

Broward County Situational Appraisal

Mobility Management Facilitation Program

Mobility Management Facilitators will work with regional stakeholders to address mobility for individuals with disabilities and the aging population, by increasing their access to healthcare, employment, education, and other life-sustaining activities.



Ann Storck Center, Inc.

Funded by:



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ACKNOWLEDGMENT:
Special thanks to the Mobility Management Facilitators of
St. Lucie and Martin Counties

Introduction to Mobility Management Facilitation Program

Human services transportation coordination aims to improve transportation services by providing coordinated transportation resources through multiple programs and agencies. These positions will be responsible for mobility management which, under the Federal Transit Administration (FTA) definition, 'consists of short-range planning, management activities and projects for improving coordination among public and private transportation service providers with the intent of expanding the availability of services.' The Mobility Management Facilitation Program (MMFP) aims to work with local and regional stakeholders to address mobility issues by increasing access to healthcare, employment, education and other life-sustaining activities. The focus is on the movement of people through using diverse modes of transportation and services. Ann Storck Center's Program is focused on Palm Beach and Broward Counties.

It is imperative that your agency's input is included in the results to ensure it receives appropriate attention to its needs.

Getting Started

Ann Storck Center's Mobility Management Facilitation team is conducting a situational appraisal focused on transportation services. The purpose of this assessment is to identify and evaluate the available transportation resources and services in comparison to the transportation needs of individuals and human services agencies. The goal is to create strategies for enhanced coordination within the system. Providing there is a demonstrated need through this Situational Appraisal, the Mobility Management team will work with those agencies who participate to identify potential solutions. This includes assisting with travel training, grant identification and application assistance, as well as other funding sources for short-term and long-term strategies for transportation management.

Your agency's input is essential. Our goal is to provide solutions for your agency.

We ask that you identify the appropriate person at your agency to complete the assessment. If you need assistance completing the this situational appraisal, please contact us to schedule an on-site interview or request to be included in one of our workshops.

A member of our team will contact you within 2 weeks of receiving this questionnaire to confirm receipt and to follow up on your input.

After the completion of the situational appraisal, we ask that you notify us at mobilitymanagement@annstorckcenter.org to schedule an onsite interview to further assess your needs and discuss potential solutions. At this point a member of the team will inform you of next steps and participation opportunities moving forward.

Should you have any questions or need further information on this effort. Please do not hesitate to contact Ann Storck Center's team.

Respectfully yours,



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DRAFT



Organizational Characteristics and Transportation Services Provided

1. Please tell us about your organization and the services provided.

Organization's Name: _____

Also Known as: _____

Street Address: _____

City, Zip Code: _____

Website: _____

Telephone Number(s): _____

Fax Number: _____

Contact person's name: _____

Contact person's title: _____

Contact person's email address: _____

Are you the 'decision maker' for your agency?: (Circle One) YES NO

If you selected "NO"

Please indicate the name of the 'decision maker': _____

Title: _____

Phone: _____

Email: _____

Has your Agency ever had a Coordinated Contract with Broward County as the Community Transportation Coordinator?: (Circle One) YES NO

If you selected "YES"

Is the Coordinate Contract Current?: (Circle One) YES NO

Please note: An agency interested in providing specialized transportation to those it serves is required to contact the Community Transportation Coordinator (Broward County Paratransit - TOPS)

2. Organization Type:

- Public (Government)
- Private (For Profit Entity)
- Not-For-Profit (Business)
- Non-Profit (Charity)
- Non-Government Organization (faith based, civic groups)
- Number of Employees: _____
- Number of Revolving Volunteers: _____

3. What is your agency's annual operational budget?

- Less than \$250,000
- \$250,000 - \$500,000
- \$500,000 - \$1,000,000
- More than \$1,000,000

4. Does your agency provide, coordinate or purchase transportation services?

- Yes
- No → **GO TO QUESTION #51**

5. Tell us about the transportation service(s) your agency provides (Check all that apply):

- Provide transportation services in vehicles owned or leased by the agency
- Coordinate transportation services using volunteers in vehicles owned by volunteers
- Provide financial subsidy to clients for other transportation resources (e.g.: taxi vouchers bus tickets)
- Purchase transportation services from another agency/provider.
- Sell transportation and transportation related services (e.g. vehicle maintenance) to another agency

6. What service model does your agency utilize? (Check all that apply):

- Informal (Volunteer drivers provide rides as needed)
- Fixed Route (Operate along the same route to fixed stops)

- Fixed schedule (Operating according to a set schedule)
- Flexible route/route deviation (Operating along a route but can deviate within limits)
- Demand response (Operating origin to destination trips)
- Local circulator system (Community shuttle, Trolley)
- Paratransit
- Subscription service (Preattended standing order trip requests)
- Ride-sharing (Arrange for people to travel together (e.g. vanpool, carpool)
- Provide financial subsidy to clientele (e.g. bus or train tickets, taxi vouchers)
- Other (Specify): _____

7. What are the major services provided by your agency? (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Companion/respite | <input type="checkbox"/> Recreation/Social |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Religious Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health care | Specify: _____ |
| <input type="checkbox"/> Housing | _____ |
| <input type="checkbox"/> Information Referral | _____ |
| <input type="checkbox"/> Job training/placement | _____ |



Transportation Operations and Management

8. How does your agency fund the transportation services (Check all that apply):

- Agency for Health Care Administration
- Agency for Persons with Disabilities
- Agency for Workforce Innovation
- Commission for the Transportation Disadvantaged
- Dedicated funding allocation within the agency
- Department of Children and Families
- Department of Community Affairs
- Department of Education
- Department of Elder Affairs
- Department of Health
- Department of Juvenile Justice
- Diverted funding from other programs
- Local Government
- Local non-government organizations (United Way, community partners)
- State Programs
- Federal Programs

8. Does your agency receive oversight / monitoring from an outside entity (Check all that apply):

- Federal
- State
- Local third party agency (paid auditor)
- No oversight or monitoring required

9. Do you report your transportation related data to an outside agency (If yes, check all that apply):

- Federal Transit Administration (National Transit Database)
- State (FDOT, CTD)
- Local Community Transportation Coordinator (Annual Operating Report)
- None of the above
- Other: _____

10. How often is your agency monitored (Check all that apply):

- Quarterly
- Bi-annual
- Annual
- Triennial
- Other: _____

11. Does your agency have dedicated staff that work on transportation as their primary job responsibility?

- Yes - Full-time staff
- Yes - Part-time staff
- Yes - Volunteers
- No

Please describe your transportation team: _____

Did you Know?

Insert Factoid and resource

Transportation Service Characteristics

These questions are geared to transportation services provided directly to the general public, seniors and individuals with disabilities. Please do not include meal delivery or non-passenger transportation services.

12. Types of clients served (check all that apply):

- General Public
- Students
- Welfare to Work
- Job Access
- Medicaid
- Clients/members of your agency
- Clients/members of other agencies (Specify): _____
- Senior citizens
- Individuals with disabilities (Physical Disabilities)
- Individuals with disabilities (Cognitive Disabilities)
- Individuals with disabilities (Cognitive and Physical Disabilities)
- Individuals with compounding medical fragility
- Other (Specify): _____

13. Types of trips made (Check all that apply):

- Life-Sustaining/Other (Pharmacy, Shopping, etc.)
- Employment
- Nutritional
- Medical
- Education/Training/Daycare

14. Are trips prioritized (e.g. medical appointments get first priority over shopping trips)

- Yes
- No  **GO TO QUESTION 15**

15. How are trips prioritized? Please list significant priorities:

- Priority 1: _____
- Priority 2: _____
- Priority 3: _____
- Priority 4: _____
- Priority 5: _____

Please explain any prioritization sequence that you believe is important to note:

16. Describe your service area. Indicate the areas covered by listing city and county boundaries:

Northern Boundary: City _____ and County: _____

Western Boundary: City _____ and County: _____

Eastern Boundary: City _____ and County: _____

Southern Boundary: City _____ and County: _____

17. Are you limited by the geographic boundaries you indicated above?

Yes

No

If yes, please describe the reason for this limitation: _____

18. Specify any *SPECIAL LIMITS* to the areas indicated above (e.g. specific service area within the county, but not certain zip codes, neighborhood and / or destinations):

19. Define the level of passenger assistance your agency provides. (Check all that apply):

- Provide Curb-to-curb (Drivers assist passengers in and out of the vehicle only)
- Provide Door-to-door (Drivers assist in and out of the vehicles then to and from the door of pick up and drop off locations)
- Provide Door- through- door (Drivers assist as noted above and through the door of the passenger's pick up and drop off locations)
- Provide personal care attendants to assist passengers
- Do not provide personal care attendant, but allow attendant to ride with passengers
- Assist passengers with mobility device, an unlimited number of passengers and luggage of any weight allowed
- Assist passengers with certain mobility devices and limited amount of packages and luggage
- No assistance provided (Only ADA Compliant)

20. Who drives your vehicles? (Check all that apply):

- Paid staff or paid drivers who drive agency vehicles
- Paid drivers who drive vehicles they own
- Paid drivers who drive vehicles that client provides
- Volunteer drivers who drive vehicles they own
- Volunteer drivers who drive vehicles that client provides
- Volunteer drivers who drive agency vehicles

21. Are the drivers trained in the following: (Check all that apply):

- Operating vehicles
- CPR / First Aid
- Customer Service
- Sensitivity
- ADA Compliance
- Other emergency assistance
- Other: _____

22. Does your agency have certain days and hours of operations for transportation services?

- Yes
- No → **GO TO QUESTION 24.**

23. What are the hours and days of transportation services? (Check the days & list hours of operation):

DAYS	TIME SERVICE BEGINS	TIME SERVICE END
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		
HOLIDAYS		

24. Are hours of operations adjusted as needed?

- Yes
- No
- If No, Why? Circle all that apply: Funding Issue/Staffing Issue/Conflicting Business Hours

25. Are reservations required to use transportation services?

- Yes
- No → **GO TO QUESTION 27.**

26. How are reservations made? (Check all that apply):

- Telephone
- Reservation Telephone (If different number provided):

- Fax
- Website (If not listed above):

- Mail
- Through a third part (Describe):

27. Who can make reservations on behalf of clients?

- Personal Care Attendants
- Medical Staff
- Social Workers
- Parent / Guardians
- Client
- Dispatcher
- There are no restrictions on who make reservation on behalf of clients
- An Employee
- Volunteers
- Only certain people (Specify): _____

28. Is advance notice required?

- Yes
- No → **GO TO QUESTION 30**

29. If so, how much (Check all that apply):

- Same day reservation required
- Need to reserve trip a day in advance
- Need to reserve trip 24 hours in advance
- Need to reserve trip 2-3 days in advance
- Need to reserve trip more than 3 days in advance.

30. In the past year, what method(s) are used to notify clients of the need for advance booking of trips? (e.g. Book 2 weeks in advance to ensure availability via email)

31. Do you maintain two-way communication with your drivers?

- Yes
- No  **GO TO QUESTION 32**

32. What types of communications do you use? (Check all that apply):

- Cellular Phones
- Mobile Data Terminals (MDT)
- Mobile Radio requiring FCC licensure
- Text Pagers
- Other (Specify): _____

33. Do you use any of the following technologies to assist in planning or delivering services? (Check all that apply):

- Computer-assisted dispatching
- Automated trip reservation by phone
- Automated Vehicle Locator
- Automated vehicle routing/scheduling
- Automated trip reservation by internet
- Smart Fare Technology
- Other: _____

34. Does your agency charge a fare or fee for providing transportation services?

- Yes
- No  **GO TO QUESTION 36**

35. What is the basic fare structure:

ADULT	CHILD	STUDENT	SENIOR	PERSON WITH DISABILITY	PERSONAL CARE ATTENDANT
\$	\$	\$	\$	\$	\$

36. Please list any of the fare instruments or structures (Cash, Monthly Passes, Smart Cards):

37. Does your agency accepts donations or tips from passengers to offset the cost of transportation services?

- Yes
- No

38. Does your organization own or lease one or more vehicles?

- Yes
- No → **GO TO QUESTION 38**

Please provide information on the vehicles used for transportation services that passed annual inspection within the last 12 months. If there are vehicles that are not in compliance, please indicate and list below reason(s) for non-compliance:

VEHICLE TYPE	NO. OF VEHICLES	NO. OF WHEELCHAIR ACCESSIBLE VEHICLES	AVERAGE AGE OF FLEET IN YEARS	AVERAGE NO. OF AMBULATORY SEATS	AVERAGE NO. OF WHEELCHAIR POSITIONS	LIFT (YES OR NO)
Sedans and Station Wagons						
Mini Vans						
Hybrid Van (Ford Transit)						
15 Passenger Vehicle						
15 Passenger Vehicle Converted						
22 Passenger Standard Bus						

VEHICLE TYPE	NO. OF VEHICLES	NO. OF WHEELCHAIR ACCESSIBLE VEHICLES	AVERAGE AGE OF FLEET IN YEARS	AVERAGE NO. OF AMBULATORY SEATS	AVERAGE NO. OF WHEELCHAIR POSITIONS	LIFT (YES OR NO)
16 - 24 Passenger Mini Bus						
9 - 24 Passenger School Bus						
25 - 60 Passenger School Bus						
Passenger Coach						
Other (Please Describe): _____ _____ _____						

Reason for Vehicle Non-compliance with Annual Inspections:

FLEET MAINTENANCE COSTS	
TOTAL ANNUAL FLEET MAINTENANCE COSTS	\$
TOTAL ANNUAL NON- MAINTENANCE COSTS	\$
TOTAL ANNUAL FLEET MAINTENANCE COSTS: ON-SITE PORTION	\$
TOTAL ANNUAL FLEET MAINTENANCE COSTS: OFF-SITE PORTION	\$

Did you Know?

Vehicle Repair Factoid/Resource

Annual Passenger Statistics

Did you Know?

An individual who takes 100 trips per year is counted as **one** person for the **Unduplicated Passenger Head Count**, regardless of the number of trips taken.

A “trip” is one person traveling one way on a vehicle to a destination. Most riders make two or more trips to travel to and then return from a destination...

39. Please provide annual passenger statistics:

a. Total numbers of persons provided transportation annually (Unduplicated Passenger Head Count): _____

b. Total annual passenger trips: _____

c. Check all that apply:

- Annual statistics are accurate
- Annual statistics are an estimate
- Trips are not presently tracked
- Unduplicated Passenger Head Count is an estimate
- Submitted Annual Operating Report

40. When is the demand for your transportation services are in high demand (seasonally)?

- Winter
- Spring
- Summer
- Fall
- Not Sure

41. When is the **highest** demand for your **transportation** services (Daily) are in high demand (Daily) (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Early Morning (6AM - 8AM) | <input type="checkbox"/> Afternoon (2PM - 4PM) |
| <input type="checkbox"/> Morning (8AM - 10AM) | <input type="checkbox"/> Early Evening (4PM - 6PM) |
| <input type="checkbox"/> Late Morning (10AM - 12PM) | <input type="checkbox"/> Evening (6PM - 8PM) |
| <input type="checkbox"/> Early Afternoon (12PM - 2PM) | <input type="checkbox"/> Night (8PM - 6AM) |

42. How often does your organization have more clients requesting transportation than it can serve?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Sure |

43. What type of passengers does your agency serve with respect to transportation? (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Seniors - Low Income | <input type="checkbox"/> Adults - Low Income |
| <input type="checkbox"/> Seniors - Disabled | <input type="checkbox"/> Adults - Disabled |
| <input type="checkbox"/> Seniors - Low Income & Disabled | <input type="checkbox"/> Adults - Low Income & Disabled |
| <input type="checkbox"/> Children - Low Income | <input type="checkbox"/> Ambulatory |
| <input type="checkbox"/> Children - Disabled | <input type="checkbox"/> Non-Ambulatory |
| <input type="checkbox"/> Children - Low Income & Disabled | |

Photo

Did you Know?

Insert Factoid and resource

Short & Long Range Plans for Transportation

44. Are you planning to make any significant changes to your transportation program within the next 12 months?

- Expand Services
- Decrease Services
- Eliminate Services
- Contract Services to another agency
- No significant change

Please indicate any changes that you believe are noteworthy and the challenges that are prohibiting your agency from making a desired change:

45. Do you plan to retire any vehicles within the next 12 months?

- Yes
- No

If yes, please indicate the date of retirement and the reason for retiring a vehicle:

46. What plans do you have for your retiring vehicles?

- Sell
- Trade In (If giving vehicle back to grantor please indicate here _____)
- Donate
- Move within Agency to a non-transportation vehicle (e.g. Maintenance)
- Junk

47. Do you plan to acquire any vehicles within the next year?

- Yes
- No
- Unsure

If Yes, describe planned vehicle acquisition (Quantity and type of vehicles, and as an expansion or replacement vehicle(s):

48. How do you plan to fund this vehicle replacement/expansion? (Check all the options being considered)

- Grant
- Diverted Funding from other programs
- Capital Campaign
- Financing
- Donation from Stakeholder
- Other : _____

Please indicate if any/all of these options that are presently secured for the vehicle(s) acquisition: _____

49. Does your agency have a long term plan for its transportation service?

- Yes
- No
- Not Sure

If yes, does your agency have a long term funding plan in place to meet its goals?
Please describe: _____

50. Is your agency aware of Section 5310 funding opportunities?

- Yes - We apply consistently
- Yes - We have yet to apply
- Yes - We need help applying
- No - We have chosen not to apply
- No - What is Section 5310?

Insert Links to Section 5310 Information

Coordination Needs and Opportunities

51. Do you have any other short or long range plans to expand or contract your services?

- Yes
- No

If Yes, please explain:

52. Are you exploring transportation options to accommodate your clients' transportation needs?

- Yes
- No
- Not Sure

53. Do you need additional resources to expand your services?

- Yes
- No

54. Are there any barriers or constraints that keep your agency from coordinating with others?

- Yes
- No

If Yes, please explain: _____

55. Are there any other needs or opportunities that you would like to coordinate with others as it pertains to the provision of transportation or resources?

Please explain: _____

56. Are there any other barriers for the people you serve that may be resolved with the provision of transportation?

Please explain: _____

57. Please check the boxes that align with the needs within your agency and the opportunity to coordinate.

SERVICE AND/ OR COORDINATION OPPORTUNITY	Self Sufficient Serve	We could provide this service for others	We currently provide this service for others	We need assistance with this service	We do not need this service
Scheduling					
Dispatching					
Scheduling and Dispatch Training					
Driver Training					
Sensitivity or Customer Service Training					
Client Information Management					
Preventative Maintenance					
Routine Repairs					
Major Repairs					
Procurement / Purchasing					
Information / Referral Services					

SERVICE AND/ OR COORDINATION OPPORTUNITY	Self Sufficient Serve	We could provide this service for others	We currently provide this service for others	We need assistance with this service	We do not need this service
Information Technology Support					
Financial Reporting					
Marketing					
Planning & Programming					
Grant Applications					
Grant Management					
Insurance					
Other Please Describe: _____ _____ _____					

Did you Know?

Insert Factoid Here and resource link

Photo

Photo

Policy Consideration

58. As a stakeholder, are you in support of sprawl communities? (expanding residential communities outside the urban boundaries)

- Yes
- No

59. As a stakeholder, would your agency consider an increase in transportation funding to support transit operations for individuals with disabilities and seniors living outside the service boundaries?

- Yes
- No

60. As a stakeholder, would your agency encourage change in Florida's land use policy to include sustainable transportation options as part of local comprehensive planning?

- Yes
- No

61. How can we communicate with you in the future?

- E-mail
- Telephone
- Regular Mail

62. May we include your contact information in a public transportation inventory: a directory of transportation providers serving Broward and Palm Beach? The inventory will contain a brief description of your services, your agency's contact information, and will serve as a community resource.

- Yes
- No
- Not sure, please provide more information

63. Would you like to obtain information on how to acquire Section 5310 vehicles?

- Yes
- No

64. Would you or a representative from your agency be willing to participate in a one day Transportation Summit to discuss the results of this appraisal with other agencies, local government representatives and other stakeholders in an effort to identify strengths, weaknesses, and opportunities to transportation service regionally?

- Yes
- No
- Not sure, please provide more information

65. Do you know of any other transportation agencies in the county that we should participate in this appraisal?

- Yes
- No

If yes, please fill in as much information as you possibly can.

Transportation Resource 1

- a. Name: _____
- b. Known as : _____
- c. Street address, city, zip code: _____
- d. Website: _____
- e. Telephone Number: _____
- f. Fax Number: _____
- g. Contact Name: _____
- h. Contact Title: _____
- i. Contact Telephone Number: _____
- j. Contact email address: _____

Transportation Resource 2

- a. Name: _____
- b. Known as : _____
- c. Street address, city, zip code: _____
- d. Website: _____
- e. Telephone Number: _____
- f. Fax Number: _____
- g. Contact Name: _____
- h. Contact Title: _____
- i. Contact Telephone Number: _____
- j. Contact email address: _____

Transportation Resource 3

- a. Name: _____
- b. Known as : _____
- c. Street address, city, zip code: _____
- d. Website: _____
- e. Telephone Number: _____
- f. Fax Number: _____
- g. Contact Name: _____
- h. Contact Title: _____
- i. Contact Telephone Number: _____
- j. Contact email address: _____

This concludes the questionnaire.

Thank you!

Please return survey as soon as possible to:

Attn: Corine Ferguson & Jayson Babel

Regional Mobility Management Facilitators

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Phone: (888) 825-TRIP (8747)

**ACKNOWLEDGMENT:
Special thanks to the Mobility Management Facilitators for
St. Lucie and Martin Counties**