



EMCOG Regional Transit Mobility
East Michigan Council of Governments
(EMCOG)
Phase III Final Conclusions &
Anticipated Next Steps
2016

Funding for this project was provided by the Michigan Department of Transportation, Office of
Passenger Transportation (OPT) - 2016

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Preface

The East Michigan Council of Governments worked in partnership with the KFH Group Inc., the Michigan Department of Transportation (MDOT) and several regional planning agencies as part of the work being conducted on the Governor Snyder's Regional Transit Mobility Initiative. East Michigan Council of Governments is one of three regional planning organizations located in Prosperity Region 3, 5 & 6, where Coordinated Mobility Plans were developed based on Regional Prosperity Initiative boundaries. The initiative was conducted in three (3) phases.

Phase I

To begin Phase 1, EMCOG staff distributed a survey to all transit service providers in the fourteen county EMCOG planning region to "assess what is known regarding the need for regional transit mobility and individual needs to use transit county to county." A final Phase I report for the 14 county EMCOG planning area was submitted to the MDOT Office of Passenger Transportation in May 2015.

Phase II

Phase II called for the development of Coordinated Mobility Plans based on Regional Prosperity Initiative geography. Within the EMCOG 14-county geography there are three (3) Prosperity Regions.

The Regional Prosperity Region 3 plan includes eleven (11) counties, three (3) of which are in the EMCOG planning region. They are Iosco, Ogemaw and Roscommon counties. The [Coordinated Mobility Plan: Prosperity Region 3](#) was developed by KFH Group, Inc with Regional assistance from the Northeast Michigan Council of Governments (NEMCOG). (See Chapter 1)

The Regional Prosperity Region 5 plan includes eight (8) counties, all of which are contained within the EMCOG planning region. The eight (8) counties are: Arenac, Bay, Clare, Gladwin, Isabella, Midland and Saginaw Counties. The [Coordinated Mobility Plan: Prosperity Region 5](#) was developed by KFH Group, Inc with regional staff assistance from the East Michigan Council of Governments (EMCOG). See Chapter 2.

The Regional Prosperity Region 6 plan includes seven (7) counties, three (3) of which are in the EMCOG planning region. They are Huron, Sanilac and Tuscola counties. The [Coordinated Mobility Plan: Prosperity Region 6](#) was developed by KFH Group, Inc with Regional assistance from the Genesee-Lapeer-Shiawassee Region V Planning and Development Commission (GLS Region V PDC). (See Chapter 3)

The survey template utilized within this document came from GLS Region V PDC, and was individualized based upon the varying Transit Strategies Identified within each of the three plans developed. As the strategies varied, each of the surveys and responses are contained within separate Chapters based on RPI geographic boundaries.

Phase III

To complete the final requirements of the regional transit mobility initiative, MDOT has requested that all regional planning agencies complete the following:

- Plan, host, and facilitate a face-to-face meeting with the transit agencies in their region to review the KFH Group's Phase II report (See Chapters 1, 2 & 3),
- Present EMCOG's final conclusions and anticipated next steps to the adjacent Prosperity Regions 3 & 6 Committees,
- Develop a memo to MDOT summarizing efforts taken and conclusions reached

Chapter 1

Regional Prosperity Region 3

Iosco, Ogemaw and Roscommon Counties

Part of the eleven county RPI-3 Prosperity Region as well as the 14 county
EMCOG Planning Region

Iosco Transit Corporation, Ogemaw County Public Transit, and Roscommon County Transportation Authority

Meetings

EMCOG RPI Region 3 Transit Agencies

To begin Phase III, staff of EMCOG invited each of the transit agencies to meet and discuss the results of the Phase II report. In preparation for this meeting, staff asked that each of the three transit agencies briefly review the Phase II report with the following question in mind: “are there transit needs and/or strategies identified in the plan that your agency is in the process of working on or plan to address in the near future?” Staff also developed a worksheet for each agency to fill out, in response to both the *Assessment of Transportation Needs* and *Prioritized Strategies* within the RPI Region 3 plan.

The meeting was held at the Maureen Daugherty’s home in West Branch, Michigan on November 11, 2016 @ 1:30 p.m. In attendance were:

- Dave Engelhardt - EMCOG
- Maureen Daugherty - Roscommon County Transportation Authority
- Steve DeBois - Roscommon County Transportation Authority
- Nicole King - Roscommon County Transportation Authority
- Ray Blamer - Ogemaw County Public Transportation
- Pauline Ferns - Iosco Transit Corporation

At the meeting, staff introduced the final regional plan for PR-3 prepared by the KFH Group, reviewing both the *Assessment of Transportation Needs* and *Prioritized Strategies*. The responses to current status of efforts regarding these needs and strategies follows in this Chapter.

Regional Planning Organizations

To keep the project in line with the Prosperity Region boundaries, staff coordinated with transit planners from NEMCOG with the initial Phase 1 inventory report. The Northeast Michigan Council of Governments (NEMCOG) worked with the KFH Group in the development of the RPI Region 3

Coordinated Mobility Plan. EMCOG will be supplying this Phase 3 analysis and recommendations to the RPI Region 3 group.

Strategies and Responses

Following completion of the Phase II report by KFH Group, staff reviewed the prioritized list of strategies based on regional stakeholder review and input. These strategies were ranked in order of high, medium, and low priority. As previously mentioned staff developed worksheets for each EMCOG transit agency to provide insight to current and upcoming regional transit improvements. The following questions were asked:

- Is your agency in the process of working on or plan to address in the near future?
- If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development?
Briefly list next steps.
- If no, why?

The tables on pages 8-10 depict the progress made by each agency as well as their anticipated next steps. Individual strategies may be found by referring to the Coordinated Plans for each Prosperity Region as prepared by KFH Group.

Transit Strategies Identified – RPI-3

High

- Advocate for Additional Funding to Support Public Transit and Human Service Transportation
- Develop Additional Partnerships and Identify New Funding Sources to Support Public-Transit and Human-Service Transportation
- Continue to Support Capital Projects that are Planned, Designed, and Carried Out to Meet Identified Needs
- Continue to Support Services that are Effectively Meeting Identified Transportation Needs in the Region
- Assess and Evaluate Current Public Transportation Services, and Identify Possible Improvements
- Improve Coordination of Services among Providers through Mobility Management Activities

Medium

- Establish or Expand Programs That Educate Customers, Human Service Agency Staff, Medical Facility Personnel, and Others in the Use and Availability of Transportation Service
- Use Current Human-Services Transportation Services to Provide Additional Trips, Especially for Older Adults and People with Disabilities
- Establish Ridesharing Program for Long Distance Medical Trips

Low

- Consider and Implement Vehicle Repair Programs
- Expand Use of Volunteers to Provide More Specialized and One-To-One Transportation

Agency Name: Iosco Transit Corporation

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	X		Work with MPTA on legislation for funding	
	2	X		Meet with the Iosco County Human Services Coordinating Council (ICHSC) for these reasons	
	3	X		Work with both MPTA and ICHSC towards this	
	4	X		Work with both MPTA and ICHSC towards this goal as well as other local organizations and businesses	
	5	X		Work with ICHSC as well as other local organizations and businesses towards this goal	
	6	X		We do work with other neighboring counties to coordinate transportation; however, not always easy	
Medium	1	X		This is an ongoing process	
	2		X		There are no such services locally
	3		X		Do not have enough vehicles or funding
Low	1		X		Not sure what this is, we maintain our vehicles but since they are old it is expensive to keep them running
	2		X		No volunteers in our area

Agency Name: Ogemaw County Public Transit

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	Yes		Planning	
	2	Yes		Planning	
	3		No		Not Applicable
	4	Yes		Planning	
	5		No		Funding
	6	Yes		Planning	
Medium	1	Yes		Planning	
	2		No		Not Applicable
	3		No		Funding
Low	1		No		Funding
	2		No		Funding

Agency Name: Roscommon County Transportation Authority

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	X		1-On several legislative committees - state and federal, local, and regional – strategically supporting or rejecting funding strategies being proposed through legislation. 2-active participation in regional initiatives and statewide. 3– RCTA is a vocal advocate for new and innovative transportation funding.	
	2	X		1-Always developing new partnerships, continuously researching opportunities for new and innovative funding opportunities available through rural development initiatives. 2 – is the funding source or opportunity accessible to rural transit and if so what enhancements could be implemented with the additional funds and are the reporting requirement a manageable task versus the dollars available. 3- Once 1 and 2 have been successful working with partners to best utilize additional resources.	
	3	X		OKAY	
	4	X		Yes - we continue to support strategic planning and assessment of current and proposed mobility management as a priority. RCTA is a constant source for coordinated transportation for targeted identified gaps in service.	
	5	X		Have planned local and regionally, assessments have recently been issued by human service agencies in a collaborative effort, and funding opportunities are the major barrier against Service Development.	
	6	X		Through a regional assessment, wide lapses in service for NEMT were identified. RCTA decided the results of the assessments that had been done continued to identify the same issues. RCTA has a loan of funds for a start-up program coordinating state funding, grant funding, and contract work under a pilot program for MDOT.	
Medium	1	X		Brochures, website, presentations to local human service agencies and groups, one on one face to face or phone.	
	2	X		Always	
	3	X		Planning/Development	
Low	1	X		I feel the volunteer driver program as it is today is a huge liability if being handled through a transit provider. Vehicles used are not always safe and drivers are not certified.	
	2	X		See above.	

Findings

The information shared between EMCOG staff and each transit agency representative was beneficial to the advancement of county-to-county transit services. Although each agency is faced with limited funding resources, it is promising to know advancements are being made. Derived from the completed worksheets, the following list highlights new and upcoming advancements for each agency:

Iosco Transit Corporation

- Developing additional partnerships
- Work with Iosco County Human Services Coordinating Council, as well as, other local organizations and businesses to effectively meet identified transportation needs
- Work with neighboring counties to coordinate cross county transportation needs, but difficult without a formal mobility management process in place.

Ogemaw County Public Transportation

- Continuous planning on development of additional partnerships
- Continuously working on better cross county transit connectivity

Roscommon County Transportation Authority

- Integration of tablets to streamline fare collection
- Property acquisition to develop an alternative fuel station for fleet
- Priority service hours in select communities

Additional Initiatives Under Way

See Chapter 4

Chapter 2

Regional Prosperity Region 5 (RPI-5)

Arenac, Bay, Clare, Gladwin, Gratiot, Isabella, Midland, Saginaw and Bay Counties

Alma Dial-A Ride, Arenac Opportunities, Inc., Bay Metropolitan Transportation Authority, Clare County Transit Corporation, Gladwin City-County Transit, Isabella County Transportation Commission, Midland County Board of Commissioners, Midland Dial-A-Ride, Saginaw Transit Authority Regional Services, and Saginaw Chippewa Indian Tribe

Meetings

EMCOG RPI Region 5 Transit Agencies

To begin Phase III, staff of EMCOG invited each of the transit agencies to meet and discuss the results of the Phase II report. In preparation for this meeting, staff asked that each of the nine (9) transit agencies along with the Saginaw Chippewa Indian Tribe, briefly review the RPI-5 Phase II report with the following question in mind: “are there transit needs and/or strategies identified in the plan that your agency is in the process of working on or plan to address in the near future?” Staff also developed a worksheet for each agency to fill out, in response to both the *Assessment of Transportation Needs and Prioritized Strategies*.

The meeting was held at the MDOT Bay Region office in Saginaw, Michigan on December 9, 2016 @ 10:00 AM. In attendance were:

- Dave Engelhardt - EMCOG
- Jane Fitzpatrick - EMCOG
- Matt Schooley - Alma Dial-A-Ride
- Cindy Dietzel - Arenac Dial-A-Ride
- Eric Sprague - Bay Metropolitan Transportation Authority
- Tom Pirnstill -Clare County Transit Corporation
- Josh Reid - Gladwin City/County Transit
- Jan Yuergens - Midland Dial-A-Ride
- Karen Murphy -Midland Dial-A-Ride
- Amy Dooley - Midland Dial-A-Ride
- Gary Rogers - Midland County Connection
- Glenn Stephens - Saginaw Transit Authority Regional Services
- Rick Collins - Isabella County Transportation Commission

- Mary Hoffmeyer - MDOT OPT
- Maja Bolanowska - Midland MPO

At the meeting, staff introduced the final RPI 5 Transit Mobility regional plan prepared by the KFH Group, reviewing both the *Assessment of Transportation Needs* and *Prioritized Strategies*. A summary of the information shared and conclusions reached are provided later in this report.

Regional Planning Organizations

As RPI-5 Regional boundaries are fully within the EMCOG planning region geographic boundaries, there was limited communication with adjacent RPI districts during the Phase III stage. RPI 3 and RPI 6 groups will be contacted and supplied with these results, as well as, the results for Transit Agencies within their geographic area.

Strategies and Responses

Following the completion of the Phase II report by KFH Group, staff reviewed the prioritized list of strategies based on regional stakeholder review and input. These strategies were ranked in order of high, medium, and low priority. As previously mentioned, staff developed worksheets for each EMCOG transit agency to provide insight to current and upcoming regional transit improvements.

The following questions were asked:

- Is your agency in the process of working on or plan to address in the near future?
- If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development?
Briefly list next steps.
- If no, why?

The tables on pages 15-23 depict the progress made by each agency as well as their anticipated next steps:

Transit Strategies Identified – RPI-5

High

- Continue to Support Services that are Effectively Meeting Identified Transportation Needs in the Region
- Advocate for Additional Funding to Support Public Transit and Human Service Transportation
- Implement Regional Services Identified as High Priority
- Improve Coordination of Services among Providers through Mobility Management Efforts
- Continue to Support Capital Projects that are Planned, Designed, and Carried Out to Meet Identified Needs
- Develop Additional Partnerships and Identify New Funding Sources to Support Public-Transit and Human-Service Transportation
- Support Expanded Transit Services that Meet Identified Needs or Recommendations Identified Through Detailed Transit Plans

Medium

- Expand Availability of Demand-Response Service, Dial-a-Ride, and Specialized Transportation Services to Provide Additional Trips, Especially for Older Adults, People with Disabilities, Veterans, and People with Lower Incomes
- Consider Alternative Transit Service Designs
- Developing a Mentoring Program between Transit Systems and Human Service Transportation Programs
- Establish or Expand Programs That Train Customers, Human Service Agency Staff, Medical Facility Personnel, and Others in the Use and Availability of Transportation Services

Low

- Expand Use of Volunteers to Provide More Specialized and One-To-One Transportation Services
- Establish Ridesharing Program for Long Distance Medical Trips
- Consider and Implement Vehicle Repair Programs

Agency Name: Alma Dial-A-Ride

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	x		1, 2, and 3: Continuing with this process. Working on	
	2				
	3	x		1, 2: Recently signed interlocal with ICTC, planning with Midland – Have reached out to MTC for NEMT after we began specialized services	
	4	x		2: Recent contact with MTC.	
	5		x		NA
	6	x		3: Currently involved with pilot program with Gratiot County and Mental Health Services in our area.	
	7	x			
Medium	1	x		Newly created Alma Transit Specialized Services – Non-profit provider went out of business.	NA
	2		x		NA
	3		x		NA
	4		x		NA
Low	1		x		NA
	2		x		NA
	3		x		NA

Agency Name: Arenac Opportunities, Inc.

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	x		Planning	
	2	x		Planning	
	3	x		Planning	
	4	x		Planning	
	5	x		Planning	
	6	x		Planning and service development	
	7			x	
Medium	1			x	n/a
	2	x		Planning	
	3			x	funding
	4	x		Service development	
Low	1			x	n/a
	2			x	funding
	3	x			planning

Agency Name: Bay Metro Transportation Authority

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	Yes		Service Development. Continuing to operate the State-funded Job-Access Reverse-Commute program	
	2		No		Not Applicable
	3		No		Will work with regional partners but no plan directly involving BMTA at this time
	4		No		Have not been directly involved in planning
	5		No		Not applicable
	6		No		Not applicable
	7		No		Specific needs that have been identified have not been shared with BMTA
Medium	1	Yes		Service Development. Continuing to work with private provider and assessing existing service to react to current demand and prepare for future demand	
	2		No		Have not considered
	3		No		Not aware of what that may entail
	4	Yes		Service Development. Working with area Human Services Providers to make sure the availability of public transit is known. Also, providing travel training to consumers.	
Low	1		No		Not applicable
	2		No		Have not been involved in
	3	Yes		Assessment. Continue working toward completion of the MAP-21 Transit Asset Management Plan	

Agency Name: Clare County Transit Corporation

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	X		Continuous working with service agencies. Ex. DHHS, MiWorks, etc.	
	2	X		Work with MPTA. Stay in touch with legislators.	
	3	X		Work with MTC and other health providers.	
	4	X		Working with MTC.	
	5	X		Working with Rural Task Force.	
	6	X		Working with health providers.	
	7	XX		Part of yearly MDOT application.	
Medium	1	X		Done on a daily basis.	
	2	X		Planning 'Hub' system between Clare/Harrison and the four quadrants of the County.	
	3	X		Working with MTC.	
	4	X		Visit Senior centers and collaborative meetings.	
Low	1		X		Too much liability and tracking.
	2	X		Working with MTC along with all health care providers.	
	3		X		No budget money/too costly to initiate and monitor

Agency Name: Gladwin City/County Transit

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	x		Yes - we performed our own survey and expanded hours to reflect the requested need.	
	2	x		Working with DHS, MiWorks and several other agencies to fill in any service gaps we find.	
	3	x		NEMT, MTC, JARC and VA transportation	
	4	x		Working with MTC on NEMT	
	5	x		Working with MDOT to replace fully depreciated capitol	
	6	x		Planning stages	
	7	x		JARC, NEMT, VA	
Medium	1	x		Expanded hours to compliment JARC and NEMT	
	2	x		Looking at routes and software	
	3	x		I was recently appointed to the DHHS board, we have been looking at several options to improve connectivity.	
	4	x		We communicate and share new ideas and challenges regularly	
Low	1		x		Unable to find volunteers
	2	x		We work well with surrounding transits and Counties to perform transfers	
	3		x		We have a very dependable system now

Agency Name: Isabella County Transportation Commission

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	Yes			
	2	Yes		Through MPTA and other associations.	
	3	Yes		(1)(2) Working with Alma Transportation Center to assess and develop service from Isabella County into Alma	
	4		No		No Mobility Manager
	5	Yes			
	6	Yes		(1)(2) Looking for private partnerships to offset costs to Gratiot County	
	7	Yes			
Medium	1		No		Current service meets needs
	2	Yes		(2) Working with flex routes and demand response with regional connections.	
	3	Yes		Always willing to coordinate services	
	4	Yes		Through Community Collaborative meetings etc.	
Low	1		No		No expressed need/funding
	2		No		No expressed need/funding
	3		No		No expressed need/funding

Agency Name: Midland County Board of Commissioners

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	x		Service Development	
	2		x		N/A
	3		x		Funding
	4	x		Planning	
	5	x		Planning	
	6	x		Planning	
	7	x		Planning	
Medium	1		x		Funding
	2		x		N/A
	3	x		Planning	
	4		x		Funding
Low	1		x		N/A
	2		x		N/A
	3	x		Service Development	

Agency Name: Midland Dial-A-Ride

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	Yes		Working on a Transportation Study of the unmet needs in Midland County through the MPO. RLS is the organization performing the study.	
	2		No		Outside of the scope of our current assignments.
	3	Yes		Working with Michigan Transportation Connection to implement regional services for non-emergency medical transportation	
	4	Yes		Working with Michigan Transportation Connection to implement non-emergency medical transportation using a mobility manager	
	5	Yes		Working with MPO for future capital funding projects and the Long Range Transportation Plan	
	6		No		Outside of the scope of our current assignments.
	7	Yes		Waiting on results of the Transportation Study by the MPO	
Medium	1	Yes		Have transitioned rides to batch scheduling on the half hour verses around the hour and have increased ridership by 9%. Also added Sunday service hours.	
	2		No		
	3		No		
	4	Yes		Provide training and service presentations as requested. Working on developing a YouTube video outlining Dial-a-Ride services and policies.	
Low	1		No		This is not a part of our current service model
	2		No		
	3	Yes		We have a full service, in-house garage staff and a comprehensive fleet maintenance program.	

Agency Name: Saginaw Transit Authority Regional Services (STARS)

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	New fixed routes		1-2- 3 Finalize & implement new routes. Need newer vehicles before STARS can begin this service. (See #5.)	
	2		X		Public agencies in MI prohibited from advocacy for funding.
	3	County wide transit.		Pre-planning stage. Need to open dialogue with Saginaw County government.	
	4		X		Efforts have died when grants ran out.
	5	Replace aging fleet.		3- Assembling funding to replace 20 buses in 2017 with refurbished vehicles.	
	6	Ride-to-work & Nite Line		Have implemented, & expanding, Ride-to-Work with Community Ventures and employer funding. Test implementation of Nite (Entertainment) Line to begin March 2017, funded by SVSU, student government and local development agencies. Individual businesses unlikely to fund such service efforts.	
	7		X		Lack of \$. Not a high priority.
Medium	1		X		Lack of funding support outside City of Saginaw.
	2		X		" "
	3		X		" "
	4	X		1, 2 & 3 - Planning a public info campaign to coincide with implementation of new fixed routes.	
Low	1		X		Not a high priority.
	2		X		NEMO development stopped when funding ran out.
	3		X		FTA funds not available for transit agencies to do this.

Findings

The information shared between EMCOG staff and each transit agency representative was beneficial to the advancement of county-to-county transit services. Although each agency is faced with limited funding resources, it is promising to know advancements are being made. Derived from the completed worksheets, the following list highlights new and upcoming advancements for each agency:

Alma Dial-A-Ride

- Recently signed interlocal agreement with ICTC, planning on same with Midland
- Have reached out to MTC after we began specialized services
- Currently involved with Pilot program with Gratiot County and Mental Health Services in Alma area.

Arenac Dial-A-Ride

- Continuous planning on development of additional partnerships
- Continuously working on better cross county transit connectivity

Bay Metropolitan Transportation Authority

- Continuing to operate the State-funded Job-Access Reverse Commute program
- Continuing to work with private provider and assessing existing service to react to current demand and prepare for future demand
- Working with area Human Services Providers to make sure the availability of public transit is known. Also, providing travel training to consumers.

Clare County Transit Corporation

- Continuous working with service agencies. Ex. DHHS, MiWorks, etc.
- Work with MTC and other health providers
- Planning 'Hub' system between Clare/Harrison and the four quadrants of the County

Gladwin City/County Transit

- Working with DHS, MiWorks and several other agencies to fill in any service gaps we find.
- Work with NEMT, MTC, JARC and VA transportation to accommodate regional service demand
- We work well with surrounding transits and Counties to perform transfers

Isabella County Transportation Commission

- Working with Alma Transportation Center to assess and develop service from Isabella County into Alma
- Working with flex routes and demand response with regional connections
- Always willing to coordinate services through Community Collaborative meetings etc.

Midland Dial-A-Ride

- Working on a Transportation Study of the unmet needs in Midland County through the MPO. RLS is the organization performing the study.
- Working with Michigan Transportation Connection to implement regional services for non-emergency medical transportation

- Have transitioned rides to batch scheduling on the half hour verses around the hour and have increased ridership by 9%. Also, added Sunday service hours.
- Provide training and service presentations as requested. Working on developing a YouTube video outlining Dial-a-Ride services and policies.

Midland County Connection

- Continuous service development to support services that are effectively meeting identified transportation needs
- Improve coordination of services among providers through mobility management efforts, currently working with MTC on a three-county pilot project.
- Ongoing planning to develop additional partnerships to support public transit and human service transportation

Saginaw Transit Authority Regional Services

- Finalize & implement new routes. Need newer vehicles before STARS can begin this service.
- Assembling funding to replace 20 buses in 2017 with refurbished vehicles.
- Have implemented, & expanding, Ride-to-Work with Community Ventures and employer funding. Test implementation of Nite (Entertainment) Line to begin March 2017, funded by SVSU, student government and local development agencies. Individual businesses unlikely to fund such service efforts.
- Planning a public info campaign to coincide with implementation of new fixed routes.

Additional Initiatives Under Way

See Chapter 4

Chapter 3

Regional Prosperity Region 6

Huron, Sanilac and Tuscola Counties

Part of the seven (7) county RPI Region 6 as well as the 14 county EMCOG Planning Region

Caro Transit Authority, Huron Transit Corporation, and Sanilac Transportation Corporation

Meetings

EMCOG RPI Region 6 Transit Agencies

To begin Phase III, staff of EMCOG invited each of the three (3) transit agencies located both in the EMCOG planning region and in RPI 6 region (Huron, Tuscola and Sanilac) to meet and discuss the results of the Phase II report. In preparation for this meeting, staff asked that each of the three transit agencies briefly review the Phase II report with the following question in mind: “are there transit needs and/or strategies identified in the plan that your agency is in the process of working on or plan to address in the near future?” Staff also developed a worksheet for each agency to fill out, in response to both the *Assessment of Transportation Needs and Prioritized Strategies* (see Appendix A).

The meeting was held at the Caro Transit Authority offices on November 7, 2016 @ 9:30 AM. In attendance were:

- Dave Engelhardt - EMCOG
- Brian Neuville - Caro Transit Authority
- Ken Jimkoski - Huron Transit Corporation
- Onalee Pallas - Sanilac Transportation Corporation
- Tausha Gingerich - MDOT OPT
- Darlene Mans - MDOT OPT

At the meeting, staff introduced the final regional plan developed by the KFH Group for RPI 6, reviewing both the *Assessment of Transportation Needs and Prioritized Strategies*. A summary of the information shared and conclusions reached are provided later in this report.

Regional Planning Organizations

To keep the project in line with the Prosperity Region boundaries staff coordinated with transit planners from GLS Region V with the initial Phase I inventory report. GLS Region V supplied their survey template

which was utilized but individualized by RPI plans throughout this document. EMCOG will be supplying this Phase III analysis and recommendations to the RPI-6 group soon.

Strategies and Responses

Following the completion of the Phase II report by KFH Group, staff reviewed the prioritized list of strategies based on regional stakeholder review and input. These strategies were ranked in order of high, medium, and low priority. As previously mentioned staff developed worksheets for each EMCOG transit agency to provide insight to current and upcoming regional transit improvements. The following questions were asked:

- Is your agency in the process of working on or plan to address in the near future?
- If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development?
Briefly list next steps.
- If no, why?

The tables on pages 29-31 depict the progress made by each agency as well as their anticipated next steps:

Transit Strategies Identified – RPI-6

High

- Continue to Support Services that are Effectively Meeting Identified Transportation Needs in the Region
- Improve Coordination of Services among Providers through Mobility Management and Other Activities
- Support Expanded Transit Services that Meet Identified Needs or Recommendations Identified Through Detailed Transit Plans
- Implement Regional Services
- Establish or Expand Programs That Train Customers, Human Service Agency Staff, Medical Facility Personnel, and Others in the Use and Availability of Transportation Services
- Continue to Support Capital Projects that are Planned, Designed, and Carried Out to Meet Identified Needs
- Advocate for Additional Funding to Support Public Transit and Human Service Transportation

Medium

- Use Current Human-Services Transportation Services to Provide Additional Trips, Especially for Older Adults and People with Disabilities
- Develop Additional Partnerships and Identify New Funding Sources to Support Public-Transit and Human-Service Transportation
- Incorporate Technology in the Provision of Transportation Services
- Establish Ridesharing Program for Long Distance Medical Trips
- Consider Alternative Transit Service Designs

Low

- Developing a Mentoring Program between Transit Systems and Human Service Transportation Programs
- Improve Coordination to Address Safety Needs and Security
- Expand Use of Volunteers to Provide More Specialized and One-To-One Transportation Services
- Improve Connectivity between Land Use Planning and Community Transportation Services
- Consider and Implement Vehicle Repair Programs
- Implement Complete Streets Policies to Enable Non-Motorized Transportation and Facilitate Connections with Current Transit Services

Agency Name: Caro Transit Authority

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	X		1-Looking to extend hours/services with additional millage which is on the 11/8/16 ballot	
	2	X		1-Looking at options to connect Huron & Sanilac Transit systems. Sobriety Court in Tuscola County.	
	3	X		Looking to extend hours/services with additional millage which is on the 11/8/16 ballot	
	4		X		Funding and connection issues/timing.
	5	X		Participate in many outreach opportunities as Bus system is run by a Community Action Agency that looks at the many needs a customer may have and helps to identify resources to help them.	
	6	X		1-Plan to replace vehicles when the schedule and funding allows.	
	7	X		1-Working on additional local millage to support system and have had discussions with other local Human Service Agencies.	
Medium	1	X		1 and (3) Millage and participation with HDC Senior Transportation program	
	2	X		Constant Process (Schools – Vassar & Reese)	
	3	X		1-Looking at current GPS Systems. Dispatch software training to update and expand capacity	
	4		X		Currently no funding and coordination of rides times/pickup points was an issue
	5		X		No options known
Low	1	X		1-Have contact with other systems. Member of MASSTrans Board of Directors	
	2	X		1-2-3 - Work with local public safety organizations and participate in mock disaster drills	
	3	X		Community Action program provide this service	
	4		X		N/A
	5	X		3- Ongoing	
	6		X		We are the only option for public transportation in our service area.

Agency Name: Huron Transit Corporation

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	X		Continue to look for areas to improve with transfers to Sanilac and Caro. We are working on NEMT needs	
	2	x		Working with Caro on Sobriety Court and some transfers with Sanilac on needs to the south east	
	3	x		We have extended hours and may apply for more JARC dollars for further expansion out of County. Have had Employers ask about workers but Huron also has a shortage of skilled workers	
	4		x		Funding and available service from surrounding systems
	5	X		We have quarterly meetings with Huron County Collaborative with all service agencies. We have and continue to ask what are unmet needs. We expanded hours and service based on the request from the committee.	
	6	x		We have many Capital needs from replacement buses to parking area.	
	7	x		In our annual application, we always ask for additional funding. We have more requested than our system can handle based on funding and capital needs.	
Medium	1	x		Working with all areas and we have a service available with early pickups for NEMT that includes Dialysis transportation and other medical needs.	
	2	x		This is ongoing. We have increased ridership every year and partnerships with North Huron, Laker's Bad Axe, USA, Harbor Beach, Hospitals, Clinics many others.	
	3	X		Working on fare collection to add to software	
	4		x		No additional funding available and coordination between the Others. We are looking for ways was very instrumental in the process with NEMO and the health care agencies.
	5	X			Unaware of any other options
Low	1	x		We belong to MASSTrans. We have roundtable discussion on new ideas and also are a Member of CTAA - a national network of transportation professional. Michigan Transit Pool	
	2	X		We have two Safety and Security Officers on staff and have been working with Michigan Transit Pool. We also send staff to frontline training staff on the state level every year.	
	3		x		DHS provides the service. We have no volunteers
	4		x		Unsure what we can do different in Rural Area.
	5		x	We service all our vehicles	
	6		x		We may try to get bike racks for the front of buses.

Agency Name: Sanilac Transportation Corporation

	Strategy #	Is your agency in the process of working on or plan to address in the near future?		If yes, are they in the area of (1) Planning, (2) Assessment, or (3) Service Development? Briefly list next steps.	If no, why? (i.e. funding, not applicable)
		Yes	No		
High	1	X		This is done on a daily basis.	
	2	X		We coordinate with everyone that is willing	
	3	X		Again, ongoing. When a need is identified, we do whatever we can to meet the need, sometimes it means putting a bus out there just to see what happens.	
	4	X		We currently do everything we can to get people across borders.	
	5	X		I just started a project to see how we can better coordinate with the service agencies in the area. We coordinate, but maybe we could do better?	
	6	X		We are purchasing vans to accomplish the above	
	7	X		Of Course!	
Medium	1	X		Working on NEMT to do this	
	2	X		Always. Partnering with the local churches, schools and other service organizations. Helping them meet their needs gets us out there so we can meet even more need.	
	3	X		We have used computer for routing for years, last year we went paperless, putting tablets on our buses, and are currently completing a capital project to put cameras on all our buses.	
	4	X		Again, this is in the discussion stages with other agencies such as the Veterans, DHHS, CMH and HDC	
	5	X		We are always open to new ideas that can enhance our service. We have tried several different strategies to try and make our system more efficient	
Low	1	X		We work closely with CMH and ISD to help with their individual client needs	
	2	X		We just did a coordinated project. We purchased a bus shelter for an area that was identified as a concern. The city is providing a place to put it and installing it, and the Personal Growth Center is in charge of the upkeep on the shelter.	
	3	X		We are looking at getting a couple more vans and I am investigating the possibility of using volunteer drivers to drive them	
	4		X		Have not had any opportunity to do this as of this time
	5		X		We maintain our own vehicles but will not be doing any outside work in the foreseeable future.
	6		X		Not familiar with anything like this.

Findings

The information shared between EMCOG staff and each transit agency representative will be beneficial to the advancement of county-to-county transit services. Although each agency is faced with limited funding resources, it is promising to know advancements are being made. Derived from the completed worksheets, the following list highlights new and upcoming advancements for each agency:

Caro Transit Authority

- Upon passage of a new millage, they are looking at expanding their existing hours of operation, adding Saturday hours, and trial hours on Sunday
- Looking at options for better connections with Huron and Sanilac Transit systems.
- As run by Community Action Agency they are always looking at incorporating other human services agencies to maximize service options

• **Huron Transit Corporation**

- Looking to improve transfers with Sanilac and Caro Transit systems, particularly NEMT needs
- Have extended service hours, and have many requests from Employers for workers as Huron County has shortage of skilled workers
- Many capital needs from replacement buses to parking area

Sanilac Transportation Corporation

- Ongoing Coordination with Huron and Tuscola Transit systems
- Cross border connections are difficult, and we try to accommodate those connections
- Initiated new project to enhance coordination with service agencies in the area, to determine how to more effectively utilize the services that exist

Additional Initiatives Under Way

See Chapter 4

Chapter 4

EMCOG Regional Summary and Analysis

Additional Initiatives underway in the EMCOG region

There are additional ongoing planning/implementation pilot programs within the EMCOG region. These include by are not limited to:

Aleda E. Lutz VA Medical Center, Saginaw, Michigan

The Aleda E. Lutz VAMC offers two different transportation programs for Veterans to reach medical centers and clinics throughout the state of Michigan. The Rural Health Transportation Program and Veterans Transportation Network may provide the assistance you are looking for. https://www.saginaw.va.gov/SAGINAW/features/VA_Rural_Transportation.asp. See Appendix A for additional information.

Alma Dial-A-Ride

The Alma Transit Center is currently pursuing the [Alma Transit Center Expansion Plan](#), and have implemented a pilot project for initial implementation. Hours of operation have increased due to demand in the pilot project, and out of town service demand has forced different geographic operational procedures. See Appendix B

Great Lakes Bay Second Transportation Summit

The Great Lakes Bay Second Transportation Summit was held January 27, 2017 at Saginaw Valley State University and jointly planned between The New Ezekiel Project Transportation Task Force, Health & Social Equity Advisory Board (CHIP), SVSU, Delta, Saginaw Community Foundation, GLB Regional Alliance, Business and Education Partnership, United Way Saginaw County, and East Michigan Council of Governments (EMCOG).

There were breakout sessions focused on five (5) functional transportation areas:

- Workers/Employers
- Students
- Patients/Health Care Providers
- Clients/Social Service Providers
- Regional Initiatives: Roads, Rivers & Airports

The Summit was attended by 120 interested people in better ways to collaborate, and maximize the assets that currently exist, with discussions on how to expand STARS service area county wide. (See Appendix C)

Hospital Council of East Central Michigan

Their 2014 MDCH Health Innovation Grant which funded NEMO a web-based application to bring transportation providers together (see [AskNemo.org](#)) This application and its data base is being integrated into the Michigan Transportation Connection application. See Appendix C for additional information.

Michigan Transportation Connection (MTC)

Working with a Michigan health Endowment fund and the Midland Area Community Foundation to expand their use of the MTC model to deliver NEMT brokerage services in Midland, Clare, and Gladwin counties. [Michigan Transportation Connection](#). See Appendix D for further information.

Midland County Public Transportation Study

A Midland County Transportation study to identify service gaps, and suggestions on how to fulfill any unmet needs, funded by FTA through the Midland MPO, using RLS & Associates as the consultant. A Draft Study is expected to be provided at the June 2017 meeting held at the Midland Area Community Foundation.

Mid-Michigan Transportation Connection

Within RPI Region 3 and also within EMCOG planning geography is another pilot project called Mid-Michigan Transportation Connect (MMTC), an independent 5013C entity funded by a loan from the Roscommon County Transit Transportation Authority. This will be another entity to watch and see how it thrives over the next year or so, as it uses volunteer drivers and acts as a Mobility Manager of sorts, for unmet needs not only within Roscommon County but into surrounding counties as well. [Mid-Michigan Transportation Connection](#). See Appendix E for further information

Saginaw Transit Authority Regional Services (STARS)

STARS is currently in the process of updating their bus fleet, as well as, finalizing and implementing new routes. They are presently implementing & expanding Ride-to-Work with Community Ventures and employer funding, testing implementation of Nite Line funded by SVSU, student government and local development agencies and planning a public information campaign to coincide with implementation of new fixed routes. Future focus looks to expanding services county wide, but requires success in new implementation programs.

2-1-1 Serving Northeast Michigan

The 211 Northeast Michigan is a 501(C) 3 nonprofit agency committed to using the 211-dialing code to enhance and strengthen access to health and human service resources in Northeast Michigan. The Center is designated as one of the eight (8) regional 211 centers within Michigan and is responsible for coordinating service for Michigan's Northeast counties. In 2015, 211 Northeast Michigan handled 33,668 contacts and 13,033 searches executed utilizing their website. 211 Northeast Michigan also works with the Great Lakes Bay Veterans Coalition. EMCOG continues to coordinate with 211 Northeast Michigan in areas related to transit etc. Also see Appendix F. <http://www.211nemichigan.org/reports/2015ar.pdf>

Conclusions

All EMCOG Transit Agencies struggle with fleet maintenance issues due to funding constraints. Each of the transit agencies see a need for enhanced ability to either provide direct transport outside of their county or to have a better mechanism to connect with adjacent county transit systems. A Regionwide Mobility Manager approach could assist in helping to provide better county to county transportation for all trip types.

There are two slightly different approaches to a Mobility Management Center that should be encouraged in their pilot stages and watched for best practices as we move forward. They are discussed below. Ideally, one or two complimentary approaches will emerge, rather than continually trying to reinvent the wheel.

The Michigan Transportation Connection pilot project in Clare, Gladwin and Midland Counties is promising in terms of developing a Mobility Manager based system that could provide higher reimbursement for NEMT trips. However, there are several unknown factors yet to be worked out. Is the model sustainable without outside subsidies in order to pay the transit providers actual costs for NEMT trips? Currently those higher reimbursement rates depend on subsidies. The current training and testing requirements for transit agencies drivers under this pilot project are more restrictive than the Midland Dial-A-Ride and Midland County Connection requirements. The cost/benefit analysis by those agencies found it to be more costly to conform to those higher standards than the benefit of higher NEMT reimbursement would provide. Additionally, a Mobility Management system would ideally be able to facilitate all trip types, not just NEMT trips. It appears that most, if not all, of the mentioned shortcomings are being worked on in the pilot project for enhanced future implementations of the program. This is certainly a model program to follow and assist in its growth and further implementation if these issues are addressed.

The Mid-Michigan Transportation Connection is a slightly different model, and while primarily focused on NEMT trips, it is not limited to those trip types. While this model can also utilize DHHS funding if available, it has set fees, and can also travel across county boundaries. This program also utilizes a Mobility Manager approach. This is certainly a model program to follow and assist in its growth as a transportation alternative.

Most EMCOG Transit agencies are reaching out to human services agencies for better coordination and development of cooperative solutions to common transportation needs. Yet, it seems limited staff time hinders some of those efforts, and there are different agencies within counties, so a common approach regionally is not always an option. Perhaps, the collation of a comprehensive data base of interested agencies might assist in future communication efforts and collaborative meetings between adjacent counties, rather than simply within single counties.

Next Steps

As next steps EMCOG staff proposes to:

- Maintain on-going conversations with all EMCOG Transit and related human service agencies on all planning, assessment, or service level projects identified in the strategy worksheets.
- Contact the Michigan Department of Transportation Office of Passenger Transportation (OPT) to determine if there are available planning funds to hold follow-up meetings with the goal of developing a more comprehensive planning approach in terms of transfer coordination across county boundaries.

- Explore identification of available funding sources to create a unified plan for discussions with hospitals and doctors in terms of patient scheduling in areas where multiple passenger trips could be arranged, as opposed to single passenger trips.
- Explore development of a common mobility manager for all trip types, even beyond NEMT. Such trips could be discussed and hopefully implemented if supported by multiple transit agencies. This effort would also require funding assistance in order to coordinate and facilitate such efforts.

EMCOG will supply this Phase 3 report to the RPI 3 & 6 Regions for their records. The final report will also be provided to the East Central Michigan Prosperity Region RPI 5 at their next meeting.

Appendix A:
**The Rural Health Transportation Program and Veterans
Transportation Network**

Contact Information

To schedule a ride **FROM** the Gaylord Community Based Out-patient Clinic or designated pick-up areas in Grayling, West Branch and Standish **TO** Saginaw, Ann Arbor, Battle Creek, or Detroit VA Medical Centers, please call 1-800-406-5143, extension 13125, between 8:00 a.m. – 4:30 p.m., Monday through Friday.

PLEASE NOTE:

WE DO NOT STOP AT THE AVAILABLE LOCATIONS UNLESS A PATIENT HAS CALLED AND MADE TRAVEL ARRANGEMENTS WITH THE TRAVEL COORDINATOR FOR THEIR APPOINTMENT.

Aleda E. Lutz
VA Medical Center
1500 Weiss Street
Saginaw, MI 48602
(989) 497-2500
1-800-406-5143
Extension: 13125

The Rural Health Transportation Network Courtesy Van Ride has the following pickup locations available:

Gaylord Community-Based Outpatient Clinic

The designated pick up area is located at 806 South Orsego, Gaylord, MI.

Grayling Pick-Up

The designated pick up area is located at Charlie's Country Corner Marathon Gas Station and Truck Stop (5800 Nelson A Miles Pkwy) at Exit #251 off of I-75 in Grayling

West Branch Pick-Up

The designated pick up area is located at Shell-Subway Station (2980 Cook Road) from Exit #212 off of I-75 in West Branch

Standish Pick-Up

The designated pick up area is located at Mobil Gas Station (5353 M-61) from Exit #190 off of I-75 in Standish

Please call 1-800-406-5143, Ext. 13125 to schedule a ride for one of the above designated pickup areas **from 8:00 AM – 4:30 PM, Monday through Friday.**

Department of Veterans Affairs

Rural Michigan Transportation Network



Traveling from:

Gaylord Community Based Outpatient Clinic, Grayling, West Branch, and Standish
To: Saginaw, Ann Arbor, Battle Creek, and Detroit VA Medical Centers

This transportation program is to offer a ride to Veterans who have limited or no access to and from scheduled appointments at Saginaw, Ann Arbor, Battle Creek, and Detroit VA Medical Centers.

Passengers will be picked up in the parking lot of the Gaylord VA Community Based Outpatient Clinic, Charlie's Country Corner at Exit 251 in Grayling, the Shell-Subway Station at Exit 212 in West Branch or the Mobil Gas Station at Exit 190 in Standish on the prearranged date and time. **The van must leave promptly to make sure Veterans arrive on time.**

It is also important to be ready to depart the Medical Center after your appointment has been completed in a timely manner. Please be aware of the pick-up point and time for your return ride to the Gaylord Clinic and to the Grayling, West Branch and Standish locations.

Guidelines

- You must have a scheduled appointment at Saginaw, Ann Arbor, Battle Creek or Detroit.
- You **MUST** have a ride home from the Gaylord Clinic or the Grayling, West Branch and Standish Locations when you return from your scheduled appointment, **as the van does not travel to Veterans' homes.**
- You are responsible for your own meals and snacks.
- No alcoholic beverages, smoking, or illegal substances allowed on the van.
- You may not ride the van if you are under the influence of alcohol or drugs, or you are uncooperative.
- **Please contact the transportation coordinator should your appointment be cancelled** so your seat can be provided to another Veteran, if needed.
- Limit the amount of belongings you are bringing with you.

VA Transportation Hours of Operation

**The VA vans from Gaylord, Grayling, West Branch and Standish to other VA Medical Centers in Michigan operate:
Monday – Friday**

Times of departure and return will vary on a daily basis dependent upon the number of travelers, destination, and appointment times.

Lodging accommodations for Veterans will be made on a case-by-case basis, should the Veteran need an overnight stay during travel between medical centers. This will be coordinated by the Transportation Coordinator at 1-800-406-5143, extension 13125.

**PLEASE NOTE:
WE DO NOT STOP AT THE AVAILABLE LOCATIONS UNLESS A PATIENT HAS CALLED AND MADE TRAVEL ARRANGEMENTS WITH THE TRAVEL COORDINATOR FOR THEIR APPOINTMENT.**

Appendix B:
Alma Transit Center Expansion Pilot

Alma Transit Center Expansion Pilot

Below is a 6-month snap shot of the Alma [Transit Center’s Expansion Pilot Program](#). We believe the program has proven the need for transit outside of Alma in Gratiot County. The 6 month increases are very encouraging as there was a substantial time marketing and informing the public of the changes. Your commitment to assisting is appreciated. We believe the year end data will allow all of our partners to make informed decisions about the future of transit in Gratiot County.

Synopsis

Hours of Operation began as 9am-5pm in St. Louis and Pine River Township Monday – Friday. Demand and ease of service necessitated a change to 9am-8p starting on February 1, 2017.

The out of town service to the other areas of Gratiot County had been 4 times per day (2 morning/2 afternoon) until May 1, 2017. The demand has been on the rise for service which has forced us to split the county in half and provide service twice a day for both North and South.

The tables below show the increases in both our overall ridership and our out of Alma ridership, comparing the first 2 quarters of FY2016 (Oct 1, 2015 – March 31, 2016) and FY2017 (Oct 1, 2016 – March 31, 2017). As you can see, our overall ridership increased by 9%, while our out of town ridership increased by nearly 38%. Out of town ridership now makes up nearly 16% of our rides.

Total Ridership

FY 2016	FY2017	Increase/Decrease
27,603 riders	30,257	2654 riders

Out of Alma Ridership

FY 2016	FY2017	Increase/Decrease
3,202 riders	5,085 riders	1883 riders

Hours Driven

FY 2016	FY2017	Increase/Decrease
5957 hours	9079 hours	3122 hours

Miles Driven

FY 2016	FY2017	Increase/Decrease
51,917 miles	75,834 miles	23,917

Appendix C:
Great Lakes Bay Second Transportation Summit

2017 GREAT LAKES BAY
**TRANSPORTATION
SUMMIT**

DATE: JANUARY 27th

TIME: 12:30-4:00PM

LOCATION: Saginaw Valley State University: Park in Lot G2
12:30 - Lunch at The Marketplace in Curtis/Doan Hall
1:30 - Session begins in Ott Auditorium in Gilbertson Hall



THE NEW EZEKIEL PROJECT

Click here for Map

For more information,
contact Jamie Forbes
989.529.4318

Jamie@TheEzekielProject.com

Sponsored by:



RSVP Requested:
TheEzekielProject.com



Saginaw
community foundation



Great Lakes Bay Summit II RSVP list

First name	Last name	Organization/Congregation (optional)
Jeremy	Alexander	St. John's Episcopal Church
Jay	Anderson	Bay City Area Transportation Study
Denise	Baldwin	Saginaw Education Advocate
Ed	Bergeron	Midland County Public Transportation Study
Maja	Bolanowska	Midland Area Transportation Study
Dennis	Browning	City of Saginaw
Jerome	Buckley	The Michigan Banner Newspaper
Lisa	Burnell	Great Lakes Bay Health Centers
Kate	Cardinali	Dandelion
Shirelle	Carthan	Covenant HealthCare
Heidi	Churchfield	Covenant HealthCare
Rev. Charles	Coleman	New Faith Temple COGIC
Janice	Coty	
Robert	Cramer	Michigan Association of United Ways
Darlene	Dadane	A & D Home Health Care
Jeri	Darby	Great Lakes PACE
Maureen	Daugherty	Roscommon County Transportation Authority
Maureen	Daugherty	Roscommon County Transportation Authority
Robert	Davis	Christ Fellowship Baptist Church
Kevin	Dedicatoria	PFLAG Tri-Cities
Amy	Dooley	City of Midland Dial-A-Ride
Tracy	Eagle	Disability Network og Mid Michigan
Dave	Engelhardt	EMCOG
Loren	Fischer	Region VII Area Agency on Aging
Jane	Fitzpatrick	East Michigan Council of Governments
Debra	Goodwin	Central Michigan University
Bridgette	Gransden	County of Midland
Philip	Grimaldi	Saginaw County
Sean	Hammond	Michigan Environmental Council
Vanessa	Hansle	Michigan Transportation Connection
Willie	Haynes	The New Ezekiel Project
Chip	Hendrick	R. C. Hendrick & Son, Inc.
Rachelle	Hilliker	YWCA Great Lakes Bay Region

Jacob	Hilliker	Congressman Dan Kildee
John	Humphreys	LAMSON HUMPHREYS Law, Saginaw City Council
Annette	Jeske	Region VII AAA
Mary Ellen	Johnson	Saginaw County Youth Protection Council
Bridie	Johnson	Saginaw County Youth Protection Council
Omar	Jones	Great Lakes Bay Health Center
Kendra	Kempf	Saginaw Community Foundation
Sarah	Kile	211 Northeast Michigan
Nichole	King	Mid-Michigan Transportation Connection
Lisa	Kleekamp	GLB Michigan Works
Lyn	Knapp	County Connection of Midland
Julie	Kozan	Saginaw ISD
Kenneth	Kujawa	Century 21 Signature Realty
Diane	Kumar	Covenant HealthCare
Marybeth	Laisure	United Way of Bay County
Steven	Lamb	United Way of Saginaw County
CHRIS	LAUCKNER	PERCEPTIONS
Brian	Lechel	Saginaw County Parks
Kay	Leja	Region VII Area Agency on Aging
Jaime	Leyrer	Saginaw Valley State University
Edward	Little	Bavarian Inn Lodge
James	Livingston	Drug Court
Barbara	MacGregor	Bay and Saginaw Health Plan
Mike	Major	SVSU Career Services
Rob	Mass	Office of Rep. Guerra
Wallace	Mayton	Memorial Presbyterian Church, Midland, MI
John	McKellar	Saginaw County Department of Public Health
Jonathan	Miller	Delta College
Andrea	Muladore	
Lelaina	Muth	Shiawassee National Wildlife Refuge
Kristy	Nelson	Delta College
Tim	Ninemire	Saginaw County Community Mental Health Authority
Nick	Paccione Jr	Custom Cab LLC
Isabelle	Pacitto	SCYPC, Innerlink
Onalee	Pallas	Sanilac Transportation
Alden	Payne	Great Lakes Bay Health Centers

Kayla	Petz	United Way of Saginaw County
Cornelius	Phelps	
Debbie	Powell	City of Saginaw
Larry	Ramseyer	Delta College
Tonya	Reed	Saginaw ISD Head Start
Josh	Reid	Gladwin City County Transit
Matt	Reinbold	Independent Bank
Jane	Roberts	Underground Railroad, Inc
Courtney	Robishaw	Hospital Hospitality House of Saginaw
Alan	Rood	Great Lakes Bay Health Centers
Felicia	Rose-Barry	Congressman Dan Kildee
Autumn	Scherzer	SCBEP
Gerald	Schmidt	
Lynn	Schutter	Mobile Medical Response
Joyce	Seals	The New Christ Community Church
Larry	Sims	United Way of Saginaw County
Andrea	Sneller	Disability Network of Mid-Michigan
Deb	Snyder	SVRC, Transit Advisory Board
Daniel	Soza	Samaritas Community Center
Brian	Stark	Bay County Transportation
Glenn	Steffens	STARS
Cal	Talley	My Brother's Keeper Saginaw County
Kari	Tanney	Underground Railroad, Inc
Chris	Taylor	LiUNA Local 1098
Ginger	Thibodeau	Saginaw Peace Advocate
Krystal	Todd	
Tamara	Tucker	The New Ezekiel Project
Marie	Villegas	Mexican American Council
John	Vowell	Major Chords for Minors
Kathy	Walstad	Bavarian Inn Restaurant
JoAnn	West	STARS
Bill	Wright	STARS
Janet	Yuergens	City of Midland Dial-A-Ride
Martha	Zhender-Keller	Bavarian Inn
Sharon	Coenis	Saginaw Community Ventures

Summary Notes from 2017 Great Lakes Bay Transportation Summit

Workers/Employers (Edward Little)

- Assets: Private/Public Partnership, STARS, Ride to Work w Morley, Expand?
- Barriers: How can we expand service? Partner with colleges? How to handle part time workers?
- Spaulding Township has many open positions, but no transit
- Increase marketing and awareness campaigns, could businesses chip in?

Students/Schools

- Current assets: STARS, bus passes for SVSU and Delta (can be used for any routes)
- Unreliable times
- Difficult to get children on the bus, not easy to get strollers on bus
- Safety is a concern, no bus shelters
- How do we serve school of choice students?
- Late night hours to assist students with evening classes
- Barriers: Townships are served but don't kick in funding
- Should tax payers support it if they aren't using the service much
- Regionalism can be tough, but necessary

Patients/Health Care

- Assets: Saturday service, STARS leadership, positive energy, Ride to Work Morley Project,
- Barriers: Might need helper for riders
- Time spent riding is high
- Educating potential riders
- Specialist appointments
- Employee specialized in regional transit/hub to assist potential riders so other staff doesn't need to learn that info
- Custom Cab, but no yellow cab

Clients/Social Service

- Holt transportation, much action being taken, bus passes are being provided by many agencies
- Barriers: STARS limited schedule, cost
- Most concerned with out-county clients
- Must engage private sector
- Hub of transportation information (maybe STARS and 211?)

Regional

- Bay Metro and STARS coordinating at SVSU?
- Are there barriers for the airport being transportation hub?
- Can we bring personal stories into our messaging?
- We need to change the narrative about who uses public transit

Appendix D:

**Michigan Transportation Connection, NEMO and Midland, Clare
& Gladwin Pilot Project**



HCAP Highlights

Winter 2017

315 Mulholland Street
Bay City, MI 48708

(989) 891-8820
(800) 799-6172
(Michigan only)
Fax: (989) 891-8161
Website:
www.myhcap.com

Special points of interest:

- Ask Nemo and MTC Partnership
- HCAP Wholly Owned Subsidiary
- New Board of Trustees
- Physician Advisory Credentialing Committee Recruitment

Inside this issue:

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If you would like to learn more about HCAP please contact the office at (989) 891-8820 Or visit us online at www.myhcap.com

The Michigan Transportation Connection Takes a Holistic Approach

The Michigan Transportation Connection (MTC) is a 501 c 3 Michigan based non-profit transportation brokerage that takes a holistic approach to Non-Emergency Medical and Specialized Human Service demand responsive transportation.

MTC has partners who have a stake in creating healthy communities and has the support from both state public transit associations: Michigan Public Transit Association (MPTA) and MassTrans. The agency received some startup funding from the Michigan Department of Transportation (MDOT) and Community Transportation Association of America (CTAA), as well as donations from transit agencies both monetary and in-kind. The Michigan Legislature approved 2 pilot locations for NEMT coordination using MTC with Public Transit providers being engaged in service delivery on statewide and regional level. MTC has also partnered with:

- Hospital Council of East Central Michigan will integrate MTC's trip planning software with their AskNemo.org (funded by a 2014 MDCH Health Innovation Grant) web-based application designed to bring transportation providers together with over 2000 transportation prescribers to assist in organizing and coordinating travel for patients to get to appointments in 19 health systems.

- Department of Health and Human Services (DHHS) to de-

velop a Memorandum of Agreement for DHHS case managers to share eligible clients with MTC in order to provide trip planning for them. MTC and DHHS is currently working to determine the billing structure for future reimbursement.

- Veterans Administration's nationwide VetRide trip management software to customize MTC's trip reservation access, trip planning, data collection and billing functions. This use of resources is a tremendous cost savings to the state of Michigan because the VA has invested over a million dollars to develop the system along with its safety features and protocols.

- Michigan 2-1-1 to integrate their database of providers and human service agencies resource as well as the use of their InContact call center software. 2-1-1's multi-modal contact platform effectively manages large call volumes, text and emails, and routes requests to Mobility Management Centers while monitoring queue lines and hold times.

- Michigan Health Endowment Fund and Midland Area Community Foundation to expand on their project using MTC's model to deliver NEMT brokerage services in three counties in Region 5.

MTC is in the process of developing agreements with Public Transit Agencies in regions 2, 3, 4a, 4b, 7 and 9 along with Area Agencies on Aging in regions 5 and 10 that will serve as host sites for MMC's.

Rides to Wellness Grant Award

In September, 2016 MDOT on behalf of MTC was been awarded 1 million dollars to install Regional Mobility Management Centers (MMC's) in Transit Agencies or Area Agencies on Aging serving as brokers for counties in the region. MTC will serve as the gatekeeper of transportation delivery through systematic screening protocols, assuring proper eligibility and trip necessity.

Once established, MMC's will be sustained through contracts as they are secured with hospitals, Managed Care Health Plans, DHHS and other state department agencies such as Departments of Education, Corrections, and Workforce Development.

Region 5 - Midland, Clare and Gladwin Counties Pilot Project

In December, 2015 the Michigan Health Endowment Fund awarded the Midland Area Community Foundation (MACF) a competitive grant of \$175,000 for one year to coordinate a demonstration project with the Michigan Transportation Connection (MTC) to identify unmet non-emergency medical transportation needs in Midland, Clare and Gladwin Counties. The MTC assisted the MACF in writing the successful grant application. In addition to the Michigan Health Endowment

Fund grant, the MACF, the Rollin M. Gerstacker Foundation,

Board of Trustees 2017 Roster

Our Board of Trustees consists of business leaders, hospital leaders, and physicians who oversee HCAP network goals and objectives.

Randy Flechsig
Chair
Administrator
Sheridan Community Hospital
Sheridan, MI

John Kosanovich, MD
Vice Chair
Executive VP of Physician
Enterprise
Covenant HealthCare
Saginaw, MI

Matthew Davis
Secretary/Treasurer
Senior VP
Huron Castings
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Richard Lockard, MD
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Elkton, Michigan

Daniel Babcock
Trustee
President and CEO
Marlette Regional Hospital
Marlette, MI

Steve Barnett
Trustee
President and CEO of
McKenzie Health System
Sandusky, Michigan

MTC Continued from Page 1

and the Charles J. Strosacker Foundation pledged matching dollars to ensure funding is available for a two-year pilot of the program, totaling \$350,000.

Under a Memorandum of Understanding between the MTC and Michigan Department of Health and Human Services,

data is being collected to determine true need, including transportation not currently being met by Medicaid, and to determine the true cost of providing such transportation. The goal of the MTC partnership with MDHHS is to achieve a better understanding of what transportation resources exist

in the three county region and what the real cost is of delivering people to critical medical follow-up care.

After the pilot project, the goal is for the non-emergency medical transportation service to be self-sufficient.

HCAP is Now a Wholly Owned Subsidiary of HCECM

The Hospital Council of East Central Michigan (HCECM) and its hospital members helped create HCAP in 1994 to give small businesses access to affordable healthcare for employees. Since its inception, HCAP operated as a separate non-profit entity managed by HCECM. As we all know, healthcare has gone through many changes in the last 22 years. To adapt to those changes, HCAP recently became a wholly owned subsidiary of HCECM. Selected HCECM board members now serve on the HCAP board, as well. If you have any questions regarding these changes, please contact Lori Frey, PPO Network Manager, at (989) 891-8820.

Payer Identification Cards



ASR At a Glance Information can be viewed and printed by going to: <http://www.myhcap.com/Medical-Claims.aspx>

Additional ASR Resources

ASR	
ABC Company 123 Street, 111 Dundee, MI 48126 COP: P1234567	PPO Certification: (800) 699-0879
(Primary Benefit Manager Information will appear here.)	

ALL INFORMATION	For access to eligibility, claims, and benefits, please visit www.asrhealthbenefits.com
ASR CLAIMS TEL ASR Health Center PO Box 6500, St. Louis, MO 63166 Phone: (314) 241-2000 Toll Free: (800) 699-0879	PROVIDER INQUIRIES Provider Services: (800) 724-2013 Interactive Voice Response: (800) 743-2013 Member Services: (800) 699-0879
To identify a PPO provider, please visit www.asrhealthbenefits.com or call Member Services at (800) 699-0879.	
This card is administered by Meritain Health. Meritain Health is not responsible for the accuracy of the information provided on this card. Meritain Health is not a health plan. Meritain Health is not a health plan. Meritain Health is not a health plan.	
Champion:	



<https://www.meritain.com/>

Member Huron Medical Center (HMC) Group #: 19053 Member ID: J09K Q34MPV4 Member #: 12442781133 Division: 1541	Medical Plan Contract: PPO Network: F Carrier: CIGNA	Claims Submission Send All Claims to: C/O Blue Cross PO Box 1000 Richardson, TX 75080-1000 EO: WELLS FARGO #1124	Eligibility Call 800 743 2000 or visit www.MCITeach.com for computers regarding eligibility, claims and plan benefits.
Member Contact Name: PPO Address: 1234567890 City: Saginaw, MI 48601 Phone: (989) 891-8820	Pharmacy Plan Plan: SCBPWORLD P.O. Box: 1000 PO City: Saginaw, MI 48601 Phone: (989) 891-8820	Process/Inquiries Customer Support Resources Call Member Services at 800 743 2000	PHOS

The HCAP Physician Advisory Committee is looking to fill vacancies and is in need of a Nurse or Nurse Practitioner, a Mental Health provider, and specialty doctors. Call (989) 891-8820 or "contact us" on our website at www.myhcap.com

HCAP Self-funded Employer Groups

- ADS US, Inc.
- Arenac Castings, Inc.
- AWI Holdings dba Auto-Wares
- Axis Machining, Inc.
- Bandit
- Blue Chip Machining
- Blue Diamond Steel Casting
- Cadillac Products Automotive Co
- Covenant HealthCare
- DHT Employee Leasing
- Huron Casting
- Huron Casting Corporate Services LLC
- Huron Medical Center
- M & R Corporate Services
- Michigan Sugar
- Morbark Inc.
- PTM Corporation
- Rowleys Wholesale
- Scheurer Hospital
- Starboard Group Mgmt. Co Inc., MEC Plan
- Starboard Group Mgmt. Co Inc., MEC Plus
- Starboard Group Mgmt. Co Inc., MVP Plan

Thank you for your continued support and utilization of the HCAP PPO Network!

Appendix E:
Mid-Michigan Transportation Connection

989-366-1509

We are a transportation brokerage that contracts with Medical Assistance Programs. To provide non-emergency transportation services to clients.

Our call center arranges rides for clients going to health care services. We will try and arrange same-day rides; however, it will depend on whether there is a provider available. Clients should, whenever possible, schedule rides in advance.

We provide safe, reliable on time door-to-door transportation for:

- Doctors Appointments
- Dental Appointments
- Dialysis Treatments
- Health Care Facilities
- Hospital Discharge
- Non-Emergency Visits
- Physical Therapy

MMTC

Fare Structure

\$20.00 per hour & .58 a mile

Waiting time: \$20.00 per hour

Weekend, after hours and all major Holidays: \$50.00 per hour plus .58 a mile.

If a nurse /caregiver must ride with a client, he/she will not be charged

Our services include wheelchair van service. Our company prides itself on providing excellent transportation.

We provide service to the North Central Region of the Lower Peninsula. We are here to serve you 7 days a week. We ask that you give us at least 48 hours notice prior to any scheduled medical appointment. We are often able to accommodate calls whenever our schedule has openings.

MMTC

Non-Emergency

Medical

Transportation





We are conveniently located in Roscommon, Michigan and specialize in Non-Emergency Medical Transportation.

Our Driver's will meet you at the door and will wait and deliver you back to your home.



MMTC has wheel chair lift to accommodate people with special needs. Our coordinators specialize in helping older adults and disabled individuals.

- Call for a specific quote
- After hours and Weekend charges apply
- ADA VANS

989-366-1509

or

1-877-4my-lift
(877-469-5438)

To Make Ride Reservations

TO make Ride

Mission Statement

Mid-Michigan Transportations primary mission is to improve accessible transportation on a regional basis and to provide that transportation at an affordable rate and deliver the highest level of quality.

Vision Statement

To be the leader in NEMT transportation. A consistent emphasis on quality and consumer satisfaction

Mid-Michigan

Transportation Connection

989-366-1509



APPENDIX F
2-1-1 NORTHEAST MICHIGAN



2015 Annual Report

GET CONNECTED
GET ANSWERS

About 2-1-1

211 Northeast Michigan is a 501(C) 3 nonprofit agency committed to using the 211 dialing code to enhance and strengthen access to health and human service resources in Northeast Michigan. The Center is designated as one of the eight regional 211 centers within Michigan and is responsible for coordinating service for Michigan's Northeast counties. We believe agencies and communities should be supported by a coordinated, high quality 211 Information and Referral (I&R) system.

Mission:

Our mission is simple; to provide Northeast Michigan with referrals and information to assist with essential needs.

Vision:

Our vision is clear: 211 Northeast Michigan is the trusted and valued gateway for referrals and information to meet essential needs.

Reach:

In 2015, we handled 33,668 contacts! Our contacts include phone calls, chats and emails.

This year, 13,033 searches were executed on our website – allowing real-time, self-served information for those in need. 7.2% of our contacts identified as over 60 years old. 2.1% identified as homeless, 3.7% as veterans and 13.6% as disabled.

Goal: "Our team has a goal of treating every single person who contacts us with respect and dignity. We understand that we have a unique opportunity to make a real difference to the nearly 1 million people we serve!"

Sarah M. Kile, Executive Director

