOA's recommendations, senior centers can take collaborative approaches in the delivery of health-promotion programs and services. Senior centers that offer high-quality physical fitness programs (through a fitness center and/or certified instructor-based classes), but weaker mental-health programs can partner with centers who offer regular health and wellness screenings and credible health-education programs but fewer physical fitness activities.

Jacobson, E., O'Hanlon, J., & Scott, J. "Senior Centers and Aging-Related Challenges." Issue Brief 1. Newark, DE: Institute for Public Administration, University of Delaware, Jul. 2009.

Programs that create awareness for physical and mental-health fitness among older adults may promote an increased desire to take personal responsibility for improving one's health and overall quality of life. These programs and services can be made accessible through community-based organizations such as senior centers. The projected increase in the number of older adults in the U.S. will place great demands on supportive services that are currently made available for the aging population. Health-promotion and preventive services are essential to increase the health of the aging population, decrease healthcare costs, and enhance the overall quality of life among older adults. The projected increase in diversity presents a challenge because health disparities are correlated with race/ethnicity and will change the demographics of Medicare beneficiaries and possibly stimulate change in the healthcare profiles of the program's recipients.

Lehman, M. "Healthy and Walkable Communities." Newark, DE: Institute for Public Administration, University of Delaware, Jul. 2007.

This document is intended to serve as a resource for Delaware municipalities wishing to improve the walkability of their towns and, in so doing, the activity levels and health of their residents. In addition to conducting research, IPA staff and students are working with a handful of Delaware towns to identify a study area. Each study area is jointly walked and assessed with regard to its strengths and deficiencies. This paper is a part of a larger project, the University of Delaware's Healthy/Walkable Communities initiative, which is an ongoing collaboration between the University's Department of Health, Nutrition and Exercise Sciences (DHNES) and the Institute for Public Administration (IPA). A healthy and walkable community has health, safety, and quality of life benefits. The physical environments (sidewalks/crosswalks) and networks affect walkability. This study does very detailed case studies of Newark, DE, Milford, DE, Indiana, PA, Louisville, KY, Arlington, VA, and Somerville, MA to depict communities that are doing a good job being pedestrian friendly.

O'Donnell, E. "Interconnectivity: A Review of the Current Status and Steps Necessary to Increase the Level of Interconnectivity of Future Development in Delaware." Newark, DE: Institute for Public Administration, University of Delaware, Mar. 2006.

This study is an attempt to gauge the benefits of designing for interconnectivity as it relates to future development in Delaware. Our reliance upon roads and the automobile results in longer trips and unnecessary congestion: an inefficient and inconvenient system. The central question is: can altering this recurring pattern of development reduce the dependence of residential vehicular on external roadways; lessen traffic congestion; and shorten travel times and overall travel distances? To address this question, the researchers reviewed the literature, did a series of interviews with policymakers, and an analysis of trip data from the Delaware Monitoring System (DTMS). This study used two basic approaches to address the issues of connectivity: interviewing with representatives of state and local transportation and land use agencies and an analysis of the connectivity indexes of 16 Delaware communities.

O'Donnell, E. "Sidewalks and Shared-Use Paths: Improving Mobility and Designing Transit-Ready Communities." Newark, DE: Institute for Public Administration, University of Delaware, Jul. 2008.

This report highlights the top ten reasons to fund pedestrian facilities, the latest ADA guidelines and compliance, developing maintenance plans for sidewalks and shared-use paths, and the Delaware statewide pedestrian action plan. The top ten benefits of funding pedestrian facilities: 10) Good for public health 9) Good for driers 8) Good for the environment 7) Good for business 6) Good for customers and employees 5) Bad for criminals 4) Good for the bottom line 3) Bad for lawsuits 2) Good for public safety and 1) Good for elected officials. Some special ADA design features of infrastructure include door-side clear zones, roundabouts and rotaries, crosswalks, slopes and cross slopes, landings and transition spaces, curb ramps and drop-offs, detectable warnings, transit, and independent operation. A successful maintenance plan should include the following: inventory of supplies, programs and procedures of inspections/enforcement/complaints, policies and standards, maintenance tasks, prioritization criteria, staffing/management/administrative issues, and coordination of activities/opportunities/agreements with other agencies. The Delaware statewide pedestrian action plan (along with Executive Order No. 83) deals with walkability, land-use settings, site designs, and street designs.

O'Donnell, E. "Sidewalks and Shared-Use Paths: Safety, Security and Maintenance." Newark, DE: Institute for Public Administration, University of Delaware, Sep. 2007.

According to survey results, a large percent of households in Delaware indicated that walking, jogging, and/or biking was an activity in which they would participate in the next twelve months. As these facilities continue to be built and become increasingly utilized as a transportation mode, the issues of safety, security, and maintenance are emerging as major issues. The unfolding of Governor Minner's Livable Delaware Initiative has focused on mitigating the effects of sprawl and encouraging pedestrian-friendly design, which has also increased the demand for multi-modal facilities. Specific attention was directed toward accessibility issues and snow removal. This study encompassed a literature review, interviews

with experts/professionals, and a policy forum. The issue of security is examined by analyzing common security incidents on trail or sidewalk facilities, problems with perceptions of security among users and the public, and vandalism-related facilities. The issue of safety is explored through the risk of injury to pedestrians or other users, compliance with ADA, and design conflicts. Maintained facilities are in good repair, accessible, and regularly inspected.

O'Donnell, E. & Patterson, T. "Transit Oriented Development (TOD): Identification of Optimal Characteristics in Delaware." Newark, DE: Institute for Public Administration, University of Delaware, Jun. 2010.

The state of Delaware currently has several opportunities to develop TODs both along commuter rail transit lines and bus routes as well as transit-ready communities within transportation infrastructure priority areas. TOD saves vital resources by conserving open space, curbing roadway infrastructure costs, and sparing consumers higher travel costs. TOD will convert Delaware's auto-centric transportation system into a truly multi-modal network. Population increases necessitate that TOD better handle increased service demand. Often public officials support TOD, but they don't know how to make it happen. They need to know what baseline requirements need to be fulfilled for a TOD to work. This paper is designed to start to answer these questions, so that, in the future, efficient and clear processes of review will move these proposals through the planning process. Planners should have a check list they can run through very quickly that gives them a good indication about whether or not a site could be a feasible TOD. This paper will focus on local and regional strategies for TOD evaluation and implementation that will empower Delaware officials to create environments favorable to TOD projects.

O'Hanlon, J. & Scott, J. "Healthy Communities: The Walkability Assessment Tool." Newark, DE: Institute for Public Administration, University of Delaware, Aug. 2010.

In addition to keeping residents physically active and healthy, community spaces that promote walking can draw people together safely and provide more opportunities for people of all ages and abilities to stay socially connected and engaged. Local areas with good pedestrian networks can also have substantial economic and environmental benefits to a local area. The Walkability Assessment Tool involves a three-step process designed to aid local governments in determining their town's walkability. The first step, the Pre Assessment Questionnaire, is intended to help answer the "*who, what, why, and how*" questions. The second step, Delaware's Walkability Checklist, is to be completed after the pre-assessment questionnaire. It is an "in-the-field" assessment checklist designed to rate specific walkability elements of a defined area. The third step is the Post Assessment and is designed to help analyze the results of the first two steps and identify major issues and problem areas.

Scott, M. "Framing the Issues of Paratransit Services in Delaware." Newark, DE: Institute for Public Administration, University of Delaware, Dec. 2007.

Published by IPA in 2007, this extensive report listed over 10 pages of short- and long-term recommendations. The purpose of this project is to frame the issues related to right sizing paratransit services in Delaware. This report reinforces the importance of providing a fully accessible transit system and mobility options to provide each Delawarean with opportunities

to obtain a good job, education and training, and needed medical and social services. An overview is provided of issues regarding paratransit service delivery and challenges related to the demand-responsive nature of paratransit services, both nationwide and in Delaware. Paratransit service is demand driven. Pressures to grow the system are impacted by several factors, including high customer expectations and changing demographics. Innovative approaches that are being successfully utilized by other transit providers to manage paratransit growth and escalating costs are explored. During the course of the project, it became apparent that there is a critical disconnect between transit and land-use planning. Geographic Information System (GIS) technology was used to develop mapping prototypes that demonstrate the important connection between transit and land use planning. Opportunities exist to utilize and share GIS data among state agencies to more accurately plan for future paratransit service demands. Short- and long-term strategy recommendations are made to frame the issues of paratransit service in relation to the larger family of transit and land-use planning needs. The study concludes that a coordinated, long-term planning strategy is needed to correctly size the paratransit system, shape the distribution of paratransit travel demand, and reconfigure the transportation network.

Scott, M., Boyle, M., Eckley, J., Lehman, M., & Wolfert K. "Healthy Communities: A Resource Guide for Delaware Municipalities." Newark, DE: Institute for Public Administration, University of Delaware, Aug. 2008.

The purpose of this guide is to show how improving the walkability of a community can lead to environmental, health, and economic benefits. To catalyze changes in policies and plans, community leaders need to communicate a compelling vision, identify and mobilize stakeholders, engage community members, nurture strategic partnerships, and build consensus. This guide offers strategic tools to develop these policies and plans, provides tips for writing a funding proposal, and lists technical assistance and funding resources. Lastly, this guide provides examples of recreation programming to promote awareness and use of pedestrian-friendly infrastructure, case studies of walkable towns in Delaware, and UD's Healthy/Walkable Communities Initiative. A best practice approach can be developed by taking a look at comprehensive plans and zoning ordinances (form-based codes, context-sensitive design, transit-oriented development).

Scott, M., Calkins, A., & Coons, R. "Enhancing Mobility to Improve Quality of Life for Delawareans." Newark, DE: Institute for Public Administration, University of Delaware, Jul. 2010.

This project was initiated with the support of the Delaware Department of Transportation (DelDOT) to explore how best practices and strategies may be applied to enhance mobility options and quality of life for all Delawareans. The study looks at issues of livability, land-use management, and municipal public policies. As a result of the focused literature search, review of municipal policies, and input from members of the working group and participants in community workshops, a list of 10 critical recommendations was compiled:

1. Seek federal sustainability community grants funding
2. Address infrastructure improvement needs
3. Encourage support for Complete Streets principles

4. Better integrate land-use and transportation planning
5. Support aging-in-community
6. Educate the public
7. Improve intergovernmental coordination
8. Enhance public transit options
9. Develop and support additional options for accessible public transportation
10. Develop design guidelines for livable, mobility-friendly, and aging-friendly communities

Swiatek, W. “2015 Accessibility and Mobility Report: A Transportation Justice Study of the WILMAPCO Region.” Newark, DE: WILMAPCO. May 2015.

The study examines the opportunities and challenges seniors (those age 65+), people with disabilities, and households without vehicles encounter with the transportation system in the New Castle County, Del./Cecil County, Md. planning area. Collectively, these three communities are referred to as "Transportation Justice" (TJ) populations. The study explores TJ mobility challenges and concludes that because travel by automobile is the predominant mode of transportation, the three TJ groups would be well served by better transportation connections and more transportation choices to improve safety and mobility. The study notes opportunities and challenges of comfortably “aging in place” in our region. A separate analysis considered public transit and walking connections in around suburban age-restricted communities. Over half of the communities were some distance from existing pedestrian and bus routes, making future connections unlikely, or a long-term prospect. It acknowledges difficulties faced by Delaware's Paratransit system, echoing the recommendations made in 2013 study by the University of Delaware. It also recommends improvements to better incorporate TJ groups in the public participation process.

Sparling, E. et al. “The Plan to Achieve Health Equity for Delawareans with Disabilities.” Newark: DE: University of Delaware, Center for Disabilities Studies January 2015.

The Plan represents the consensus of a committee of designated DHSS staff and community partner representatives. It is presented as a comprehensive collection of specific activities that will guide public health and community leaders in transforming Delaware’s system of care to meet the needs of individuals with disabilities. Objectives related to the intersection of health and transportation include:

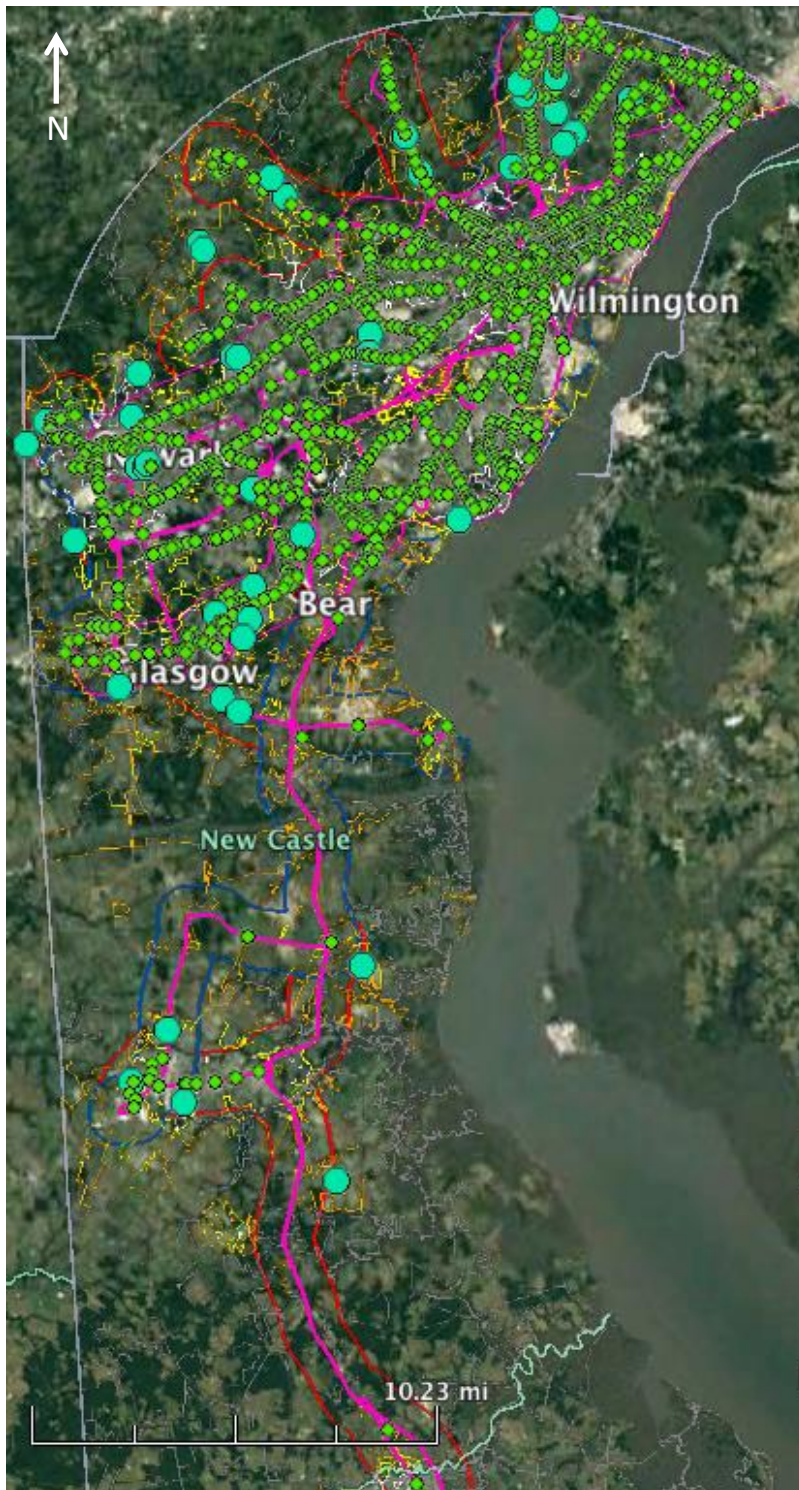
- Objective 3.3 - To create accessible and inclusive environments to promote community living for people with disabilities by end of 2019
 - Review algorithm for timing signals at pedestrian crosswalks (DelDOT/ADA standards) and advocate for increased time to allow for pedestrians with disabilities.
 - Identify and disseminate existing incentives for municipalities to make walkways more accessible.
 - Advocate for a reliable, efficient and affordable transportation system to impact access on health care by aligning with existing initiatives (WILMAPCO’s Transportation Equity and Justice Plan, DART/paratransit).

- Compile listing of and assess private transportation services available in Delaware and make recommendations to address gaps in service.
- Conduct a Statewide Health Impact Assessment of proposed changes to the state para-transit system to guide policy recommendations for improvement.

Wollaston, M. et al. “Transportation Services in Delaware for Persons with Disabilities and Senior Citizens.” Newark, DE: Institute for Public Administration, University of Delaware, May 2013.

Conducted on behalf of the Delaware General Assembly, this study assessed transportation services available in Delaware for seniors and persons with disabilities. The report affirmed a lack of coordination among providers and specialized providers—even LogistiCare and 5310 funding subrecipients—heavily rely on DTC’s paratransit services, and suggested the need to create an interagency council on specialized transportation. Recommendations focused on improving the sustainability and efficiency of transportation for seniors and persons with disabilities including: 1) improving coordination between state agencies providing transportation services, 2) completing a Strategic Plan to address necessary changes to paratransit operations, 3) studying the impact the Paratransit system has on the fixed route system, 4) subsidizing a pilot project to enhance taxi and limousine services to relieve the burden on paratransit.

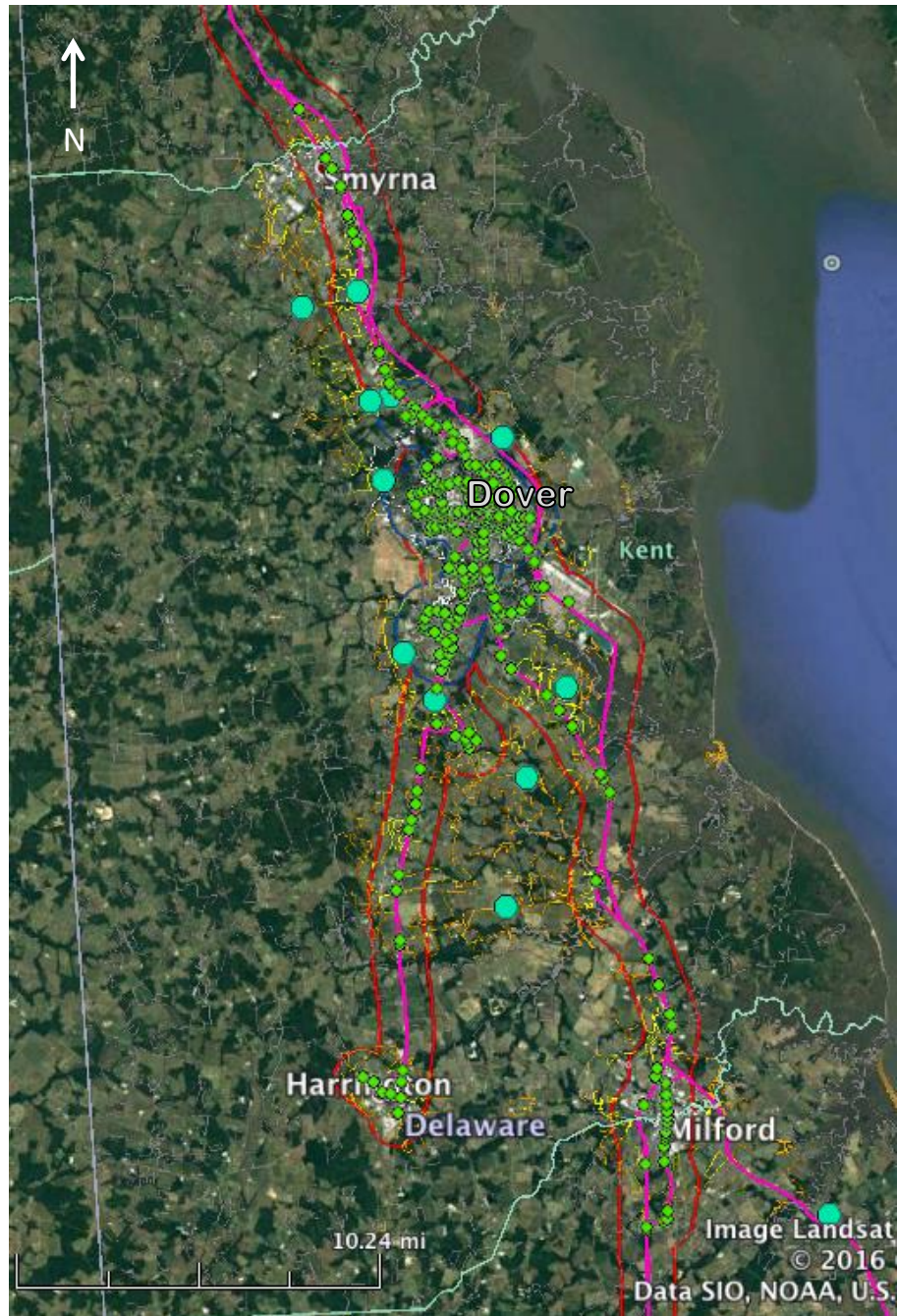
Appendix K. New Castle County Google Earth Map



- Teal Dots:** Age-restricted Communities
- Green Dots:** Bus Stops
- Purple Lines:** Bus Routes
- Red Lines:** Paratransit Buffer
- Green Lines:** FLEX Service (Sussex County only)

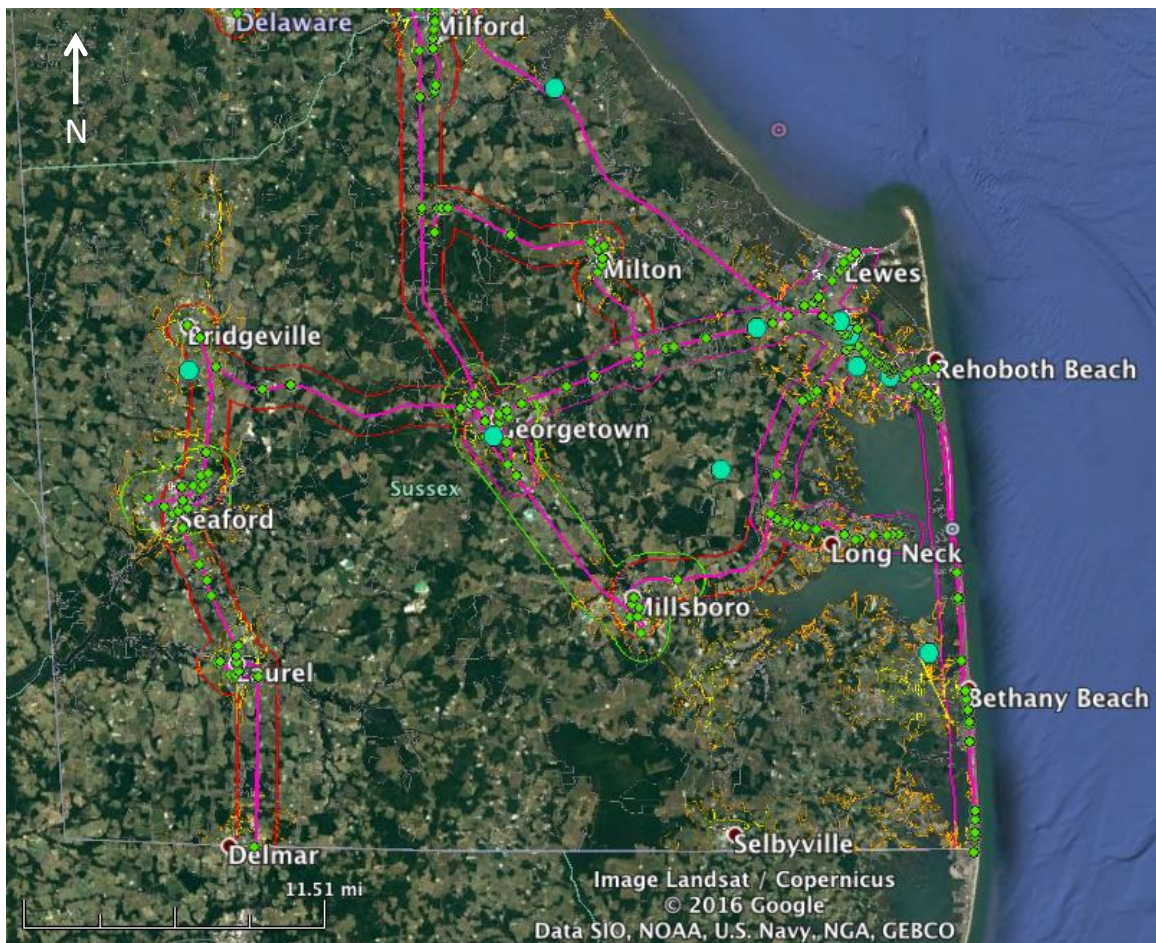
Appendix L. Kent County Google Earth Map

North Arrow and “Dover” text boxes will need to be included with image



Teal Dots: Age-restricted Communities
Green Dots: Bus Stops
Purple Lines: Bus Routes
Red Lines: Paratransit Buffer
Green Lines: FLEX Service (Sussex County only)

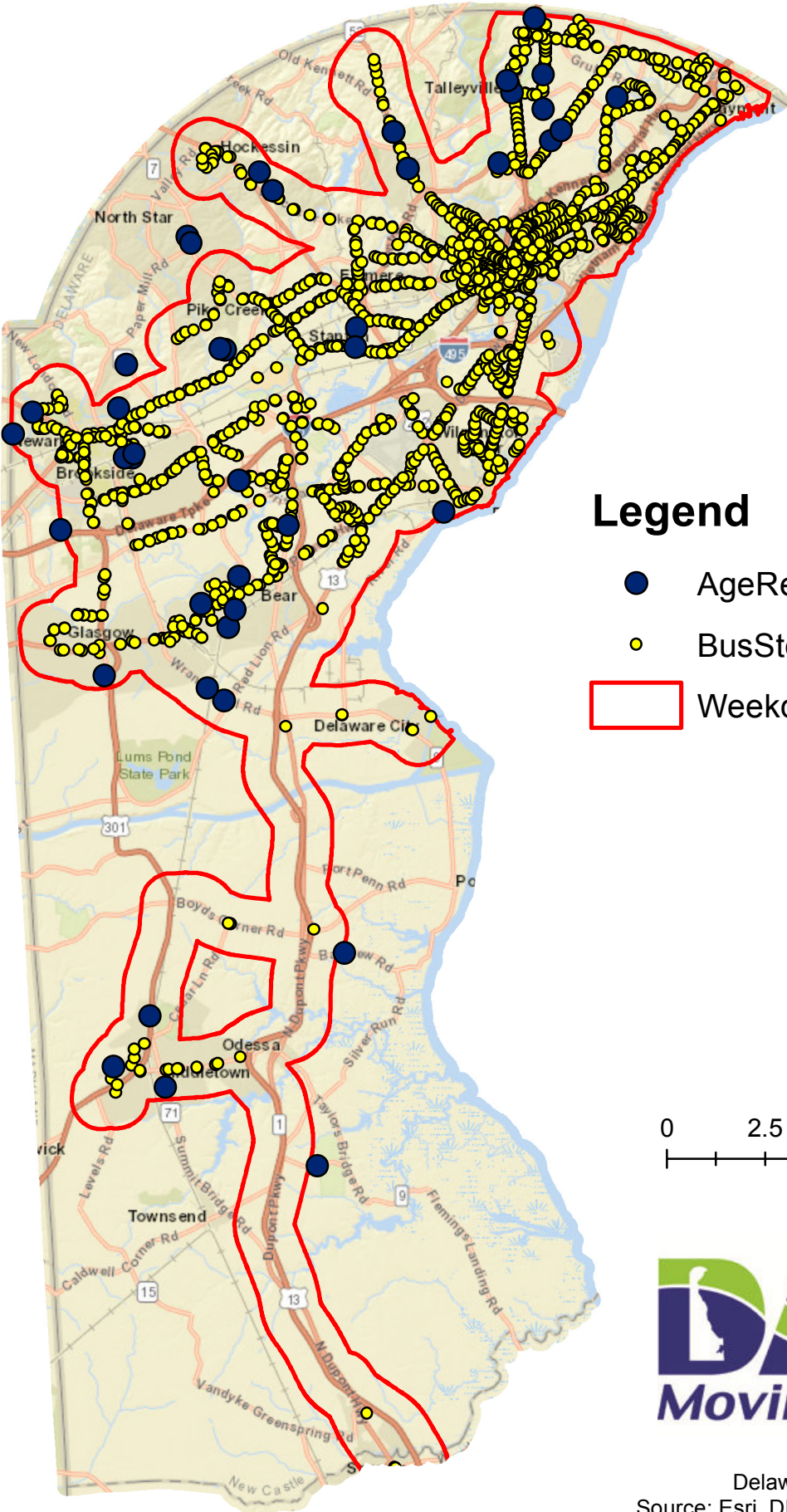
Appendix M. Sussex County Google Earth Map



- Teal Dots:** Age-restricted Communities
- Green Dots:** Bus Stops
- Purple Lines:** Bus Routes
- Red Lines:** Paratransit Buffer
- Green Lines:** FLEX Service (Sussex County only)

Appendix N. Map – Location of Age-Restricted Communities Relative to ¾-Mile Paratransit Buffer in New Castle County

New Castle County: Weekday

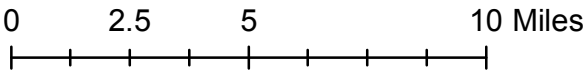


Legend

● AgeRestrictedCommunities

● BusStops

Weekday_ADA_Buffer_June2016



Appendix O. Map – Sussex County Campgrounds and Manufactured Home Parks

Sussex County Campgrounds and Manufactured Home Parks

Overview of Sussex County

Zoning Issues

Planning Issues

Taxing Issues

What are others doing?

California

Florida

New Jersey

Recommendations

The 2015 Delaware Strategies for Policies and Spending serves as the primary policy guide in Delaware to coordinate land use, policies and strategies, and spending between the state and local governments so that resources may be used in the most efficient and effective manner.

Zoom in an out on the map while you swipe the gray bar across to compare Delaware's 2012 Land-Use map (Mobile Home Parks are marked in black) [left] to the 2015 State Strategies [right].

Red - Level 1

Orange - Level 2

Yellow - Level 3

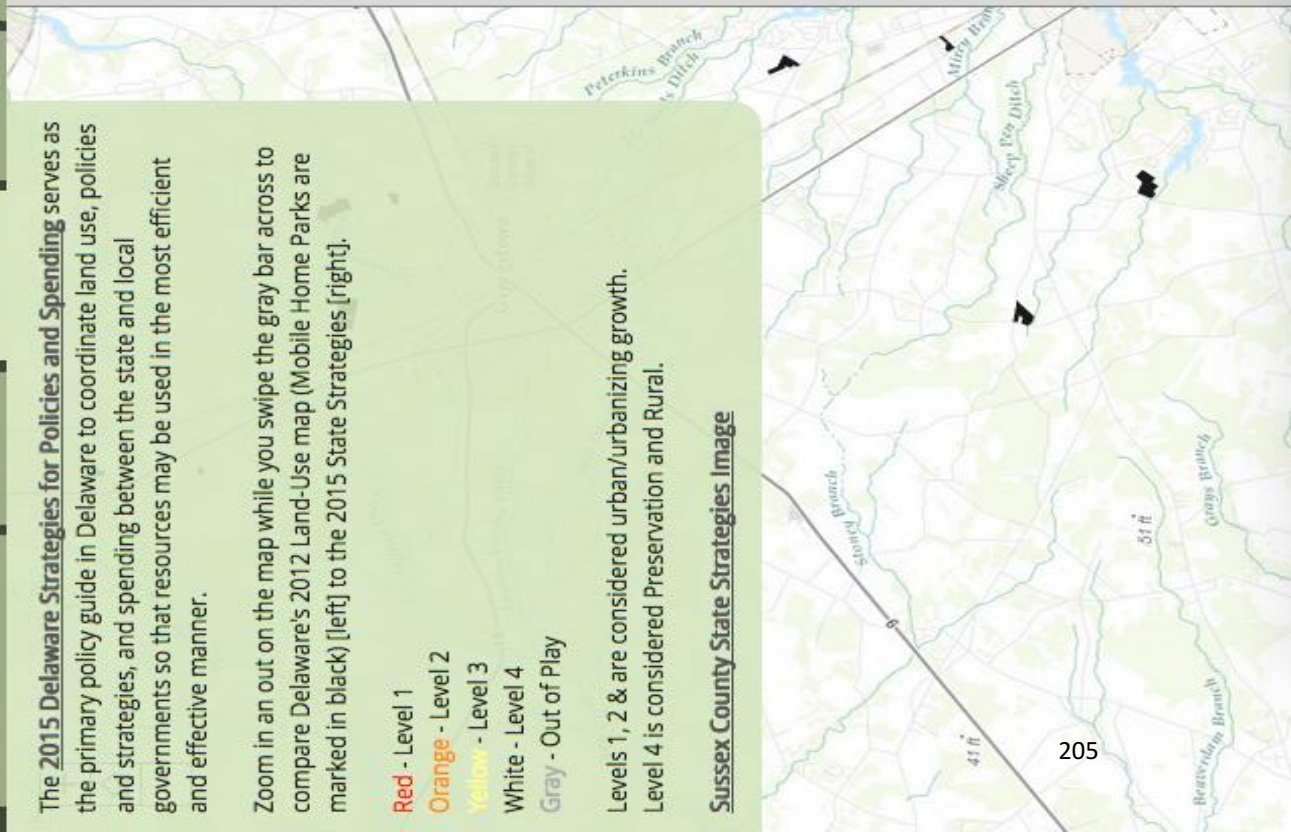
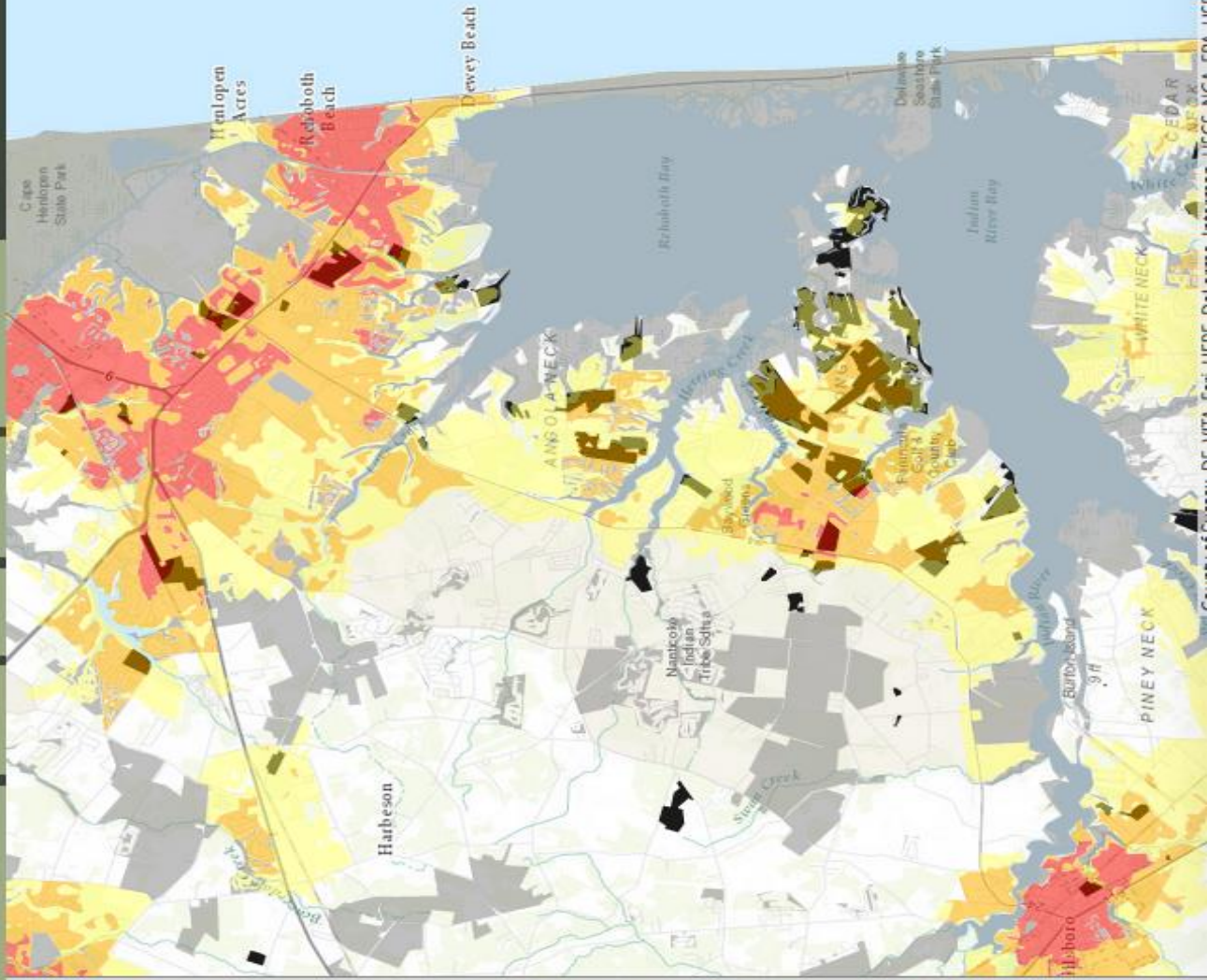
White - Level 4

Gray - Out of Play

Levels 1, 2 & are considered urban/urbanizing growth.

Level 4 is considered Preservation and Rural.

Sussex County State Strategies Image



Appendix P. Matrix of Mobility Best Practices

Matrix of Mobility Best Practices

| Improving Transportation Information Portals (phone, online, applications) | | | | |
|--|--|---|---|--|
| Location | Description | Model Elements | Link | Work for Delaware? |
| California <i>FLEX</i> (Aug 2016) | Dynamic Transit Service called “FLEX” Riders can request a ride from website, mobile app, or by calling customer service. | Software assigns vehicles to pick up customers along a similar travel route, and passengers receive text alerts when their driver is on the way. Routes and schedules are determined by demand. | http://www.thetransitwire.com/2016/01/19/santa-clara-vta-tests-flexible-service/ | Similar FLEX service already established in Delaware. |
| New York <i>Lyft</i> (Jan 2016) | Lyft’s partnership with National Medtrans Network (NMN) seeks to establish a non-emergency transportation service targeting seniors without smart phones. | Instead of using a smartphone application, NMN agents enter a passenger’s name and trip details in a web-based tool called Concierge. Provides transportation for seniors who need to attend doctor’s visits. | http://www.thetransitwire.com/2016/01/13/lyft-tests-senior-transportation-service/ | Possible. Similar to Uber, need to consider rural parts of Delaware. For now, ride only to non-emergency medical appointments. Also, must find a Lyft partner to enter the route and receive service. Who could and potential partners be? |
| Charlotte, NC <i>ZipBus</i> (Feb 2016) | This pilot project seeks to employ real-time via a mobile / online platform to transform a call-based transit service into an enhanced, more personally responsive, transit service. | Charlotte Area Transit System developing Charlotte <i>ZipBus</i> . Received a \$35,000 grant from the Knight Foundation to develop the Charlotte ZipBus. With help from the grant, will develop mobile/online platform for customers to request same-day deviation from fixed route and track the vehicle in real time. | https://knightfoundation.org/challenges/knight-cities-challenge | Possible. Foundation works in 26 communities; Delaware not one listed. Also, currently must call Charlotte Area Transit System 24 hours in advance with deviation. |
| San Francisco, CA <i>Swiftly</i> App (Feb 2016) | Uses a prediction algorithm called Metronome which is nearly 20% more accurate than official NextBus Predictions. | More accurate algorithm for predicting waiting times. Crowdsourcing platform that encourages riders to share information about delays and disruptions. Also integrates directions and travel time for biking, walking, and Uber. | http://www.thetransitwire.com/2016/02/18/swiftly-mobile-app-combines-real-time-and-crowdsourced-info/ | Yes. However, currently only mobile application and operating in large cities. |
| Kansas City, MO <i>Bridj</i> to complement bus service (March 2016) | Test shuttle service using Bridj mobile app. Pilot has 10 Ford passenger vans that can carry 14 passengers. | Covers wide area of Kansas City and over time will transition into an on-demand shuttle to complement the KC Area Transit Authority fixed-route network. Public/Private partnership. Pilot program. | http://www.thetransitwire.com/2016/02/12/bridj-to-complement-bus-service-in-kansas-city/ | More likely to be efficient and effective in northern Delaware. For now only mobile application (may be difficult for seniors). |

Matrix of Mobility Best Practices

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|--|--|--|---|---|
| Canada <i>Moovit</i> (Feb 2016) | Mobile application supporting transit trip planning and real-time traffic updates. | Attributes success in 50 cities and 30 million riders to a network of community editors, 30,000 volunteers have added data for 100 cities. | http://www.techvibes.com/blog/moovit-dominates-canadian-transit-app-market-2016-02-11 | Not currently in Delaware but could model volunteer method for collecting data. |
| North Carolina <i>TransLoc Rider</i> GoTriangle, Transloc and Uber (Feb 2016) | Enable customers to plan seamless multimodal journey from mobile application | Transit riders input destination into TransLoc Rider app and receive itinerary with optimal combination of walking, transit, and Uber. Uber helps address first and last mile issues. 6 month trial. | http://www.thetransitwire.com/2016/01/12/transloc-uber-announce-partnership/ | Yes if service similar to Uber becomes well established in Delaware. |
| Los Angeles, CA <i>GO LA</i> mobile application (Jan 2016) | Itinerary planner that integrates multimodal options. | Compares all available options for making a trip and allows users to select the shortest, cheapest, or greenest alternative. Includes information about walking, biking, driving/parking, public trans, taxi, and services like Lyft, Uber, Zipcar. Provides city with useful data to make policy decisions that benefit residents | http://www.thetransitwire.com/2016/01/29/los-angeles-debuts-multimodal-trip-planner/ | Yes if established. Similar service options are already available in Delaware. |
| San Francisco, Los Angeles, Seattle, Sacramento, and San Diego Taxi cabs <i>Flywheel TaxiOS</i> (Feb 2014) | Flywheel's secret weapon is centralized dispatch. Instead of passengers calling a specific taxi company and being limited to its available cabs, the app finds the nearest cab among all participating drivers regardless of taxi company. | A GPS-enabled smartphone app alerts drivers to people who want to hire them for a ride via their own smartphones. It shows their location with pinpoint accuracy and handles payments seamlessly through their credit cards. | http://www.sfgate.com/technology/article/Cabdrivers-fight-back-with-their-own-ride-app-5222431.php | Yes depending on availability of taxi's and participation from taxi companies. |
| Orange County, CA <i>Metrolink</i> mobile ticketing application (March 2016) | Mobile ticketing allows riders to purchase tickets on a smart phone, tablet, or other mobile device | Mobile ticketing allows riders to purchase tickets on a smart phone, tablet, or other mobile device. Over time mobile ticketing will be expanded to the entire Metrolink system and include free transfers to participating bus operators. | http://www.thetransitwire.com/2016/03/08/metrolink-tests-mobile-ticket-app/ | Yes |
| Washington <i>In Motion</i> Explore your options | Provides information about transit, bike, walking, and carpool/vanpool. | In Motion is a web portal that provides information on four aspects of transportation including public transit, biking, walking and carpool/vanpooling. On the website they have links to plan trips, get information on how to travel, information on bikesharing, and commuter ride-matching. Essentially a one stop shop for anyone interested in using transportation to move around the county. | http://www.kingcounty.gov/transportation/kcddot/MetroTransit/InMotion/UsefulTools.aspx | Yes |

Matrix of Mobility Best Practices

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|--|---|--|---|---|
| Portland, OR <i>Moovel</i> North America, LLC (April 2016) | Partnership between Moovel transit platform (suite of mobile ticketing and payment solutions) and RideTap (software development kit allowing any application to leverage network of transportation partners). | Moovel working to have all forms of transportation, from public transit to rideshare to on-demand ride apps, to break out of their silos and become organized into one well-connected experience with public transit as the foundational core. | http://www.thetransitwire.com/2016/04/15/ridescout-and-globesherpa-merge-to-form-moovel/ | Yes, however, will take time. For now, this is only a pilot program and will launch to a broader audience. |
| Orange County, CA <i>VetLink Program 2-1-1</i> | 2-1-1 agencies provide the one-call component of this VTCLL one-call/one-click capability while the VetLink Trip Planner is the one-click response. | Funded with Round 1 Veterans Transportation and Community Living Initiative (VTCLL). Established regional, two-county web-based trip portal that includes all of the region's fixed route, public demand response, and subsidized specialized transportation providers. 2-1-1 agencies provide one-call component of this VTCLL one-call/one-click capability. VetLink Trip Planner provides one-click resource. | https://octa.net/uploadedFiles/Bus_Service/coordination_plan.pdf Pg. 81 | Yes, however, currently the program does not have trip booking capability, it is the user's responsibility to contact and arrange for transportation from the appropriate provider. |
| Massachusetts <i>MoVet</i> | Funded with Veterans Transportation and Community Living Initiative Grant similar to VetLink program | One-call center that provides transportation support to veterans in Massachusetts and their families when seeking jobs, education, healthcare, and other services. | https://mart.moveitma.com/tripp/lanner/ | Possible |

| Transportation Technology | | | | |
|--|--|---|---|--|
| Location | Description | Model Elements | Link | Work for Delaware? |
| New York New York City Transit (MTA) and New York University. (Feb 2016) | NYCT is hosting its first bus hackathon to gather ideas and proposals for improving Staten Island's bus network. By the end, 15 proposals submitted for transforming bus system. | Hackathon is an invitation for feedback from customers as well as an opportunity to further use innovation and technology to provide customers with a better service. Planners, computer programmers, residents, etc. all collaborate on software projects for improving an existing service. | http://www.thetransitwire.com/2016/02/10/nyc-transit-hosts-hackathon-to-transform-staten-island-bus-network/?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+thetransitwire%2FbWHH+%28TheTransitWire.com%29 | Yes. Need to begin to provide Open Data on DelDOT website and host events that allow people to develop new ways to make transportation more efficient and effective. |

Matrix of Mobility Best Practices

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|--|--|--|---|---|
| Los Angeles, CA Los Angeles County Metropolitan Transportation Authority (Aug 2015) | Opening an Office of Extraordinary Innovation to develop and support new approaches to mobility throughout the county. | The team will consult with entrepreneurs, academics, think tanks, and transportation professionals in search of the best and brightest ideas for steering Metro's course. "The thought is that we want to be looking at the most out-of-the-box and untried ideas the transportation industry has ever seen in this country" | http://www.thetransitwire.com/2015/08/06/la-metro-establishes-office-for-innovation/ | Yes, could create an innovation office or group that serves all of Delaware and focuses on transportation needs and areas that need more attention. |
| New River Valley, VA New River Valley Metropolitan Planning Organization | Created a common technology platform – an integrated information sharing resource for all four transit systems in the region. Initial technology was ArcGIS Online, which provided data that was later entered into Google Transit Feed (GTF). | Google Transit Feed allows public transit agencies to publish route information, stops and other data pertinent to the services they provide on a public form. | This is an example of a how this service can be used: http://nrvrc.org/nrvmpo/transit/ This is a link listing all transit agencies who use Google Transit Feed: https://code.google.com/archive/p/googletransitdatafeed/wikis/PublicFeeds.wiki | DART uses this service. 5310 providers could use this service for places they frequent. |
| Washington, D.C. Washington Metropolitan Area Transit Authority (Feb 2016) | Sharing data with application developers. | Providing third-party application developers with a new data feed that shows the real-time location of metrorail trains across the system. | http://www.thetransitwire.com/2016/02/25/wmata-to-share-real-time-data-with-developers/?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+thetransitwire%2FbWHH+%28TheTransitWire.com%29 | Yes. Provide third party application developers or others with DeDOT data and encourage innovation for solving first and last mile issues. |
| Open Source Application Development Portal (OSADP) | U.S. DOT sponsored initiative managed by Federal Highway Administrations (FHWA) | Promotes open source development of software applications that use connected vehicle technology and data to help travelers avoid delays. Enables stakeholders to collaborate and share insights, methods, and source code on a set of research projects sponsored by DOT's Dynamic Mobility Applications (DMA) Program. | https://cms.dot.gov/sites/dot.gov/files/docs/OSADP_FHWA_PIA_Adjudicated_082514.pdf | Yes if required infrastructure was met. |

Matrix of Mobility Best Practices

| | | | | |
|--|--|--|---|--|
| U.S. Department of Transportation National Transit Map (March 2016) | Launched initiative to create a National Transit Map to display stops, routes, and schedules for all participating transit agencies. | DOT is asking paratransit agencies to voluntarily permit DOT to collect General Transit Feed Specification data from their web sites on a periodic basis. Goal is national map that incorporates route and schedule data, planners and researchers can identify and address gaps in access to public transportation. | http://www.thetransitwire.com/2016/03/06/feds-to-create-national-transit-map/ | To participate in National Transit Map, transit agencies must register their data with DOT's Bureau of Transportation Statistics and agree to the standard terms of use. |
| King County, WA KC Mobility Coalition | Short video series that describes how to ride public transportation. Helps eliminate gaps in awareness. | Project developed to raise awareness about how to use public transportation in King County, through YouTube videos and printable guides on counties website. Helps overcome gaps in awareness. Videos are in many languages to reduce barriers. | https://www.youtube.com/user/KCMobilityCoalition | Yes |
| Iowa Rideshare Created by RideShark | Website using technology to connect people coming and going to the same location. Provided by Iowa DOT and FTA grant funds | Uses state-of-the-art mapping technology to search for possible commute matches, which are displayed on an interactive Google Map allowing users to email potential matches. | http://www.trafficechnologytoday.com/news.php?NewsID=82552 | Yes if necessary infrastructure was supported. |

| Expanding Specialized Transportation Mobility Options | | | | |
|--|--|---|---|---|
| Location | Description | Model Elements | Link | Work for Delaware? |
| Phoenix, AZ YMCA Outreach Programs for Ahwatukee Seniors | Volunteer service that helps seniors maintain independent living in a single family home, apartment or condo. | Volunteers partnering with YMCA to provide diverse services including transportation, friendly visiting, household assistance, and basic business help. | http://www.ahwatukee.com/community_focus/community_briefs/community_notes/article_4fb0e5d0-acb1-11df-9085-001cc4c002e0.html | Yes, however, may face challenge to recruit enough volunteers. Maybe adjust age restriction for Delaware population (currently 62 and older). |
| Phoenix, AZ Taxi-based programs | City of Phoenix has a taxi-based program to help with first and last mile issues. | The city has added a number of subsidized taxi programs over the years for older adults and people with disabilities. Currently 5 programs: Dialysis transportation, employment transportation, senior cab, ADA cab, and senior center shuttle. | onlinepubs.trb.org/Onlinepubs/tcrp/tcrp_syn_119.pdf | Delaware's demand for transportation is largely in RURAL areas. Similar taxi-based programs will cost more than areas like Phoenix. |
| San Francisco, CA Taxi-based programs | San Francisco Municipal Transportation Agency contracts with paratransit broker who then contracts with van and taxi companies | Paratransit services include, SF access, taxi services, group van service, aging and adult group van services, Shop-a-Round service, Van Gogh Shuttle, Paratransit Plus, and Peer Escort Project | onlinepubs.trb.org/Onlinepubs/tcrp/tcrp_syn_119.pdf | Possible |

Matrix of Mobility Best Practices

| | | | | |
|--|---|--|---|--|
| St. Petersburg, FL Pinellas Suncoast Transit Authority (PSTA) (Feb 2016) | Direct Connect: Under the six-month pilot program, called Direct Connect, riders can use Uber or a taxi to travel to/from a designated PSTA bus stop. | Goal is to address first-mile/last-mile problems by improving access to bus stops. PSTA will reimburse riders for half the fare of the connecting trip, up to \$3.00. Travel is limited to a defined zone. | http://www.tbo.com/pinellas-county/pinellas-teams-up-with-uber-cab-company-in-pilot-program-20160222/ | Maybe in locations where Uber service is already operating. Could improve bus ridership. Could be marketed to general public as well as paratransit community. |
| Massachusetts Massachusetts Bay Transportation Authority (April 2016) | MBTA hopes to save millions a year in paratransit costs by expanding its taxi voucher program and contracting with ride-hailing services. | Proposal: customers pay base fare of \$2 per trip and MBTA would contribute up to \$13 for each ride. Trips that exceed \$15, difference must be paid by customer. This would also allow customers to have a ride the same day they request one, unlike the previous system where individuals had to schedule a trip 24 hours in advance. Only issue is accessible vehicles. | http://www.thetransitwire.com/2016/04/13/agencies-consider-ride-hailing-services-for-paratransit/ | Uber and other ride-hailing services are present in Delaware, however, service area is limited. For the areas where these services are currently available, could work well. |
| California Lift Hero | Considered an Uber for seniors. | Signs up drivers who have their own cars. Many of the drivers are training to be doctors, or other health care professionals, so they have knowledge of senior ailments and psychology. All drivers need to have at least first aid certification and pass through a training program that covers assisted living equipment and emotional issues. | http://www.fastcoexist.com/3035804/this-ride-sharing-service-is-like-uber-for-the-elderly | Yes, need to successfully recruit drivers. |
| New Castle County, DE Direct Mobile Transit (July 2016) | Transportation provider for seniors and those with disabilities. Serves New Castle County area. | Prices very comparable to local cab companies. Fleet made up of four specially equipped, wheelchair-accessible vans. Drivers receive first aid and CPR certification. Door-to-door service. | http://www.delawareonline.com/story/money/small-business/2016/07/24/startup-giving-lift-nccos-seniors-disabled/87507012/ | Established, consider expanding. |
| California, Florida, Arizona, and Dallas (TX) Lyft and Uber partner with service providers | Lyft has teamed up with GreatCall (Jitterbug phone) and Uber partnered with 24hr HomeCare. | Both ride-hailing companies recently announced partnerships with service providers that allow older customers to book rides through a phone operator, bypassing smartphone apps entirely. | http://www.latimes.com/business/technology/la-fi-tn-lyft-uber-seniors-20160829-snap-story.html | Need ride-hailing companies to become more established within Delaware. |

Matrix of Mobility Best Practices

| Improving Mobility Infrastructure | | | | |
|---|--|--|---|---|
| Location | Description | Model Elements | Link | Work for Delaware? |
| Los Angeles County, CA First Last Mile Strategic Plan & Planning Guidelines. Southern California Association of Governments (SCAG) (March 2014) | Planning guidelines that outline a specific infrastructure improvement strategy designed to facilitate easy, safe, and efficient access to the Metro system. The goal of this plan is to better coordinate infrastructure investments in station areas to extend the reach of transit, with the ultimate goal of increasing ridership. | First Last Mile Strategic Plan Goals included (1) expand the reach of transit through infrastructure improvements, (2) maximize multi-modal benefits and efficiencies, and (3) build on existing policy in support of multi-modal, green, equitable, and smart options. Strategic Plan included the concept of “The Pathway,” which is a proposed county-wide, transit access network design to reduce the distance and time it takes people to travel. Looks at each station area and evaluates the station characteristics and its accessibility. The Pathway aims to overcome critical access barriers through flexible deployment of crossing enhancements and connections, signage and wayfinding, safety and comfort, allocation of streetspace, and plug-in components (carshare, bikeshare, feeder service, etc).. | http://media.metro.net/docs/sustainability_path_design_guidelines.pdf | Yes. Delaware could consider working on a First/Last Mile Strategic Plan. This .pdf does a great job explaining the step-by-step process that was done in California. |
| Utah First/Last Mile Strategies Study. Utah Transit Authority (April 2015) | Outlines the Utah Transit Authority Board of Trustees’ goal of developing a comprehensive last/first mile strategy to improve access to services and double ridership by 2020. | Within the study, collected data on transit station characteristics by performing station area audits and evaluating station area connectivity. Also conducted inventory on bicycle racks and lockers at transit stations. Performed a survey that measured key rider and trip characteristics for transit users. Study included toolbox that listed a comprehensive range of strategies. Toolbox included tools for pedestrians, bicycles, transportation demand management, transit access information and auto access. | https://www.rideuta.com/-/media/Files/Studies-Reports/UTAFirst_LastMileFINA_LCOMP1.aspx?la=en | Yes. Delaware could consider working with stakeholders on the development of a toolbox consisting of first/last mile connectivity strategies. |

Matrix of Mobility Best Practices

| Fee-Based Transportation Co-ops | | | | |
|--|---|---|--|---|
| Location | Description | Model Elements | Link | Work for Delaware? |
| Delaware iTN Southern Delaware | Provides transportation to seniors (55+) and people with visual impairments (21+) | Membership based organization with an annual membership fee of \$35 for individuals and \$60 for family. Additional small cost per ride. Members utilized pre-funded membership accounts so no money is exchanged when service is used. | itnsoutherndelaware.org | Currently in Delaware. Could be expanded to other parts of the state. |
| Montgomery County, PA Riders' Club Cooperative | Transportation for seniors, children, and persons with disabilities | Provide transportation from 8:00am to 6:00pm Monday-Saturday. Membership-based organization with annual fee which allows for cash free transactions. Transportation for children 2-22, seniors, and ambulatory riders. | ridersclubcoop.org | Similar to program already in place, iTN. |

| Pilot Expansion of Rideshare Program | | | | |
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| Location | Description | Model Elements | Link | Work for Delaware? |
| Delaware Rideshare Program | Delaware's Rideshare program is used to aid commuters with finding and using alternative modes of transportation. Primarily servicing Delaware employees. | Rideshare DE is considering expanding its job-oriented ridesharing program to older adults in Delaware. | ridesharedelaware.org | Currently in Delaware. Outreach and marketing needed to older adults who would benefit from this service. |

Matrix of Mobility Best Practices

| Link Land Use and Transportation Planning | | | | |
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| Location | Description | Model Elements | Link | Work for Delaware? |
| Seattle, WA Growing Transit Communities | Region-wide coalition of businesses, developers, local governments, transit agencies, and nonprofit organizations. | Three goals: to attract more of the regions residential and employment growth near high-capacity transit, provide housing choices affordable to a full range of incomes near high-capacity transit, and increase access to opportunity for existing and future community members in transit communities. Spent 36 months working together to encourage high-quality, equitable development around investment in transit. | http://clerk.seattle.gov/~public/meetingrecords/2013/plus20130513_1a.pdf | Possible |

| Link Shared-Use Mobility to Public Transit | | | | |
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| Location | Description | Model Elements | Link | Work for Delaware? |
| Pennsylvania SEPTA and Uber (May 2016) | SEPTA announced a partnership with Uber designed to increase access to the public transit system | Uber trips to and from 11 suburban Regional Rail stations will be discounted by 40%, with a maximum discount of \$10 per ride. Selected stations have high ridership and limited parking availability. | http://www.thetransitwire.com/2016/05/26/septa-teams-with-uber-to-expand-transit-access/ | Could replicate model of incentivizing the use of private ridesharing to and from public transit stops with high ridership and limited parking. |

| Enhance Coordination | | | | |
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| Location | Description | Model Elements | Link | Work for Delaware? |
| Kentucky Paducah Area Transit System | Partnership between three other transportation providers that coordinate and manage transportation services for western KY. | Utilizes mobile data terminals, automatic vehicle location software, and centralized computer dispatch to coordinate transportation. | http://www.paducahtransit.com/ | Yes with necessary infrastructure. |
| Arizona Valley Metro | Transportation planner that coordinates multi-modal transportation options for greater Phoenix area. | Core mission is establishing a network of transportation services that include public transit (light rail and bus services), neighborhood circulators, dial-a-ride, and online carpool and vanpool service. | http://www.valleymetro.org/ | Yes |

Matrix of Mobility Best Practices

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| Delaware Uber partnership with Circulation (Sept 2016) | Circulation's HIPPA-compliant platform will connect Uber with patients, care coordinators and providers. | Portal that allows patients to customize rides around their needs. Hospital transportation coordinators can also schedule and manage on-demand rides and update patient data to include transportation scheduling information to notify providers when patients arrive. | http://www.healthcareitnews.com/news/uber-teams-circulation-transport-patients-doctors-appointments | Yes. For now, being piloted at children's hospital and elderly care program |
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