



Effective Coordination Strategies: Mobility Ohio

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Mobility Ohio is an Ohio Department of Transportation (ODOT)-led collaboration between seven Ohio state agencies that fund community and human service transportation (HST). In Ohio, HST is currently provided in a fragmented and inefficient manner. Several state agencies invest at least \$500 million annually to transport their clients and customers to jobs, medical care and other destinations. These journeys make it possible for their clients to lead meaningful, productive lives. However, each agency has developed its own programs, policies, and procedures for transportation independently from other agencies. At the same time, people often don't have a way to get to jobs, the grocery, and other destinations.

Mobility Ohio is consolidating these policies and breaking down silos to improve the efficiency and effectiveness of HST. The desired outcome is to provide more trips to more people, more conveniently, for the same dollars already being spent today. A group of ongoing pilot initiatives represents the culmination of more than seven years of collaboration between ODOT and multiple state-level human service agencies on reforming HST for improved safety, quality, and efficiency through coordination.

Seven participating agencies form the Mobility Ohio Committee, including ODOT; the Departments of Aging, Developmental Disabilities, Health, Job and Family Services, and Medicaid; and Opportunities for Ohioans with Disabilities.

In discussions of Mobility Ohio, two words are frequently used: **coordination** and **collaboration**. In this document, **coordination** refers to the cooperation of two or more organizations at the local level to expand transportation through joint action. Put another way, coordination is cooperating in the delivery of transportation services. We use the term **collaboration** to refer to the inter-agency efforts undertaken at the state level to change policies and provide resources so that local stakeholders can coordinate transportation services.

Background

Transportation coordination was occurring in Ohio well before the federal government's Executive Order 13330 on Human Services Transportation Coordination or the advent of Medicaid-funded non-emergency medical transportation (NEMT). At least as far back as the 1980s, Ohio's local transportation providers and human service agencies frequently coordinated their activities to meet the mobility needs of individuals. In 1991, ODOT developed the first edition of the Handbook for Coordinating Transportation Services as a guide for coordination at the local level. This manual was created in the context of government budget deficits, the passage of the Americans with Disabilities Act, and the new requirement for Commercial Driver's Licenses for operators of vehicles seating more than 16 people. Due to these and other developments, transportation program personnel realized that they had to start doing more with less.

At that time, ODOT adopted a policy to coordinate federal and state transit funding and provide the most efficient and effective services possible while avoiding duplication of programs and services. The policy said that ODOT "will cooperate with other federal and state agencies to accomplish this coordination." The handbook was updated twice, in 1993 and 1997. It provided guidance and tools for coordination that included, for example, templates for vehicle- and trip-sharing arrangements, bulk purchasing approaches, a method for calculating unit rates based on providers' fully allocated costs, and a framework for the consolidation of providers.

In 1996, the Ohio Statewide Transportation Task Force was established to provide leadership at the state level to facilitate the coordination of transportation resources at the state and local levels. Eight agencies were members — many of the same agencies involved in Mobility Ohio today. However, during this period, growth in human service transportation (e.g., senior transportation, medical transportation) meant that state agencies were developing their own policies and funding programs for their local affiliates. Policies for transportation under various departments were documented in different sections of Ohio

code. This had the effect of creating silos that prevented local entities from coordinating. For example, senior centers, supported with Ohio Department of Aging transportation funds, had difficulty coordinating with providers of day services for people with disabilities, which used Ohio Department of Development Disabilities funds, because the two programs had different rules.

Changes in ODOT leadership in the early 2000s eventually led to the dormancy of the statewide task force. The state agencies did not make any meaningful progress on addressing the problem of inconsistent rules. Coordination efforts at the local level continued, but were stymied due to federal legislation, passed in 2005 and adopted in rule in 2008, which financially incentivized state Medicaid department to rely on transportation brokerages and managed care organizations (MCOs) to administer NEMT. Up to that point, the state Medicaid department had contracted for NEMT directly with county Departments of Job and Family Services.

After 2008, some Ohio county-administered NEMT services shifted away from counties to MCOs and their contracted brokerages. In many of these counties, public transit systems had charged county Medicaid departments their fully allocated costs for NEMT trips. Under the new model, brokerages were unwilling to pay the fully allocated costs of public transit trips. As a result, transit systems were forced to use public transit funding to subsidize NEMT services, while the drop in NEMT reimbursement from the brokerages meant the systems lost critical local revenue to match their FTA grants. In addition, the brokerages contracted with many small, independent providers who charged rates lower than those proposed by public transit agencies. Even with the extra pool of independent providers, the standard of service for Medicaid beneficiaries was affected at times due to inadequate capacity to meet growing demand as well as the inconsistencies in reliability from the independent providers. These problems continue today.

**MOBILITY OHIO GOAL:
INCREASE MOBILITY FOR
PERSONS WITH DISABILITIES,
PERSONS OF LOW INCOME,
CHILDREN, OLDER ADULTS
AND THE GENERAL PUBLIC.**



Ohio Mobility Transformation

In 2011, the Ohio Office of Health Transformation was established to reform Medicaid and improve Ohioans' health outcomes. As part of this effort, in 2015, with a focus on addressing growing Medicaid transportation costs and high administrative burden, the Ohio Governor's office unveiled the Governance Structure for Mobility Transformation initiative. The Office of Health Transformation led the effort by forming the **Mobility Transformation Committee**, comprised of directors of Ohio's state health and human service agencies as well as a **Working Group**. The Working Group was composed of broad-minded individuals in high-level agency positions with direct links to client services. These two groups became responsible for the project decisions and work products.

Apprised of the Governor's Mobility Transformation initiative, ODOT wanted to ensure that transit was at the table to advocate for its local systems. ODOT especially advocated for the preservation of local matching funds for FTA grants derived from providing NEMT trips. The ODOT Office of Transit Program Administrator contacted the Ohio Department of Medicaid (ODM) to request an appointment to the Mobility Transformation Committee, and the Committee quickly determined that ODOT staff were the state's transportation experts. ODOT was also invited to participate in the Working Group. The Working Group began meeting bi-weekly to determine viable solutions for the barriers to transportation affecting their clients. ODOT, realizing the importance of this effort, agreed to dedicate resources and staff to the effort.

In 2016, ODM hired a consultant to determine the best path forward for NEMT in response to a \$4 million budget deficit. The consultant recommended that, to save money on NEMT services, Ohio enter into a contract with a single entity who would then broker all NEMT trips (including those still managed by counties) for a predetermined annual fee. Because Ohio public transit agencies were integrated as major service providers for county NEMT, ODOT recognized the negative impact this brokerage could have on public

transportation, based on the experience of other states that had undergone the transition to a statewide brokerage. ODOT educated the Working Group on how rural public transportation operated and its role in NEMT, and through discussion, was able to convince ODM to issue a Request for Information (RFI) to determine the possible negative impacts of moving to a statewide brokerage. Both ODOT and the Ohio Public Transit Association provided substantive responses to the RFI that made the case for considering approaches other than a statewide brokerage, and documented other states' negative experiences with for-profit brokerage models. In response, ODM paused its plans to adopt a statewide NEMT brokerage, allowing the Mobility Transformation Committee and Working Group to propose alternative solutions.

Following the statewide brokerage discussions, the Committee and Working Group continued to meet on a regular basis through 2018. With the timing ripe for change, and the involvement of motivated and passionate individuals who were determined to find solutions, the initiative began to produce tangible plans for multiple initiatives.

Mobility Ohio has sought to address four issues, the resolution of which could help pave the way toward more coordination: 1) transportation standards across agencies, 2) regional boundaries that respond to recognized travel patterns, 3) rate-setting based on fully allocated costs, and 4) creating regional trip coordination centers.

Addressing Diverse Transportation Standards Across Agencies

The partners agreed that the next priority was to find a solution to the lack of standardization among transportation program requirements among state-funded programs. For any plans to improve cross-sector coordination to work, this issue had to be resolved. The Working Group immediately began to realigning the service requirements to develop one set of transportation standards for all of the state health

and human service agencies transportation programs, as well as rural public transit.

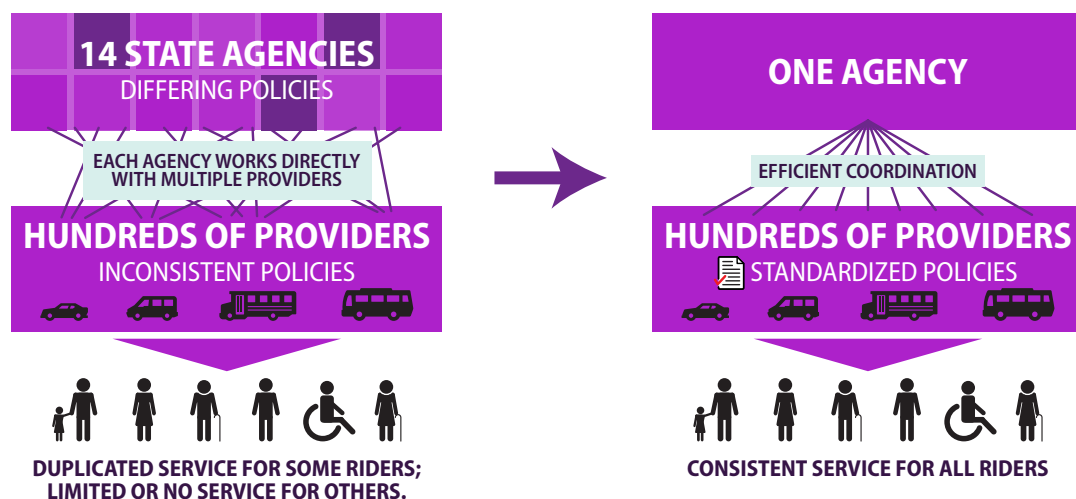
The Working Group recognized that a new HST structure must be accepted not only by the state agencies, but by clients, providers, and agencies at the local level. While work was underway developing universal HST standards, ODOT and its consultants conducted studies to gauge the impact of potential changes in requirements on providers and agencies. The studies included an industry analysis and an agency study. The results of the industry analysis study allowed the Mobility Transformation Committee to reach consensus on key areas for alignment that would allow for better coordination, reduced regulatory red tape, and more access to mobility. The studies also revealed that most state agency partners agreed that an aligned approach to transportation is best implemented through enacting a uniform

set of Ohio Administrative Code rules that would apply to all HST-sponsoring agencies.

With the study results in hand, the Working Group developed and agreed upon ten universal HST standards.

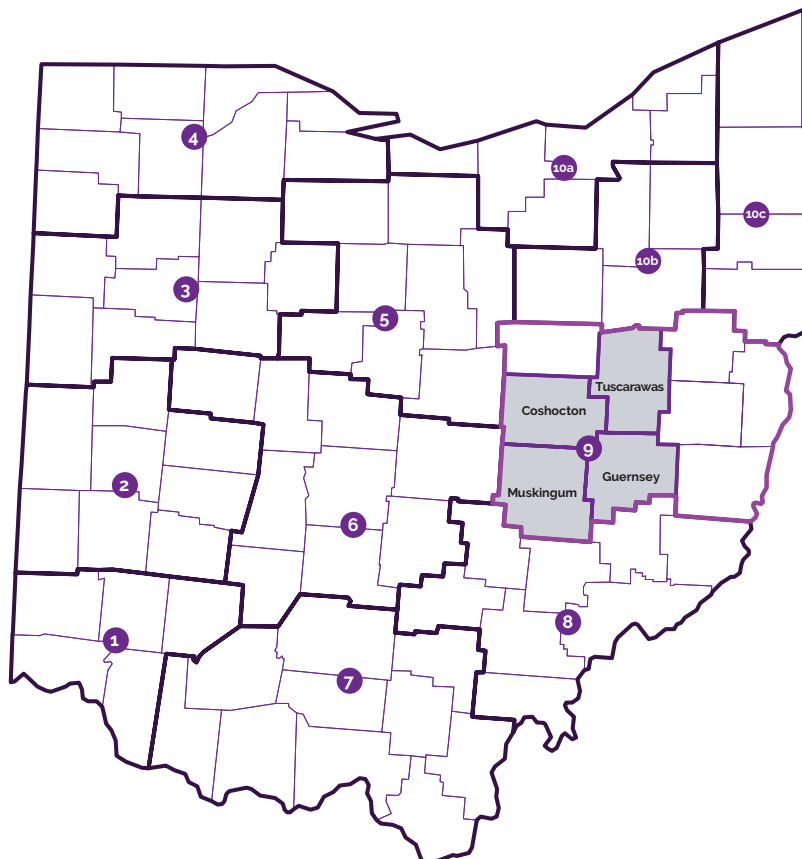
The Mobility Transformation Committee approved these standards in 2018. The standards cover the following areas:

- Vehicle types and equipment
- Driver criminal history and motor vehicle record
- Drug and alcohol testing
- Driver medical qualification
- Driver training
- Vehicle maintenance and inspections
- Provider insurance



The Right Regions

In 2017, ODOT created boundaries for Human Services Transportation Coordination (HSTC) regions based on the analysis of county-to-county travel movement, demographic conditions, employment-related travel, and economic conditions in each county. To diminish disruptions in current service provision and proactively approach service consistency, ODOT also compared existing agency boundaries for Area Agency on Aging (AAA) regions, Medicaid Managed Care Organization (MCO) regions, Metropolitan Planning Organization (MPO) boundaries, and Rural Transportation Planning Organization (RTPO) boundaries. Based on the analysis of all factors, it was determined that 10 HSTC regions would most completely meet the goals for the project. Analysis of travel flow within and between the established regional boundaries was applied to verify that the ten HSTC regional boundaries would meet the established goals. The HSTC regions capture 90 to 99 percent of the intra-regional



Pilot Region

The Mobility Ohio pilot is proposed in these counties:

- » Coshocton
- » Guernsey
- » Muskingum
- » Tuscarawas

A subset of Ohio Human Service Transportation Coordination (HSTC) Region 9, these four counties have their own maze of programs.

traffic flow. Similarly, the majority of journey-to-work travel flow between counties occurs within the proposed HSTC regional boundaries. In addition to travel flow comparisons, the regional boundaries are also largely consistent with AAA and MCO regional boundaries, which will support service consistency for many human service agency and public transportation system clients. The designation of common regional boundaries with the AAAs and MCOs should result in an easy merge of information and resources. Finally, each HSTC region contains at least one MPO and/or RTPO. Regional intergovernmental relationships are often established and fostered through these entities. This structure will help to facilitate communication and resource sharing among organizations within each region.

New Phase — New Name

In 2019, the transition in Ohio's governorship prompted a renaming of the Mobility Transformation effort to Mobility Ohio. This change also demarcated a shift from planning to implementation. At this time, the Mobility Transformation Committee and Working Group consolidated into what is now called the Mobility Ohio Committee. This Committee focuses on the implementation of key Mobility Ohio elements, including a pilot Regional Transportation Resource Center in southeast Ohio, as described later in this document. The Mobility Ohio Committee members include ODOT, Ohio Department of Aging, Ohio Department of Developmental Disabilities, Ohio Department of Health, Ohio Department of Job and Family Services, Ohio Department of Medicaid, and Opportunities for Ohioans with Disabilities.

Rate-Setting Based on Fully Allocated Costs

A common barrier standing in the way of effective sharing of transportation resources is accurate cost allocation. Hence, establishing a consistent method for setting transportation rates was a high-priority. ODOT and its consultants developed an Excel spreadsheet in 2019 to allow all providers (public, non-profit and for-profit) to enter expense data and easily perform calculations to generate pricing by unit of service (service hour, service mile, one-way passenger trip, or passenger-mile). This allows costs to be billed or allocated appropriately to the transportation user, and facilitates the more efficient use of transportation resources.

A small group of providers tested the rate-setting tool in 2020 to determine the effects of charging human service agencies based on their fully allocated costs. The tests demonstrated that cross-subsidization was occurring; for example, some transportation providers were receiving reimbursement from human service agencies at rates below their fully allocated cost and using public transit funding to make up the difference. By using rates generated through the rate-setting tool, providers will seek reimbursement from the human service agency funding programs based on the true costs of each trip. This will eliminate the use of public transit funding to subsidize human service agency trips. The rate-setting tool will be used during the Mobility Ohio pilot project, described in the next section.

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 National RTAP offers a similar cost allocation calculator tool. For more information, visit nationalrtap.org/Technology-Tools/Cost-Allocation-Calculator. Learn more about developing a fully allocated cost model through the National Center for Mobility Management's on-line course, Cost Allocation Techniques for Community Transportation.



The Regional Transportation Resource Center

With ongoing input from the Mobility Ohio Committee, ODOT plans to pilot a Regional Transportation Resource Center (RTRC) in a southeast Ohio HSTC region. The RTRC will be a one-stop hub where clients and customers can conveniently schedule trips by phone or online for multiple trip purposes. Following a successful pilot, ODOT and its partner agencies will apply lessons learned and roll out the new coordinated transportation model statewide. As the pilot region's administrator for community transportation, the RTRC will broker trips to qualified for-profit, non-profit and public transportation providers and ensure compliance with the adopted safety and quality standards that meet or exceed the requirements of the individual funder agencies and federal transportation regulations. The RTRC will receive transportation funding from Ohio's human service agencies and pay providers using rates based on their fully allocated costs.

The RTRC will also house regional mobility management positions. Beyond the logistics and at the core of Mobility Ohio lies the relational aspect of mobility, which is advanced by mobility managers. These staff, motivated by a focus and commitment

to finding solutions, will engage in person-centered problem solving to address RTRC clients' and customers' mobility issues. Mobility managers will educate and train individuals on how the RTRC and transportation providers operate, and how their needs can best be met. They will provide travel training, manage a portal for customer questions, promote RTRC services, identify unmet needs, and solicit new providers.

DRIVES

The DRIVES database is being developed by ODOT and the Ohio Department of Education (ODE) in 2023 to provide the RTRC with technology to register transportation drivers, providers, and vehicles; maintain up-to-date records on their criminal history and motor vehicle records; and track the status of their compliance with safety and quality requirements in real time. The DRIVES database will feed real-time information to the RTRC scheduling and dispatching system so that customers are assured of receiving safe, compliant, high-quality transportation at all times. The ODE and ODOT stakeholder and IT teams are partnering to build this innovative dual-agency application solution to replace the 18-year-old ODE School Foundation Payment System (SFPS), expanding it to include public and human service transportation providers in addition to school districts.

Scheduling and Dispatching Software

In 2023, ODOT is procuring trip coordination scheduling and dispatching software that will be implemented by the RTRC. Eligible clients and customers, their caregivers, or sponsoring human service agencies will request trips from the RTRC. Using the software, the RTRC will assign each trip to a transportation provider. Open-door providers will accept any client referred to them through one or more funding programs; closed-door providers will only transport their own clients. The system will accommodate providers that are both open-door and closed-door, including those that may have specific vehicles or vehicle-hours in each category. The software will allow the RTRC to schedule rides on dedicated vehicles or vehicle-hours, and to broker trips to providers with non-dedicated assets.

The software will provide an interface/portal for five groups of software users: the RTRC; providers; facilities (e.g., hospital, doctor's

office); funding agencies; and clients and customers. Each interface will allow the exchange of data in order to describe and use specific parameters for trip booking, bidding, scheduling, matching and assignment, and invoicing and reporting. The software will also:

- Provide real-time and optimized trip scheduling based on trip requests, trip bidding and acceptance, and other parameters such as vehicle and driver characteristics;
- Provide a mechanism for providers to bill or invoice the RTRC;
- Provide a mechanism for funding agencies to enter or update client eligibility;
- Provide on-board driver terminals (e.g., tablets) for communication of manifests, messaging between drivers and dispatchers, and trip monitoring; and
- Match each trip with the appropriate category of provider, driver, and vehicle depending on the needs of the client, using the Mobility Ohio safety and quality standards.

What Are the Ingredients to Success in Cross-Agency Collaboration?

Thoughtful approaches to inter-agency collaboration were central to the development of each piece of the Mobility Ohio initiative. ODOT's experience includes many lessons learned that can be applied by other State DOTs in their efforts to foster the coordination of public and human service transportation at the local level.

obtaining their input when needed. This set the stage for a years-long effort will continue for the foreseeable future, as ODOT implements the pilot RTRC (slated for 2024), then rolls out the model statewide. The partner agencies are committed for the long haul because their highest-level leaders recognized the benefit and committed resources early in the process.

1 *A top-down approach is novel—and works*

The difference in the success of the current Mobility Transformation initiative and past efforts was that ODOT finally received commitment and understanding from highest-level leadership at Ohio's human service agencies that a collaborative approach was necessary to address inconsistent transportation standards and improve safety, quality, and availability of HST. The Governor issued a directive to the state's human service agencies to pursue change. A new crop of forward-thinking, open-minded administrators at these agencies were more open and receptive to innovation than previous personnel. Actual decision makers came to the table and attended meetings consistently, and kept their Cabinet-level Directors informed,

2 *Run productive meetings that participants value*

Mobility Transformation was a cross-agency effort to align transportation policies. For eighteen months, the group held bi-weekly meetings to identify policy differences and determine workable solutions every agency could accept. The focus was on improved safety and quality of service, a goal all could get behind. ODOT's investment of resources and staff time in this process reduced the burden on the other state agencies, allowing them to focus on digesting the information and negotiating standards that would work for everyone.

At the beginning of Mobility Transformation, the participating state agencies started with creating tangible deliverables, such

as proposals for revised transportation safety and quality standards that would be consistent across human service agencies. The inter-agency meetings were focused on producing deliverables, and participants valued the meetings because they were productive. ODOT and its consultants continually returned to the human service agencies to illustrate that progress. It was and continues to be important to show human service agencies how Mobility Ohio makes things easy for them, and how the efforts will ultimately reduce administrative burden while improving the quality of service.

constituencies. While all are trying to improve quality of life for Ohioans, their immediate objectives are very different.

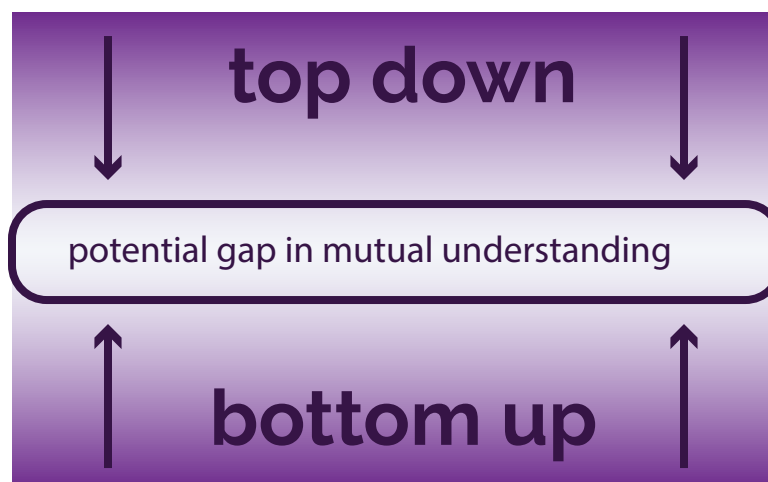
During Mobility Transformation, ODOT made a distinct effort to understand and focus on what was important to the state human service agencies when it came to their transportation programs. One common struggle among the agencies was the staff time and effort it took to administer transportation. ODOT had success in engaging the Ohio Department of Medicaid (ODM) because **they attempted to recognize what concerns drove their decision making, which were primarily to reduce costs and simplify administration.**

ODOT's chief concerns are very different. ODOT's immediate objective was to preserve local match revenue for rural and small transit agencies, which was threatened when ODM began to move toward shifting some NEMT from county Departments of Job and Family Services to managed care organizations (MCOs), which relied on for-profit transportation brokerage companies to manage transportation.

When the effort transitioned from Mobility Transformation to Mobility Ohio under the new administration, ODOT assumed

3 See things from your partners' points of view

ODOT is focused on the general mission of public transit while other agencies have different goals. For example, ODM's aim is to provide healthcare coverage for low-income Ohioans, whereas the Departments of Aging, Developmental Disabilities, Health, Job and Family Services are most concerned with what is important to their



leadership of the effort, with the transit administrator chairing the meetings. For the first year or two of the effort, the agencies had met at ODM's offices. After that transition, ODM reduced their level of engagement, and the effort lost some of the momentum it had toward aligning policies and practices between ODOT and ODM.

While ODM was most concerned about costs and administration, other agencies voiced their concern that their focus on customer service not be lost in a broader transportation project. For example, the Departments of Aging and Developmental Disabilities have continually voiced the need for Mobility Ohio to place customer care as a foremost value.

As ODOT educated ODM and the other agencies about public transit, using the right vocabulary was important. At the agencies, there was a disconnect from, and lack of understanding of, public transportation. ODM had to be educated about how transit services work, the amount of and rationale for their costs, the local match requirement for FTA funding, and service delivery limitations (for example, operating during published hours or avoiding trip purpose prioritization). This education provided information necessary for the group's decision making.



Adapt, be flexible, and create back-up plans

Expect situations and dynamics to constantly evolve. ODOT has had to continually develop contingency plans. Avoid taking it personally when things don't go your way. Ultimately, the effort has to be a win-win, benefiting all who are involved.

A key challenge that has caused our team to pivot are Centers for Medicare & Medicaid Services (CMS) rules that effectively prohibit public transit brokerages. Under existing rules, it is not feasible to assign a regional public transit operator with the responsibility of brokering trips to other providers, in spite of the benefits of that model. In some areas, the public transit system is the only organization with the experience and technical capacity to serve as the RTRC, whose central activity is to schedule, dispatch and broker HST trips within the region. It has taken significant time to develop creative solutions and contingency plans for the structure of the southeast Ohio pilot RTRC. Tentatively, it will involve a partnership of a non-profit organization with by-laws revised to fit the needs of the pilot, one or more public transit operators, a regional planning organization, and an Area Agency on Aging. While this structure may be more complex than we'd prefer, and may not elevate the role of public transit as much as we'd like, the adopted model will conform to CMS rules and be more likely to be accepted by local stakeholders.

5 *Find small wins to celebrate along the way*

Mobility Ohio is now starting to demonstrate how different pieces of the initiative, even on their own, will move the needle on coordination. The RTRC model will allow for the sharing of trips between clients of different funding sources. It will also:

- Lower the administrative burden of offering human service transportation
- Ease the scheduling of all trips, regardless of eligibility, by offering a one-stop shop
- Improve quality and safety
- Increase availability of service due to increased number of participating providers
- Provide adequate oversight of conformance with safety and quality standards
- Implement a cost structure that will work for all funders
- Develop software that allows for scheduling of dedicated assets and brokering
- Incorporate provider and customer input

To fulfill these objectives, Mobility Ohio will implement multiple, interconnected initiatives that each make coordination easier in their own right. The RTRC will serve as a one-stop reservations, scheduling and dispatching hub for multiple funding programs. The DRIVES database will allow any provider of Ohio HST to have instant access to real-time driver and vehicle safety and qualification status. DRIVES

will leverage the state's existing tools for efficiency, including the Ohio Attorney General's Rapback criminal history status notification system and the Department of Education's SFPS database for school bus drivers and vehicles. The RTRC scheduling and dispatching software will provide replicable technology to implement the coordinated trip brokering model in any Ohio HSTC region. The rate-setting spreadsheet tool will allow any provider to determine a unit rate based on a consistent methodology that considers their fully allocated costs. And, each time ODOT and its consultants go back to the agencies, they demonstrate the progress they have made toward these initiatives, maintaining engagement and buy-in.

6 *Be prepared for the impact of political changes on your timeline*

In 2019, the governorship changed hands, resulting in new people moving into agency top-level staff positions, impacting the departments commitment to Mobility Ohio. For example, ODM's lead staff for Mobility Transformation moved on, which removed the one ODM staff person most familiar with the project. Without staff who were experienced with the project, ODM engagement decreased. Four regular meeting participants from ODM dwindled to one. Across the partner human service agencies, participation shifted to staff members with lower position levels than the previous team, although they have still been able to secure input from leadership as needed.

It is critical to be politically savvy enough to know when to adapt your initiative's timeline. There were key moments when ODOT and its consultants knew that they had to "strike fast" to be effective. Institutionalize and fund what you can, when you can. Once government funding is obligated, it is almost always there to stay.

At key points over the project, ODOT and its consultants have taken action even when they were concerned that conditions were not yet totally right. Don't want for a "perfect world" to move aspects of your project forward.

is new. When engaged to implement a top-down initiative, locals should be provided with clear expectations for deliverables.

One of the lessons learned was to engage a professional and impartial communications team. ODOT brought on a public affairs consultant in 2021 to support our outreach and engagement with local stakeholders. This support has been critical in realizing our own blind spots and improving receptivity to a high-impact, top-down change effort that has, at times, raised skepticism and even fear at the local level.

A comprehensive communications strategy supports DOT staff at all levels working together, diminishing the chance of misunderstandings due to inadequate communication. Mobility Ohio is an innovative, groundbreaking project that is not simple to communicate. It involves new, "outside of the box" approaches that take time to digest. State DOT personnel need to thoroughly understand this type of project, which may take multiple briefings and frequent, regular updates. This is especially important when staff make funding decisions. Project awards should not conflict with the goals of the coordination initiative. Award selection criteria should be developed to ensure that this does not happen. This is especially important for local projects related to mobility management, one-call/one-click resources, and technology. In southeast Ohio, local organizations received funding for and implemented efforts in these areas that made it more difficult later to develop the Mobility Ohio pilot. In addition, in Ohio, multiple regions (both urban and rural) are implementing locally-funded coordination efforts outside of the Mobility Ohio framework. ODOT will monitor these projects and make efforts to remain in

7 *Engage with locals to remain in sync, and bring state employees along*

Mobility Ohio has taken more time than anyone anticipated. There have been many bumps in the road and course corrections. The COVID-19 pandemic had a significant impact. During the Mobility Transformation period, ODOT engaged local stakeholders in southeast Ohio to plan for a pilot RTRC to test the model. These stakeholders were motivated to make progress, and took some actions that conflicted with ODOT's intended approach to pilot implementation. In hindsight, ODOT should have more carefully planned its engagement with locals. It is critical to reveal plans and information, and commit funding, to locals at an appropriate pace. Locals are accustomed to "bottom up" or grassroots efforts; Mobility Ohio's top-down approach

communication with the locals, with an aim toward consistency and collaboration between state and local stakeholders.

Project partners need to be managed. ODOT engaged RLS & Associates and a communications consultant to provide project planning and implementation support. Four regional organizations (a public transit system, a non-profit, a planning organization, and an Area Agency on Aging) are partnering on pilot RTRC implementation. With seven organizations involved, maintaining consensus and consistent external communications is a continual challenge that requires time and intention. In the absence of strong communication, individual partners may take their piece of the project in their own direction, derailing the initiative and causing backtracking and delays.

transportation industry, the Working Group reached consensus on key areas for policy alignment to allow for better coordination, reduce regulatory red tape, and increase access to mobility. These areas included driver qualifications, training requirements, and vehicle standards. It was determined that uniform standards would not be a hardship to the majority of providers and the availability of statewide databases and training opportunities would be beneficial. The providers were clear in their desire for one set of state rules across human service programs.

ODOT deployed a state agency survey determine the impact of regulatory alignment efforts on the administrative burden of oversight agencies and gain a better understanding of the rule changes needed to bring all agencies to the same level of compliance with aligned policies. The survey was also used as a method to identify the strategy state agencies preferred for policy alignment implementation. Survey responses revealed that most state agency partners agree with policy alignment implemented through a single-agency approach: one agency primarily responsible for enacting all standards through uniform Ohio Administrative Code rules applied to all participating agencies.

Following the Mobility Ohio pilot, the Mobility Ohio Committee will assess the existing rules for each program and recommend changes.



Evaluate agency and workforce impacts and share the results

The Mobility Transformation Working Group industry and agency impact studies investigated the current state of transportation workforce conditions and the potential consequences of implementing consistent, statewide uniform provider standards across funding programs. A workforce survey, conducted in one urban region and one rural region, was distributed by ODOT and its consultants to 957 transportation providers serving the two regions. Provider focus groups followed. After an analysis of current practices and discussion of best practices from the

9 *Tie this work to other DOT initiatives*

In 2018, ODOT began to focus on regional transportation mobility management and coordination. Mobility Transformation took place at the same time ODOT was increasing mobility management efforts throughout the state. At the time of the Mobility Transformation final report in late 2018, Ohio funded 23 mobility managers in 40 counties. The agency funded two regional pilot projects, one rural and one urban, with regional planning commissions as the subrecipients and lead agencies. Today, there are 40 mobility managers serving 69 of the state's 88 counties. These projects have a major focus on intercounty transportation solutions. The grantees and stakeholders in these projects will play a role in the statewide rollout of the Mobility Ohio model following the southeast Ohio pilot.

10 *Find the right people and act at the right time*

Mobility Transformation began in earnest in 2016. While similar attempts had been made in Ohio over the previous 40 years, those efforts did not progress beyond the "great idea" phase. A big lesson learned in Ohio is not to give up despite setbacks and discouragement. In the past, many states have created state-level interagency transportation councils, or sponsored efforts to coordinate transportation at the local

level, without success. This has sometimes led to discouragement and cynicism. With new people involved, or a new brand, you may have a different experience. The current appetite for change among the Ohio state agency leaders is the primary foundation for the current vision to move to implementation. The top-down nature of changed leadership is novel in comparison to previous efforts. This appetite for change may be driven by necessity due to changes in program funding for some, while for others it is the opportunity to enhance mobility and safety for transportation-disadvantaged Ohioans.

ODOT has invested hundreds of hours of time into the project for more than six years. ODOT contracted with RLS & Associates for the duration of the project at significant expense due to the number of hours required. It has been critical to involve consultants with expertise in public and human service transportation and years of coordinated transportation planning experience. Mobility Ohio's progress has depended on having the right people involved at the right time. Each individual involved has brought the right mix of experience, knowledge, passion, connections, and personality traits to the effort. An RLS Senior Associate's previous experience in directing a public transit operation and managing human services has been critical. She was able to see the issues from both points of view, translating concepts between ODOT and the human service agencies where there was no common understanding.

RLS consultants were nonthreatening to the participants. They did not dictate solutions or present themselves as having all of the answers. They used their knowledge and expertise to research the background

information and present findings to the Working Committee, so the Working Committee could make informed decisions.

Similarly, ODOT's transit administrator was new to the position in 2016, and brought a high level of passion for improving mobility. His openness allowed him to ask many questions that the committee worked together to answer. He was not threatening to the partner agencies. His relationship skills and can-do attitude helped establish rapport.

Conclusion

Sometimes, compromises may be in the best interest of the ultimate goal. It's important keep egos in check. Have humility. Your own solution may not actually be implementable — and an implemented solution is more valuable than an ideal solution. It also doesn't hurt when others think the solution is their idea — even when you've done 95% percent of the development.

Initiatives like Mobility Ohio have a grand vision for a paradigm shift. Emphasizing the larger vision in every communication can overwhelm and confuse people. They may "fill the gaps" in their understanding with ideas that are well-intentioned but counterproductive. Think through your communications, and know what to say, when — and what to save for later. Give people small bites instead of the full meal.

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