**Blueprint**

**Recommendation**

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| **Recommendation Title:** | Education and Access Resources |
| **Sub-Committee** | Transportation  |
| **Recommendation #** | Identification Number |

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| **Program** | **Function/Service** | **Statutory / Rule Change Ohio Revised Code Cite** | **Driver Impact** | **Priority Status H=High, M=Medium, L=Low** |
|  |  |  | 1,2,3,4,6 | H |

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| **Key Finding** | There are insufficient resources to assist individuals, families, county boards, and providers with navigating current transportation options. On-demand and flexible transportation options are needed in order to meet around the clock needs (non-traditional-hours/evenings/weekends) in all areas of the state. This recommendation would allow for individuals/families to have more control and choice when navigating transportation options. This recommendation addresses the transportation charter by expanding the availability of transportation to support a wider arena of non-work and work related ADS services, including for: * non-traditional hours, including weekends and holidays,
* employment hours, including different shifts
* more spontaneous needs that support an individual’s independence
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| **Recommendation Proposal** | Transportation is a key barrier identified across the system. Additional training and resources regarding available transportation options and funding will be offered collaboratively through an inter-agency agreement between DODD and ODOT. -Develop a statewide required training and incorporate a competency component embedded to promote consistency and comprehension.-Develop an online application that connects individuals and approved drivers to meet standalone on-demand and scheduled non-medical transportation needs. The application/software would be an option to be utilized by riders or providers for purchase of participant-directed transportation options. Riders can request or schedule and cancel a ride through the application. • Transportation Provider options: DODD NMT Provider, Participant- Directed DODD-certified providers, Commercial Transportation Vendors, Local Transit Systems, Non-DODD Transportation Vendors, Public Transportation Purchase Capacity (bus pass, taxi, uber/lyft, rideshare, etc.)• Billing: System application would allow for GPS to track rides provided through application, which would track mileage and link with billing system for simplicity for all users.•Service Plan: Information and details from service plan would be pulled into system automatically to identify support needs for transportation. Providers would be matched as willing/able providers by profile details and individual needs. Approval of match by both provider and individual before transportation provider could be included as option in individual application |

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| **Rationale for Change** | Across Ohio people express frustration with the transportation system limitations and availability. This causes people not to be able to participate in activities and employment due to lack of transportation opportunities. Based on the 2019 OTS data, 52.31% of individuals in competitive employment are driven to work by their agency or independent provider. 16.34% of people were driven to work by a family, friend, or co-worker.14.52% of people competitively employed took some form of public transportation. 12.38% drove themselves, and 4.46% were taken to work by cab or taxi. |

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| **Concisely bullet the recommendation’s positives/upside & negative/downside or list critical questions to debate** | **Pros** | * Improve consistency and content of training and resources.
* Improved utilization of current transportation options.
* Easier Payment System
* Individual access to transportation and choice
* Provider Capacity
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| **Cons** | * Would need a systematic approach by trainers with the ability to customize by county nuances.
* Each county is different and doesn’t have the same resources.
* Would need an ongoing ability to train new SSAs and providers as they come into the system.
* Ensuring a variety of methods of training materials being accessible to newer county boards and providers.
* Expensive to create an application/system
* Concern about state ability to support linking an application to current authorization and billing systems
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| **Fiscal Implications** | Development of application would require state resources or funding  |

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| **Measure of Success** | Define what can be measured to determine if the recommendation was impactful. Consider inputs, outputs and outcomes. |

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| **Implementation Tip** | If a specific implementation approach can ease the execution of the recommendation, please share. Lessons learned? Innovations? |

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| **Note / Reference Material** | If a reference cite, process flow, chart, research source, other benchmark or content material helps illuminate the recommendation proposal, please insert or provide web link here.  |

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| **Projected Implementation** |
| **2021** | **2022** | **2023** | **2024** | **Dependency / Sequencing Factor** |
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| **Threshold Question Check**  |
| *Please vet the recommendation against these questions. Please check the left-hand column if the answer is “yes, this recommendation addresses this question.” While few recommendations will meet all threshold points, it is important to ensure that the recommendation is appropriately aligned with consensus system change drivers and advancing the vision.*  |
|  | 1. Does the recommendation address one or more of the identified system change drivers?
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|  | 1. Does the recommendation improve the client experience? Lead to better outcomes for people?
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|  | 1. Does the recommendation advance the delivery of better services for work, non-work or transportation?
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|  | 1. Does the recommendation advance community employment?
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|  | 1. Does the recommendation facilitate serving more clients? Reducing waiting lists?
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|  | 1. Does the recommendation reduce administrative burden? Simplify?
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|  | 1. Does the recommendation unify or standardize approaches across State agencies? County Boards? Multiple providers or settings?
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|  | 1. Does the recommendation represent a modern approach? Embrace technology?
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|  | 1. Is the recommendation affordable – an efficient and effective use of limited resources?
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|  | 1. Does the benefit of the recommendation balance with the cost of implementation/ongoing capacity?
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|  | 1. Does the recommendation help the system serve individual with more severe disabilities or who have medically complex issues?
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|  | 1. Does the recommendation deliver public value? Would most taxpayers feel this recommendation is worthy of the taxpayer’s time, money and trust?
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|  | 1. Does the recommendation move the system toward quality, dependable, equitable service regardless of where an individual lives in Ohio?
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|  | 1. Does the recommendation address racial bias?
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|  | 1. Is this recommendation “necessary to meet the charge” and not just “nice to have”?
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**Instructions:**

Each sub-committee will fill out completely one Blueprint Recommendation Form for each recommendation. Be concise. Report what is needed for the full membership to understand the context of the recommendation, the recommendation itself, and how the recommendation can impact expected outcomes.