

Monroe County Transportation Disadvantaged Service Plan 2008



Prepared for
The Commission for Transportation Disadvantaged
By
The Guidance Clinic of the Middle Keys and
The Health Council of South Florida

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EXECUTIVE SUMMARY

Chapter 427 of the Florida Statutes establishes the Florida Commission for the Transportation Disadvantaged (CTD) and directs the CTD to “accomplish the coordination of transportation services provided to the transportation disadvantaged”. In accomplishing its purpose, the CTD approves a Community Transportation Coordinator (CTC) for each county of the state which is charged with arranging cost-effective, efficient, unduplicated, and unfragmented transportation disadvantaged services within its respective service area. Additionally, a designated official planning agency (DOPA) is approved by the CTD and charged with creating the Local Coordinating Board (LCB) and providing technical assistance to the LCB. The LCB acts as an advisory board and as such provides guidance, monitors, evaluates and supports the transportation activities of the CTC.

The Health Council of South Florida has served as DOPA since the spring of 1993 and created the Monroe County LCB the same year. The Guidance Clinic of the Middle Keys has served as Monroe County’s CTC since the fall of 1997 and provides majority of TD trips in Monroe County. The remainder of trips are offered by six contracted providers together with incidental use of taxicabs.

The Transportation Disadvantaged Service Plan (TDSP) plan is an annually updated tactical plan that is developed by the CTC and the DOPA under the guidance and approval of the LCB in accordance with requirements set out in Rule 41-2, F.A.C. The first Monroe County TDSP was prepared in 1993 with subsequent updates in 1996, 1999, 2001, 2002, 2004 and 2007. The TDSP is organized into four major areas: Development of Plan, Service Plan, Quality Assurance, and Cost/Revenue Allocation and Rate Structure Justification Plan.

The CTC, DOPA, and LCB strive to continue partnering with other local entities to implement the TDSP in an effort to meet the growing numbers of unmet needs of the transportation disadvantaged population.

I. DEVELOPMENT PLAN

A. Introduction to the Service Area

1. Background of the Transportation Disadvantaged Program

Chapter 427 of the Florida Statutes establishes the Florida Commission for the Transportation Disadvantaged (CTD) and directs the CTD to “accomplish the coordination of transportation services provided to the transportation disadvantaged”. As such, the mission of CTD is to ensure the availability of efficient, cost-effective, and quality transportation services for the transportation disadvantaged. In accomplishing its purpose, the CTD approves a Community Transportation Coordinator (CTC) for each area of the state which is charged with arranging cost-effective, efficient, unduplicated, and unfragmented transportation disadvantaged services within its respective service area. Additionally, a designated official planning agency (DOPA) is approved by the CTD and charged with creating the Local Coordinating Board (LCB) and providing technical assistance to the LCB. The LCB acts as an advisory board and as such provides guidance, monitors, evaluates and supports the transportation activities of the CTC.

The “transportation disadvantaged” in the state of Florida are defined as those individuals who because of age, disability, or income restraints, do not have access to conventional public transportation options. There are two categories of Transportation Disadvantaged (TD) populations in the State of Florida, the difference between which is specifically related to funding arrangements. The first group includes all persons who are elderly, disabled, and/or low-income. These persons are the **Potential TD population** (formerly referred to as TD Category I), whom are eligible for trips purchased by social service agencies. The second population group is the **TD population**, which includes persons who are transportation disadvantaged according to the eligibility guidelines in Chapter 427, Florida Statutes (i.e., persons who are unable to transport themselves or to purchase transportation, and children who are “high risk” or “at-risk”). These individuals, formerly referred to as TD Category II, are eligible for trips purchased through the state TD Trust Fund as well as for trips purchased by social service agencies. In 2007, the collaborative funding, totaling more than \$380 million, ensured over 51 million transportation trips to about 700,000 Floridians,

approximately 10 percent of the state's estimated TD population.

Public transportation within Monroe County is limited to Key West, which contains approximately 43 percent of the county's population. Therefore, more than half of Monroe County's residents have no access to public transportation services. Lack of access to public transportation for majority of the residents coupled with various other local challenges creates a great need for TD services in the area. Monroe County's TD program serves the above mentioned TD populations groups: Potential TD population and the TD population.

2. Agency and Board Designation Dates/History

The Health Council of South Florida, Inc. was appointed as the DOPA for Monroe County at the CTD meeting of April 22, 1993. During that year, the LCB was established, an orientation session was held, by-laws were adopted, and a grievance committee was created. The LCB is the oversight body for the CTC and provides a forum for the Transportation Disadvantaged in the community. The Board advocates for improved transportation and coordination of services to meet the needs of local residents. As an advisory board, the LCB advises, monitors, evaluates and supports the transportation activities of the CTC. After establishment, the LCB underwent the process of selecting a CTC.

In 1994, the Monroe County Board of County Commissioners was selected to serve as the CTC for Monroe County, and DOPA submitted a formal recommendation to that effect in a letter dated December 2, 1994. The Monroe County Social Services Department (MCSS) initially agreed to administer the program on behalf of the county. Early in 1995, however, MCSS reversed its decision, and the LCB subsequently put the CTC function out for a bid.

A Request for Proposals (RFP) was issued on October 6, 1995. Two companies responded: Good Wheels, of Fort Myers, and Florida Keys CTC, Inc., based in Tallahassee. After much deliberation, the Evaluation Subcommittee of the LCB recommended that Florida Keys CTC, Inc. be designated as the CTC for Monroe County. The LCB accepted this decision at a meeting on January 26, 1996, and the DOPA submitted a formal recommendation to the CTD dated February 6, 1996. Florida Keys CTC, Inc. signed a Memorandum of Agreement (MOA) with the CTD on February 19, 1996, and following the CTD's guidelines, the CTC submitted its Service Plan to the LCB on May 24,

1996. Based on the system of transportation disadvantaged services in Monroe County, the CTC proposed to provide services through contracts with local non-profit organizations. The LCB voted to accept the Service Plan, and the CTC subsequently began working with non-profit organizations throughout the county.

In March 1997, the Florida Keys CTC expressed its intention to resign as the Monroe County CTC; therefore, LCB members held several discussions on various alternatives to keep the CTC. Consensus was reached that a contract extension needed to be executed through September 1997 in order to allow for a Request for Proposals (RFPs) to be issued and another CTC identified. A Transition Committee was established in order to make the Florida Keys CTC more viable and to look for a way to transition to another CTC. The RFP issued generated proposals from Good Wheels, Intelitran and the Guidance Clinic of the Middle Keys. After the proposals were reviewed and scored by the Selection Committee, members recommended that the LCB accept the Guidance Clinic of the Middle Keys (GCMK) as the CTC for Monroe County. The LCB adopted the Selection Committee's recommendation at its July 29, 1997 meeting and DOPA submitted a formal recommendation to the CTD on August 13, 1997. GCMK signed a Memorandum of Agreement (MOA) with the CTD on October 1, 1997 and has since then been serving as the Monroe County CTC.

The GCMK is a private non-profit organization founded in 1973 in response to the need identified by community leaders for a community facility to provide mental health services to local residents. GCMK began operation with 4 detoxification beds and 1 full time counselor; since then it has grown into a multi-service community mental health center providing inpatient, outpatient, residential, day treatment and case management services as well as transportation services. It has a staff of over 100, of these, 5 are full or part-time drivers. GCMK has an annual budget of \$6 million funded by state and county grants, client fees, third party payers and grants.

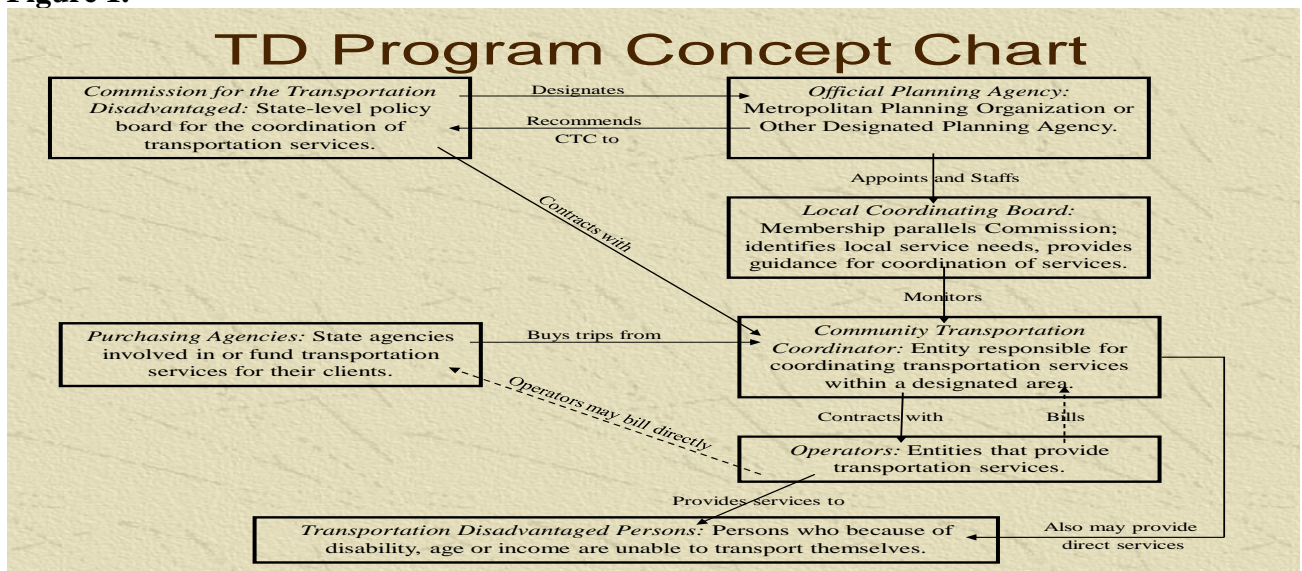
As CTC, GCMK is responsible for working with many agencies to provide the best and most cost-efficient services it can deliver to the public it serves. Middle Keys Transportation, a GCMK program, is a van service that operates between Marathon and the Lower Keys as well as between Marathon and the Upper Keys. As the CTC, GCMK also coordinates trips to Miami-Dade County with two of the local taxi companies. During the past 12 years, GCMK has executed Standard

Coordination/Operator Contracts with six other agencies in Monroe County to deliver services. An increase in the number of Coordinated Contractors will enable the Transportation Disadvantaged Program to expand its service area and offer more trips to riders in need of program services. Currently, the three CTC funded agencies are: Florida Keys Children’s Shelter (FKCS), providing shelter to abused, neglected, and abandoned children; Florida Key Homeless Outreach Coalition (FKOC), serving the homeless; and United Fellowship of Florida (The Heron House), providing assisted housing for the chronically mentally ill. GCMK also developed partnerships with three non-CTC funded contractors, which are: MARC House, serving the disabled; Center for Independent Living, providing supportive services to the elderly and disabled; and Monroe County Department of Social Services (MCSS), providing transportation for the disabled and elderly under a Standard Coordination/Operator Contract.³ In addition, GCMK has been a Medicaid transportation provider for 15 years.

3. TD Program Organization Chart

Figure 1. Depicts the relationship between CTD, DOPA, CTC, transportation providers and the Transportation Disadvantaged population.

Figure 1.



Source: Florida Commission for the Transportation Disadvantaged

³ April-June 2006 4th Quarter CTC Operations Report; July-September 2006 1st Quarter CTC Operations Report

4. Consistency Review of Other Plans

The Monroe County Transportation Disadvantaged Service Plan (TDSP) is consistent with the goals, objectives and policies of the adopted Monroe County Year 2010 Comprehensive Plan. Within Monroe County's Comprehensive Plan, Goal 401 in section 3.4 (Mass Transit) contains objectives and policies "to provide a coordinated surface transportation system for transportation disadvantaged people within Monroe County and to encourage such a system for all residents and guests." The TDSP is also consistent with the goals of the Key West Transit Development Plan and the CTD's 5 Year/20 Year Plan.

Monroe County does not have any Metropolitan Planning Organization (MPO) Long Range Transportation Plan(s) due to a low population density. However on December 6, 2001, Miami-Dade County adopted its Long Range Transportation Plan (LRTP) to the year 2025. Miami-Dade County's LRTP contains the objective of enhancing evacuation travel corridors in its goal to improve transportation systems and travel.⁴ The Monroe County TDSP is consistent with this objective which will have a significant impact on the transportation of all residents and visitors of Monroe County in times of natural and man-made disasters.

The Strategic Regional Policy Plan for South Florida (SRPP), developed by the South Florida Regional Planning Council, originally adopted in 1995 with recent updates in 2004, highlights several human service needs including transportation-related issues. The SRPP contains goals to improve the regional transportation system of Broward, Miami-Dade and Monroe which are consistent with the Monroe County TDSP.⁵

5. Public Participation

Pursuant of Chapter 427.0157, Florida Statutes, LCB Membership consists of stakeholders representing appropriate governmental agencies, present and potential riders and to the maximum degree possible a cross section of the local community including public, private, and non-profit transportation and human services providers (*see Appendix A for current the LCB Roster*). In

⁴ Transportation Plan for the Year 2025. Metropolitan Planning Organization for the Miami Urbanized Area. December 2001.

⁵The Strategic Regional Policy Plan: <http://www.sfrpc.com/ftp/pub/srpp/SRPP%2006-07-04.pdf>

addition, the LCB invites other stakeholders of interest, on an ongoing basis, to participation on the board and provide additional information or guidance. However, these stakeholders do not have voting privileges.

B. Service Area Profile/Demographics

1. Service Area Description

According to the U.S. Census Bureau, the county has a total area of 9,679 km² (3,737 mi²) of which 2,582 km² (997 mi²) is land and 7,097 km² (2,740 mi²) is water (73%). Monroe County is located in the southernmost point of continental United States at the tip of the Florida Peninsula. Monroe County's geography is composed of 822 islands over 120 miles in length, which extend from the southeastern tip of Florida to the Dry Tortugas and lies between the Gulf of Mexico and the Atlantic Ocean. Of these 822 islands, only about 30 of them are actually inhabited. The Keys are separated from the mainland by Biscayne Bay (in Miami-Dade County), Barnes Sound, Blackwater Sound and Florida Bay. The northern end of the Keys start in Key Largo and the southern tip ends in the 2,200 acre (3 miles by 4 miles) island of Key West, which is the County's main population center. The highest point in the Keys, only 18 feet above sea level, lies on Windley Key. The mainland portion of the county is via US-1.

Two thirds of what local residents call "mainland Monroe" is protected by the Everglades National Park, and the remainder by the Big Cypress National Preserve in the northeastern interior. The area, officially named Cape Sable Census County Division, is virtually uninhabited. As of the 2000 Census, this area had 86.9 percent of the county's land area (2243.58 out of 2582.00 km²), but only 0.075 percent of its population (60 out of 79,589). The Census Bureau defines this area as Census Tract 9701 of Monroe County, Florida. With a population density of only 0.0267/km² (0.0693/sq mi), if it were a separate county or county-equivalent, only the Yukon-Koyukuk Census Area of central Alaska would have a lower population density out of all U.S. counties. Between the south coast of Florida's mainland and the Florida Keys is Florida Bay, which is also protected by the Everglades National Park and which contains numerous islets or keys. Air service is available at Key West or Miami International Airports and most recently at Marathon International Airport.

2. Demographics

a. Land Use

According to the Monroe County Year 2010 Comprehensive Plan, the total area of Monroe County is approximately 2.4sq million acres (32,737 square miles). An estimated 90.0% of Monroe County's area is located on the mainland which is comprised entirely by the Big Cypress National Preserve and the Everglades National Park. As a designated Area of Critical State Concern due to its diverse natural resources and environment, Monroe County government has created policies in its 2010 Comprehensive Plan to manage a safe and efficient transportation system (policies under 2010 Comprehensive Plan Objectives 301.1-301.8, 401.1-401.3) while maintaining its community and protecting the environment through the regulation of land use (policies found under 2010 Comprehensive Plan Objective 101.4). According to the Monroe County Year 2010 Comprehensive Plan, land use categories are described as follows:

Residential Lands

Residential land uses (which include mixed-use residential areas, mobile homes, multi-family apartments, and single-family detached homes) are found on a majority of the 38 keys along US Highway 1. The most common residential type in the Keys is single-family detached homes which make up 78.0% (8,379 acres) of the residential land use category. Mobile homes account for the second largest residential land area with 1,063 acres. Multi-family residential development (which includes apartments, condominiums and cooperatives) accounts for about 6.0% of the developed residential land area. Mixed residential areas comprise the smallest share of the developed residential land category with approximately 7.0%.

Commercial Lands

Commercial land uses, which is generally described as those land uses associated with the buying and selling of goods and/or services, include general commercial, commercial fishing, and tourist commercial land uses. General commercial and tourist commercial land uses make up the majority (88.0%) of this category accounting for 2,023 acres.

Industrial Lands

Industrial land uses include light manufacturing and storage areas, cement, rock and gravel

operations, and heavily industrial uses. Industrial land uses, which account for less than one percent (515 acres) of Monroe County's total land area, are located mostly (73.0%) in the Lower Keys.

Agricultural/Maricultural Lands

Agricultural activities, which have historically been undertaken in the Keys, no longer exist at a significant level. However, several mariculture operations, which are located in the Middle Keys, have been established and comprise approximately 42 acres.

Institutional Lands

Institutional uses, which include hospitals, churches, cemeteries, and service clubs represent less than 1.0% of Monroe County's total land area.

Educational Lands

Educational land uses (106 acres) contain eight private schools and twelve public schools, comprised of three high schools (grades 9-12), one middle school (grades 6-8), three middle/elementary schools (grades K-8) and five elementary schools (grades K-5) operated by the Monroe County School Board within the County's unincorporated area (*Figure 2*). Monroe County also has four Adult Education Centers including Florida Keys Community College, located in Key West.

Public Buildings/Grounds

All government offices such as county, state and federal offices, post offices, sheriff and jail facilities, Coast Guard stations, fire stations, community clubs and lodges, and cemeteries/crematories are contained in this category. This land use category comprises 61 acres in Monroe County and does not include publicly-owned lands held for conservation purposes.

Public Facilities

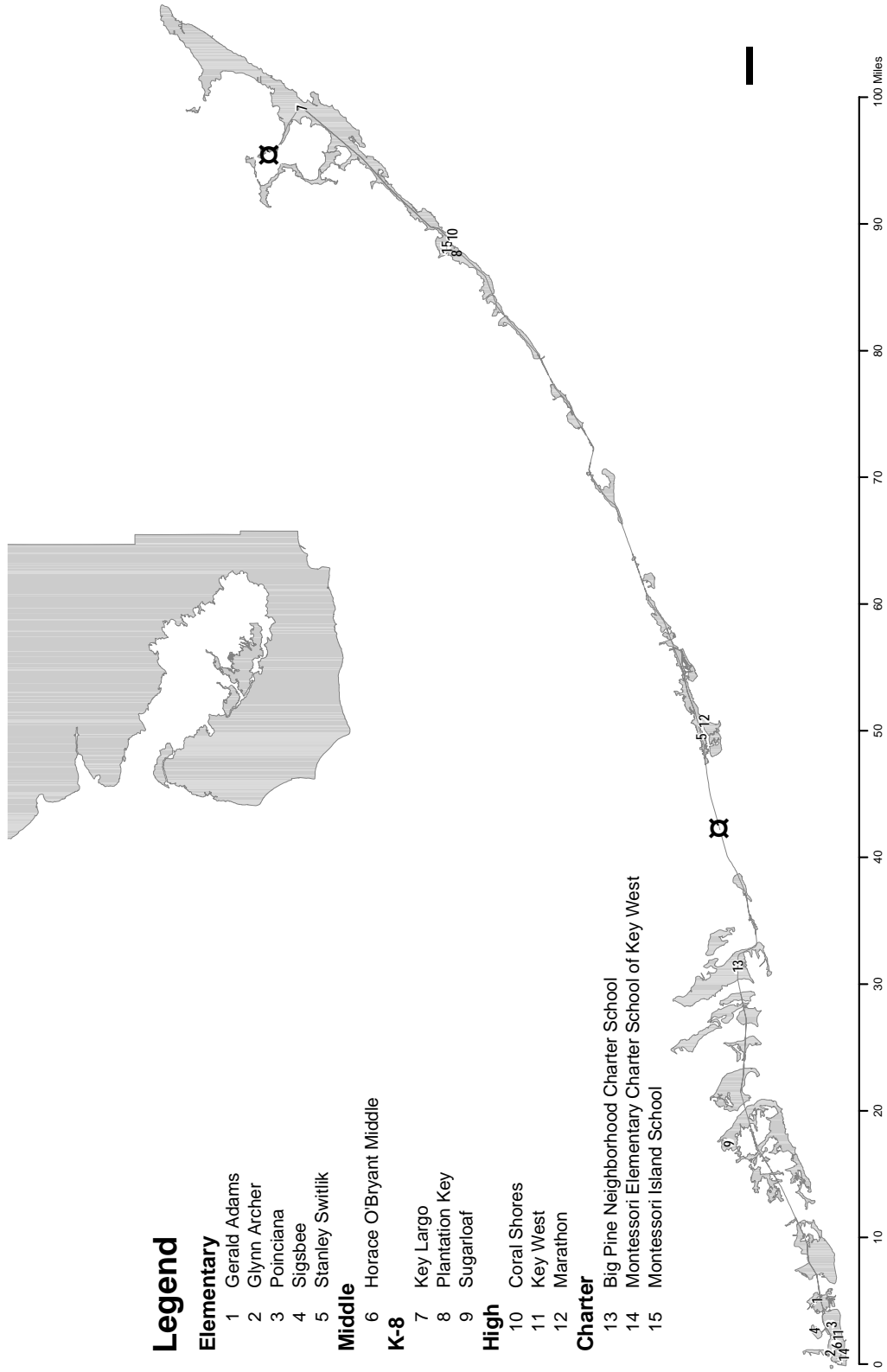
Public Facilities account for approximately 1.0% of the total land area. Land owned by public utilities and service providers make up this land category.

Military Lands

Military lands account for approximately 5.0% of the total land area and are located entirely in the Lower Keys, including Boca Chica Naval Air Station on Boca Chica, Rockland and Geiger Keys, and additional facilities on Cudjoe Key and Saddlebunch Key.

Figure 2.

Monroe County Private, Public Schools and Centers



Historic Lands

Historical lands include approximately 0.5 acres, which is the Bat Tower site located on Lower Sugarloaf Key. Although there are other historic sites and districts in Monroe County, these are located within Conservation or Recreation land use categories or are located on offshore islands.

Recreation Lands

Public recreation lands and facilities as well as some private recreation lands, such as golf courses make up this category. Bahia Honda and Long Key State Recreation Areas are two of the larger recreation areas in this category.

Conservation Lands

After vacant lands, this is the single largest land use category and accounts for nearly 34% of the total area of the Keys. Public agencies and private organizations have acquired these lands for conservation purposes and conservation lands are primarily located in the Upper and Lower Keys. Federal and state governments have been actively acquiring environmentally sensitive lands and habitats of rare, threatened and endangered species. Conservation lands include Crocodile Lake National Wildlife Refuge, the John Pennekamp Coral Reef State Park, and the National Key Deer Refuge.

Vacant Lands

This category is the largest land use classification in the Keys. The vacant land area is approximately 34% of the total area of the unincorporated portion of the Keys. Vacant lands are mostly in the Lower Keys and represent 44.0% of the Lower Keys.

b) Population Composition

Population Size

According to Sourcebook America, CACI Marketing System for 2007, Monroe County's population size was 79,765 (*Table I.*). Between 2000 and 2007, Monroe County's total population increased by 1.8%. Growth in the lower keys region (3.2%) had the greatest impact in the total county population increase; Summerland Key in particular had the largest population increase (6.8%). On the other

hand, both the Middle Keys and Upper Keys regions experienced overall negative growth of -1.8% and -1.6% respectively.

Majority of Monroe County residents typically reside in the Lower Keys region. In 2007, the total population in the Lower Keys region was 45,789 representing about 60% of the total county population, with majority (74.1%) of residents in the region residing in Key West. The Upper Keys region has the second largest population. In 2007, the total population in the Upper Keys was 22,105 representing more than one quarter of the total county population with majority (60.0%) of residents in the region residing in Key Largo.

Table I. Monroe County 2007 Population Growth by Zip Code

Zip Code	Area	Population2000	Population2007	Population Growth Rate 2000-07 (%)	% of total population (2007)
Monroe County Total Population		79589	79765	1.8	
Lower Keys Total Population		45486	45789	3.2	57.4
33040	Key West	34230	33920	-0.9	42.5
33042	Summerland Key	6088	6503	6.8	8.2
33043	Big Pine Key	5168	5366	3.8	6.7
Middle Keys Total Population		12029	11814	-1.8	14.8
	Marathon	12029	11814	-1.8	14.8
Upper Keys Total Population		22014	22105	-1.6	27.7
	Key Largo	12949	13267	2.5	16.6
	Tavernier	5565	5340	-4.0	6.7
	Islamorada	3500	3498	-0.1	4.4

Source: Sourcebook America, 2007 Edition, ESRI Business Information Solutions.

Population Age and Gender

According to *Sourcebook America, 2007 Edition*, more than three fourths (77.8%) of Monroe County's population is 25 years of age or older (*Table II.*). Almost 40% of the county population falls in the 45-64 age group while approximately 15% is 65 years of age and older. A similar trend can be seen in individual cities within the county. Countywide, males make up more than 50% of the population, a trend that is mirrored by individual cities across the county.

Given that a larger proportion of the county population resides in Key West, the Key West population contributes in large part to the county average for population groups in the 0 to 44 age range. In particular, Key West has the largest population of adults aged between 20 to 44 years. This

group makes up almost 40% of the entire Key West population. Similarly, higher proportions of Key Largo and Tavernier populations fall in the 0 to 19 age range compared to the county average.

While the county median age is 46 years, Islamorada has the highest median age of 51.5 years. This is not surprising since the proportions of the population that fall in the 45-64 age group and the 65-84 age group are noticeably higher than the county average (45.7% and 17.1% respectively in Islamorada compared to 36.6% and 13.7% respectively at the county level). Summerland Key and Marathon show similar trends. On the other hand, the median age in Key West is noticeably lower than the county average; not surprising since as described above, the Key West population comprises of a larger proportion of children and young to middle-aged adults compared to countywide averages.

Table II. Population Age and Gender Distribution, Monroe County, 2007

Area	% Age										Median Age	% Males	% Females
	0-4	5-9	10-14	15-19	20-24	25-44	45-64	65-84	85+	18+			
Monroe County	4.2	4.1	4.5	4.8	4.7	25.9	36.6	13.7	1.6	84.4	46	53	47
Lower Keys													
Key West	4.8	4.3	4.6	5	6	31.2	31.8	11	1.4	83.4	41.6	54.1	45.9
Summerland Key	3.2	3.4	4.2	4	2.8	21	45.8	14.5	1.2	86.5	49.7	52.4	47.6
Big Pine Key	3.5	3.8	4.2	4.2	3.1	23.6	42.6	13.6	1.4	85.7	48	52.2	47.8
Middle Keys													
Marathon	3.5	3.7	4.3	4.5	3.8	22.5	37.8	17.9	2.0	85.7	49.3	52.3	47.7
Upper Keys													
Key Largo	4.3	4.4	4.7	5.2	4.3	22.1	36.9	16	2.1	83.5	47.5	51.6	48.4
Tavernier	4.3	4.7	5.3	5.4	4.2	20.6	40.3	13.4	1.9	82.1	47.4	51.2	48.8
Islamorada	2.6	2.8	2.9	3.3	3.3	20.7	45.7	17.1	1.6	89.7	51.5	54.9	45.1

Source: Sourcebook America, 2007 Edition, ESRI Business Information Solutions

Race and Ethnicity

According to Sourcebook America, 2007 Edition, the Monroe County population is predominantly white (88.9%). Additionally, one out of five people (21.8%) are Hispanic (Table III.). The data shows that between 2000 and 2007 there has been a slight change in the racial and ethnic composition of the County. In particular, the county has experienced a 38% increase in Hispanics (15.8% to 21.8%); the largest growth compared to other racial and ethnic groups in the county. Similar trends can be seen in individual cities across the county.

Compared to other Monroe County cities, Key West has the least homogeneous racial and ethnic mix. The proportion of Whites is lower than the county average with concurrently higher proportions

of all other groups. In particular, the proportion of Blacks is almost twice (9.6% vs. 5.4%) that of the county. Similar to Key West, Marathon also has a higher than average Hispanic population. On the other hand, Islamorada is the most homogeneous city in the county; 96.6% of the population is White.

Number of Households and Families

According to *Sourcebook America, 2007 Edition*, Monroe County has a total of 35,348 households and the number is projected to fall 1% by 2012 (*Table IV.*). Countywide, the average household size is 2.2 people. Additionally, families made up approximately 57% of the households in Monroe County. A large proportion (41.0%) of the households in Monroe County are located in Key West. Likewise, a large proportion (37.4%) of Monroe County families reside in Key West. Between 2000 and 2007, Summerland Key has seen the highest rate of growth in the number of households (7.9%) and a similar rate of growth in the number of families (5.4%). While growth in the number of households in Tavernier has stalled, the area has seen the highest rate of growth in number of families (6.0%). On the other hand, since the year 2000, Key West, Marathon and Islamorada have experienced no growth or a gradual decrease in rate of growth for both the number of households and the number of families.

Household Income

According to *Sourcebook America, 2007 Edition*, nearly all Monroe County households (HH) reported income earnings in 2007 (*Table V.*). The median HH income in Monroe County was \$53,014 while its per capita HH income was \$33,374. One out of five HHs reported earnings of less than \$25,000 per year while just as many reported earnings of \$100,000 or more per year. In addition, more than one quarter reported earnings of \$25,000 to \$50,000 per year while one third reported earnings of \$50,000 to \$100,000 per year.

Key West constitutes a large proportion (41.0%) of those reporting HH income. Similar to countywide figures, the median HH income in Key West was \$55,145 while the per capita income was \$32,818. The Key West annual HH income distribution also closely mirrored that at the county level.

Table III. Racial and Ethnic Distribution and Growth, Monroe County, 2007

Area	% White 2000	% White 2007	% Black 2000	% Black 2007	% Asian 2000	% Asian 2007	% Hispanic 2000	% Hispanic 2007	% AM Indian 2000	% AM Indian 2007	% Other 2000	% Other 2007	% 2 or more 2000	% 2 or more 2007
Monroe County	90.7	88.9	4.8	5.4	0.9	1.1	15.8	21.8	0.4	0.4	1.5	2.1	1.8	2.1
Lower Keys														
Key West	85.4	82.8	8.4	9.6	1.3	1.7	19.8	26.8	0.4	0.4	2.1	2.9	2.3	2.7
Summerland Key	95.7	94.4	1.1	1.4	0.7	1.0	6.2	9.6	0.5	0.6	0.7	1.1	1.2	1.6
Big Pine Key	94.9	93.3	1.1	1.5	0.6	0.8	6.7	10.1	0.5	0.5	1.2	1.7	1.8	2.2
Middle Keys														
Marathon	92.2	90.8	4.0	4.6	0.5	0.6	17.9	24.6	0.3	0.3	1.7	2.3	1.2	1.4
Upper Keys														
Key Largo	94.7	93.4	1.9	2.3	0.4	0.6	15.4	22	0.3	0.3	0.9	1.2	1.7	2.2
Tavernier	96.5	95.5	0.7	1.0	0.8	1.0	11.8	17.4	0.3	0.3	0.8	1.1	0.9	1.0
Islamorada	97.4	96.6	0.3	0.3	0.4	0.5	6.9	10.4	0.3	0.7	1.0	1.0	1.0	1.3

Source: Sourcebook America, 2007 Edition, ESRI Business Information Solutions.

Table IV. Number of Households and Families, Monroe County, 2007

Area	HHs 2000	HHs 2007	HHs 2012	HH Rate 00-07 (%)	Avg HH Size 2007	Fams 2000	Fams 2007	Fam Rate 00-07 (%)
Monroe County	35086	35348	34872	0.7	2.22	20387	20056	-1.6
Lower Keys								
Key West	14527	14477	14232	-0.3	2.29	7717	7495	-2.8
Summerland Key	2737	2952	2964	7.9	2.2	1793	1889	5.4
Big Pine Key	2325	2412	2396	3.7	2.2	1451	1469	1.2
Middle Keys								
Marathon	5505	5450	5347	-1.0	2.14	3288	3177	-3.4
Upper Keys								
Key Largo	5820	5968	5908	2.5	2.22	3660	3665	0.1
Tavernier	2371	2282	2249	-3.8	2.27	1497	1407	6.0
Islamorada	1765	1774	1745	0.1	1.95	973	947	-2.6

Source: Sourcebook America, 2007 Edition, ESRI Business Information Solutions

On the other hand, Summerland Key had the highest median HH income in the county, \$72,728 per year. While only 2,952 HHs reported income earnings in Summerland Key in 2007, almost 40% reported earnings of \$50,000 to \$100,000 per year. Additionally, almost one quarter of Summerland Key's HHs reporting income received earnings of \$100,000 or more per year.

Compared to the rest of the county, Marathon reported the lowest median HH income and per capita HH income in 2007, \$44,006 per year and \$30,334 per year respectively. Compared to any other city in Monroe County, a larger proportion of HHs reporting earnings in Marathon received earnings of less than \$25,000 per year (27.4% compared to 20.9% countywide). Additionally, compared to the countywide average a smaller proportion of HHs reporting income received earnings of \$100,000 or more (16.0% vs. 8.3%). On the other hand, while Islamorada had the lowest number of HHs reporting income in 2007, a large proportion reported receiving \$150,000 or more per year in income (10.1% versus the county average of 8.3%).

Table V. Household Income Information, Monroe County, 2007

Area	Med HH Inc 2007	Med HH Inc 2012	Per Capita Inc 2007	HH Inc Base 2007	% HHs <\$25K 2007	% HHs \$25K-50K 2007	% HHs \$50K-100K 2007	% HHs \$100K-150K 2007	% HHs \$150K+ 2007
Monroe County	53014	62303	33374	35344	20.9	26	32.8	12	8.3
Lower Keys									
Key West	55145	65868	32818	14477	19.8	24.7	34.2	12.6	8.8
Summerland Key	64053	72728	35758	2952	16.2	21.3	38.9	15.1	8.4
Big Pine Key	50800	56855	27143	2412	24.7	24.1	38	10	3.2
Middle Keys									
Marathon	44006	50511	30334	5450	27.4	28	28.6	8.6	7.4
Upper Keys									
Key Largo	54094	62542	37780	5968	19.5	26.6	30.7	13.5	9.6
Tavernier	51299	57995	30869	2282	17.9	30.9	33.1	10.3	7.8
Islamorada	47731	55677	41367	1774	20.6	32	24.1	13.2	10.1

Source: Sourcebook America, 2007 Edition, ESRI Business Information Solutions.

Owner Occupied Household Units

According to *Sourcebook America, 2007 Edition*, Monroe County has 23,349 owner occupied household units (HU) (Table VI.). Majority (84.4%) of the owner occupied HUs in Monroe County are valued at \$175,000 or more while almost 60% are valued at \$400,000 or more. Countywide, the median owner occupied HU value is \$454,037, attributable to the large proportion of high owner occupied HU values.

Approximately one third (33.2%) of Monroe County’s owner occupied HUs are located in Key West. Similar to countywide averages, majority of Key West owner occupied HUs are valued at \$175,000 or more. However, more Key West owner occupied HUs are valued at \$400,000 compared to the county average (64.7% vs. 56.9%0. Additionally, Key West has almost half as many owner occupied HUs valued at less than \$50,000 compared to the county average. As a result of the higher HU values, Key West has a higher median owner occupied HU value compared to the county average.

Summerland Key and Islamorada also have higher median owner occupied HU value, \$546,462 and \$572,596 respectively. In Summerland Key, 94.2% of owner occupied HU are valued at 175,000. Compared to the rest of the county, it has the highest proportion of owner occupied HUs valued at \$400,000 or more.

The owner occupied HU distribution in Islamorada is unique compared to the rest of the county. Islamorada has the second largest proportion of owner occupied HUs valued at \$400,000 or more behind Summerland Key. It also has the second largest proportion of HUs valued at less than \$50,000 behind Marathon and the smallest proportion of HUs valued between \$175,000 and \$400,000. On the other hand, it is worth mentioning that while Key Largo is listed with the lowest median owner occupied HU value, it boasts the highest proportion of HUs valued between \$175,000 and \$400,000.

Table VI. Owner Occupied Household Units, Monroe County, 2007

Area	Owner Occupied HU Base 2007	% Owner Occupied HUs <\$50K 2007	% Owner Occupied HUs \$50K-90K 2007	% Owner Occupied HUs \$90K-175K 2007	% Owner Occupied HUs \$175K-400K 2007	% Owner Occupied HUs \$400K+ 2007	Med Owner Occupied HU Value 2007
Monroe County	23349	6.1	3.6	5.9	27.5	56.9	454037
Lower Keys							
Key West	7763	3.5	6.2	5.1	20.5	64.7	516404
Summerland Key	2443	0.7	0.2	4.9	21.7	72.5	546462
Big Pine Key	1916	6.4	0.6	8.5	36.4	48.2	390716
Middle Keys							
Marathon	3764	14.9	4	3.8	29.4	47.9	383951
Upper Keys							
Islamorada	1271	12.3	3.1	1.7	13.9	68.9	572596
Tavernier	1688	3.8	1.2	7.2	31.6	56.2	444635
Key Largo	4507	5.1	2.6	9.2	39.7	43.4	364123

Source: Sourcebook America, 2007 Edition, ESRI Business Information Solutions

c) Employment

Employment Status

According to the Labor Market, Local Area Unemployment Statistics Program, the total civilian labor force in Monroe County for 2007 was 43,296 of which 42,078 were employed and 1,218 were unemployed resulting in an unemployment rate of 3.2 percent (*Table VII.*). In addition, the Florida Labor Market Statistics, Quarterly Census of Employment and Wages Program reports that the average weekly wage for Monroe County in 2007 was \$714. This is equivalent to \$17.85 per hour or \$37,128 per year, assuming a 40-hour week worked the year around.

Table VII. Not Seasonally Adjusted Labor Force, Employment and Unemployment data, Monroe County

Time Period	Civilian Labor Force	Employed	Unemployed	Unemployment Rate (%)
Annual 2007	43,296	42,078	1,218	2.8
5 Year Annual Average 2003 - 2007	44,806	43,508	1,298	2.9
10 Year Annual Average 1998 - 2007	45,843	44,482	1,361	3.0

Source: Labor Market Statistics, Local Area Unemployment Statistics Program

Employment by Industry

According to the Florida Labor Market Statistics, Quarterly Census of Employment and Wages Program, the total number of employees located in Monroe County in 3rd Quarter 2007 was 34,545 (*Table VIII.*). The largest major industry sector was Accommodation and Food Services, with 25 percent of the employment, followed by Public Administration with 9 percent, and Construction with 8 percent.

Table VIII. Top 5 Industry Distribution, Monroe County, 2008

Industry Group	Establishments	Employees
Accommodation and Food Services	497	8,740
Public Administration	70	3,064
Construction	515	2,768
Health Care and Social Assistance	227	2,283
Education Services	31	1,716
Other	2742	15,974
Total	4,082	34,545

Source: FL Labor Market Statistics, Quarterly Census of Employment and Wages Program

Occupations and Type of Employer

According to the American Community Survey, in 2006, among the most common occupations were: i) Sales and office occupations (30%); ii) Management, professional, and related occupations (28%); iii) Service occupations (23%); iv) Construction, extraction, maintenance and repair occupations (9%); v) and Production, transportation, and material moving occupations (8%). Majority (76%) of the people employed were private wage and salary workers; 14% was Federal, state, or local government workers; and 10% was Self-employed in own not incorporated business workers.

Travel to work

According to the American Community Survey, majority (76%) of Monroe County workers drove to work alone in 2006, 7% carpooled, 2% took public transportation, and 17% used other means. The remaining 7% worked at home. Among those who commuted to work, it took them on average 17 minutes to get to work.

d) Major Trip Generators/Attractors

Major trip generators in Monroe County include local hospitals, medical facilities and convalescent centers including Lower Keys Medical Center on College Road, Mariners Hospital, Fishermen's Hospital in Marathon, Depoo Hospital, the Veteran's Clinic in Key West, the Guidance Clinic of the Middle Keys, Care Center for Mental Health, the Heron House, Bay Shore Manor, and the comprehensive care centers in Key West and Plantation Key. Other trip generators include the Social Security Administration Office, the Monroe County Social Services Program Offices on Stock Island, Rural Health Network of Monroe County, Monroe County Health Department, local doctors, dialysis centers and American Cancer Society. Additional trip generators include educational and training facilities and local grocery and department stores.

C. Service Analysis

Public transportation within Monroe County is limited to Key West, which constitutes approximately 43 percent of the county's population. Thus, approximately 57 percent of county residents have limited access to public transportation services. While a number of private entities in the county provide some transportation services, demand appears to significantly outweigh the availability of such services resulting in a great need for Transportation Disadvantaged services.

As described earlier, there are two categories of TD population in the State of Florida, the difference between which are specifically related to funding arrangements. The first group known as the "potential TD population" or TD Category I includes disabled, elderly, low-income persons, and children who are "high-risk" or "at-risk". The second group known as the TD population or TD Category II includes those persons who are unable to transport themselves or to purchase transportation. This population group is a subset of the Category I group and individuals in this group are eligible to receive the same subsidies as the Category I group in addition to TD Trust Fund monies for non-sponsored general trips.

1. Forecasts for TD Population

Table IX. 5 Year Forecast of TD Populations in Monroe County, 2008-2012

	2008	2009	2010	2011	2012
Potential TD population	35,509	36,354	37,225	38,123	39,050
TD population	7,617	7,765	7,919	8,075	8,237

Source: Center for Urban Transportation Research, University of South Florida

Table. IX illustrates Monroe County TD population projections from 2008 through 2012. During fiscal year 2006-2007, about 40% of the county's population (34,688) was designated Potential TD population while an additional 7,472 were designated TD population. At the end of fiscal year 2006-2007, Monroe County had invested over \$2.5 million to provide 119,987 trips to about 2000 TD persons, representing approximately 6% of the county's Potential TD population. Currently, the funding allocated to serve the TD population is not sufficient to meet the existing demand for

services. Additionally, the steady rise in TD populations demonstrates a need for concurrent increases in funding and other resources to meet the rising demand.

Tables X and XI reflect the 2008 distribution by disability status, age and income status of the TD population groups in Monroe County. Elderly individuals, who are not disabled or not considered low income, are the largest consumer group of TD services followed by non-elderly, non-disabled individuals who are designated as low income. This is true for both Potential TD and TD populations. It should be noted that all estimates were performed by the Center for Urban Transportation Research, University of South Florida and are based on the methodology described in *Methodology Guidelines for Forecasting TD Transportation Demand at the County Level, May 1993* using data from the Census American Community Survey 2006 for Monroe County.

**Table X. Potential Transportation Disadvantaged Population (Category I),
Monroe County, 2008**

Segments	Population Estimates	% of Total Potential TD
Disabled, Non-Elderly, Low Income	397	1.1
Disabled, Non-Elderly, Non-Low Income	3,214	9.1
Disabled, Elderly, Low Income	643	1.8
Disabled, Elderly, Non-Low Income	5,722	16.0
Non-Disabled, Elderly, Low Income	1,783	5.0
Non-Disabled, Elderly, Non-Low Income	15,872	44.7
Non-Disabled, Non-Elderly, Low Income	7,878	22.2
Total Potential Transportation Disadvantaged Population	35,509	100.0

Source: Center for Urban Transportation Research, University of South Florida

**Table XI. Transportation Disadvantaged Population (Category II),
Monroe County, 2008**

Segments	Population Estimates	% of Total TD
Transportation Disabled, Non-Elderly, Low Income	149	2.0
Transportation Disabled, Non-Elderly, Non-Low Income	1,205	15.8
Transportation Disabled, Elderly, Low Income	352	1.0
Transportation Disabled, Elderly, Non-Low Income	3,131	41.1
Non-Transportation Disabled, Low Income, No Auto, No Fixed-Route Transit	2,780	36.5
Total Transportation Disadvantaged Population	7,617	100.0

Source: Center for Urban Transportation Research, University of South Florida

2. Trip Demand and Supply

Program Trip Demand and Supply

Individuals designated Potential TD population (formerly Category I) are eligible to receive governmental and social service subsidies for program trips. A *program trip* is one made by a client of a government or social service agency for the purpose of participating in a program of that agency. Examples of program trips are Medicaid trips, trips to congregate meal sites, or trips to job training facilities. Program Trip demand is dependent upon the existence of the program to which the potential TD population group is transported. For example, demand for trips to sheltered workshops exists only because there are sheltered workshop programs. The demand for program trips is equal to the number of trips required to take advantage of the service offered by the program. Therefore, the demand for program trips depends on the funding level for the various social service programs. The estimated demand for program trips and supply of program trips is shown in Table XII for the years 2008 through 2012.

General Trip Demand and Supply

General trips are trips made by the TD population (formerly Category II) to destinations of their choice (not to agency programs). Examples of general trips are trips to work or grocery stores and non-Medicaid medical trips. Estimating the demand for general trips is different than for program trips. The methodology developed to forecast demand for general trips involves the use of trip rates derived in a study of paratransit demand conducted in 1990 for the San Francisco Bay Area Metropolitan Transportation Commission by Crain & Associates, Inc. and others (*San Francisco Bay Area Regional Paratransit Plan: Final Report*). The trip rates were developed from the actual experiences of paratransit systems around the country that were meeting most or all of the trip demand in their service areas. The use of these trip rates has been recommended by the Federal Transit Administration for estimating demand for American Disability Act (ADA) complementary paratransit.

Total demand for general trips is simply the TD population multiplied by the trip rates (\$21.33 dollar). The TD population (rather than the Potential TD population) was used to forecast demand, because the TD population is the pool of persons eligible for general trips funded by the state. The estimated demand for general trips and supply of general trips is shown in Table XII for the years 2008 through 2012.

A gap exists between demand for general trips and the supply of these trips. Unmet demand refers to demand that currently exists in the TD transportation market, but is not being met due to a variety of factors funding. The projected unmet demand for trips is shown in Table XII for the years 2008 through 2012.

Table XII. 5 Year Forecast of TD Demand and Supply, Monroe County, 2008-2012

Year	Demand			Supply			
	Program Trips	General Trips	Total	Program Trips	General Trips	Total	Unmet Demand
2008	131,626	109,685	241,311	131,626	28,927	160,553	80,758
2009	133,337	111,816	245,153	133,337	29,317	162,655	82,499
2010	135,071	114,034	249,104	135,071	29,713	164,784	84,321
2011	136,827	116,280	253,107	136,827	30,114	166,940	86,166
2012	138,605	118,613	257,218	138,605	30,520	169,126	88,093

Source: Center for Urban Transportation Research, University of South Florida

Tables XIV. further breaks down of the demand for program trips by type of sponsorship and Table XV. further breaks down the supply of trips by type of sponsorship.

Table XIV. Demand for Program Trips by Type of Sponsorship, Monroe County, 2008-2012

Year	Demand Program Trips	
	In System	Out of System
2008	95,543	36,083
2009	96,785	36,553
2010	98,043	37,028
2011	99,318	37,509
2012	100,609	37,997

Source: Center for Urban Transportation Research, University of South Florida

Table XV. Supply of Trips by Type of Sponsorship, Monroe County, 2008-2012

Year	Supply						Total In System	Total Out of System
	Program Trips		General Trips					
	In System	Out of System	TDTF In System	Other In System	Other Out of System			
2008	95,543	36,083	14,302	10,616	4,009	120,460	40,093	
2009	96,785	36,553	14,502	10,754	4,061	122,041	40,614	
2010	98,043	37,028	14,705	10,894	4,114	123,642	41,142	
2011	99,318	37,509	14,911	11,035	4,168	125,264	41,677	
2012	100,609	37,997	15,120	11,179	4,222	126,907	42,219	

Source: Center for Urban Transportation Research, University of South Florida

It should be noted that the figures related to the demand and supply of TD general purpose trips in Monroe County include trips that will also fall under the category of ADA complementary paratransit services. The ADA provides for unconstrained delivery of paratransit trips for persons who cannot use the fixed-route bus system due to the nature and/or extent of their disability. Persons may be certified as eligible for ADA paratransit trips, as well as TD general purpose trips. Therefore, the figures for unmet demand included in Table XII may reflect some duplication in the calculation of trip demand.

All of the above estimates were performed by the Center for Urban Transportation Research, University of South Florida and are based on the methodology described in *Methodology Guidelines for Forecasting TD Transportation Demand at the County Level, May 1993* using data from the Census American Community Survey 2006 for Monroe County.

3. Passenger One Way Trip Information

Tables XVI through XVIV illustrate the distribution of passenger one-way trips by type of service, trip purpose, passenger type and funding source for FY 2006-07. In large part, the distribution of trips by type of service mirrored those of 2005-06. Of the total 119,987 trips, majority of trips were “Ambulatory” (84.5%). Notable is that none of the trips provided in 2006-07 were for “Stretcher” services compared to two in 2005-06. The majority of trips provided were for “Life-Sustaining/Other” activities (33.4%) (encompassing shopping, banking and entertainment) and medical care (32.8%). The data shows a shift in purpose of trips compared to 2005-06. In 2005-06 trips for medical care accounted for almost 40% (36.0%) of the 105,253 trips provided that year while trips for Life-Sustaining/Other accounted for 33.3% of trips provided. On the other hand, trips provided for Education/Training/Daycare purposes increased from 19.5% in 2005-06 to 22.4% in 2006-07. Passengers categorized as “Other” (not elderly or a child) accounted for majority of trips made (60.6%). In addition, those of low income status accounted for more than 40% of the trips made. However, while nearly all children served were of low income status (99.9%), majority of the elderly served were neither of low income status or disabled (85.2%). A look at Monroe County TD funding sources revealed that, comparable to 2005-06, the bulk of trips were supported by the CTD funds (50.5 %) and matching funds from the local government (30.0%).

Table XVI: Passenger One-Way Trip Information by Type of Service, Monroe County, FY 2006-07

Service	# of Trips	%
Ambulatory	101,413	84.5
Fixed Route	13,375	11.0
Non-Ambulatory	5,199	4.3
Deviated Fixed Route	0	N/A
Stretcher	0	N/A
School Board Services	0	N/A
Total Trips	119,987	100

Source: Monroe County 2006-07 Annual Performance Report

Table XVII: Passenger One-Way Trip Information by Trip Purpose, Monroe County, FY 2006-07

Trip Purpose	# of Trips	%
Life-Sustaining/Other	40,127	33.4
Medical	39,412	32.8
Education/Training/Daycare	26,933	22.4
Nutritional	8,326	6.9
Employment	5,189	4.3
Total Trips	119,987	100

Source: Monroe County 2006-07 Annual Performance Report

Table XVIII: Passenger One-Way Trip Information by Passenger Type, Monroe County, FY 2006-07

	Elderly	%	Children	%	Other	%	Total	%
Disabled	4,605	3.8	N/A	N/A	1,562	1.3	6,167	5.1
Low Income (LI)	4	0.0	15,897	13.2	36,226	30.2	52,127	43.4
LI and Disabled	26	0.0	2	0.0	22,545	18.8	22,573	18.8
Other	26,770	22.3	4	0.0	12,346	10.3	39,120	32.6
Total	31,405	26.1	15,903	13.2	72,679	60.6	119,987	100

Source: Monroe County 2006-07 Annual Performance Report

Table XIV: Passenger One-Way Trip Information by Funding Source, Monroe County, FY 2006-07

Funding Source	# of Trips	%
CTD	60,543	50.5
Local Govt.	33,548	30.0
AHCA	22,023	18.4
DCF	2,511	2.1
FDOT	1,023	0.9
Total Trips	119,987	100

Source: Monroe County 2006-07 Annual Performance Report

4. Barriers to Coordination

The initial barrier to coordination is the unique geography of the Florida Keys. The long, narrow shape of the county results in considerable distances between medical facilities. Monroe County has three community hospitals which are located in Key West (Lower Keys Medical Center with two sister sites the Kennedy Campus and College Campus), Marathon (Fisherman's Hospital) which is considered a part of the Middle Keys, and Tavernier (Mariner's Hospital) at the northern end of the county. As a result of the geography and hospital location, more than one-third of the population, (or 28,664 residents) lives a distance of five or more miles from a hospital. Only one road allows for travel through the Keys, complicating the planning and delivery of transportation services.

Another important barrier to coordination is the fact that there are few specialists particularly in the areas of hematology, anesthesiology and diagnostic radiology practicing in Monroe County. This shortage of specialists is indicative of the lack of access to physicians for many health conditions including allergy and immunology, gastroenterology, infectious disease, nephrology, and oncology⁶. As a result, patients requiring specialty procedures or expertise are routinely referred to facilities in adjoining Miami-Dade County.

In Monroe County as across the State, there is more demand for TD services than supply. In recent years fuel costs and inflation rates have soared, not to mention the fast rate at which the population is aging. From the period 2000 and 2007, the population in Monroe County between 45-64 years old increased by 34%.

D. Goals, Objectives and Strategies

To support the overall goal of assuring the availability of efficient, cost-effective, and quality transportation services for transportation disadvantaged persons the LCB has developed additional short and long term goals deemed necessary for enhancing local TD efforts to meet demand for trips. In 1998, the LCB and the CTC developed ongoing short and long-term goals, which were updated in

⁶ Health Council of South Florida, Inc., 2005 Monroe County Physician Inventory.
<http://www.healthcouncil.org/publications/monroe/inventory.pdf>

2006. Subsequently, the LCB held a strategic planning session in May 2007 resulting in the development of its *Strategic Plan 2007-2010* which reflects the intent of the LCB and CTC to meet client needs and address service demands through 2010. The plan was further updated in April 2008. The following are the short and long term goals as they appear in the LCB' *Strategic Plan 2007-2010*.

Strategic Plan 2007-2010 - Goals and Objectives

SHORT-TERM GOALS	PARTY RESPONSIBLE	DATE OF COMPLETION
<p>1. Bring information to all local governments</p> <p><i>Action Steps:</i></p> <p>a. Create an inventory and analysis of all resources including transportation providers, routes/services and funding streams</p> <ol style="list-style-type: none"> 1) Strategy 1.1.1: Develop a set of maps of all providers 2) Strategy 1.1.2: Secure necessary information to analyze service levels 3) Strategy 1.1.3: Perform a gaps analysis of needs versus resources 4) Strategy 1.1.4: Describe funding levels and sources to support existing services and any categorical funding parameters 	CTC/DOPA/LCB	Annually
<p>b. Educate and increase government officials' awareness and knowledge of the program</p> <ol style="list-style-type: none"> 1) Strategy 1.2.1: Develop a list of target audiences 2) Strategy 1.2.2: Create necessary information packets and map displays 3) Strategy 1.2.3: Conduct a breakfast/luncheon series on needs analysis in select venues 4) Strategy 1.2.4: Identify key trusted speakers to convey messages 5) Strategy 1.2.5: Invite local governments to become partners in the community education process 6) Strategy 1.2.6: Evaluate results and adjust presentations accordingly 	CTC/DOPA/LCB	Ongoing
<p>2. Expand and create a fully implemented Local Coordinating Board</p> <p><i>Action Steps:</i></p> <p>a. Garner the input and participation of new partners for current slots</p> <ol style="list-style-type: none"> 1) Strategy 2.1.1: Develop a list of potential candidates from member recommended contacts 2) Strategy 2.1.2: Provide necessary information on roles and responsibilities and work with the LCB Chair to encourage leadership contact and extend official invitation to participate. 3) Strategy 2.1.3: Ensure formal appointments are made in a timely manner and maintain a current membership roster for website posting and quarterly board packets 	CTC/DOPA/LCB	Ongoing
<p>b. Add stakeholder groups such as city, county, chambers of commerce, and policy makers</p> <ol style="list-style-type: none"> 1) Strategy 2.2.1: Develop a list of other key stakeholder groups to provide a forum for interested parties, expert presentations, and a training ground for future Board Members 	DOPA	Quarterly

<ul style="list-style-type: none"> 2) Strategy 2.2.2: Provide necessary information on potential roles and areas of contribution. 3) Strategy 2.3.3: Create a speaker's bureau that will outreach to businesses, civic and community organizations relative to the impact of the TD population 		
<p>Explore development of a comprehensive transportation system that is both seamless and efficient</p> <p><i>Action Steps:</i></p> <ul style="list-style-type: none"> a. Reduce the duplication of transportation disadvantaged services provided within and to areas outside the country <ul style="list-style-type: none"> 1) Strategy 3.1.1: Meet with transportation representatives from neighboring counties 2) Strategy 3.1.2: Pursue coordination with transportation providers within Monroe County and in other counties (e.g., Miami-Dade County, Broward County) 		
<p>3. Assure quality, cost effectiveness, client services</p> <p><i>Action Steps:</i></p> <ul style="list-style-type: none"> a. Assess needs of the population <ul style="list-style-type: none"> 1) Strategy 4.1.1: Collect transportation disadvantaged need data and projections 2) Strategy 4.1.2: Develop a profile on transportation disadvantaged population 	DOPA/LCB/CTC	Annually
<ul style="list-style-type: none"> b. Track service utilization patterns <ul style="list-style-type: none"> 1) Strategy 4.2.1: Develop a section in the profile on service utilization 2) Strategy 4.2.2: Create an on-line version of the profile with drill down features on utilization 	CTC/DOPA/LCB	Ongoing
<ul style="list-style-type: none"> c. Measure client satisfaction <ul style="list-style-type: none"> 1) Strategy 4.3.1: Explore an annual, independent client satisfaction survey 2) Strategy 4.3.2: Seek funding to support the research 3) Strategy 4.3.3: Conduct analysis of results and post on-line 4) Strategy 4.3.4: Share results with stakeholder audiences 	CTC/DOPA	Annually
<ul style="list-style-type: none"> d. Cost analysis <ul style="list-style-type: none"> 1) Strategy 4.4.1: Inventory existing funding streams for CTC trips 2) Strategy 4.4.2: Determine additional data needs and submit request to CTC for analysis 3) Strategy 4.4.3: Select method for measuring future cost effectiveness and institute data collection process 4) Strategy 4.4.5: Include baseline results in Profile 	LCB/DOPA/CTC	Annually

LONG-TERM GOALS	PARTY RESPONSIBLE	DATE OF COMPLETION
<p>1. Explore development of a countywide comprehensive transportation system that is both seamless and efficient.</p> <p><i>Action Steps:</i></p> <p>a. Create a countywide transportation system action plan</p> <ol style="list-style-type: none"> 1) Strategy 1.1.1: Identify and recruit key stakeholders to participate in the process 2) Strategy 1.1.2: Conduct research on existing MPO models 3) Strategy 1.1.2: Identify processes and strategies used by existing MPO models to ensure a seamless and efficient transportation system 4) Strategy 1.1.3: Develop a transportation action plan 5) Strategy 1.1.4: Submit to the Monroe County Government for consideration 	CTC/DOPA/LCB	Ongoing
<p>b. Facilitate Adoption of the transportation system action plan by Monroe County Government</p> <ol style="list-style-type: none"> 1) Strategy 1.2.1: Educate the Monroe County Government about the need for a comprehensive transportation system 2) Strategy 1.2.2: Educate the community about the need for the transportation system 3) Strategy 1.2.3: Facilitate advocacy activities for the adoption of the transportation action plan by the Monroe County Government 	CTC/DOPA/LCB	Ongoing
<p>2. Foster strong inter and intra LCB communications</p> <p><i>Action Steps:</i></p> <p>a. Conduct briefings with stakeholder groups, policy makers, planners</p> <ol style="list-style-type: none"> 1) Strategy 2.1.1: Develop a list of stake holder groups 2) Strategy 2.1.2: Provide necessary information to each group 3) Strategy 2.1.3: Launch a service of targeted briefing papers to select audiences 	DOPA/LCB	Ongoing
<p>b. Create press releases and PSAs</p> <ol style="list-style-type: none"> 1) Strategy 2.2.1: Develop media contacts list and press releases for strategic plan, annual reports, services needs gaps analysis, transportation service alerts 2) Strategy 2.2.2: Create video PSAs 	DOPA/LCB	Ongoing
<p>c. Share minutes from LCB meetings</p> <ol style="list-style-type: none"> 1) Strategy 2.3.1: Post on County website 2) Strategy 2.3.2: Disseminate to key stakeholders via email 	DOPA	Ongoing
<p>d. Create working groups within the LCB</p> <ol style="list-style-type: none"> 1) Strategy 2.4.1: Develop a working group focus and membership 2) Strategy 2.4.2: Create working group action plans 3) Strategy 2.4.3: Develop regular meeting schedule; consider blog or teleconference approach 4) Strategy 2.4.4: Make goal assignments to working group 	DOPA/LCB	Ongoing
<p>3. Increase community awareness and outreach</p> <p><i>Action Steps:</i></p> <p>a. Create a mechanism for educating the public on services available and how to access the system</p> <ol style="list-style-type: none"> 1) Strategy 3.1.1: Develop a public awareness campaign 2) Strategy 3.1.2: Provide necessary information to LCB Board for 	CTC/DOPA/LCB	Ongoing

approval		
b. Make optimal use of existing resources <ol style="list-style-type: none"> 1) Strategy 3.2.1: Develop a list of options to include but not limited to website, cable stations, link to Monroe County website 2) Strategy 3.2.2: Perform qualitative research on most effective and cost-beneficial means of communication 	CTC/DOPA/LCB	Ongoing
c. Create a deployment plan <ol style="list-style-type: none"> 1) Strategy 3.3.1: Assign to a working group 2) Strategy 3.3.2: Involve media representation 3) Strategy 3.3.3: Set targets/milestones 	LCB/DOPA	As needed
d. Implementation of awareness campaign <ol style="list-style-type: none"> 1) Strategy 3.4.1: Develop collateral materials 2) Strategy 3.4.2: Maintain records of community awareness contacts 	CTC/DOPA/LCB	Ongoing
4. Identify new funding and joint venture agreements <i>Action Steps:</i>	CTC/DOPA/LCB	Ongoing
a. Explore Public/private partnerships <ol style="list-style-type: none"> 1) Strategy 4.1.1: Develop a list of possible options, including van pools 2) Strategy 4.1.2: Research the benefits and challenges of each approach 		
b. Identification of new grants or other funding sources that can be applied to coordinated systems <ol style="list-style-type: none"> 1) Strategy 4.2.1: Develop a list of potential grantees from HHSB 2) Strategy 4.2.2: Make personal visits to provide pitch 	DOPA	Ongoing
c. Research the Palm Beach model approach for possible applications <ol style="list-style-type: none"> 1) Strategy 4.3.1: Research the Palm Beach model for developer incentives underwriting 2) Strategy 4.3.2: Develop a written report on the benefits and challenges 	DOPA/LCB	Ongoing
d. Increase involvement by FDOT <ol style="list-style-type: none"> 1) Strategy 4.4.1: Develop a list of potential participants 2) Strategy 4.4.2: Provide necessary information on responsibilities 	DOPA/LCB	Ongoing
e. Explore dedicated funding (1/2 cent sales tax) <ol style="list-style-type: none"> 1) Strategy 4.5.1: Research passage of 1.2 cent sales tax option for transportation disadvantaged 2) Strategy 4.5.2: Develop a report on the benefits and challenges 	CTC/DOPA/LCB	Ongoing
f. Create 1-2 Transportation Disadvantaged policy briefs <ol style="list-style-type: none"> 1) Strategy 4.6.1: LCB carefully considers each research model 2) Strategy 4.6.2: LCB takes action on and develops a policy brief with action 3) Strategy 4.6.3: LCB assumes a leadership role in advancing and educating elected officials and the public on proposed transportation revenue enhancements 	LCB	As needed

G. Implementation Plan

Since the initial development of the above goals and objectives, all the parties involved (LCB, CTC and DOPA) have worked towards achieving the set goals. Efforts have been geared towards promoting awareness about the Transportation Disadvantaged Program in Monroe County through postings, brochures and taglines on correspondence. The CTC has been actively distributing the Rider Handbook that is not only informative about the various services provided within Monroe County but also promotes dollar contributions for the Trust Fund Program. Other advertisement venues have been explored (public television advertisement and ad placement in commercial vehicles). Additionally, in June 2007, DOPA held a Monroe County Health Forum where transportation issues with respect to access to healthcare were discussed. The CTC and LCB were given the opportunity to inform community about existing services through the local TD program.

While all the parties are working hard to promote the local TD program demand continues to surpass revenues. With regards to pursuing additional funding, the CTC and DOPA have been attending regional and local meetings that provide information on available grant opportunities (e.g., CTD regional meetings).

The long-range objective of the CTC is to ensure that all of the existing unmet needs for transportation disadvantaged in Monroe County are addressed. LCB members are working towards facilitating an improved referral system and clearly defining levels of service by each collaborating agency to enable better coordination of transportation services and thus effectively and efficiently meet the needs of the users. Please refer to the implementation timetables described within the above section, which correlates with each of the goals established by the CTC and the LCB.

II. SERVICE PLAN

A. Operations Element

1. Types, Hours, Days of Service

Passengers whose trips are within Key West are required, if they are physically and mentally capable, to use public transit as the preferred transportation choice. CTD funds may be used to provide bus passes. Outside of Key West, the coordinated system offers ambulatory and wheelchair services on an advanced reservation and subscription basis. With the exception of persons issued bus passes for Key West transit, the system tries to utilize transfer services where clients are picked up from their homes, dropped off at a transfer site, and then transferred to their final destination. The spokes-and-wheels program has been implemented for cost-effectiveness/efficiency, and is in compliance with ADA guidelines and makes accommodations for door to door services for clients when evidence of medical necessity is provided. The wait time is usually less than a total 20-minute window period, exceeding expectations of the 40-minute period originally calculated (*see Appendix B for GCMK Transportation Fares*).

No fixed route transportation is available in Monroe County outside of Key West, but scheduled intercommunity transportation is available between Marathon and the Lower Keys and between Marathon and the Upper Keys Monday through Friday. These trips begin at 6:30 and end at approximately 6:00 each day (*see Appendix C for Trip Schedule*). These trips, though regularly scheduled, offer door to door service, and offer ambulatory and wheelchair transportation. With notice of at least 48-hours, trips on weekends or after regular hours may be available. Holiday and weekend transportation for persons requiring dialysis or other life sustaining treatments are provided routinely. Some coordinator contractors also routinely provide transportation for their agency clients on evenings and weekends.

Inter-county and intra-county service is arranged by the coordinator, but other agencies also arrange both inter-county and intra-county transportation for eligible passengers. Objectives for this year include plans to enhance coordination.

Advance reservations are required for all trips on paratransit vehicles. Twenty-four (24) hours notice is required from passengers in order to assure availability of seating for inter-county trips and forty-eight (48) hours for intra-county requests. Requests for transportation are accepted for same day service, subject to availability of service and seating. Service is not guaranteed for passengers attempting to reserve a trip the same day as service is desired. Demand response service is not available for non-ambulance emergencies on evenings, holidays or weekends. For subscription trips (regular scheduled use by the same person to the same destination at least once per week), one call to set up the service suffices until there is a change in schedule or destination.

2. Accessing Services

At present, six agencies within Monroe County dispatch transportation to TD eligible persons (*see Appendix D for a detailed list of providers*). While there have been modest and moderately successful efforts at coordination of services among the organizations, this arrangement has been adequate to create effective access to transportation for individual users of the services. However, improved coordination efforts, particularly in the area of access and arranging of rides, is among the goals of the CTC for the coming year.

Subscription Service: As noted above individual passengers who make a trip to a particular destination at least once a week at a prearranged time may arrange such a service with a single phone call or written request. Transportation will be provided until such time as the passenger or sponsoring agency requests a change or cancellation. Subscription services must be arranged no later than twenty-four (24) hours before the requested service for in-county trips and no less than forty-eight (48) hours for out-of-county requests.

Advance Reservation Service: Like the subscription service, reservations must be arranged no later than twenty-four (24) hours or forty-eight (48) hours before the requested ride. Some coordinated contractors may be able to provide transportation on a same day request, but such requests cannot always be met. Passengers requesting trips on weekends, holidays or after hours or for trips out of county should call at least forty-eight (48) hours in advance of the day the trip is requested. Given the distances involved in intercommunity transport and the relative scarcity of transportation resources in Monroe County, it is not always possible to provide rides after normal operating hours or to provide rides at times other than those offered within the scheduled routes.

Individuals, who regularly use the service of a particular coordinated contractor, work directly with that provider to reserve, change or cancel scheduled rides. Other individuals may schedule, change or cancel rides by calling the CTC phone number (305) 434-9099 between 8:30 and 4:00 Monday through Friday. A toll free number (888) 447-3977 is also available. Both numbers are attended by a 24 hour/ 7days a week voice mail that may be used by riders to request and schedule trips on; a dispatcher will return their call the next working day. Hearing impaired persons may call the Florida Relay Service at (800) 955-8771.

No Show Policy: A No-Show policy is in place to discipline clients who make reservations and then do not make the trip when the vehicle arrives. Any passenger who “no-shows” more than three times in a one month period is subject to a 30-day suspension of services. A written warning will be sent to the rider after the second no show. After the first 30-day suspension there is another 30-day suspension for each additional no show. In 2006-07, 1,160 passenger no-shows were recorded and with each paratransit trip averaging \$23.52, we evaluate that the no shows resulted in a loss of more than \$27,000. However, it should be noted that compared to 2005-06, there has been a 60% drop in passenger no-shows.

Pick-up and Drop-off Windows: On intercommunity scheduled routes there is a 40-minute window. This means a pick-up or drop-off can be 20 minutes before or after the promised time. The long distances, lack of alternative routes and significant seasonal fluctuations in traffic as well as unexpected events, challenge the ability of all providers to provide timely service between communities. Local residents appreciate the difficulties and schedule their transportation needs with generous margins of error. Providers have different systems to track on time performance, but all share common characteristics. Each provider tells passengers when to expect to be picked up and that information is noted on the reservation form or driver manifest; driver logs or their equivalent note the actual time of the beginning and end of the trip.

Monitoring is accomplished through a sampling of the comparison between promised and actual times of service. This tracking does not apply to transportation to residents of congregate facilities when transportation is provided by the facility as a coordinated contractor.

Eligibility: Transportation service under non-sponsored trip funds is available to all Monroe County

residents who meet the criteria defined under F.S. 427 for transportation disadvantaged. Individuals are screened by the dispatcher to determine if they qualify at the time of their first call and if their trip may be eligible for funding under other sources. In 2006, under the advice of the Local Coordinating Board, the Guidance Clinic of the Middle Keys developed priorities for community transportation in Monroe County as follows: (1) Medical, (2) Education/Training/Day Care, (3) Employment, and (4) Life-Sustaining and Other. The LCB and CTC are continuously planning and seeking ways to better meet the needs of the Transportation Disadvantaged residing in Monroe County. During 2006-07 the majority of trips were provided for medical reasons. However, Life-Sustaining and Other trips, which includes shopping and entertainment ranked second reflecting 33% of total trips, versus Education/Training/Day Care at 22%. This is in accordance to the guidelines currently promulgated by the CTD.

3. Transportation Operations and Coordination Contractors

The current contracted providers are those who operated under the previous CTC entity. They were chosen on the basis of their response to a Request for Qualifications (RFQ) from the previous CTC. The Guidance Clinic chose to continue with those existing providers under the same terms in order to affect a smooth transition, though with the understanding that changes in the fare structure and in prioritization of trips may likely occur in the future as the CTC and the LCB continue a systematic analysis of the coordinated system. The Guidance Clinic as CTC currently contracts with seven transportation providers, three of whom bill the CTC for provision of trips. These organizations are:

- *United Fellowship of Florida (Heron House) of Marathon* is an agency that offers residential housing for adults with mental illness and provides non-sponsored trips for residents of their group home 7 days a week. The contact person is Clare Condra and she can be reached at (305) 743-4129. The address is 1320 Coco Plum Drive, Marathon, Florida 33050.
Hours of operation: Monday through Friday from 8:00 a.m. to 11:00 p.m.
- *Florida Keys Homeless Outreach Coalition in Key West* provides homeless outreach and residential services. It utilizes TD funds to purchase monthly bus passes on Key West transit for residents of the Coalition's transitional residential facility. The contact person is Stephen Braddock and he can be reached at (305) 295-7580. The address is 2221 Patterson Road,

Key West, Florida 33040.

Hours of operation: Monday through Friday from 8:30 a.m. to 5:30 p.m.

- *The Children's Shelter in Tavernier* serves at-risk children and families and offers a community-based counseling program. It contracts with the CTC and provides sponsored trips to the residents of its facility. The contact person is David Bley and she can be reached at (305) 852-4246. The address is 73 High Point Road, Tavernier, Florida 33070.

Hours of operation: 24 hours a day.

- *The Monroe County Social Services Transportation* provides sponsored trips throughout the keys with vans located in Key West, Big Pine, Marathon and Tavernier. Residents are transported within these areas, but not between them. The contact person is Ali Trivette and she can be reached at (305) 292-4425 for all three areas. The address is 1100 Simonton Street, Room 1-181, Key West, Florida 33040.

Hours of operation: Monday through Friday from 8:00 a.m. to 5:00 p.m. (Transportation and Reservations can be made between these hours)

- *MARC House* is a non-profit organization that serves the disabled. It provides trips to clients and the contact person is Diana Flenard. She can be reached at (305) 294-9526. The address is 812 Southard Street, Key West, Florida 33040.

Hours of operation: Monday through Friday from 8:00 a.m. to 4:00 p.m.

- *Center for Independent Living* is a non-profit organization that provides supportive services to the elderly and disabled. The contact person is Brenda Moore and she can be reached at (305) 453-3491. The address is 103400 Overseas Highway, Suite 243, Key Largo, Florida 33036.

Hours of operation: Monday through Friday from 8:30 a.m. to 5:00 p.m.

- *The Guidance Clinic of the Middle Keys* is an entity that provides both outpatient and inpatient mental health and substance abuse services. The Guidance Clinic as Middle Keys Transportation in Marathon conducts sponsored and non-sponsored trips for both agency clients and any eligible person needing transportation, primarily those needing to go between Monroe County communities. The contact person is Maureen Grynewicz and she can be

reached at (305) 434-9099. The address is 3000 41st Street, Ocean, Marathon, Florida 33050. The Guidance Clinic of the Middle Keys provides transportation to the disadvantaged Monday through Friday from 8:30 a.m. to 5:00 p.m. (answering machine 24 hours a day). Hours of transportation: Monday through Friday from 6:30 a.m. to 6:00 p.m.

The CTC and the LCB must complete the sequence of identifying unmet transportation needs, developing an equitable fare structure, and developing a plan to allocate resources before determining which contracting entities might suitably be added to the overall system. The addition of new entities is through an RFQ or direct negotiation process. In most cases the number of entities qualifying to meet a particular need is small. The LCB may choose to add other criteria, but minimum performance criteria for contracted operators will certainly include the following:

- Organizational capacity to meet the financial, safety, reporting and quality requirements of service provision and contract compliance.
- Ability to provide transportation services to populations or areas identified in the LCB's service plan.
- Organizational experience with the populations to be served.

4. Public Transit Utilization

Monroe County has public transit only in the city of Key West. When possible the CTC will use that transit system, require its use for particular riders and form linkages when feasible to enhance the overall transportation system within the County. A representative of Key West transit sits on the LCB; and this individual is regarded as a key resource in developing linkages.

5. School Bus Utilization

The CTC has no agreement with the Monroe County School District that describes the availability or potential utilization of school buses. While the LCB did discuss this option on occasion, a practical use of these buses has not yet been devised.

6. Vehicle Inventory

The vehicle inventory for the Guidance Clinic of the Middle Keys, the CTC, in conjunction with its transportation providers is 49 in the year 2007. All vehicles are currently in use. Of these, 51% or 25 are lift equipped.

7. System Safety Program Plan

The System Safety Program Plan was updated by the CTC in July 2008 (*see Appendix E*). The plan describes safety standards that apply to all coordinated contracts operating vehicles under the coordinated transportation disadvantaged system with Monroe County, Florida. The purpose of the plan is to assure the riding public that the drivers, vehicle, and overall management of the coordinated transportation system incorporate the highest standards of safety performance possible.

8. Intercounty Services

Miami-Dade County Transit is currently operating with the Training and Employment Council (which is the entity that replaced the local WAGES program, and is known as TEC). Additionally, the South Florida Workforce Board has obtained funding to establish a fixed bus route from Miami-Dade County to mile marker 50. Funding transit from Miami-Dade County to mile marker 50 in the Florida Keys will fully benefit the employment of trip makers from and to the Keys. The Key West Department of Transportation has also worked to extend this bus service route to Key West. This route is operated as the Lower Keys Shuttle. This shuttle operates bus service between Key West and Marathon connecting with American Coach in Marathon to provide bus service from Key West to Florida City (mainland Miami). Scheduled stops are made in Key West, Boca Chica, Big Coppitt, Bay Point, Sugarloaf, Cudjoe Key, Summerland Key, Big Pine Key, and Marathon.

9. Natural Disaster/ Emergency Preparedness

The CTC system is not specifically included in the Monroe County disaster response plan. However, the CTC is working towards being included in the Monroe County disaster response plan as a collaborative entity and resource to the community. The Monroe County Department of Social

Services maintains an updated roster of individuals with special needs in the event of an evacuation. For hurricane evacuation, the overall vehicle capacity appears likely to suffice only to transport a limited number of program clients, and even that capacity may be diluted if drivers are unavailable. For disasters of more limited scope, CTC coordinated vehicles, while not included in the county response plan, would in many cases be available.

10. Marketing and Customer Satisfaction

Neither the CTC entity nor individual providers have undertaken extensive marketing, having found that the distribution of a brochure and word of mouth have succeeded in generating demand sufficient to use most available resources. The CTC conducts an annual survey of customer satisfaction with a random sample of riders. A Rider Survey was conducted in 2004/2005 with 270 Clients surveyed which showed positive feedback on all levels, and yield a higher turn out. Customer satisfaction for Coordinated Transpirations System, expressed through an on-board survey done 2004/2005 posted a 94% plus satisfaction rating. The survey also found that 85% of the riders began their trip in Middle Keys with Marathon and traveled to the Lower Keys, most prominently Key West. Of the 270 surveys conducted 95% experienced a comfortable on-time service, compared to 88% percent in 2003/2004.

11. Acceptable Alternatives

Whenever feasible the CTC entity encourages the use of natural supports to provide transportation. There will continue to be certain situations where transportation alternatives represent a preferred method of transportation for certain individuals. These instances conform with F.S. 427.1016(1)(a) and with F.A.C. 41-2.015(2-3). Such instances include the transportation of foster children or children being removed from parental custody by staff of Department of Children and Families, juveniles being transported by the Department of Juvenile Justice, individuals being transported for involuntary psychiatric commitment or non-emergency stretcher transportation that is being provided by Monroe County EMS. In each of these cases, issues of safety and confidentiality appear to outweigh the benefits of using transportation disadvantaged modalities to provide transportation.

III. QUALITY ASSURANCE

A. Service Standards

1. Commission Service Standards

a) Drug and Alcohol Standards

All coordinated contractors agree to abide by the Drug Free Workplace standards; all safety sensitive job positions may be therefore randomly screened for drug or alcohol use. Providers retain discretion as to timing and selection of random screenings, but the CTC strongly recommends drug screens after any reportable accident.

b) Transport of Escorts and Dependent Children

Passengers 18 and younger and individuals requiring special loading assistance are required to be accompanied by an escort. Escorts must be provided by the passenger and be at least 21 years of age. Escorts shall be transported at no cost.

c) Use, Responsibility and Cost of Child Restraint Devices

All passengers under the age of four and/or under 45 pounds shall be required to use a child restraint device. This device shall be provided by the entity providing the transportation if necessary.

d) Passenger Property

Passengers shall be allowed to have personal property that can be safely stowed so as not to present a hazard to passengers in the event of an impact or sudden stop. Passengers must be able to independently carry all items brought onto the vehicle. Drivers shall be allowed to carry packages as individually needed by the passenger. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices.

e) Vehicle Transfer Points

Vehicle transfer points shall be located in a safe and secure place that provides shelter.

f) Local Toll Free Telephone Number

A local CTC toll-free number, (888) 447-3977, shall be posted in all vehicles transporting TD clients within the transportation system. Customers may call this number to offer comments, compliments or complaints.

g) Out-of-Service Area Trips

The CTC will provide out-of-service area trips, at a minimum, Monday through Friday as per prearranged schedule.

h) Vehicle Cleanliness

Interior of all vehicles shall be free of dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or provide discomfort for the passenger. All vehicles shall be cleaned (interior and exterior) on a regular schedule.

i) Billing Requirements

The CTC shall pay all bills within 7 days to subcontractors after receipt of said payment by the CTC.

j) Passenger/ Trip Database

The Individual Coordination Contractors shall collect the name, telephone number, address, funding source eligibility, and special requirements in a database regarding each passenger. This shall be available to the CTC and the CTD upon request.

k) Adequate Seating

Vehicle seating shall not exceed the manufacturer's recommended capacity.

l) Driver Identification

Drivers shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with the specific passenger upon pickup except

in situations where the driver regularly transports the rider on a recurring basis. All drivers shall have a picture identification and/or name badge displayed at all times when transporting passengers.

m) Passenger (Boarding) Assistance

All drivers shall assist all passengers on and off the vehicles, if necessary or requested, to the seating portion of the vehicle. This assistance shall include: opening the vehicle door, fastening the seat belt or wheelchair safety devices, storage of mobility devices and closing the door. Assistance must be in a dignified manner. Drivers may not assist wheelchairs up or down more than three steps.

n) Smoking, Eating and Drinking

There shall be no smoking or the use of tobacco products on any vehicle in the transportation system. Eating and drinking on board the vehicle is the decision of the organization providing the transportation and the driver. Stops will be made to accommodate the needs of the passengers as predetermined by the dispatcher. Comfort stops will be determined by the driver.

o) Passenger No-Shows

A No-Show policy is in place to discipline clients who make reservations and then do not make the trip when the vehicle arrives. Any passenger who “no-shows” more than three times in a one month period is subject to a 30-day suspension of services. A written warning will be sent to the rider after the second no-show. After the first 30-day suspension there will be another 30-day suspension for each additional no-show.

p) Communication Devices

All vehicles have communication devices in good working order and be audible to the driver at all times to the base. All CTC vehicles are equipped with 2-way radio/cell phones for its drivers.

q) Air Conditioning/Heating

All vehicles in the coordinated system shall have working air conditioning and heating. Vehicles that do not have a working air conditioner or heater shall be scheduled for repair or replacement as soon as possible.

r) Cardio-Pulmonary Resuscitation (CPR) Training

All drivers shall be certified in CPR.

s) First Aid Training

All drivers shall be certified in First Aid.

2. Local Service Standards

a) Driver Criminal Background Screening

Coordinated contractors should be in compliance with the guidelines established by the Department of Children and Families.

b) Service Effectiveness

Service effectiveness will be evaluated quarterly by the Monroe County Local Coordinating Board using the criteria set forth in the CTD manuals.

c) Public Transit Ridership

Public transportation in Monroe County is limited to the City of Key West. For trips within Key West, people who are capable of riding the Key West City Bus are not eligible for Transportation Disadvantaged Funds for paratransit.

d) Contract Monitoring

The CTC shall perform an annual evaluation of the Coordinated Contractors using applicable portions of the CTD evaluation process.

e) Pick-up and Drop-off Windows

There is a forty-minute window on intercommunity scheduled routes, which means that pick up or drop off can be 20 minutes before or after the promised time.

f) On-Time Performance

The Coordinated System shall have a 95 percent on-time performance rate for all completed trips.

g) Advance Reservation Requirement

There shall be a minimum of 24-hour notice requirement for all trips scheduled within the coordinated system except under special circumstances.

h) Accidents

Two chargeable accidents per 100,000 vehicle miles shall be the maximum allowable number of accidents for an evaluation period. An accident is defined as more than \$1,000 worth of vehicle damage.

i) Roadcalls

There should be no less than 10,000 vehicle miles between each roadcall.

j) Call-Hold Time

At this time, the CTC's telephone system is not equipped to time calls on hold. Voice Mail answers calls that come in when someone is not available to pick up the phone. Callers are not placed on hold.

k.) Insurance requirements

As required under FAC 41-2.006 transportation disadvantaged providers shall ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident. The CTC shall be listed on the providers' auto insurance policy as "Additional Insured".

B. Local Grievance Procedure/Process

For Monroe County TD services, the CTC follows the complaint and grievance procedures originally developed by the LCB's Grievance Committee and approved by the full board in May, 1996. Subsequently, the procedures were reviewed and approved at the December 2003 LCB meeting. The procedures provide guidance to individuals wishing to report grievances with regard to any aspect of the TD system.

The Monroe County Grievance Procedures incorporates a multi-level approach to problem resolution. Grievances may take the form of service complaints or formal grievances. The procedures begin with an attempt to resolve the complaint at the provider and/or CTC level. All complaints received by the CTC must be recorded and reported to the LCB and, if applicable, to the provider in question (*see Appendix G for the Grievance Report Form*). In the event that the complainant remains dissatisfied, progressive steps involve the Grievance Committee conducting a review. An appeal to the LCB would follow, if needed, and ultimately, an appeal to the CTD at the statewide level is the final recourse. (*see Appendix H For the full Grievance Procedures document*). Calls can also be placed directly to the nationally designed Ombudsman helpline at (800) 983-2435 or TDD line (800) 648-6084. These numbers are posted in all vehicles and are also included in the Rider's Guide. In 2006-2007, 2 complaints were reported, one less than those reported in 2005-06.

C. Evaluation Process

1. CTC Evaluation Process

A formal evaluation of the CTC is performed annually by the Evaluation Committee of the Local Coordinating Board and the DOPA. The evaluation materials utilized are the *Commission for the Transportation Disadvantaged Evaluation Workbook for Community Transportation Coordinators and Providers in Florida*. The LCB and DOPA may also request additional information from the CTC for the evaluations if necessary.

2. CTC Monitoring Procedures of Operators and Coordination Contractors

The CTC performs quarterly reports and a comprehensive annual evaluation of its coordination contractors using the below listed criteria. Quarterly operating reports including trip and financial information are required to be completed by each coordination contractor and provided to the CTC in order for the CTC to complete its quarterly evaluation worksheets. The annual evaluation of coordination contractors strives to ensure compliance with the System Safety Program Plan, locally approved standards, CTD Standards, annual operating data, and insurance requirements. The reports and annual evaluation are presented to the LCB for review and recommendations.

3. Planning Agency Evaluation Process

DOPA is evaluated by the CTD. The CTD utilizes the *Planning Agency Review Workbook* to conduct scheduled meetings with the DOPA to review planning deliverables. Evaluation of deliverables includes quarterly reports of planning activities with the LCB, CTC evaluation worksheet completion, TDSP development and implementation, and annual budget/expenditure reports.

IV. COST/REVENUE ALLOCATION AND RATE STRUCTURE JUSTIFICATION

A. Cost/ Revenue Allocation Plan

Assumptions: There are forty nine (49) vehicles among Monroe County’s Transportation Disadvantaged Coordinated system and seven (7) Contracted Coordinators which together provided approximately 119,987 trips from July 1, 2006 to June 30, 2007.

Funding: Sponsored trips are those paid for by organizations on behalf of specific transportation disadvantaged individuals. These include Medicaid funded trips.

Non-sponsored trips are those paid (90%) for with Transportation Disadvantaged funds and (10%) local match is not otherwise sponsored by any organization. The CTC receives a coordination fee of \$7.00 for each trip, 90% from the TD funds, and 10% from provider furnished local match.

The Coordination budget is described below.

This cost proposal covers coordination costs only. The Guidance Clinic intends to continue operating as a transportation provider as well; but its accounting system will enable them to avoid commingling the functions of coordination and direct services.

All figures in this proposal are anticipated revenues/expenses from July 1, 2008 to June 30, 2009. The expense budget represents an assessment of actual coordination costs. The \$23,973 in county funds will enable the provision of the enhanced local coordination function, including compliance with state requirements, without reducing the funds available for rides.

<i>Coordination Revenue (excluding Medicaid coordination)</i>	
Coordination Fees collected	\$ 32,711
Monroe County funding	\$ 23,973
Misc. Fees for Service/Interest	N/A
Total Coordination Revenue	\$ 56,684
<i>Coordination Expenses (excluding Medicaid coordination)</i>	
Personnel w/ Benefits	\$33,310
Fringe Benefits	\$9,071
Building Occupancy	\$275
Travel	N/A
Equipment & Furnishings	N/A
Insurance	N/A
Operating Supplies and Equipment	\$3,374
Misc./Allocations	\$14,590
Total Coordination Expenses	\$60,620

B. Services

1. Passengers who use transportation services on a regular basis need only make one call to arrange the service, but the service is not otherwise distinguishable from single trips. Similarly, non-ambulatory passengers are served within the overall range of transportation services without additional charge.
2. Out of county trips are available when resources permit at the same rates as below.
3. For residents of Key West, CTC funds are used to purchase monthly transit passes for eligible persons able to use the transit system unless a disability prevents them. Non-emergency stretcher transportation is not currently available through the CTC system.

C. Fare Structure

1. CTC funds purchase Key West transit monthly passes for \$15.00 for eligible participants.

For paratransit services, there is a flat trip rate of \$10.00 for each passenger (escorts ride free) plus an additional mileage charge of \$1.73 per mile for trips that extend beyond the core service area for a provider (The core service area is defined differently for each provider depending on what part of the county it is based). This fare applies to all services irrespective of whether a trip has a single passenger or is multi-loaded, and irrespective of whether a passenger is non-ambulatory and irrespective of whether the trip extends out of county.

Middle Keys Transportation (operated by the Guidance Clinic of the Middle Keys) and Monroe County Social Services are the only Medicaid transportation providers in the coordinated system.

2. Rates for non-emergency stretcher transportation will be set differently due to the need for attendant and for specialized loading.
3. Coordination fees cover the following activities:
 - Contracting, certification and compliance monitoring of contracted providers
 - Dispatching of county wide transportation requests
 - Eligibility screening for all passengers, sponsored or non-sponsored.
 - Scheduling of passengers
 - Completion of all quarterly and annual TD reports
 - Arranging or provision of system wide driver training
 - Billing reconciliation
 - Marketing, complaints, surveys

Approximately 1.2 FTE positions are required to complete these tasks (*without Medicaid coordination*). A coordination budget is incorporated in this service plan

(please refer back to Part A). Office hours are Monday through Friday from 8:30 a.m. to 4:00 p.m.

D. Fare Structure Study

As reported in the Annual Operating Report (July 1, 2006– June 30, 2007), the overall Coordinated system’s revenues of \$2,386,235 purchased 119,987 trips for a system-wide average cost of \$20.92 per trip (*see Appendix I*). The summary of financial data on revenue and expenses from the Annual Operating Report is shown below. The difference in total expenses surpassing total revenue is attributed to the operating expenses of TD contractors.

Transportation Disadvantaged Program Financial Summary (7/1/06 – 6/30/07)	
Revenue Source	Amount
Local Non-Government	N/A
Local Government	\$1,075,210
Commission for the Transportation Disadvantaged	\$264,904
Department of Transportation	\$54,739
Agency for Health Care Administration (Medicaid Non-Emergency)	\$872,787
Department of Children and Families	\$26,320
Total Revenue	\$2,386,235
Total Expenses	\$2,509,746
Net Difference	(-123,511)

V. APPENDICES

Appendix A

The Hon. George Neugent

District 2
25 Shipsway
Big Pine Key, FL 33043
Tel: 305-872-1678 (Terry – assistant)
Fax: 305-872-9195
Email: neugent-george@monroecounty-fl.gov
marble-terri@monroecounty-fl.gov

Slot: Chair

Bill Hays

Office of Veteran Affairs
1200 Truman Avenue
Key West, FL 33040
Tel: 305-295-5150

Slot: Vice Chair
Veteran Services

Alternate: Peggy Ricciuto

Email: Ricciuto-Peggy@monroecounty-fl.gov
Tel: 305-289-6009

Henry Bikofsky

1123 Calle Ensenada
Marathon, FL 33050
Tel: 305-743-8171
Email: hankbflkey@aol.com

Slot: Florida Department of Elder Affairs (FDEA)

George Richard Bromwich

513 N. Ruby Ave.
Key Largo, FL 33037
Tel: 305-852-6353
Email: Rrbrom@aol.com

Slot: Citizen Advocate

Stan Darczuk

575 52nd Street
Gulf Marathon, FL 33050
Tel: 305-289-0741
Email: wolfhead1@comcast.net

Slot: Citizen Advocate for People with Disabilities

Jerry Eskew

Monroe County Social Services
Public Services Building, Wing III
1100 Simonton St., Room 1-181
Key West, FL 33040
Tel: 305-292-4425
Fax: 305-292-4517
Email: eskew-jerry@monroecounty-fl.gov

Slot: Person over 60 representing Monroe County (Elderly)

Alt: Danny Davenport

Darren Guttman

~~Friendly Cabs of Key West
800 Catherine Street
Key West, FL 33040
Tel: 305-296-6934, 294-2348, 766-1400
Fax: 305-296-1480
Email: corp550@bellsouth.net~~

Slot: Private Transportation

Elena Herrera

Department of Children and Families
1111 12th Street, Suite 310
Key West, FL 33040
Tel: 305-292-6745
Fax: 305-292-6809
Email: elena_herrera@dcf.state.fl.us

Slot: FL Dept. of Children & Families

Ed Carson

Transit Programs Administrator
Florida Department of Transportation
1000 NW 111th Ave., Rm. 6114
Miami, FL 33172
Tel: 305-470-5255
Fax: 305-470-5179
Conference call # 305-470-5278
Email: edward.carson@dot.state.fl.us

Slot: FL Dept. of Transportation

Alternate: Carl Filer

Email: Carl.Filer@dot.state.fl.us

Cindy McKnight

264 Orange Avenue
Grassy Key, FL 33050
Tel: 305-434-9016
Fax: (305) 434-9041

Slot: Citizen Advocate/User

Patricia Murphy, RN, BSN, MS
130 Ocean Bay Drive
Key Largo, FL 33037
Tel: 305-451-5141
Cell: 305-394-0359
Fax: 305-451-9239
Email: murphyhouse130@terranova.net

Slot: Monroe County Medical Community

~~**Judy Rosenbaum**~~
~~Medicaid Program Office~~
~~8355 NW 53rd Street, 2nd Floor~~
~~Miami, FL 33166~~
~~Tel: 305-499-2020~~
~~Fax: 305-499-2022~~
~~Email: rosenbaj@ahca.myflorida.com~~

Slot: Agency for Health Care Adm.
Alternate: Maria Rodriguez
Tel: (305) 513-3409

Myra Wittenberg
Key West Dept. of Transportation
627 Palm Avenue
Key West, FL 33040
Tel: 305-809-3910
Alt Tel: 305-797-5482
Fax: 305-292-8285
Email: mwittenb@keywestcity.com

Slot: Mass/Public Transportation
Alternate: Eduardo Herrera
Tel: 305-304-4030
Email: eherrera@keywestcity.com

Pete Worthington
310 Calzada de Bougainvillea
Marathon, FL 33050
Tel: 305-289-0792
Email: pworthington@msn.com

Slot: Community Action

**Commission for Transportation
Disadvantaged STAFF**

Niki Branch
Project Administration Manager
605 Suwannee Street, MS 49
Tallahassee, FL 32399
Tel: (850) 410-5702, SC 210-5702
Fax: (850) 410-5752
Email: niki.branch@dot.state.fl.us

**Community Transportation Coordinator
(CTC) STAFF**

Maureen Grynewicz
Guidance Clinic of the Middle Keys
3000 41 Street, Ocean
Marathon, FL 33050
Tel: 305-434-9000
Fax: 305-434-9040
Email: mo.grynewicz@gcmk.org

**Designated Official Planning Agency
(Health Council) STAFF**

Health Council of South Florida, Inc.

Marisel Losa
mlosa@healthcouncil.org

Violet Murunga
vmurunga@healthcouncil.org

8095 N.W. 12th Street, Suite 300
Miami, Florida 33126
Tel: (305) 592-1452
Fax: (305) 592-0589

Appendix B

Middle Keys Transportation FARES

(per 1 way trip)

(South bound)

(North Bound)

Marathon to:

Big Pine	\$1.00	Grassy Key	\$1.00
Summerland Key	\$2.00	Long Key	\$2.00
Sugarloaf Key (Cudjoe Key)	\$3.00	Islamorada	\$3.00
Big Coppitt	\$4.00	Tavernier	\$4.00
Key West	\$5.00	Key Largo	\$5.00

Key Largo to:

Key West to:

Tavernier	\$1.00	Big Coppitt	\$1.00
Islamorada	\$2.00	Sugarloaf Key	\$2.00
Long Key	\$3.00	Summerland Key	\$3.00
Grassy Key	\$4.00	Big Pine Key	\$4.00
Marathon	\$5.00	Marathon	\$5.00

<u>City</u>	<u>Mile Marker</u>	<u>Miles From Miami</u>
<u>Key Largo</u>	110-89	<u>58</u>
<u>Islamorada</u>	88-66	76
<u>Marathon</u>	65-40	111
<u>Big Pine</u>	39-9	128
<u>Key West</u>	8-0	159

****Remember to donate \$1 to the Transportation Disadvantaged Trust Fund the next time you renew your car tag!**

Appendix C

MIDDLE KEYS TRANSPORTATION

	<i>Departure</i>	<i>Returning Trip</i>
Monday		
Middle to Upper Keys (<i>Up to Key Largo</i>)	6:30 am 2:30 pm	8:30 am 4:00 pm
Middle to Lower Keys	6:30 am 2:30 pm	8:30 am 4:00 pm
Tuesday		
Middle to Upper Keys (<i>Marathon to Marathon</i>)	9:30 am 2:30 pm	10:00 am 4:00 pm
Middle to Lower Keys	6:30 am 2:30 pm	8:30 am 4:00 pm
Wednesday		
Middle to Upper Keys (<i>Up to Key Largo</i>)	6:30 am 2:30 pm	8:30 am 4:00 pm
Middle to Lower Keys	6:30 am 2:30 pm	8:30 am 4:00 pm
Thursday		
Middle to Upper Keys (<i>Marathon to Marathon</i>)	9:30 am 2:30 pm	10:00 am 4:00 pm
Middle to Lower Keys	6:30 am 2:30 pm	8:30 am 4:00 pm
Friday		
Middle to Upper Keys (<i>Up to Key Largo</i>)	6:30 am 2:30 pm	8:30 am 4:00 pm
Middle to Lower Keys	6:30 am 2:30 pm	8:30 am 4:00 pm

Set stops between Marathon & Key West:

Guidance Clinic of the Middle Keys /
 Dion's Quick mart - BPK
 Burger King – Stock Island
 Corner of Truman & White Sts.
 K Mart (Sears town)
 Peacock Apts.
 VA Clinic
 Waterfront Market
 St. Clare's

Set stops between Marathon & Key Largo:

Dental Clinic –Fisherman's Hospital
 Islamorada Library
 San Pedro's Church – MM 89
 St. Justin's – MM 105

Appendix D

MONROE COUNTY CTC PROVIDERS

<p><u>Guidance Clinic of the Middle Keys</u> Marathon</p>	<ul style="list-style-type: none"> • Community Transportation Coordinator <ul style="list-style-type: none"> ✓ Intra-Community Transportation (Deviated Fixed Route – Marathon to Key Largo and Marathon to Key West) • Medicaid Coordinator <ul style="list-style-type: none"> ✓ Transport of Medicaid eligible riders to Medicaid eligible providers (In or Out of County)
<p><u>Florida Keys Outreach Coalition (FCOC)</u> Key West</p>	<p>Transport of own clients - provide homeless individuals and families with the resources and opportunities by which to attain residential, financial and personal stability and self-sufficiency.</p>
<p><u>US Fellowship (Heron House)</u> Marathon</p>	<p>Transport of own clients – chronically mentally ill</p>
<p><u>Florida Keys Children’s Shelter (FKCS)</u> Tavernier</p>	<p>Transport of own clients - children</p>
<p><u>Monroe County Social Services (MCSS)</u> Key West</p>	<ul style="list-style-type: none"> • Demand trip • Inter-Community Transportation
<p><u>Center for Independent Living (CIL)</u> Key Largo</p>	<p>Transport of own clients - elderly</p>
<p><u>Monroe Association for ReMARCable Citizens Inc. (MARC House)</u> Key West</p>	<p>Transport of own clients - adult clients within Monroe County who have developmental disabilities that include mental retardation (I.Q. 69 or below), cerebral palsy, spina bifida, Prader-Willi Syndrome, and traumatic brain injury sustained prior to age 18.</p>

Appendix E

Guidance Clinic of the Middle Keys Community Transportation Coordinator Monroe County, Florida

System Safety Program Plan

Revision Date: July 2008
Review Dated: July 2008

Distribution List:

Florida Keys Outreach Coalition
US Fellowship
Florida Keys Children's Shelter
Monroe County Social Services
Center for Independent Living
MARC House

Formally Adopted by: _____ Date: 07/13/08
Title: Regional Vice President/GCMK

**Guidance Clinic of the Middle Keys
(Middle Keys Transportation)**

**Community Transportation Coordinator
Monroe County, Florida**

System Safety Program Plan

Revision Date: July 2008

Review Dated: July 2008

INTRODUCTION

The Guidance Clinic of the Middle Keys, Inc., is a nonprofit, charitable organization dedicated to the provision of high-quality and cost-effective behavioral healthcare services for children, youth, and adults throughout the Florida Keys. The Guidance Clinic of the Middle Keys, Inc., provides services in a timely and affordable manner for persons with or at risk of mental health and/or substance use disorders.

The Guidance Clinic of the Middle Keys was selected as the CTC in October 1997 and as the Medicaid Coordinator in January 2000.

This plan describes those safety standards that apply to all coordinated contracts operating vehicles under the coordinated transportation disadvantaged system within Monroe County Florida. The CTC for Monroe County is the Guidance Clinic of the Middle Keys (GCMK), located at 3000 41st Street, Ocean; Marathon, Florida 33050; (305) 434-9000, or for the Florida Relay Service [TTY] (800) 955-8771. The Transportation Department's direct line is (305) 434-9099 or (888) 447-3977.

The purpose of this plan is to assure the riding public that the drivers, vehicles and overall management of the coordinated transportation system incorporate the highest standards of safety performance possible. It reflects the safety standards and requirements outlined in Florida Statute Chapters 322 and 427, and Florida Administrative Code (FAC) 14-90. Except where this plan outlines more rigorous standards, FAC 14-90 standards are presumed to apply, even when not specifically mentioned. Coordinated contracts must be knowledgeable about the requirements of Florida Statute Chapter 427, and Florida Administrative Code 14-90.

MANAGEMENT

GCMK has the overall responsibility for establishing safety standards for the local coordinated system, for assuring that coordinated contractors are in compliance with this plan and for certifying that the overall coordinated system complies with this plan.

The CTC will accordingly:

- Certify to the Florida Department of Transportation (DOT), compliance with the System Safety Program Plan
- Inspect all vehicles at least annually in accordance with standards in

- FAC 14-90.003. This will include a review of inspections, maintenance and repairs. The mechanical inspections will be conducted throughout the year coinciding with the preventative maintenance schedule. Based on those inspections, the CTC will submit a safety certification to DOT verifying the inspections have been completed
- Inspect and monitor all safety areas and all documentation regarding driver training and screening
 - Review compliance of coordinated contractors with the drug free workplace requirements, physical exams, work records, and licensing for drivers as required in FAC 14-90
 - Establish training standards and procedures for drivers and ensure road tests are being given to all system drivers by a designated person(s) who is competent to evaluate whether the person being tested has demonstrated the capability of operating the vehicle
 - Assure that all drivers understand applicable safety procedures, including daily inspection of vehicles and procedures for responding to unsafe operating conditions
 - Maintain a comprehensive accident reporting and evaluation system
 - Verify that providers have at least the legal minimum of insurance coverage
 - Conduct an annual ridership survey for the coordinated system

DOT has the authority to conduct inspections and other reports to determine if the coordinated system is in whole or part compliant with these safety standards and is therefore safe for passenger service. In such an event that DOT determines non-compliance, it will initiate a notification outlining a progressive sequence of sanctions beginning with a requirement for a plan of correction with specific deadlines and may include suspension of service if the coordinated system fails to comply. (14-90.012)

AGENCY'S FLEET

Model Year	Vehicle Make and Type	FDOT Control # & VIN #	Seats & w/c positions
2008	Honda Civic - Hybrid	JHMFA36248S003080	4 Pass/No W/C
2007	Chevy - Turtle Top (Wheelchair)	94671 1GBJG312X71144357	10 - 2 w/c
2006	Chevy - Cutaway (Wheelchair)	94667 1GBE4V1276F419920	14 - 2 w/c
2005	Ford - Turtle Top (Wheelchair)	94644 1FDXE45P84HB24100	14 - 2 w/c
2004	Ford-Turtle Top (Wheelchair)	94616 1FDXE45F83HB11031	14 - 2 w/c
2002	Ford Van (Wheelchair)	93666 1FTSS34F82HB15600	10 - 2 w/c
2002	Ford Van - Turtle Top	93665 1FDXE45F02HA70022	18 - no w/c
1999	Ford Van (Wheelchair)	93609 1FT5534FOXHB54979	10 - 2 w/c

DRIVER / PASSENGER SAFETY

Drivers are expected to operate vehicles in accordance with all applicable traffic laws.

Driver hours are regulated by FAC 14-90.006 (3) which prohibits any driver from driving more than 12 hours in any one 24 hour period or more than 70 hours in any 7 consecutive day period or after having been on duty for 16 hours or more in any one 24 hour period.

No driver shall operate a vehicle while impaired by fatigue, illness or medications.

FAC 14-90.006(3)(a) The driver who has reached the maximum 12 driving hours or 16 hours on duty time shall be required to have a minimum of 8 consecutive hours off duty time with any one 24-hour period. A driver may however be permitted to drive for more than the regulated hours if the hours are necessitated by adverse conditions resulting from weather, road or traffic, or emergencies resulting from an accident, medical reasons or disaster

FAC 14-90.006(4).

Drivers are responsible for assuring that all passengers wear seat belts for the duration of every trip and for assuring that children 45 pounds and under and/or ages 4 and under are seated in the appropriate child restraint equipment and that it is properly used. Drivers must provide reasonable direction and assistance to passengers to assure that they are properly restrained. An escort must accompany children 18 and younger. Escorts must be at least 21 years old.

No vehicle in the coordinated system has equipment for standees. Therefore, every passenger must have a full seat with a seat belt.

Individual providers have the discretion of whether to transport the personal property of passengers, and if so how much. All items carried, however, must be stowed so as not to present a hazard to passengers or driver in the event of an impact or sudden stop.

Vehicle refueling should be done when there are no passengers in the vehicle.

A vehicle carrying passengers must stop at all railroad gate crossings.

No vehicle carrying passengers may be operated with any open doors. Smoking is prohibited in agency vehicles.

DRIVERS TRAINING / REQUIREMENTS

All drivers must receive and/or complete:

- Customer Service training
- Defensive Driving
- Drug screenings
- Fire Safety Training
- Wheelchair Lift/Restraint training
- First Aid and CPR certification
- HIV/AIDS training
- Initial and Biennial Physicals
- Road Test(s)

All drivers must meet the age requirements instituted by individual agency's insurance company or be noted in the driver's file of exemption of such requirements.

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Review/Revised Date: July 2008

Each system driver must have a valid Florida operator's license and at least a three-year clean/safe driving record. Any driver who has received a moving violation, is involved in an accident and/or has their license suspended, cancelled or revoked must notify their employer within 24 hours of incident.

All coordinated contractors must keep a current and legible photostat copy for all employees who drive company vehicles in accordance with Florida Statutes Chapter 322. Driving records will be checked for violations on all drivers in the coordinated system at least annually.

All drivers must receive an initial physical examination and at least one every two years. These examinations must be performed by a Doctor of Medicine or Osteopathy licensed in the State of Florida. Physical examinations will be on file and dated within the past 24 months. Records and results of these exams shall be maintained for a minimum of four years. (14-90.0041)

Drivers must have their *Driver Identification Card* prominently displayed in the vehicles at all times.

Each coordinated contractor is responsible for assuring that each driver has received appropriate training in defensive driving, equipment operation, equipment inspection, and handling of emergencies. Each coordinated contractor is also responsible for assuring driver safety through an initial road test for each vehicle type the driver will operate, and documentation of completed test(s).

The Guidance Clinic of the Middle Keys is a Drug Free Workplace. All staff, including drivers, are subject to random drug screening.

GRIEVANCE PROCEDURE

The CTD has designed the Ombudsman helpline to provide transportation disadvantaged customers with an avenue to voice concerns, comments or questions about the coordinated transportation system. Helpline hours of operation are 8:00 a.m. to 5:00 p.m. Monday through Friday, with voice mail for evenings and weekends. The numbers are (800) 983-2435 or the TTD line (800) 648-6084 and are required to be displayed in each vehicle.

TRANSPORTATION PROVIDERS

Florida Keys Outreach Coalition (FKOC)
Key West, FL 33041

US Fellowship (Heron House)
Marathon, FL 33050

Florida Keys Children's Shelter (FKCS)
Tavernier, FL 33070

Monroe County Social Services (MCSS)
Key West, FL 33040

Center for Independent Living
Key Largo, FL 33037

MARC House
Key West, FL 33041

VEHICLE SAFETY/MAINTENANCE

All vehicles must be equipped with a fully stocked first aid kit, at least one ABC fire extinguisher, and three reflective triangles.

Wheelchair lifts and securing items must be inspected weekly.

Child restraint equipment must be inspected monthly for soundness and proper adjustment.

Vehicles must be equipped with two-way communication device.

Drivers must submit a daily written report indicating the condition of the vehicle and any defects likely to affect safe operation. That report must indicate inspection of all parts likely to affect safe operation as outlined in 14-90.008(7)(a). No driver may operate a vehicle deemed to be unsafe.

In order to enhance rider safety and increase vehicle longevity, contractors are required to develop a preventative maintenance program for their vehicles. A plan shall assure timely inspection of all components at regular intervals, completion of all routine maintenance tasks, and the ability to anticipate the failure of components (see Preventative Maintenance Inspection). Providers must retain complete records of inspections, maintenance and repairs for four years and such records must be available for inspection.

GCMK conducts annual inspections as stated in Rule 14-90.008. At a minimum the inspection must assure that the following items are in safe operating conditions:

Hom	Tires and Wheels
Windshield Wipers	Suspension System
Mirrors	Steering System
Wiring and Battery	Exhaust System
Service and Parking Break	Seat Belts
Warning Devices	Safety Equipment (First Aid Kit, Fire Extinguisher, Reflective Triangles...)
Directional Signals	Equipment for transporting or securing wheelchairs
Hazard Warning Signals	Manufacturer's Certification label on wheelchair lift equipment and ramps
Lighting and Signaling Systems	
Doors and interlock devices	
Emergency Exits	
Stepwells and Flooring	

If the inspection reveals any significant safety or mechanical defect, those defects must be corrected before the vehicle may be operated with passengers. If the inspection reveals other defects regarded as not endangering safety, the provider must correct those defects within 30 working days and furnish documentation of remediation.

DOCUMENTATION

The following documentation must be available for inspection for each driver:

- Proof of receipt of written operation and safety procedures

- Photostat of current operator license
(Class of license mandated as stated in the Florida Driver's Handbook presented by the Department of Highway Safety and Motor Vehicles, Tallahassee, Florida)
- Physical exam by physician completed at hire and within last two years
- Documentation of training on defensive driving, equipment inspection, proper use of fire extinguisher, emergencies, and the operation or use of special equipment such as wheelchair lifts, child restraints
- Current certifications in First Aid and CPR
- Documentation of road testing administered by a qualified individual for each vehicle type operated by driver
- Documentation of drug screens that have been administered (results are confidential)
- Payroll records indicating days and hours worked for the last two years

Each transportation provider must provide written operating and safety procedures to each driver at the time of hire, and must provide documentation that the driver has read and understood those procedures (maintain records for a minimum of 4 years as stated in Rule 14-90.0041)

ACCIDENTS

In the event of an accident drivers must follow these procedures in the described order. Individual providers may have additional requirements as part of their organizational procedures. Every accident situation will present different circumstances and challenges. The requirements outlined below cannot anticipate every situation that may occur and thus cannot be considered a substitute for good driver judgement. The highest priority in an accident situation is the safety and well being of passengers and no other actions should be taken until appropriate measures have assured that passengers are safe or that assistance is on the way.

A copy of the Monroe County Sheriff's Office Accident Report will be used as GCMK standard reporting form. Each driver is to have copies of this form in their vehicles at all times.

- After an accident has occurred, the driver should identify whether any passengers have been injured, both by visual observation and by their self-report. In the event that passengers report injuries that are not visible the driver must note these in writing.
- The driver should notify EMS via 911 if any passengers show evidence of injury, report difficulties with movement or sensation, or are trapped in the vehicle or if the passengers in any other involved vehicle are similarly involved.
- Render appropriate first aid or CPR to injured persons as needed to stabilize
- Passengers who are not injured should be directed to move to as safe a place as can be achieved.
- Notify Florida Highway Patrol (*FHP on a cell phone)
- Notify base office of accident and location. Identify to both base office and FHP the location of the accident, the number and seriousness of any injuries.
- Cooperate with investigating officer, give a factual account of the events leading to the accident and supply officer with needed documentation (ie. Drivers license, vehicle registration...)
- Arrange with base office to transport uninjured passengers if vehicle is inoperable.

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Review/Revised Date: July 2008

Drivers are subject to a drug screen after an accident. The provider must notify the CTC within 24 hours of an accident involving any fatalities and/or damage of \$500 or more.

The CTC must notify the Florida Commission for the Transportation Disadvantaged (CTD) of any accident (within the coordinated system) involving fatalities and/or with damage of \$500 or more within 24-hours.

The CTC must notify DOT within 24 hours of any accident within the coordinated system involving fatalities.

A copy of the accident report must be forwarded to the CTC upon receipt. The CTC will forward copy of report to the CTD and DOT.

The Monroe County Transportation Disadvantaged Service Plan (TDSP), set a standard of no more than 2 chargeable accidents for every 100,000 vehicle miles. In the event that that standard is exceeded, the CTC entity shall conduct a safety audit of at least the affected providers.

EMERGENCIES

An emergency is defined as any non-routine event that poses a potential or real hazard to passengers or vehicles or which has the potential or actual effect of disrupting or delaying service. Many transportation emergencies are avoidable with planning, training and effective maintenance, but drivers must be prepared to deal effectively with a range of unexpected situations. Common emergency situations and appropriate driver responses include the following:

- **Weather** - Heavy rains or high winds pose hazards by reducing visibility, and impairing effective control of the vehicle. Drivers are expected to exercise sound judgement about what weather conditions preclude safe operation, to pull off the road in a safe manner and to notify the base office.
- **Mechanical Failure** - At any indication of mechanical difficulty whether through unusual noises or odors, handling problems or warning indicators, a driver should pull off the road in a safe manner and attempt to assess the problem. The driver should notify the base office as to the nature of the problem. A driver should not attempt to drive a vehicle that has the potential to endanger persons or property. Individual providers will have their own procedures indicating how to provide alternative transportation if necessary. Road calls are reportable under the CTC system and should be reported in the quarterly reports submitted to the CTC.
- **Fire** - A vehicle has several sources of high heat and several places where fuel can leak, as well as a substantial (and largely inaccessible) electrical system. Drivers must thus stop and investigate any evidence of fire however minor it may appear. If inspection reveals an active or imminent fire (i.e. Gasoline dripping on the exhaust system), the driver must take immediate steps to evacuate all passengers and move them a safe distance away from the vehicle. They are not to attempt to bring any belongings. The driver's responsibility in an

evacuation situation is to enable passengers to make an orderly exit by keeping them calm and giving clear and simple directions.

The driver should render assistance directly to persons who are in wheelchairs or who have difficulty with mobility.

The driver should notify the fire department through 911 on the cell phone and then notify their base office as soon as passengers are safely out of the vehicle.

If the fire appears to be small and confinable, the driver may attempt to use the fire extinguisher to put it out according to the basic practices:

(From 10 feet away)

Pull the pin

Aim at the base of the fire

Squeeze the handle

Sweep side to side

- *Illness/Injury* - In the event a passenger becomes seriously ill on the vehicle, the driver should notify EMS and provide first aid or CPR as appropriate.

Appendix F

**MONROE COUNTY LOCAL COORDINATING BOARD
FOR TRANSPORTATION DISADVANTAGED SERVICES
GRIEVANCE REPORT**

(PLEASE PRINT CLEARLY)

CALL (305) _____ - _____ IF YOU NEED ASSISTANCE

NAME: _____

ADDRESS: _____

DAY TIME PHONE: _____

DATE OF TRIP: _____

TRIP DESTINATION: _____

DESCRIBE THE SITUATION:

TIME CALL RECEIVED:

TIME RECEIVED MESSAGE:

RETURNED CALL/LEFT MESSAGE:

Appendix G

GRIEVANCE PROCEDURES FOR THE MONROE COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

Section 1. GRIEVANCE SUBCOMMITTEE

The following sets forth the grievance procedures which shall serve to guide the Monroe County transportation Disadvantaged Local Coordinating Board, as specified by the Transportation Disadvantaged Commission pursuant to Chapter 427, Florida Statute and Rule 41-2.012, Florida Administrative Code. In accordance with this process, there is hereby created and established a subcommittee, hereinafter referred to as Grievance Committee, to resolve problems according to the following guidelines.

The following procedures shall incorporate a multi-layered approach to problem resolution. The first notice of a grievance should go directly to the contracted Transportation Disadvantaged Provider. If the Transportation Disadvantaged Provider is unable to resolve the problem, the Community Transportation Coordinator and Grievance Committee are given an opportunity to review.

The primary purpose of the Grievance Committee is to process, investigate and resolve complaints, and to make recommendations to the Local Coordinating Board for improvements in service from agencies, transportation operators, users or potential users of the system in Monroe County.

Section 2. DEFINITIONS

As used in these Procedures, the following words and terms shall have the meanings assigned therein. Additional program definitions can be found in Chapter 427, Florida Statutes and Rule 41-4, Florida Administrative Codes.

- a) Community Transportation Coordinator (CTC): A transportation entity recommended by a Metropolitan Planning Organization, or by the appropriate designated official agency as provided for in Section 427.015(1), Florida Statutes, in an area outside the purview of a Metropolitan Planning Organization and approved by the Commission, to ensure that coordinated transportation services are provided to serve the transportation disadvantaged population in a designated service area. The current CTC for Monroe County is Florida Keys CTC, Inc.
- b) Designated Official Planning Agency (DOPA): The official body or agency designated by the Commission to fulfill the functions of transportation disadvantaged planning. The current DOPA for Monroe County is the Health Council of South Florida.
- c) Transportation Disadvantaged (TD) (user): “Those persons who, because of physical or mental disability, income status, or age or who for other reasons are unable to transport themselves or to

purchase transportation and are, therefore, dependent on others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk as defined in Section 411.202, Florida Statutes.” (rule 41-2.002, Florida Administrative Code)

- d) Agency: An official, officer, commission, authority, council, committee, department, division, bureau, board, section, or any other unit or entity of the state or of a city, town, municipality, county, or other local governing body or a private nonprofit entity providing transportation services as all or part of its charter.
- e) Transportation Operator: One or more public, private-for-profit or private nonprofit entities engaged by the community transportation coordinator to provide service to transportation disadvantaged persons pursuant to a coordinated transportation development plan.
- f) Grievance: A circumstance or condition thought to be unjust and ground for complaint or resentment.
 - 1) Service Complaint: Incidents that may occur on a daily basis and are reported to the driver or dispatcher or to other individuals involved with the daily operations, which are resolved within the course of a reasonable time period suitable to the complainant. Local service complaints are driven by the inability of the CTC or transportation operators to meet local service standards established by the CTC and LCB. All service complaints should be recorded and reported to the LCB by the CTC. If the CTC is also an operator, statistics on service complaints should be included.
 - 2) Formal Grievance: A written complaint to document and concerns or an unresolved service complaint regarding the operation or administration or TD services by the Transportation Operator, CTC, DOPA or LCB.
- g) Administrative Hearing Process: Chapter 120, Florida Statute.

Section 3. GRIEVANCE PROCEDURES

The following procedures are established to provide regular opportunities for grievances to be brought before Grievance Committee.

Service Complaints: A complaint should direct any initial concern to the party involved before initiating the Grievance Procedure. If the party fails to correct the problem, the issue should be brought to the attention of the CTC. The initial point of contact for complaints may be the provider, the CTC or both. These complaints shall be addressed by the CTC according to its complaint resolution procedures. Florida Keys CTC, Inc. and its service operators and other subcontractors must post the contract person’s name and telephone number in each vehicle regarding the reporting of complaints, and each vehicle must have available self-addressed postcards for written comments. All service complaints received by Florida Keys CTC, Inc. shall be recorded and reported to the Local Coordinating Board. Service complaints may include but are not limited to:

- Late trips (late pickup and/or drop-off)
- No-show by transportation operator
- No-show by client
- Client behavior
- Driver behavior
- Passenger discomfort
- Service denial (refused service to client without explanation)
- Other, as deemed appropriate by the Grievance Committee

Formal Grievance: Should an interested party wish to file a formal grievance in order to receive improved service from the Transportation Disadvantaged Program, that grievance must be filed in writing to Florida Keys CTC, Inc. (the CTC). The grievance should be demonstrated or expressed as clearly as possible. Formal grievances may include but are not limited to:

- Recurring or unresolved service complaints
- Violations of specific laws governing the provision of TD Services
- Contract disputes
- Coordination disputes
- Bidding disputes
- Agency compliance
- Conflicts of interest
- Supplanting of funds
- Billing and/or accounting procedures
- Other, as deemed appropriate by the Grievance Committee

The Grievance Committee shall endeavor to resolve a grievance. The Grievance procedures established by the Monroe County Local Coordinating Board are for the purpose of fact-finding and not exercising adjudicative powers, therefore it should be understood that these procedures are for the purpose of “hearing,” “advising” and “resolving” issues. All decisions of the Grievance Committee shall be reported to the LCB.

Written Decision: Written decisions shall include: a) an opinion and reasons for the decision based on information presented, and b) a recommendation based on the investigation and findings.

Filing a Formal Grievance: Complaints may use the Grievance Card and should follow the steps below:

Complainant receives written notice from the Grievance Committee regarding its decision. Once an appeal has been received, the LCB shall meet and render its decision at its next regularly scheduled meeting. The Complainant shall be notified in writing of the date, time and location of the LCB meeting where the appeal shall be heard. This written notice shall be mailed at least ten (10) days in advance of the meeting. A written copy of the decision made by the LCB shall be mailed to all parties involved within ten (10) working days of the date of the decision.

Appeal to the State Transportation Disadvantaged Commission: Should the complainant remain dissatisfied with the decision of the Monroe County Local Coordinating Board, an appeal may be made in writing to the Transportation Disadvantaged Commission. The appeal shall be addressed to:

Executive Director
Florida Transportation Disadvantaged Commission
605 Suwannee Street, MS-49
Tallahassee, Florida 32399-0450

Apart from the complaint/grievance procedures outlined above, aggrieved parties with proper standing may also have recourse through the Chapter 120, F.S., administrative hearings process or the judicial court system.

Section 4. RULES

The Coordinating Board Grievance Procedures must be formally adopted by the Local Coordinating Board.

The Grievance Procedures may be amended by a simple majority of members present, if a quorum exists, providing the proposed change(s) is/are mailed to all members at least seven (7) days in advance of the meeting.

Quorum: At all meetings of the Local Coordinating Board, the presence in person of a majority of the voting members shall be necessary and sufficient to constitute a quorum for the transaction of business.

The Complainant shall complete a Grievance Card, noting his/her name address, the date and destination of the trip during which the problem occurred, and a clear statement of the complaint. The Complaint may request assistance in completing the card from the Community Transportation Coordinator. The card is only the vehicle for following procedure and should not prevent the Complainant from following through with necessary action. Cards should be mailed to:

Florida Keys CTC, Inc.
P.O. Box 3634
Tallahassee, Florida 32315
1-888-CTC-2505

The CTC shall forward all initial complaints for review by the Transportation Disadvantaged Provider. The Provider must respond in writing no later than ten (10) working days from the date the grievance is received.

The CTC shall endeavor to resolve the grievance. The CTC shall notify the Complainant of the resolution, and it shall provide a copy of the Grievance Card with Provider response to the LCB and to the Complainant. The CTC shall also provide information to the Complainant regarding rights and procedures to request a review by the Grievance Committee in the event that the Complainant is not satisfied with the resolution. A card is included with this information for such requests.

If the Complainant is not satisfied with the resolution at the CTC level, he/she can forward issues for review and consideration to the Grievance Committee by completing the Request for Review card and returning it to the Grievance Committee. Within ten (10) working days of receipt of the request, the Grievance Committee will then schedule a meeting to review the issue. The meeting will be

scheduled at the earliest convenience of the Committee members, allowing at least ten (10) days' advance notice. Staff shall notify the complainant of the meeting date, time and location. Requests for Grievance Committee review should be mailed to:

TD Grievance Committee
C/o Health Council of South Florida
8095 NW 12 Street, Suite 300
Miami, FL 33126

The Complainant shall be notified in writing of the Grievance Committee decision within ten (10) working days of that decision. The decision shall be mailed to the Complainant via Certified Mail, signature required.

Appeal to the Local Coordinating Board: If the complainant is not satisfied with the decision of the Grievance Committee, the decision may be appealed in writing to the Local Coordinating Board (LCB) within five (5) working days from the date when the Complainant receives written notice from the Grievance Committee regarding its decision. Once an appeal has been received, the LCB shall meet and render its decision at its next scheduled meeting. The Complainant shall be notified in writing of the date, time and location of the LCB meeting where the appeal shall be heard. This written notice shall be mailed at least ten (10) days in advance of the meeting. A written copy of the decision made by the LCB shall be mailed to all parties involved within ten (10) working days of the date of the decision.

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Appendix H

County: Monroe
 CTC: Guidance Clinic of the Middle Keys, Inc.
 Contact: Maureen Grynewicz
 3000 41st Street, Ocean
 Marathon, FL 33050
 3054349000
 Email: mo.grynewicz@gcmk.org

Demographics	Number	Percentage
Total County Population / Percent of State Total	82,400	0.46%
Potential TD Population / Percent of CountyTotal	34,688	42.10%
UDPHC / Percent of TD Passengers Served	2,095	6.04%



Trips By Type of Service	2006	2007	% Change
Fixed Route (FR)	13,044	13,375	2.54%
Deviated FR	-	-	NA
Ambulatory	87,159	101,413	16.35%
Non-Ambulatory	5,048	5,199	2.99%
Stretcher	2	-	-100.00%
School Board	-	-	NA
TOTAL TRIPS	105,253	119,987	14.00%

Vehicle Data	2006	2007	% Change
Vehicle Miles	1,099,373	1,078,761	-1.87%
Revenue Miles	995,198	986,158	-0.91%
Roadcalls	16	6	-62.50%
Accidents	2	5	150.00%
Vehicles	45	49	8.89%
Driver Hours	92,560	89,960	-2.81%

Passenger Trips By Trip Purpose	2006	2007	% Change
Medical	37,796	39,412	4.28%
Employment	5,924	5,189	-12.41%
Ed/Train/DayCare	20,475	26,933	31.54%
Nutritional	5,933	8,326	40.33%
Life-Sustaining/Other	35,125	40,127	14.24%
TOTAL TRIPS	105,253	119,987	14.00%

Financial and General Data	2006	2007	% Change
Expenses	\$2,264,767	\$2,509,746	10.82%
Revenues	\$2,244,781	\$2,386,235	6.30%
Commendations	2	3	50.00%
Complaints	3	2	-33.33%
Passenger No-Shows	2,855	1,160	-59.37%
Unmet Trip Requests	-	1	NA

Passenger Trips By Funding Source	2006	2007	% Change
CTD	51,968	60,543	16.50%
AHCA	20,321	22,023	8.38%
APD/DCF	1,766	2,511	42.19%
DOEA	-	-	NA
DOE	-	211	NA
Other	29,584	34,699	17.29%
TOTAL TRIPS	103,639	119,987	15.77%

Performance Measures	2006	2007	% Change
Accidents per 100,000 Miles	0.18	0.46	155.56%
Miles between Roadcalls	68,711	179,794	161.67%
Avg. Trips per Driver Hour	1	1.19	19.00%
Avg. Trips per Para Pass.	36.13	50.89	40.85%
Cost per Trip	21.52	20.92	-2.79%
Cost per Paratransit Trip	24.54	23.52	-4.16%
Cost per Driver Hour	24.44	27.87	14.03%
Cost per Total Mile	2.06	2.32	12.62%

