

Coordinated Public Transit - Human Services Transportation Plan

Region 2: Crawford, Harrison, Orange, Scott and Washington Counties



Prepared for Indiana
Department of Transportation
December 2021

Prepared by:
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Region 2 Coordinated Public Transit-Human Services Transportation Plan

A RESOLUTION SUPPORTING THE REGIONAL COORDINATED TRANSPORTATION PLAN UPDATE TO BE SUBMITTED TO THE INDIANA DEPARTMENT OF TRANSPORTATION, OFFICE OF TRANSIT

WHEREAS, people with specialized transportation needs have rights to mobility. Older adults, individuals with limited incomes and people with disabilities rely on public and specialized transportation to live independent and fulfilling lives. These services which are provided by public and private transportation systems and human service agency programs are essential for travel to work and medical appointments, to conduct essential errands, or to take advantage of social or cultural opportunities; and

WHEREAS, under the Infrastructure Investment and Jobs Act (IIJA), projects funded by the Federal Transportation Administration (FTA) Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities program must be included in a locally developed, coordinated public transit-human services transportation plan; and

WHEREAS, the Federal Transportation Administration (FTA) Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities program provides operating and capital assistance funding to provide transit and purchase of services to private nonprofit agencies, and to qualifying local public bodies that provide specialized transportation services to elderly persons and to people with disabilities; and

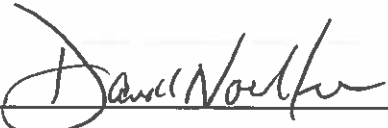
WHEREAS, a local committee with participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation providers met on _____; and

WHEREAS, the local committee reviewed and recommended through consensus the Coordinated Public Transit – Human Services Transportation Plan to be submitted to the Indiana Department of Transportation, Office of Transit.

NOW, THEREFORE, BE IT RESOLVED BY THE TRANSPORTATION ADVISORY COMMITTEE:

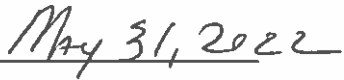
That this resolution takes effect immediately upon its adoption.

ADOPTED BY THE TRANSPORTATION ADVISORY COMMITTEE THIS _____ AS EVIDENCED BY THE AUTHORIZING SIGNATURES BELOW.



Darrell Voelker, Director-Economic Development

Name and Title



Date

Name and Title

Date

Region 2 Coordinated Public Transit-Human Services Transportation Plan

A RESOLUTION SUPPORTING THE REGIONAL COORDINATED TRANSPORTATION PLAN UPDATE TO BE SUBMITTED TO THE INDIANA DEPARTMENT OF TRANSPORTATION, OFFICE OF TRANSIT

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WHEREAS, a local committee with participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation providers met on 05/26/22 VIA EMAIL; and

WHEREAS, the local committee reviewed and recommended through consensus the Coordinated Public Transit – Human Services Transportation Plan to be submitted to the Indiana Department of Transportation, Office of Transit.

NOW, THEREFORE, BE IT RESOLVED BY THE TRANSPORTATION ADVISORY COMMITTEE:

That this resolution takes effect immediately upon its adoption.

ADOPTED BY THE TRANSPORTATION ADVISORY COMMITTEE THIS _____ AS EVIDENCED BY THE AUTHORIZING SIGNATURES BELOW.

 EMS MANAGER

Name and Title

05/31/2022

Date

Name and Title

Date



Laura Brown <lbrown@rlsandassoc.com>

FW: TRANSPORTATION REVIEW PLAN FROM INDOT/FTA / 5310 Human Service Plans/need signatures please/Please help

Roland Lemus <brtrdir@brsinc.org>

Thu, Jun 9, 2022 at 8:55 AM

To: "Laura Brown (lbrown@rlsandassoc.com)" <lbrown@rlsandassoc.com>

Here is another one, Greg Reas is the Director for EMA, Emergency services in Harrison County and has been on our TAC committee for a very long time.

Roland Lemus
Blue River Services Inc. Regional Transportation Director
Southern Indiana Transit System
(812)972-5581

The information in this email message may contain legally privileged and confidential information intended only for the use of the individual(s) named above. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this email message. If you have received this email in error, please notify the sender immediately and delete the original.

From: Director EMA [mailto:emadir.harrison@yahoo.com]
Sent: Wednesday, June 8, 2022 1:37 PM
To: Roland Lemus <brtrdir@brsinc.org>
Subject: Re: TRANSPORTATION REVIEW PLAN FROM INDOT/FTA / 5310 Human Service Plans/need signatures please/Please help

My printer and scanner is down for a while.

I concur, and by this email, will stand as my signature approval.

Greg Reas

"I was so much older then, but I'm younger than that now"
-Bob Dylan-

On Wednesday, June 8, 2022 at 12:25:32 PM EDT, Roland Lemus <brtrdir@brsinc.org<mailto:brtrdir@brsinc.org>>>
wrote:

For those who have signed and returned your Region 2 adoption plan page, I greatly appreciate your assistance.

I need more signatures please, Just a reminder, I need signatures please to help me with the grant cycle and this coordination plan helps with ensuring the community is tied into Understanding what we do, and how our transportation services are being applied for the communities we serve. Your signature is very important

To denote that you see where and how our resources are being utilized.

Please sign and scan and return the adoption of resolution, if you have questions, I will be happy to answer any on a phone call or in person. With your

Indiana Department of Transportation
Public Transit-Human Services Transportation Coordination Plan
Region 2 Report

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INTRODUCTION

OVERVIEW

This plan updates the 2017 Public Transit-Human Services Transportation Plan for Crawford, Harrison, Scott, Orange, and Washington Counties that was initially developed in 2008; updated in 2012 to fulfill the planning requirements for the United We Ride initiative and the Federal Transit Administration’s (FTA) Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU); and updated in 2014 to meet the planning requirements for Moving Ahead for Progress in the 21st Century (MAP-21). The SAFTEA-LU and MAP-21 were the Federal surface transportation authorizations effective through September 30, 2015.

On December 4, 2015, the Fixing America’s Surface Transportation (FAST) Act, was signed into law as a reauthorization of surface transportation programs through Fiscal Year 2020. The FAST Act applied new program rules to all FTA funds and authorized transit programs for five years. According to requirements of the FAST Act, locally developed, coordinated public transit-human services transportation plans must be updated to reflect the changes established by the FAST Act Federal legislation. The PT-HST Plan was updated again in 2017 to meet the new FAST Act requirements and reflect the changes in funding programs.

On November 15, 2021, the Infrastructure Investment and Jobs Act (IIJA) was enacted into law. The IIJA continues the policies set forth by the FAST Act and provides \$937 billion over five years from FY 2022 through 2026, including \$550 billion in new investments for all modes of transportation, including \$284 billion for the U.S. Department of Transportation, of which \$39 billion is dedicated to transit. The IIJA directs the U.S. Department of Transportation to apply the funding toward modernizing and making improvements.

Funding to update this locally-developed regional Public Transit-Human Services Transportation plan was provided by the Indiana Department of Transportation, Office of Transit (INDOT) and involved active participation from local agencies that provide transportation for the general public, older adults, and individuals with disabilities.

Section 5310 Program: Enhanced Mobility for Seniors and Individuals with Disabilities

The program most significantly impacted by the plan update is the Section 5310 Program. Participation in a locally developed Coordinated Plan is one of the eligibility requirements for Section 5310 Program funding.

The Section 5310 Program provides formula funding to States to assist public and private non-profit groups in meeting the transportation needs of older adults and people with disabilities when transportation service provided is unavailable, insufficient, or inappropriate to meeting those needs. The Federal Transit Administration (FTA) apportions Section 5310 Program funds to direct recipients

based on the population within the recipient service area. For rural and small urban areas in Indiana, the Indiana Department of Transportation (INDOT) is the direct recipient. As the direct recipient, INDOT solicits applications and selects Section 5310 Program recipient projects for funding through a formula-based, competitive process which is clearly explained in the INDOT Transit State Management Plan.

In Indiana, eligible activities for Section 5310 Program funds include purchasing buses and vans, wheelchair lifts, ramps, and securement devices.

Section 5310 Program projects are eligible to receive an 80% Federal share if the 20% local match is secured. Local match may be derived from any combination of non-U.S. Department of Transportation Federal, State, or local resources. The FAST Act also allows the use of advertisement and concessions revenue as local match. Passenger fare revenue is not eligible as local match. This and all existing transit-related policies in the FAST Act were continued under the IIJA.

PLAN DEVELOPMENT METHODOLOGY

Some human service agencies transport their clients with their own vehicles, while others may also serve the general public or purchase transportation from another entity. Regardless of how services are provided, transportation providers and human service agencies are all searching for ways to economize, connect, increase productivity, and provide user-friendly access to critical services and community amenities. In an era of an increasing need and demand for shared-ride transportation and stable or declining transit ridership, organizational partnerships must be explored and cost-saving measures must be made to best serve the State's changing transportation demands. Interactive coordinated transportation planning provides the best opportunity to accomplish this objective.

According to Federal Transit Administration (FTA) requirements, the coordinated plan must be developed and approved through a process that includes participation by older adults and individuals with disabilities. And INDOT and FTA also encourage active participation in the planning process from representatives of public, private, and non-profit organizations that provide or support transportation services and initiatives and the general public. The methodology used in this plan update includes meaningful efforts to identify these stakeholders and facilitate their participation in the planning process.

The provision of services at State, regional, and local levels have been affected by the COVID-19 pandemic, beginning in March 2020 in the United States. The sensible public health precautions taken by transit have increased costs, which were partially covered by Federal CARES Act funding. As stay-at-home orders and social distancing were implemented to reduce the spread of disease, many human service agencies had to close or reduce their program offerings, while the seniors, individuals with disabilities, and other riders limited travel to essential trips or completely quarantined. The general loss of individual incomes and the local agency or government revenues was widespread, and the ridership of many transit programs was significantly decreased. This drop-in ridership and

continuing health impact for vulnerable populations will affect the landscape of transportation planning.

The fundamental element of the planning process is the identification and assessment of existing transportation resources and local/regional unmet transportation needs and gaps in service. This was accomplished by receiving input from the stakeholders noted above through a public meeting, telephone interviews, email conversations, and completion of a public survey available both online and on paper. Social distancing protocols led to changed public engagement and outreach methods.

The coordinated plan update incorporated the following planning elements:

1. Review of the previous regional coordination plan updates to develop a basis for evaluation and recommendations;
2. Evaluation of existing economic/demographic conditions in each county;
3. Conduct of a survey of the general public. The general public survey results are not statistically valid, but are intended to provide insight into the opinions of the local community. The survey also includes distribution to agencies that serve older adults and individuals with disabilities and their consumers. A statistically valid public survey was beyond the scope of this project. However, U.S. Census data is provided to accompany any conclusions drawn based on general public information;
4. Conduct of one local meeting for stakeholders and the general public for the purpose of soliciting input on transportation needs, service gaps, and goals, objectives and implementation strategies to meet these deficiencies;
5. Update of the inventory of existing transportation services provided by public, private and non-profit organizations;
6. Update of the summary of vehicle utilization for the purpose of determining where vehicles can be better utilized to meet transportation needs;
7. Update of the assessment of unmet transportation needs and gaps in service obtained through meetings, interviews, and surveys; and

Development of an updated implementation plan including current goals, strategies, responsible parties and performance measures.

GLOSSARY OF TERMS

Bus and Bus Facilities Grants Program (Section 5339 Program) – The Grants for Buses and Bus Facilities program makes Federal resources available to States and direct recipients to replace, rehabilitate and purchase buses and related equipment and to construct bus-related facilities including technological changes or innovations to modify low or no emission vehicles or facilities. Funding is provided through formula allocations and competitive grants. Eligible recipients include direct recipients that operate fixed route bus service or that allocate funding to fixed route bus operators; State or local governmental entities; and Federally recognized Indian tribes that operate fixed route bus service that are eligible to receive direct grants under Sections 5307 and 5311.

Subrecipients may allocate amounts from the grant to subrecipients that are public agencies or private non-profit organizations engaged in public transportation.

Direct Recipient – Federal formula funds for transit are apportioned to direct recipients; for rural and small urban areas, this is the Indiana Department of Transportation. In large urban areas, a designated recipient is chosen by the governor. Direct recipients have the flexibility in how they select subrecipient projects for funding. In Indiana, their decision process is described in the State or Metropolitan Planning Organization’s Program Management Plan.

Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310 Program) – The program provides formula funding to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. This program supports transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas – large urbanized, small urbanized, and rural. The Indiana Department of Transportation, Office of Transit (INDOT) administers the Section 5310 Program in Indiana. The Federal share is 80% for capital projects. In Indiana, the program has historically been utilized for capital program purchases.

Fixing America’s Surface Transportation (FAST) Act – On December 4, 2015, President Obama signed the Fixing America’s Surface Transportation (FAST) Act, reauthorizing surface transportation programs through Fiscal Year 2020. Details about the Act are available at www.transit.dot.gov/FAST.

Indiana Department of Transportation, Office of Transit (INDOT) administers the Section 5311 program in Indiana, as well as the Section 5310 program for rural and small urban areas. The Federal share is 80% for capital projects. The Federal share is 50% for operating assistance under Section 5311.

Individuals with Disabilities – This document classifies individuals with disabilities based on the definition provided in the Americans with Disabilities Act implementing regulations, which is found in 49 CFR Part 37.3. This definition, when applied to transportation services applications, is designed to permit a functional approach to disability determination rather than a strict categorical definition. In a functional approach, the mere presence of a condition that is typically thought to be disabling gives way to consideration of an individual’s abilities to perform various life functions.

Local Matching Funds – The portion of project costs not paid with the Federal share. Non-Federal share or non-Federal funds include the following sources of funding, or in-kind property or services, used to match the Federal assistance awarded for the Grant or Cooperative Agreement: (a) Local funds; (b) Local-in-kind property or services; (c) State funds; (d) State in-kind property or services, and (e) Other Federal funds that are eligible, under Federal law, for use as cost-sharing or matching funds for the Underlying Agreement. For the Section 5310 Program, local match can come from other Federal (non-DOT) funds. This can allow local communities to implement programs with 100% Federal funding. One example is Older Americans Act (OAA) Title III-B. Support Services.

Public Mass Transportation Fund (PMTF) – The Indiana State Legislature established the Public Mass Transportation Fund (I.C. 8-23-3-8) to promote and develop transportation in Indiana. The funds are allocated to public transit systems on a performance-based formula. The actual funding level for 2021 was \$38.25 million. PMTF funds are restricted to a dollar-for-dollar match with Locally Derived Income and are used to support transit systems' operations or capital needs.

Rural Transit Program (Section 5311 Program) – The Formula Grants for Rural Areas program provides capital, planning, and operating assistance to States to support public transportation in rural areas with populations of less than 50,000, where many residents often rely on public transit to reach their destinations. The program also provides funding for State and national training and technical assistance through the Rural Transportation Assistance Program. Additional information is available at www.transit.dot.gov/funding/grants/grant-programs/formula-grants-rural-areas-5311. The

Seniors – For the purposes of the Section 5310 Program, people who are 65 years of age and older are defined as seniors.

Subrecipient – A non-Federal entity that receives a subaward (grant funding) from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. Subrecipient programs are monitored by the direct or designated recipient for grant performance and compliance.

Transit Demand – Transit demand is a quantifiable measure of passenger transportation services and the level of usage that is likely to be generated if passenger transportation services are provided. Refer to the following website for a toolkit and more information on methods for forecasting demand in rural areas. www.trb.org/Publications/Blurbs/168758.aspx

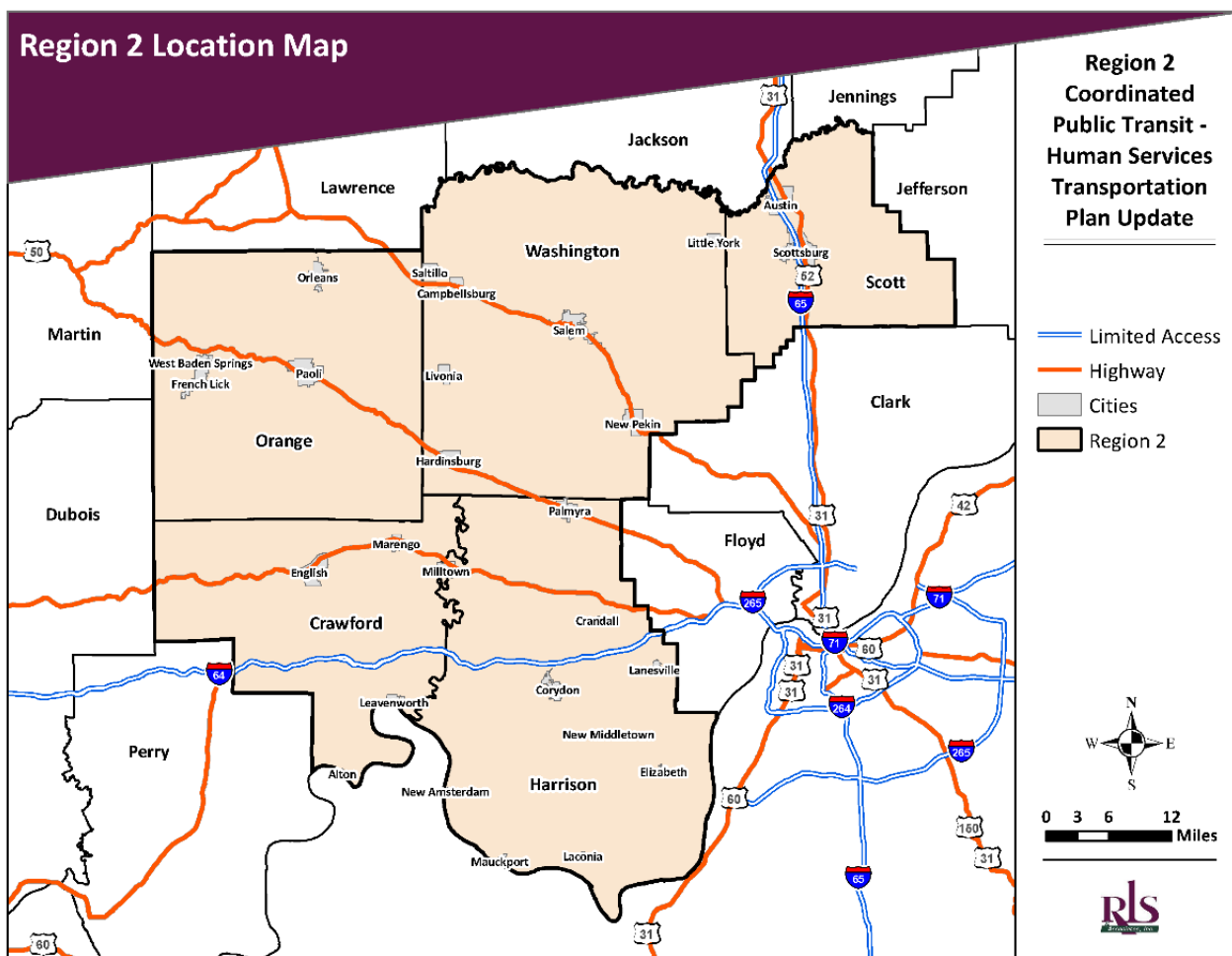
Zero Vehicle Households – No vehicles available to a housing unit, according to U.S. Census data. This factor is an indicator of demand for transit services.

EXISTING CONDITIONS

Existing Conditions

Region 2 is located in southern Indiana and includes the counties of Crawford, Harrison, Orange, Scott, and Washington. The map in Exhibit II.1 depicts the area included in this study. The area is served by the following major highways: Interstates 64 and 65; U.S. Routes 31, 150, and 231; and Indiana Routes 11, 37, 39, 56, 60, 62, 64, 66, 70, 111, 135, 145, 160, 161, 162, 164, 166, 237, 245, 264, 335, 337, 356, 462, and 545.

Figure 1: Location Map

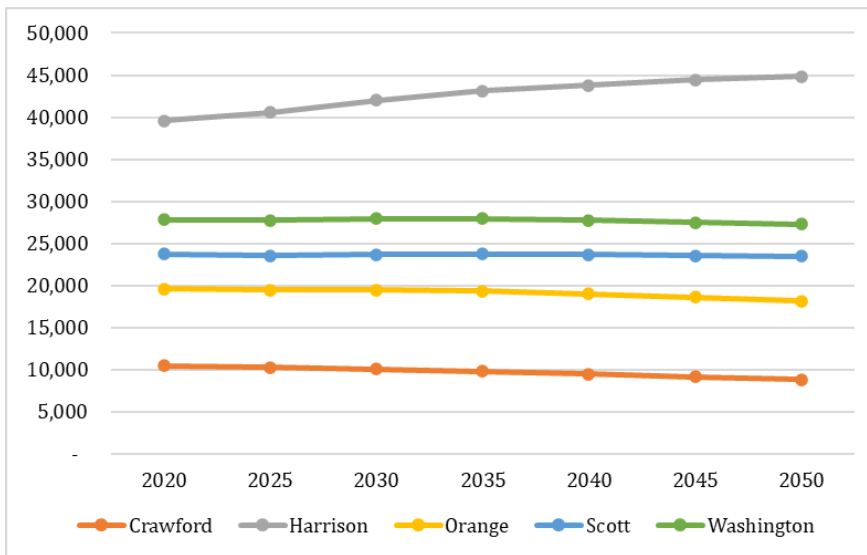


The demographics of an area are a strong indicator of demand for transportation service. Relevant demographic data was collected and is summarized in this section. The data provided in this chapter was gathered from multiple sources including the U.S. Census Bureau’s 2019 American Community Survey (ACS) Five-Year Estimates and the State of Indiana. These sources are used to ensure that the most current and accurate information is presented. As a five-year estimate, the ACS data represent a percentage based on a national sample and does not represent a direct population count.

POPULATION PROJECTIONS

STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business projects the region's population will remain steady with only a slight decrease to 121,536 by 2050, an estimated loss of 0.10 percent from the year 2020 population projection. Exhibit 1 shows population trends between 2020 and 2050 for each county in Region 2. The population of Harrison County is projected to increase by approximately 10 percent by 2050. All other counties in the region are projected to have a decrease in population.

Exhibit 1: Population Trends for Region 2, 2020 – 2050



Source: STATS Indiana using data from the Indiana Business Research Center, IU Kelley School of Business

OLDER ADULT POPULATION

Older adults are most likely to use transportation services when they are unable to drive themselves or choose not to drive. This may include self-imposed limitations including driving at night and trips to more distant destinations. Older adults also tend to be on a limited retirement income and, therefore, public or agency sponsored transportation services are a more cost-effective alternative to owning a vehicle. For these reasons, the population of older adults in an area is an indicator of potential transit demand.

Exhibits illustrating the population percentage of persons over 65 years of age by block group, and the projected growth in population by age group, are provided for each county in the region in the County Profile section of this report. In each county, the senior population (age 65+) will become the first or second largest age group by as early as 2030. The older adult age group (45 to 64) is the largest group in each county. The gap between the population over age 45 and younger people is increasing.

A similar trend is occurring in the United States relating to the aging of the population. People primarily born during the post-WWII “baby boom” era defined by the Census Bureau as persons born from 1946 through 1964 are over the age of 65. They are more likely to need an alternative to driving personal vehicles. Further, the Administration on Aging (U.S. Department of Health and Human Services) reports that, based on a comprehensive survey of older adults, longevity is increasing and individuals in this category are younger and healthier than in all previously measured time in our history. Quality of life issues and an individual’s desire to live independently will put increasing pressure on existing transit services to provide mobility to this population. As older adults live longer and remain independent, the potential need to provide public transit is greatly increased.

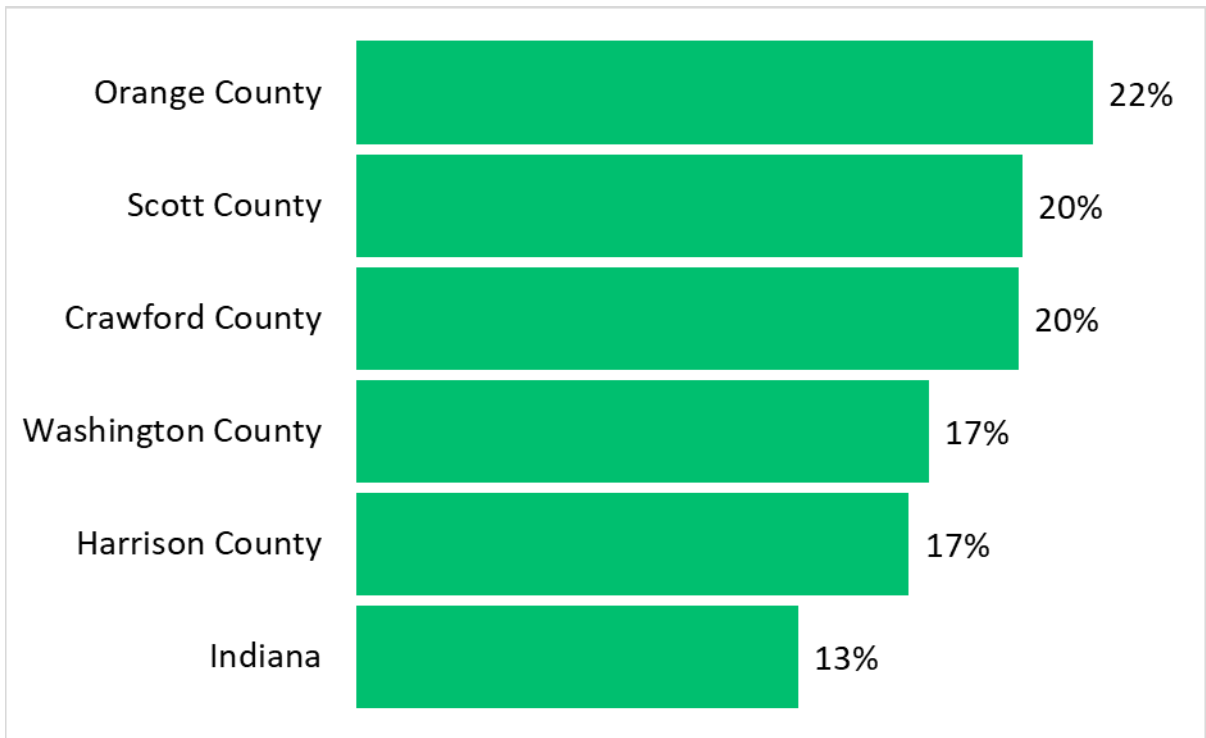
INDIVIDUALS WITH DISABILITIES

Enumeration of the population with disabilities in any community presents challenges. First, there is a complex and lengthy definition of a person with a disability in the Americans with Disabilities Act implementing regulations, which is found in 49 CFR Part 37.3. This definition, when applied to transportation services applications, is designed to permit a functional approach to disability determination rather than a strict categorical definition. In a functional approach, the mere presence of a condition that is typically thought to be disabling gives way to consideration of an individual’s abilities to perform various life functions. In short, an individual’s capabilities, rather than the mere presence of a medical condition, determine transportation disability.

The U.S. Census offers no method of identifying individuals as having a transportation-related disability. The best available data for Region 2 is available through the 2019 ACS Five-Year Estimates of disability for the non-institutionalized population. Exhibit 2 is intended to provide a comparison of the population count of individuals with disabilities in each county within the region.

The chart identifies that 22 percent of the Orange County population reported to the Census that they have a disability. Approximately 20 percent of the populations of Scott and Crawford Counties report a disability. Approximately 17 percent of the Washington and Harrison County populations reported having a disability. Harrison County has the highest number of residents that report having a disability (6,727), Washington and Scott Counties have the second highest population reporting disabilities with 4,858 and 4,825 people, respectively. Orange County reported a total of 4,389 people with a disability; and, Crawford County had 2,132 people reporting to the Census that they have a disability. So, while Orange County has the highest percentage of the population with a disability and Harrison County has the lowest percentage, the actual number of people with a disability is significantly more in Harrison County.

Exhibit2: Disability Incidence by County

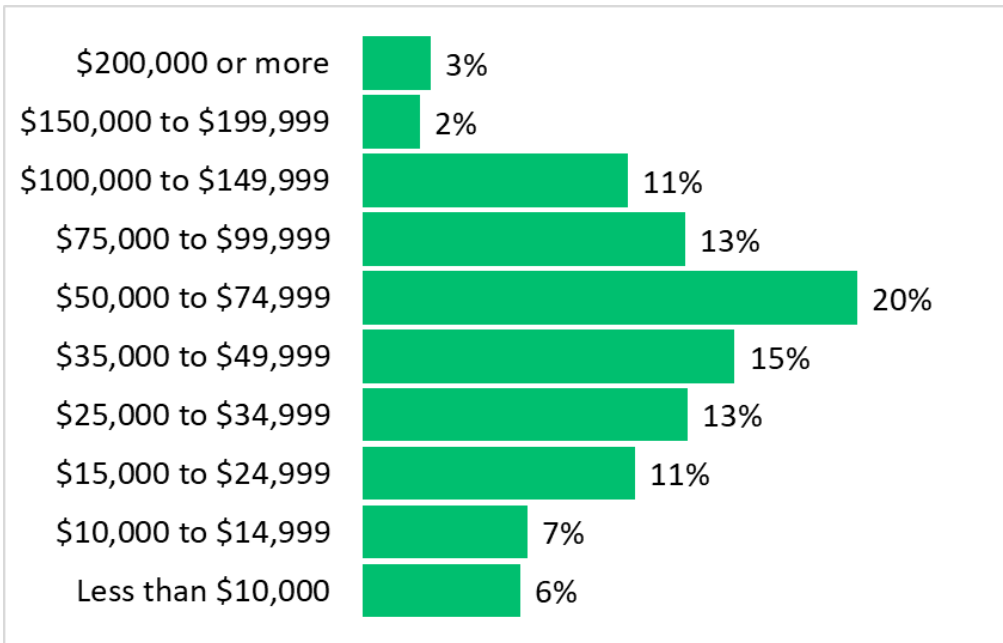


Source: 2019 ACS Five-Year Estimates

HOUSEHOLD INCOME

Exhibit 3 illustrates the household incomes for the region. According to the survey, there are a total of 46,047 households. Approximately 35 percent earn less than \$35,000 annually. Of the households earning less than \$35,000, 11 percent earned between \$25,000 and \$34,999, and another 18 percent earned between \$10,000 and \$24,999 and about 6 percent earned less than \$10,000 per year. The median household income for each area is shown in Exhibit 4.

Exhibit 3: Household Income by County



Source: 2019 ACS Five-Year Estimates

Exhibit 4: County Median Household Income

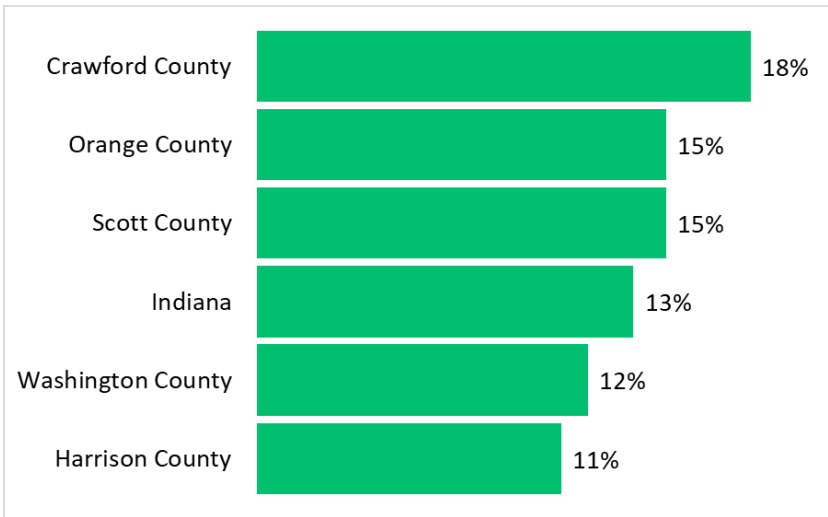
- Crawford County \$41,662
- Harrison County \$57,712
- Orange County \$47,917
- Scott County \$48,700
- Washington County \$47,983

Source: 2019 ACS Five-Year Estimates

POVERTY STATUS

Exhibit 5 illustrates the percentage of the population in each county living below the poverty level. Crawford County has the highest percent of population living below the poverty level with 18 percent. Orange and Scott Counties have the second highest percentage of population living in poverty with approximately 15 percent, while Washington and Harrison Counties have 12 and 11 percent, respectively. Statewide, 13 percent of households in Indiana had incomes below the poverty level.

Exhibit 5: Percent Below Poverty

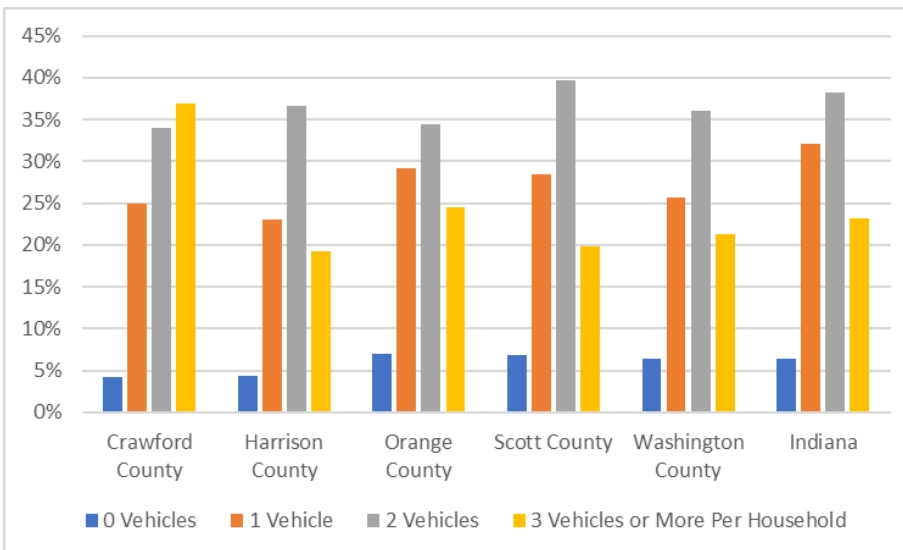


Source: 2019 ACS Estimates

ZERO VEHICLE HOUSEHOLDS

The number of vehicles available to a housing unit is also used as an indicator of demand for transit service. Households with no vehicles or only a single vehicle are more likely to need transportation on a regular basis than households with multiple vehicles. There are 2,644 households in the region that have no available vehicles. This is six percent of all households. An additional 11,930 or 26 percent of households have only one vehicle. Exhibit 6 shows the number of vehicles available per household in each county.

Exhibit 6: Vehicles Available per Household



Source: 2019 ACS Estimates

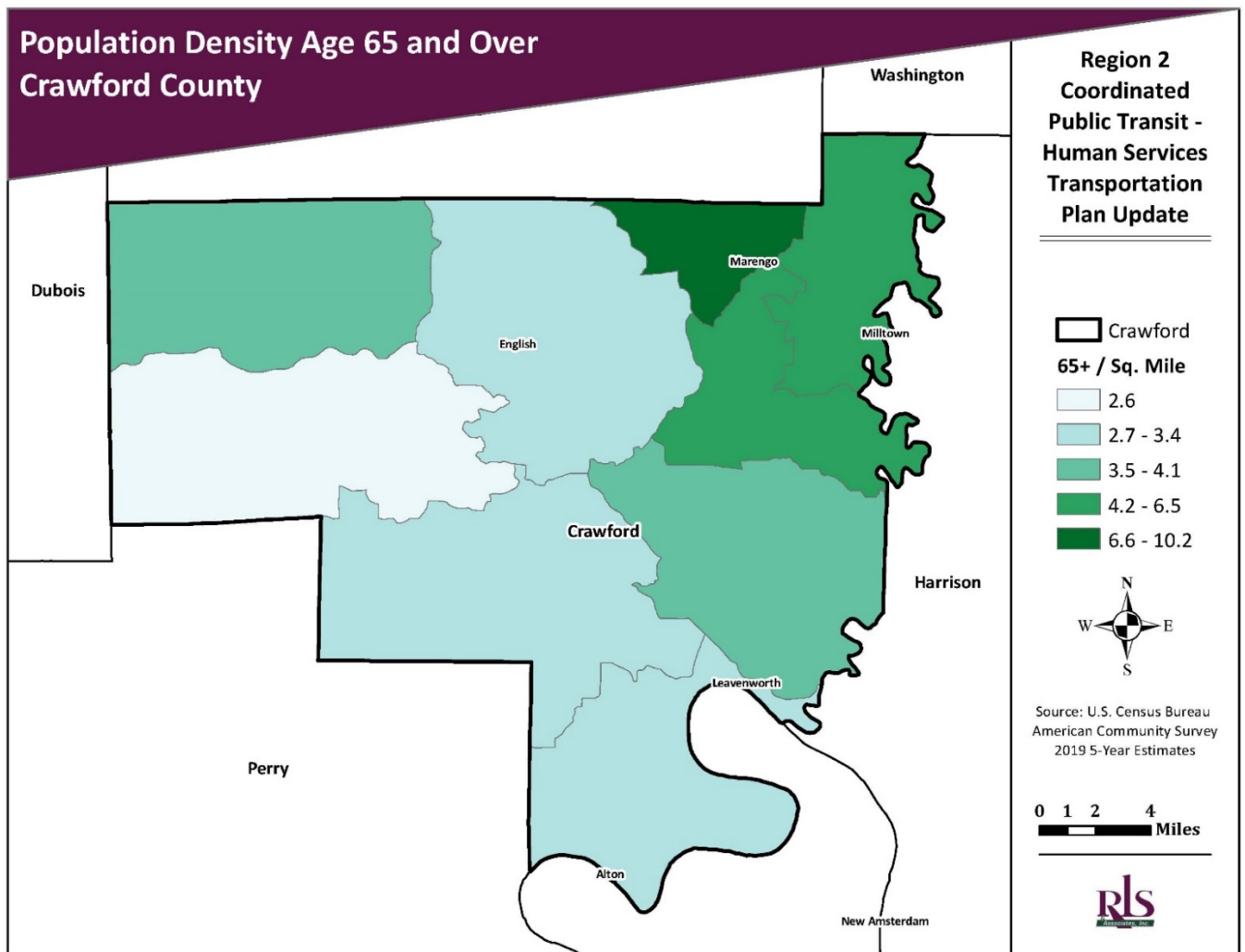
COUNTY PROFILES

Crawford County

Older Adult Population

Exhibit 7 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Crawford County residents aged 65 and older are in the northeastern section of the county near Marengo and Milltown. These block groups have densities of older adults between 10.2 and 4.2 persons per square mile. Other areas of the county have moderate to low densities of persons age 65 and older (3.5 to 2.6 people per square mile).

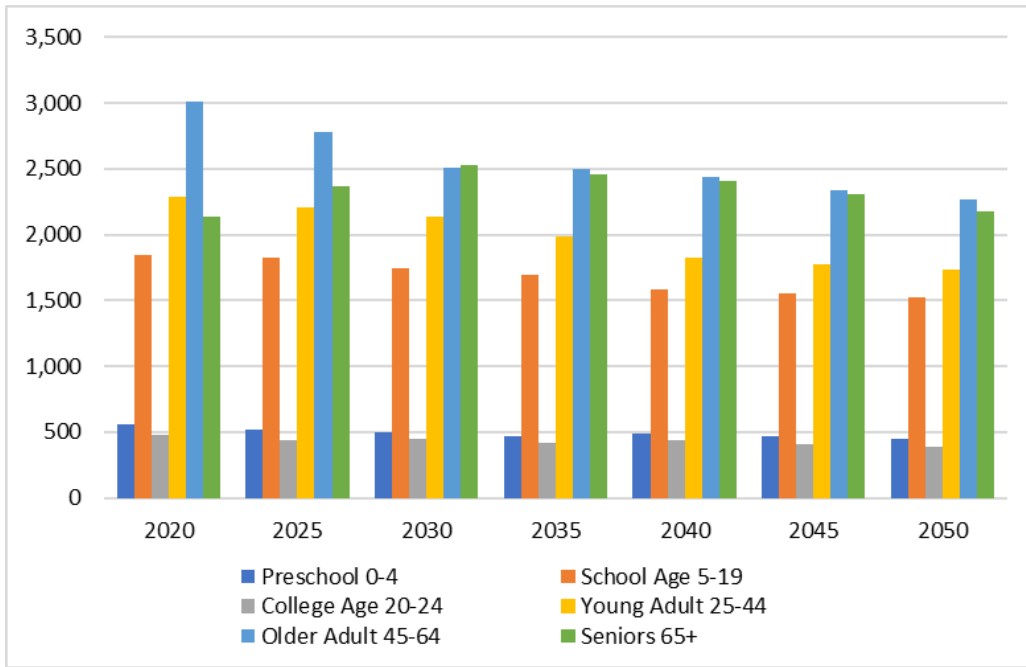
Exhibit 7



Population by Age

By 2025, STATS Indiana projects that the older adult population will be the 2nd largest age cohort. The total number of people in Crawford County is projected to steadily decline each year, but the portion of the population age 45 to 64 and those over age 65 will continue to increase as the local population ages. The young adult population is expected to decrease, making the gap between young adults and those over age 45 more significant.

Exhibit 8: Crawford County Population by Age

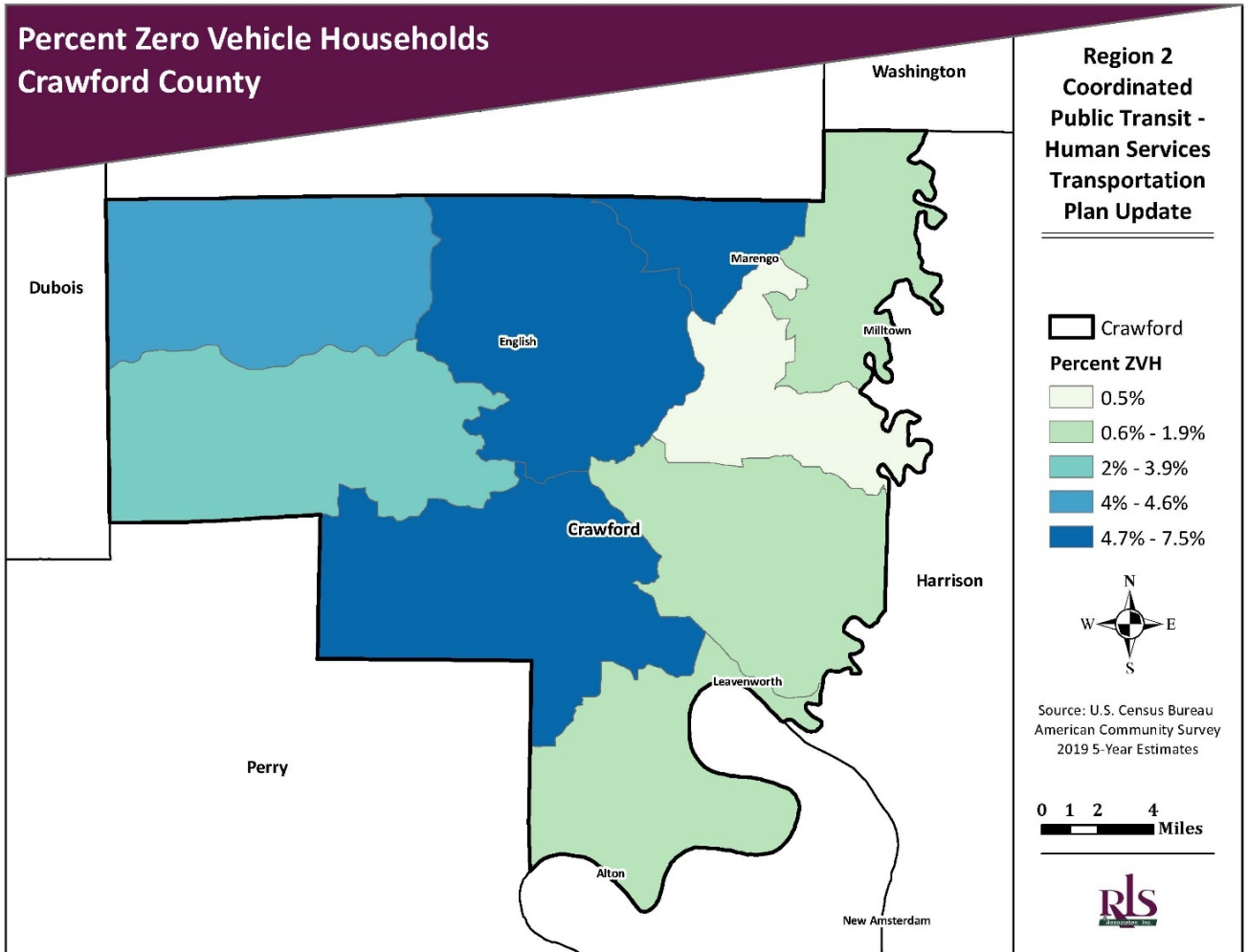


Source: STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business

Zero Vehicle Households

Exhibit 9 illustrates the percentage of households that have no available vehicle. The block groups in north-central and central Crawford County have the highest percent of zero vehicle households. Between 4.7 percent and 7.5 percent of households with the highest percentages have no available vehicle. The remaining areas of the county have lower densities of zero vehicle households but may have as many as 3.9 percent.

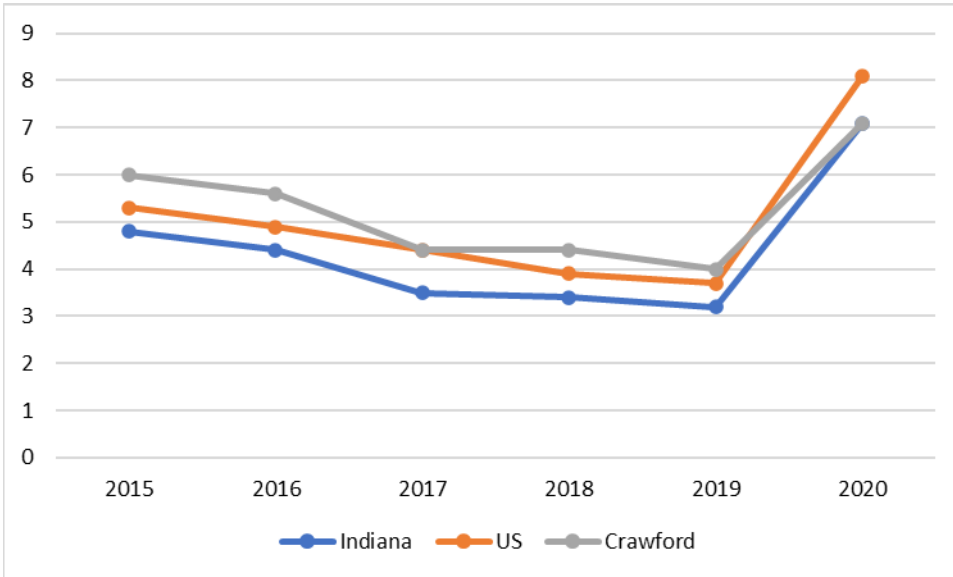
Exhibit 9



Unemployment

Crawford County’s unemployment rate reached a high in 2020 of seven percent. This was equal to the unemployment rate for Indiana and slightly lower than that of the United States. From 2015 to 2019, the unemployment rate for Crawford County, Indiana, and the United States trended down. Exhibit 10 illustrates a comparison of the unemployment rates in the county, state, and nation.

Exhibit 10: Crawford County Comparison of Unemployment Rates



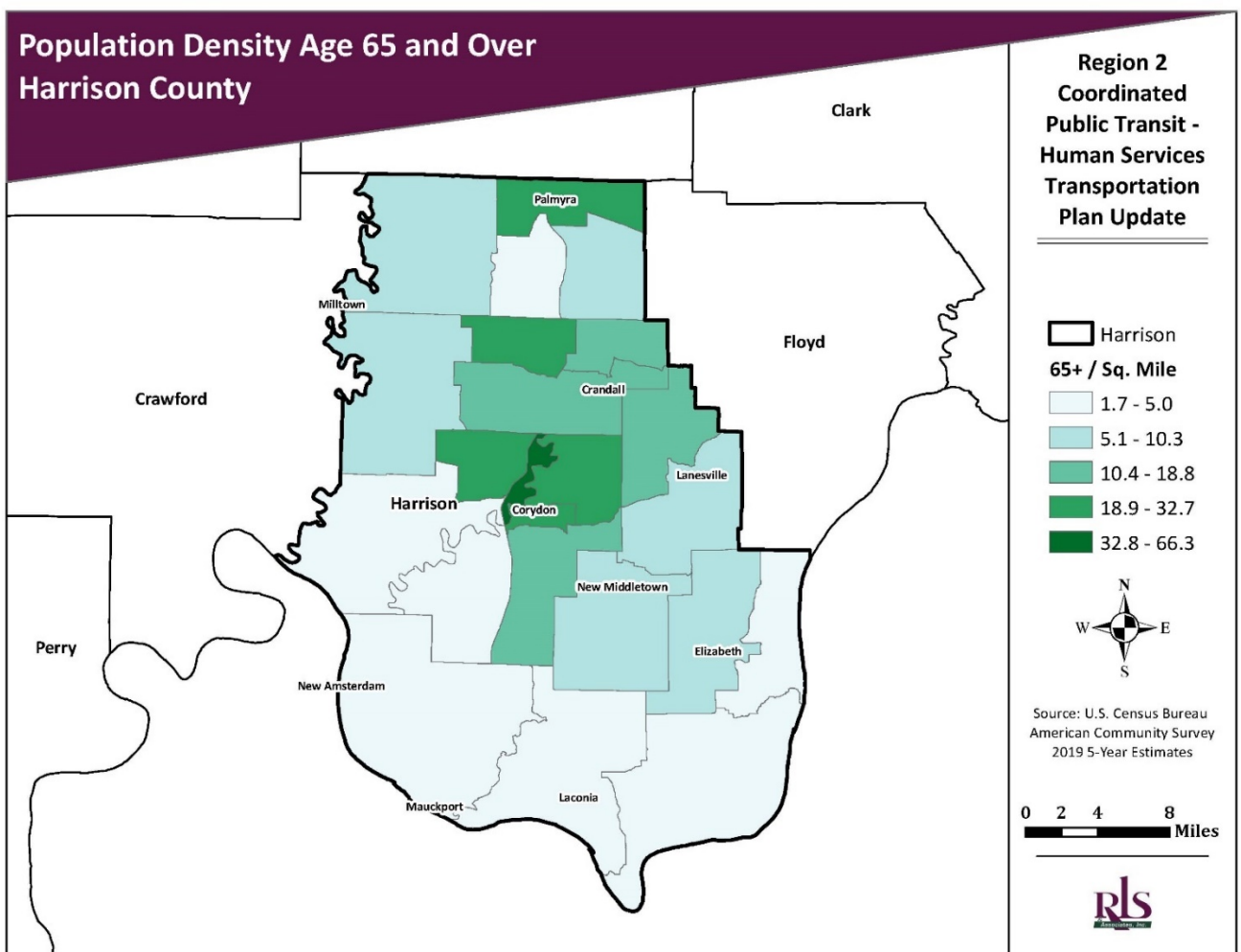
Source: STATS Indiana using Bureau of Labor Statistics Data

Harrison County

Older Adult Population

Exhibit 11 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Harrison County residents aged 65 and older are in Corydon. These block groups have densities of older adults between 32.8 and 66.3 persons per square mile. Areas around Corydon, Crandall, and Palmyra have moderate densities of persons age 65 and older (18.9 to 32.7). The remainder of the County has low to very low densities of persons age 65 and older.

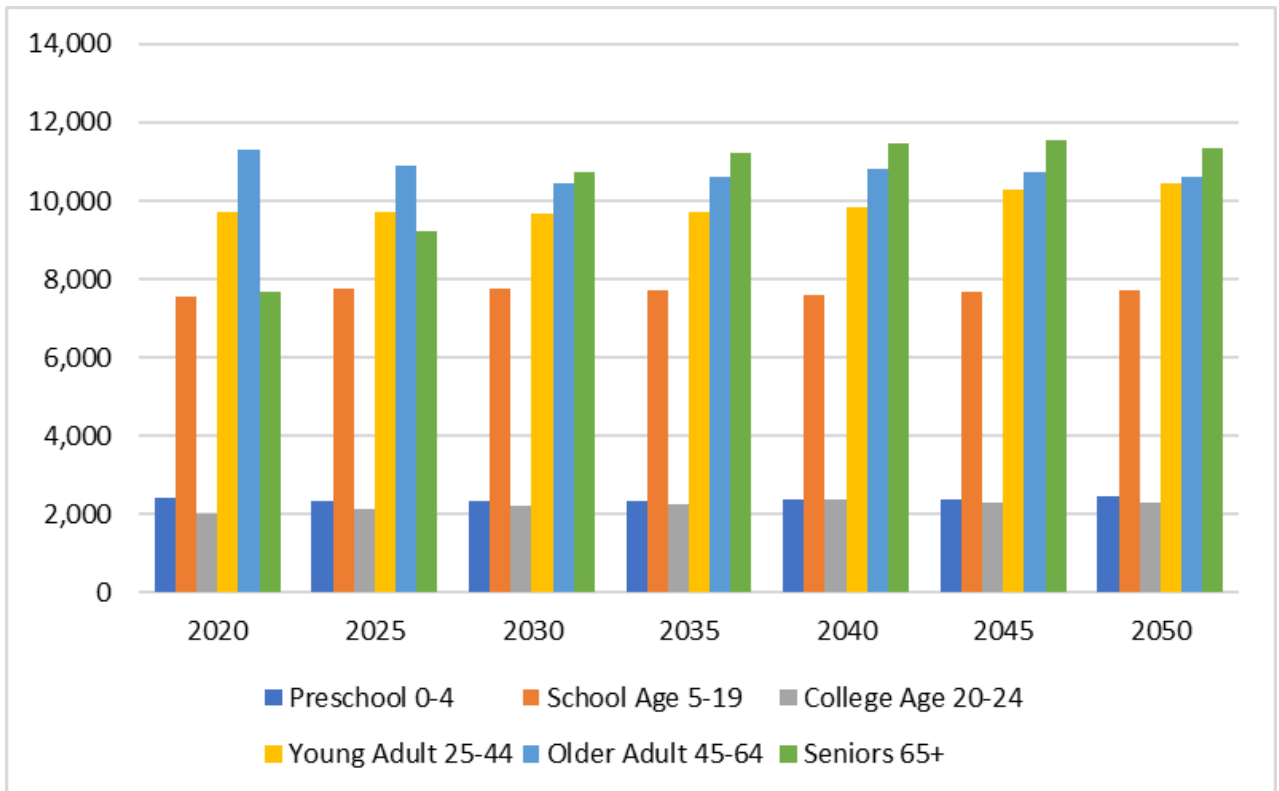
Exhibit 11



Population by Age

Exhibit 12 shows that the largest age cohort for Harrison County is between the ages of 45 and 64. This age group is expected to be the largest group in Harrison County over the next 30 years. While not being one of the larger groups in 2020, the seniors (65+) groups is expected to grow and go from being the 3rd largest age group in 2020 to the largest in 2030. Note that Harrison County is expected to experience faster growth of its senior population than other counties in the region. Currently, the smallest age group in Harrison County is college age individuals (20-24), who are expected to see little to no change between 2020 and 2050.

Exhibit 12: Harrison County Population by Age



Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Exhibit 13 shows the breakdown of vehicle availability by the household within Harrison County. Of all households in the county, only four percent of the households do not have a vehicle, and an additional 23 percent only have one vehicle.

Exhibit 13

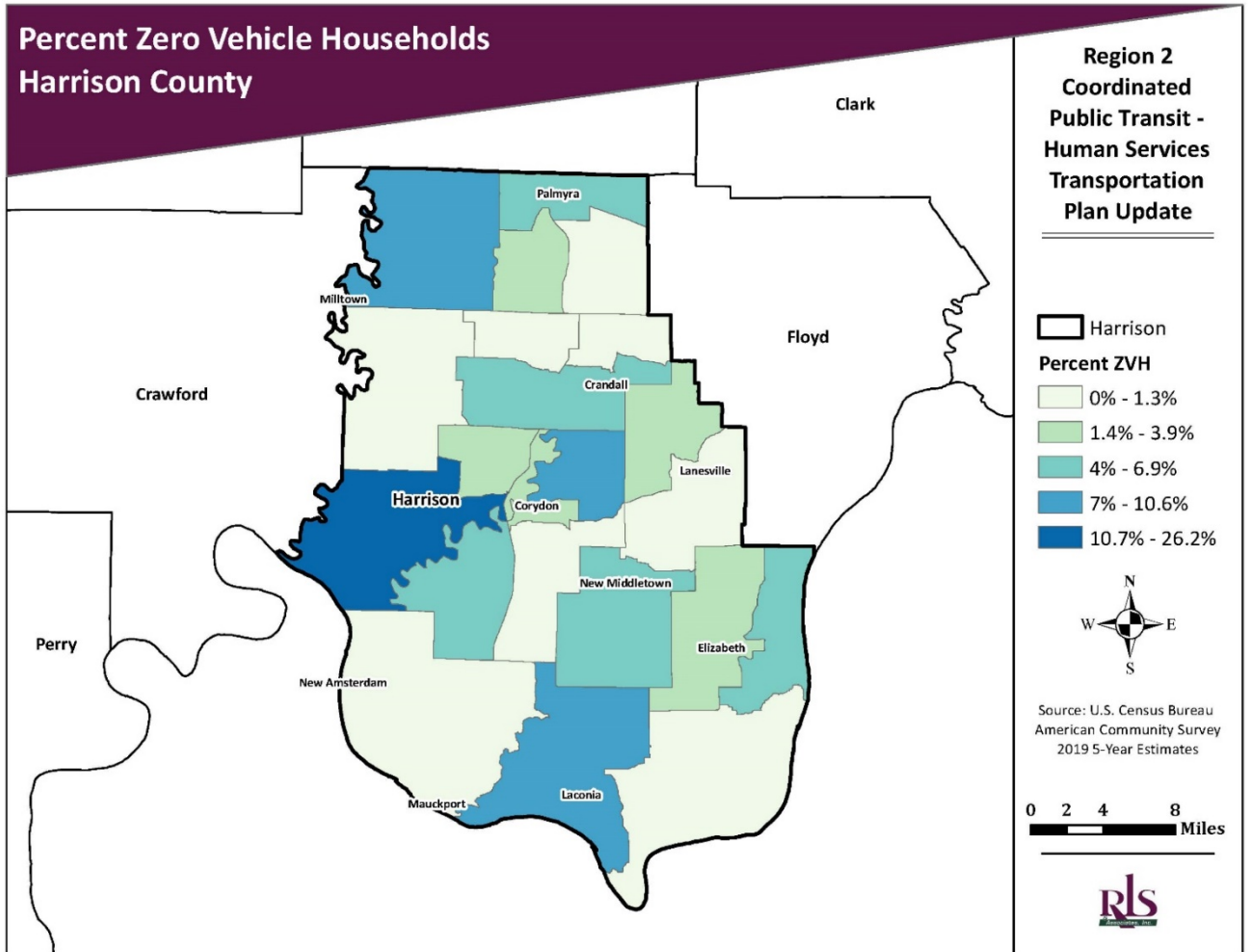
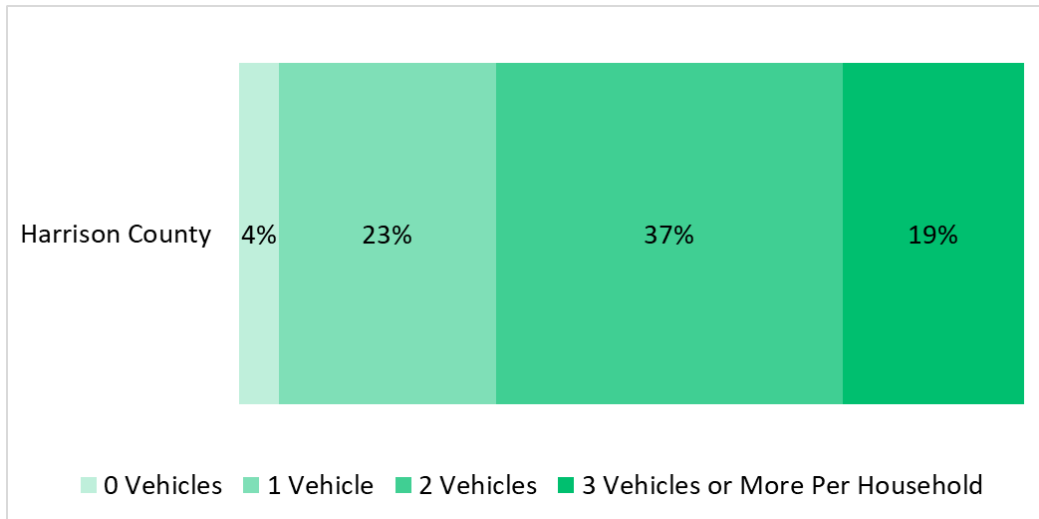


Exhibit 14 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by black group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are concentrated in western Harrison County. Over 10.7 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 7 to 10.6 percent of zero vehicle households can be found in near Corydon and Milltown. The remainder of the county has moderate to very low percentages of zero vehicle households.

Exhibit 14: Harrison County Percent Zero Vehicle Households

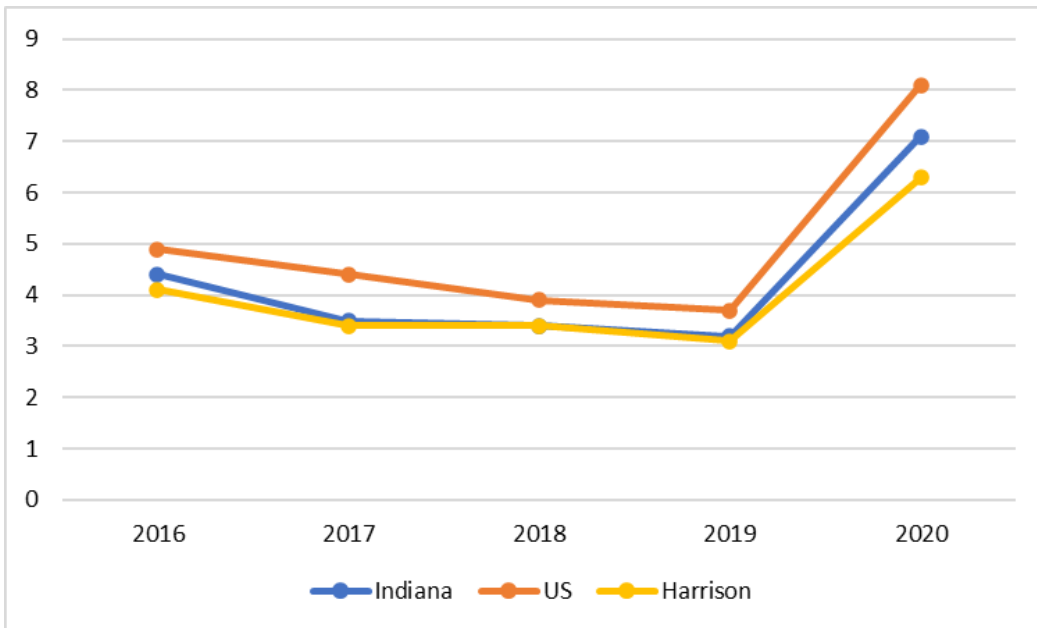


Source: 2019 ACS Five-Year Estimates

Unemployment

Harrison County’s unemployment rate reached a high in 2020 of 6.3 percent due to the COVID-19 pandemic. This was lower than that of the United States (8) and the same as the State of Indiana (7) for 2020. From 2015 to 2020, the unemployment rate for Harrison County paralleled the national unemployment average trend but continually stayed lower than the U.S. rate and lower or the same as Indiana. Exhibit 15 illustrates a comparison of the unemployment rates in the county, state, and nation.

Exhibit 15: Harrison County Comparison of Unemployment Rates

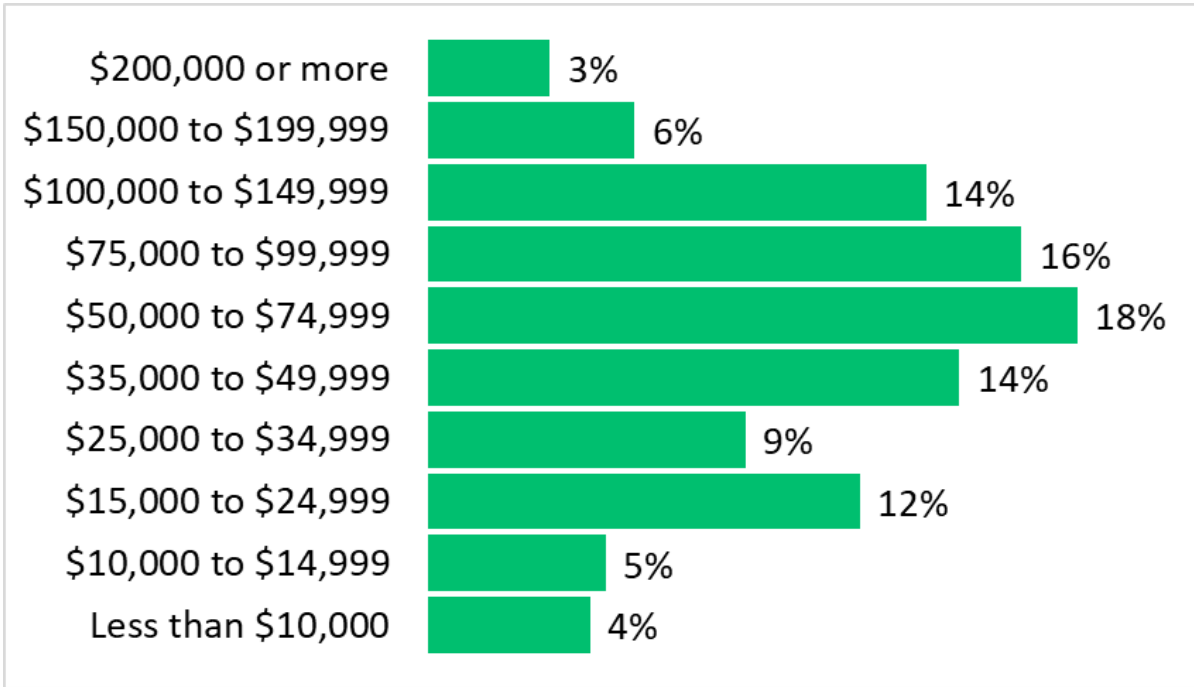


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Exhibit 16 shows the annual household income breakdown by percentage of total households in the county. Out of 14,403 households in the county, 30 percent of them make less than \$35,000 per year. Of which, nine percent earn less than \$10,000 per year.

Exhibit 16: Harrison County Annual Household Income



Source: 2019 ACS Five-Year Estimates

Orange County

Older Adult Population

Exhibit 17 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Orange County residents aged 65 and older are in Paoli and Orleans. These block groups have densities of older adults between 111.4 and 268.1 persons per square mile. Areas around Paoli have moderate densities of persons age 65 and older (57.3 to 111.3). The remainder of the county has low to very low densities of persons age 65 and older.

Exhibit 17

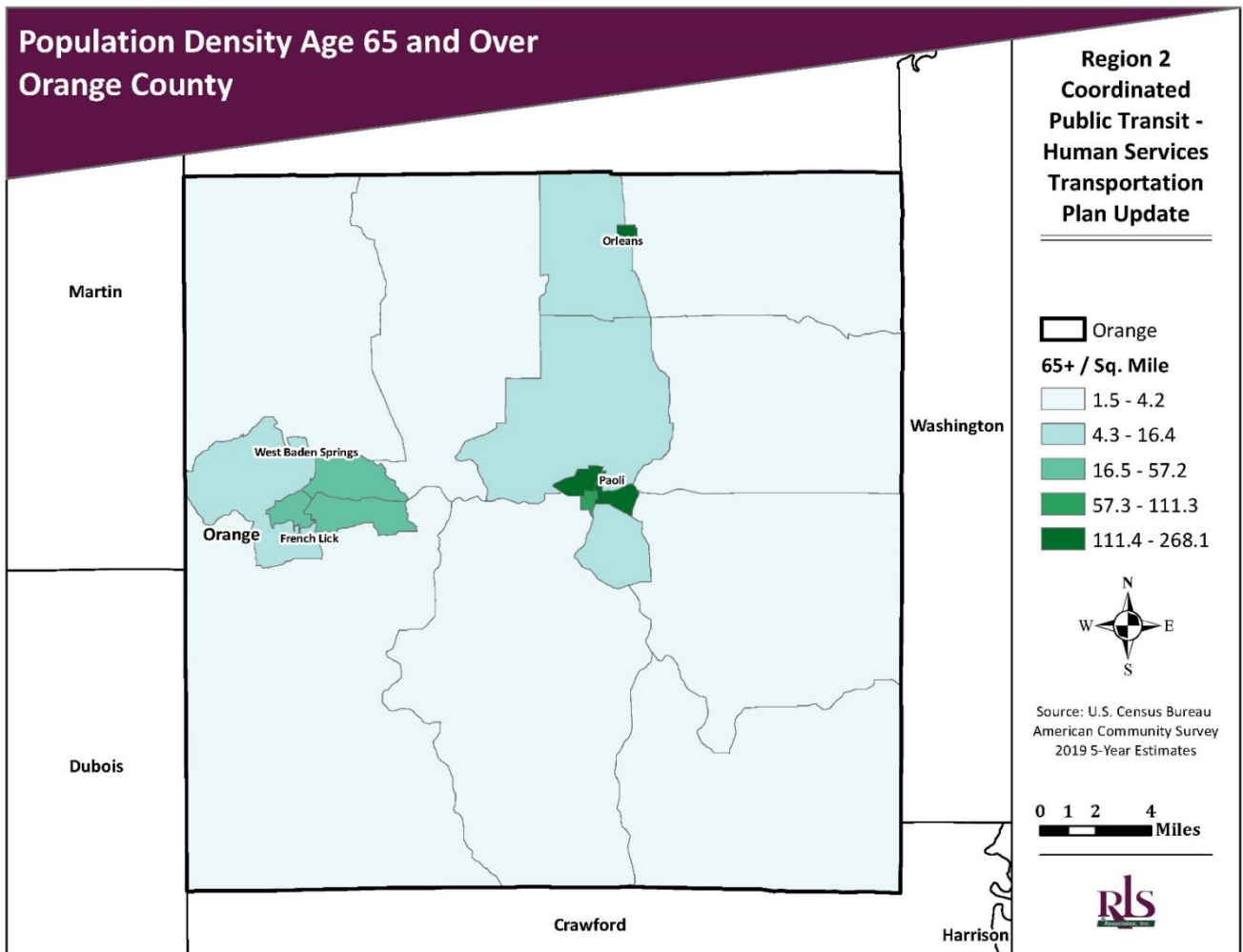
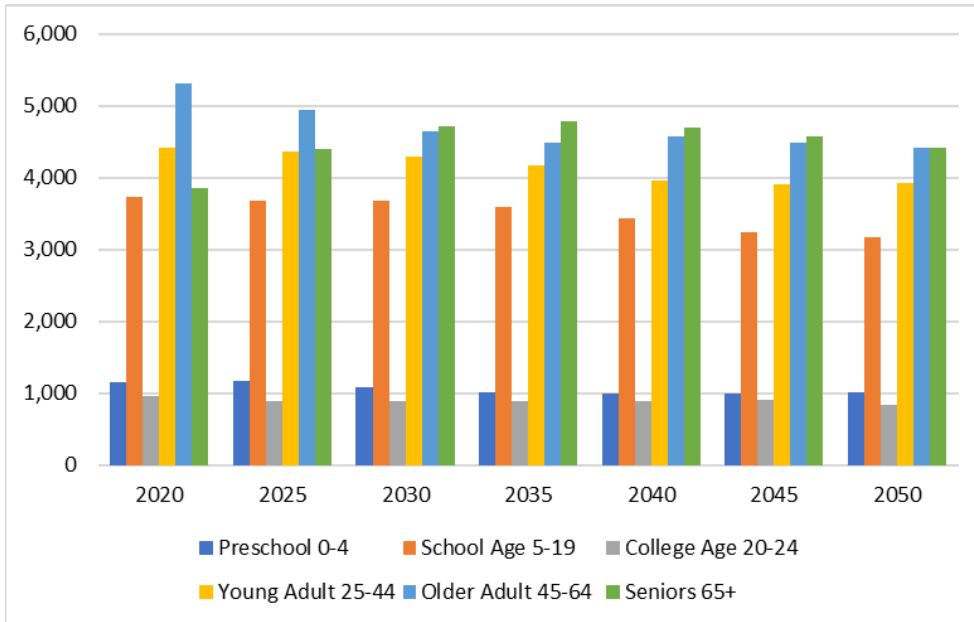


Exhibit 18 shows that the largest age cohort for Orange County is between the ages of 45 and 64. This age group is expected to be the largest group in Orange County over the next 30 years. While not being one of the larger groups in 2020, the seniors (65+) groups are expected to grow and go from being the 3rd

largest age group in 2020 to the largest in 2030. Currently, the smallest age group in Orange County is college age individuals (20-24), who are expected to see a minor decline between 2020 and 2050.

Exhibit 18: Orange County Population by Age

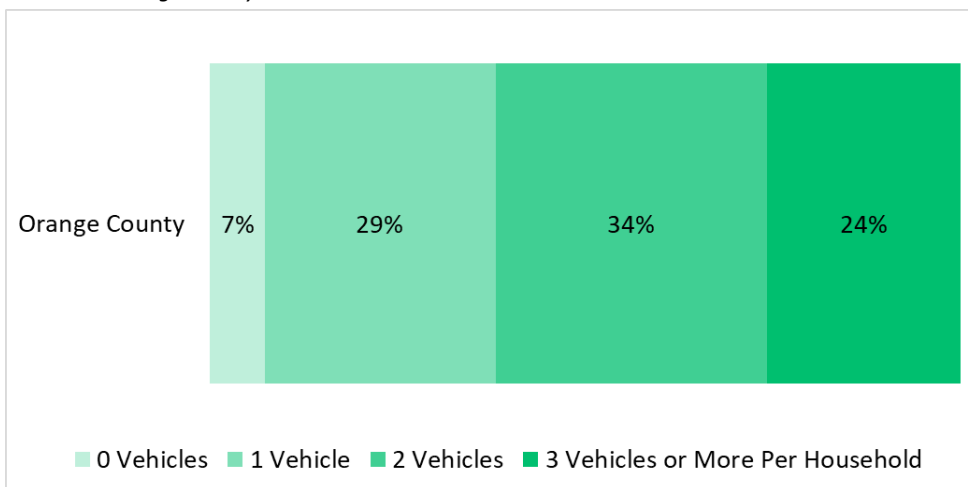


Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Exhibit 19 shows the breakdown of vehicle availability by the household within Orange County. Of all households in the county, seven percent of the households do not have a vehicle, and an additional 29 percent only have one vehicle.

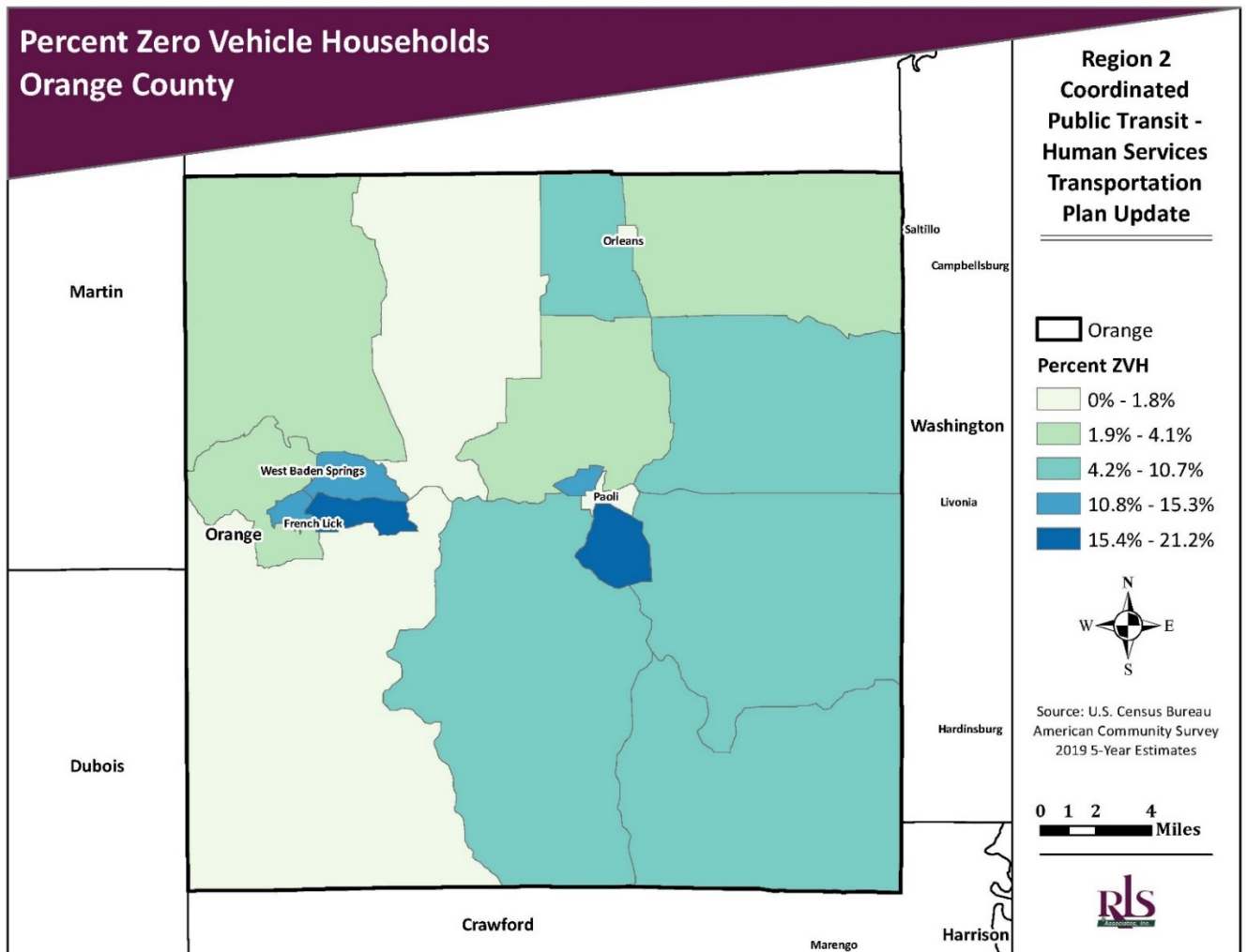
Exhibit 19: Orange County Percent Zero Vehicle Households



Source: 2019 ACS Five-Year Estimates

Exhibit 20 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by black group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are concentrated in Paoli and French Lick. Over 15.4 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 10.8 to 15.3 percent of zero vehicle households can be found near French Lick, Paoli, and West Baden Springs. The remainder of the county has moderate to very low percentages of zero vehicle households.

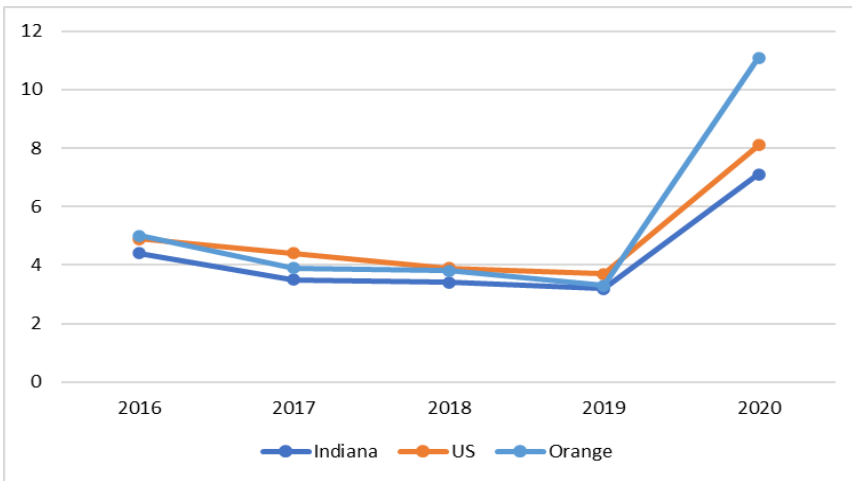
Exhibit 20



Unemployment

Orange County’s unemployment rate reached a high in 2020 of 11.1 percent due to the COVID-19 pandemic. This was much higher than that of the United States (8.1) and Indiana (7.1) for 2020. From 2015 to 2020, the unemployment rate for Orange County paralleled the national unemployment average trend but fluctuated with matching the U.S. and Indiana rates until 2020. Exhibit 21 illustrates a comparison of the unemployment rates in the county, state, and nation.

Exhibit 21: Orange County Comparison of Unemployment Rates

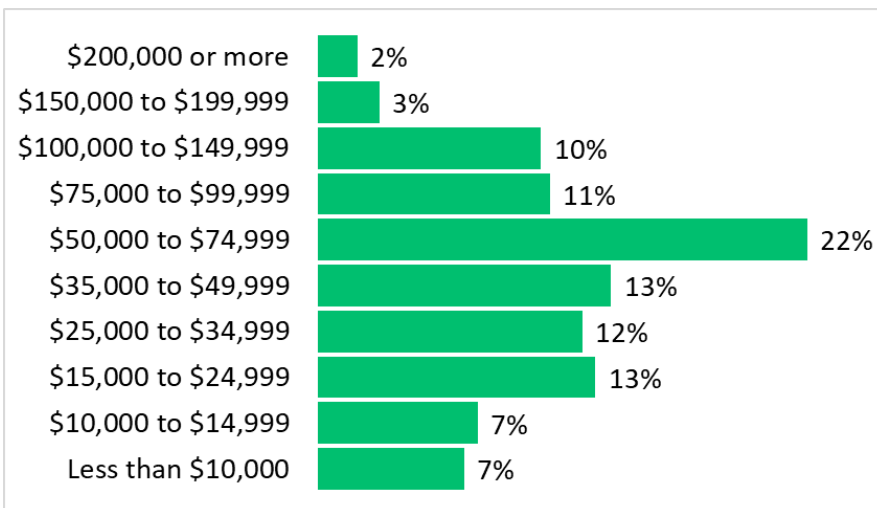


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Exhibit 22 shows the annual household income breakdown by percentage of total households in the county. Out of 7,898 households in the county, 39 percent make less than \$35,000 per year. Of which, seven percent earn less than \$10,000 per year.

Exhibit 22: Orange County Annual Household Income



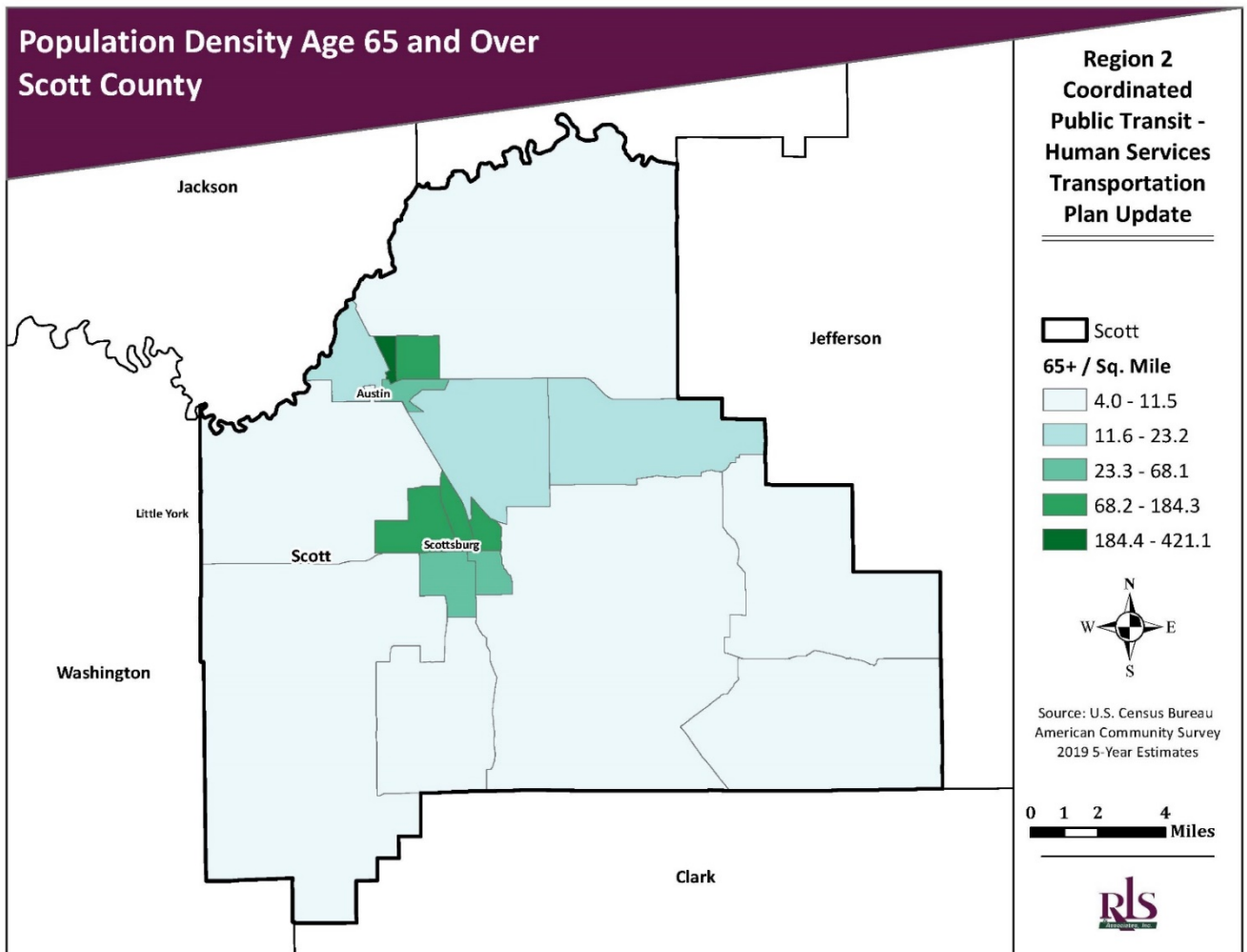
Source: 2019 ACS Five-Year Estimates

Scott County

Older Adult Population

Exhibit 23 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Scott County residents aged 65 and older are near Austin. These block groups have densities of older adults between 184.4 and 421.1 persons per square mile. Areas around Austin and Scottsburg have moderate densities of persons age 65 and older (68.2 to 184.3). The remainder of the county has low to very low densities of persons age 65 and older.

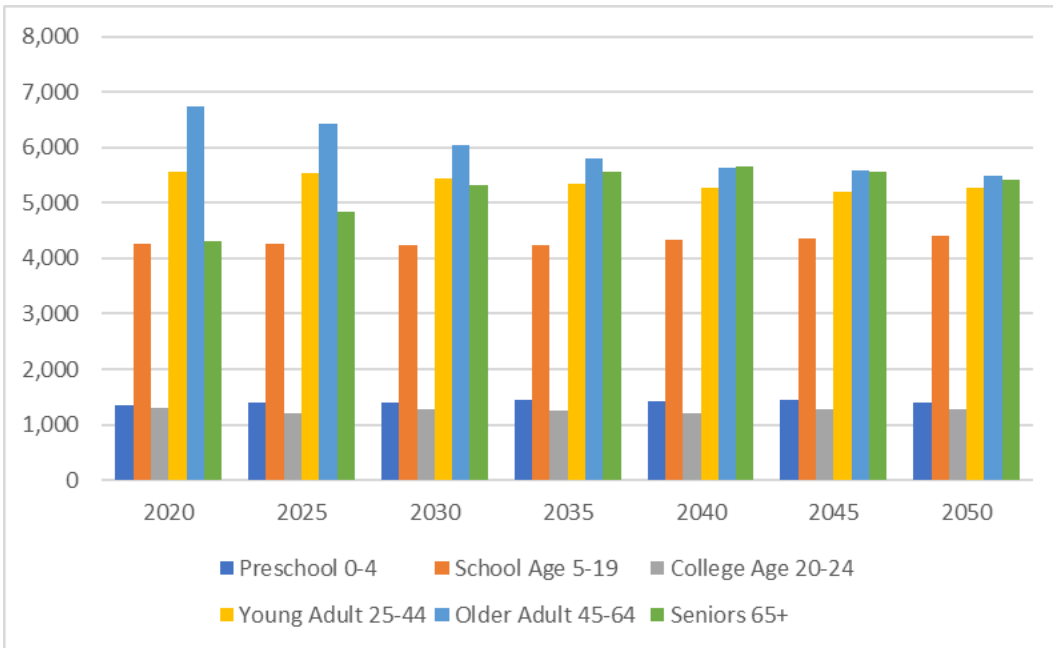
Exhibit 23



Population by Age

Exhibit 24 shows that the largest age cohort for Scott County is between the ages of 45 and 64. This age group is expected to be the largest group in Scott County over the next 30 years. While not being one of the larger groups in 2020, the seniors (65+) groups are expected to grow and go from being the 3rd largest age group in 2020 to the 2nd largest in 2035. Currently, the smallest age group in Scott County is college age individuals (20-24), who are expected to see little to no change between 2020 and 2050.

Exhibit 24: Scott County Population by Age

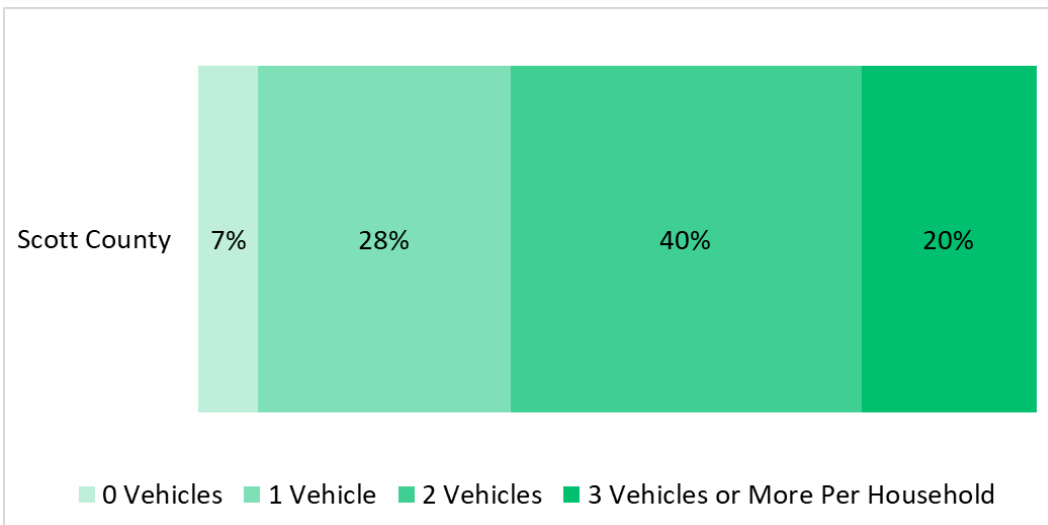


Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Exhibit 25 shows the breakdown of vehicle availability by household within Scott County. Of all households in the county, seven percent of the households do not have a vehicle and an additional 28 percent only have one vehicle.

Exhibit 25: Scott County Percent Zero Vehicle Households

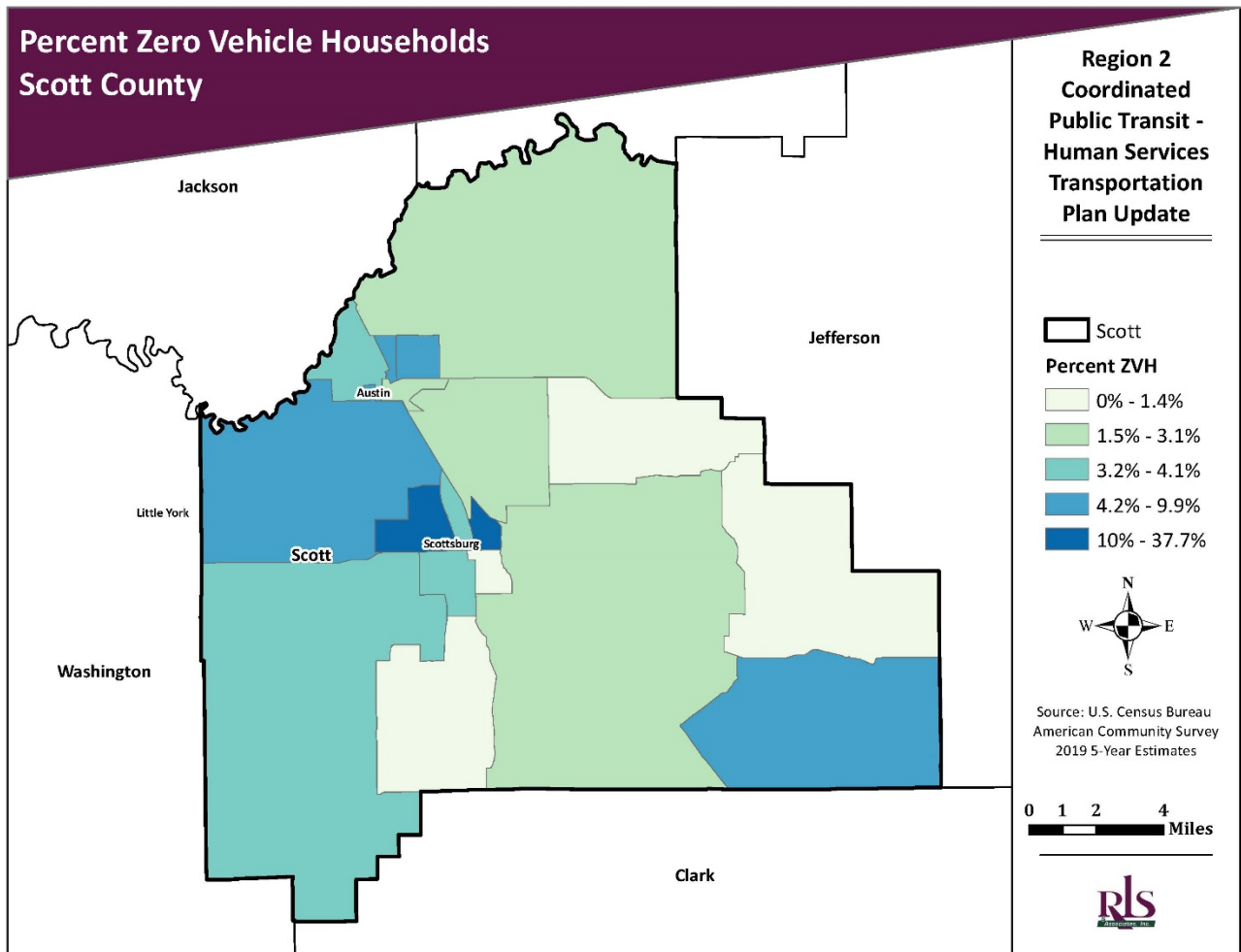


Source: 2019 ACS Five-Year Estimates

Exhibit 26 illustrates the percentage of housing units that have no available vehicle, according

to 2019 ACS Five-Year Estimate data by black group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are concentrated around Scottsburg. Over 10 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 4.2 to 9.9 percent of zero vehicle households can be found near Austin and southeast Scott County. The remainder of the County has moderate to very low percentages of zero vehicle households.

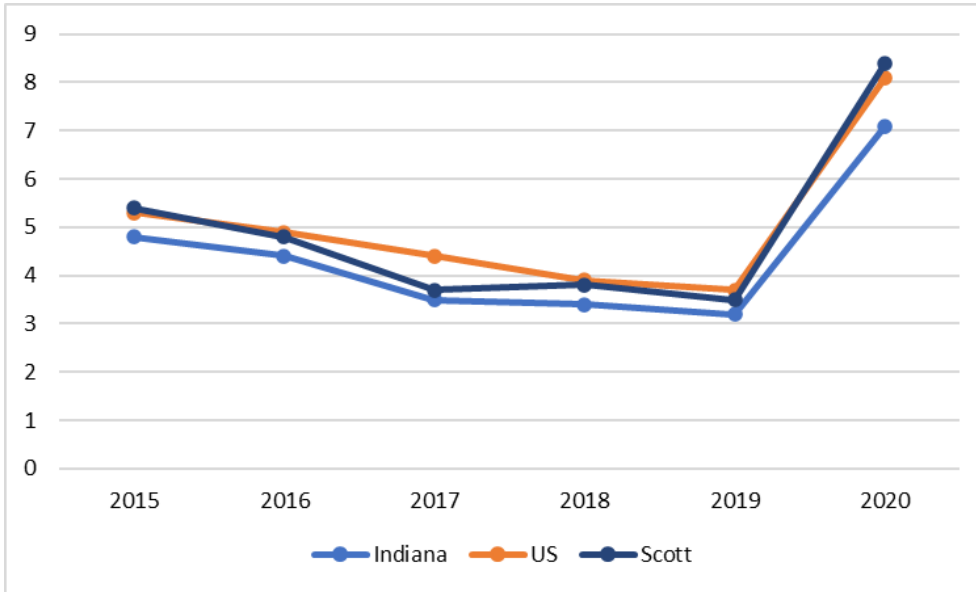
Exhibit 26



Unemployment

Scott County’s unemployment rate reached a high in 2020 of 8.4 percent, due to the COVID-19 pandemic. This was higher than that of the United States (8.1) and the State of Indiana (7.1) for 2020. From 2015 to 2020, the unemployment rate for Scott County paralleled the national unemployment average trend, dipping below the national rate in 2017 through 2019 and slightly exceeding the national rate in 2020. Exhibit 27 illustrates a comparison of the unemployment rates in the county, state, and nation.

Exhibit 27: Scott County Comparison of Unemployment Rates

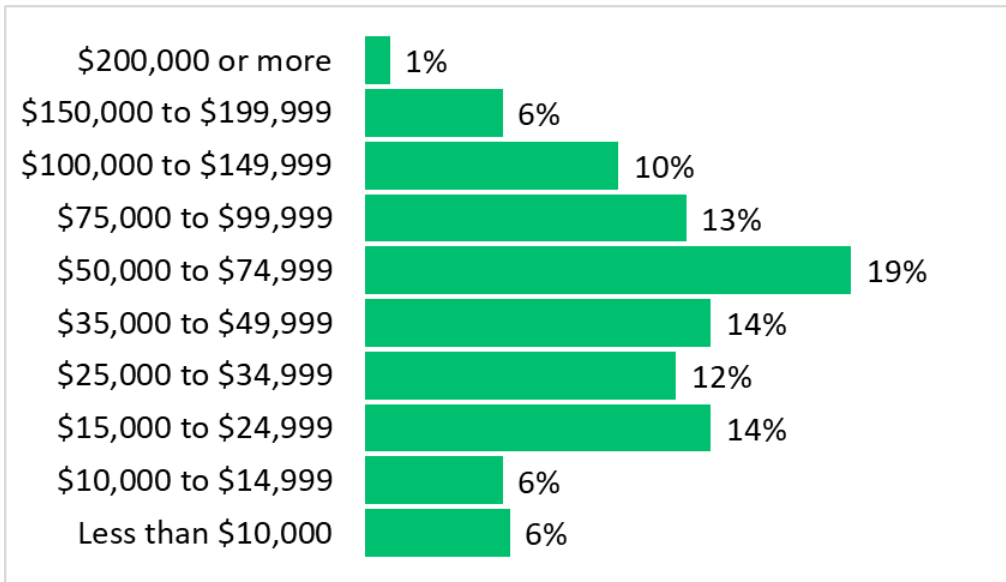


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Exhibit 28 shows the annual household income breakdown by percentage of total households in the county. Out of 8,971 households in the county, 38 percent make less than \$35,000 per year. Of which, six percent earn less than \$10,000 per year.

Exhibit 28: Scott County Annual Household Income



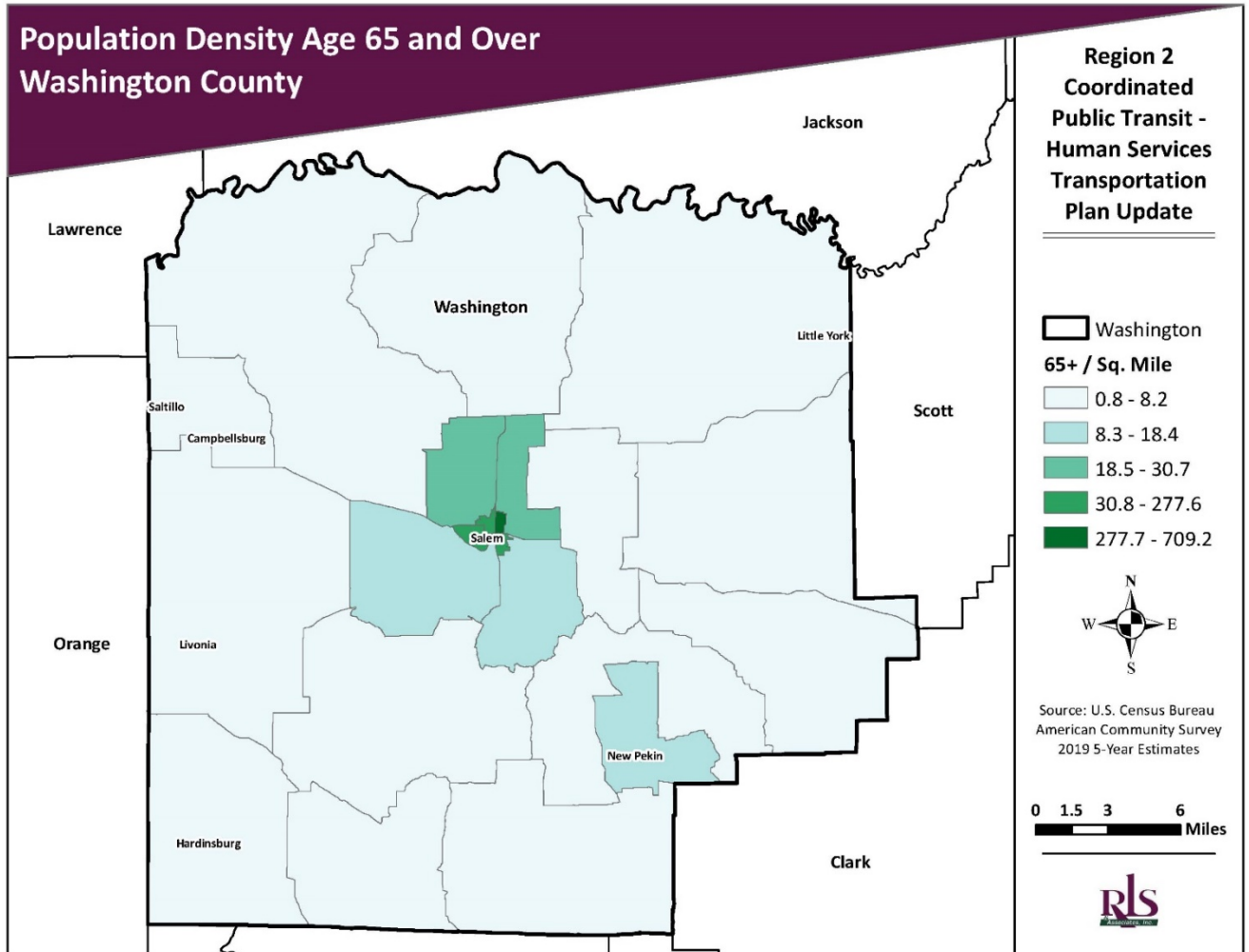
Source: 2019 ACS Five-Year Estimates

Washington County

Older Adult Population

Exhibit 29 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Washington County residents aged 65 and older are near Salem. These block groups have densities of older adults between 277 and 709 persons per square mile. Areas in Salem have moderate densities of persons age 65 and older (30 to 277). The remainder of the county has low to very low densities of persons age 65 and older.

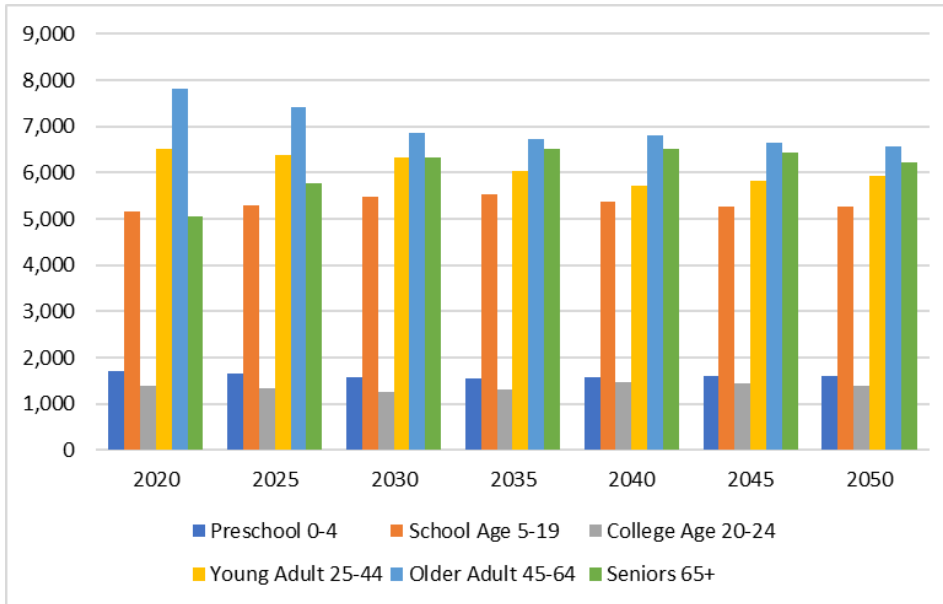
Exhibit 29



Population by Age

Exhibit 30 shows that the largest age cohort for Washington County is between the ages of 45 and 64. This age group is expected to be the largest group in Washington County over the next 30 years. While not being one of the larger groups in 2020, the seniors (65+) groups are expected to grow and go from being the 4th largest age group in 2020 to the 2nd largest in 2035. Currently, the smallest age group in Washington County is college age individuals (20-24), who are expected to see little to no change between 2020 and 2050.

Exhibit 30: Washington County Population by Age

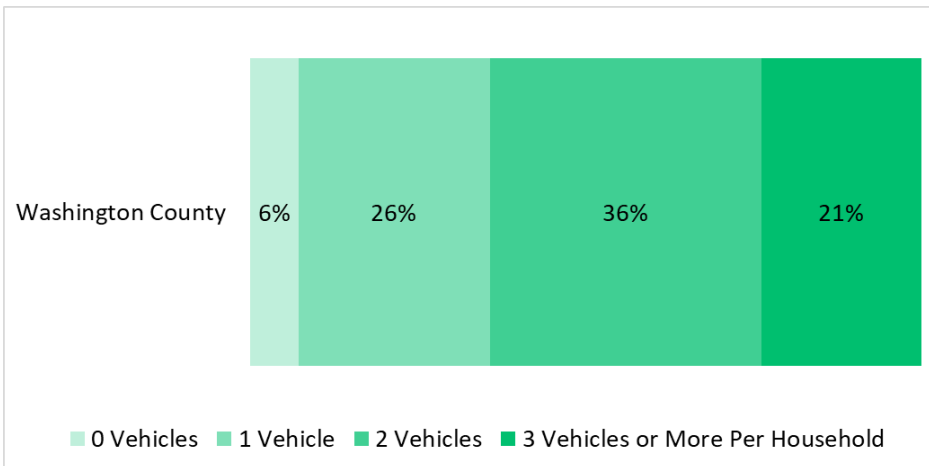


Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Exhibit 31 shows the breakdown of vehicle availability by household within Washington County. Of all households in the county, six percent of the households do not have a vehicle and an additional 26 percent only have one vehicle.

Figure 31: Washington County Percent Zero Vehicle Households

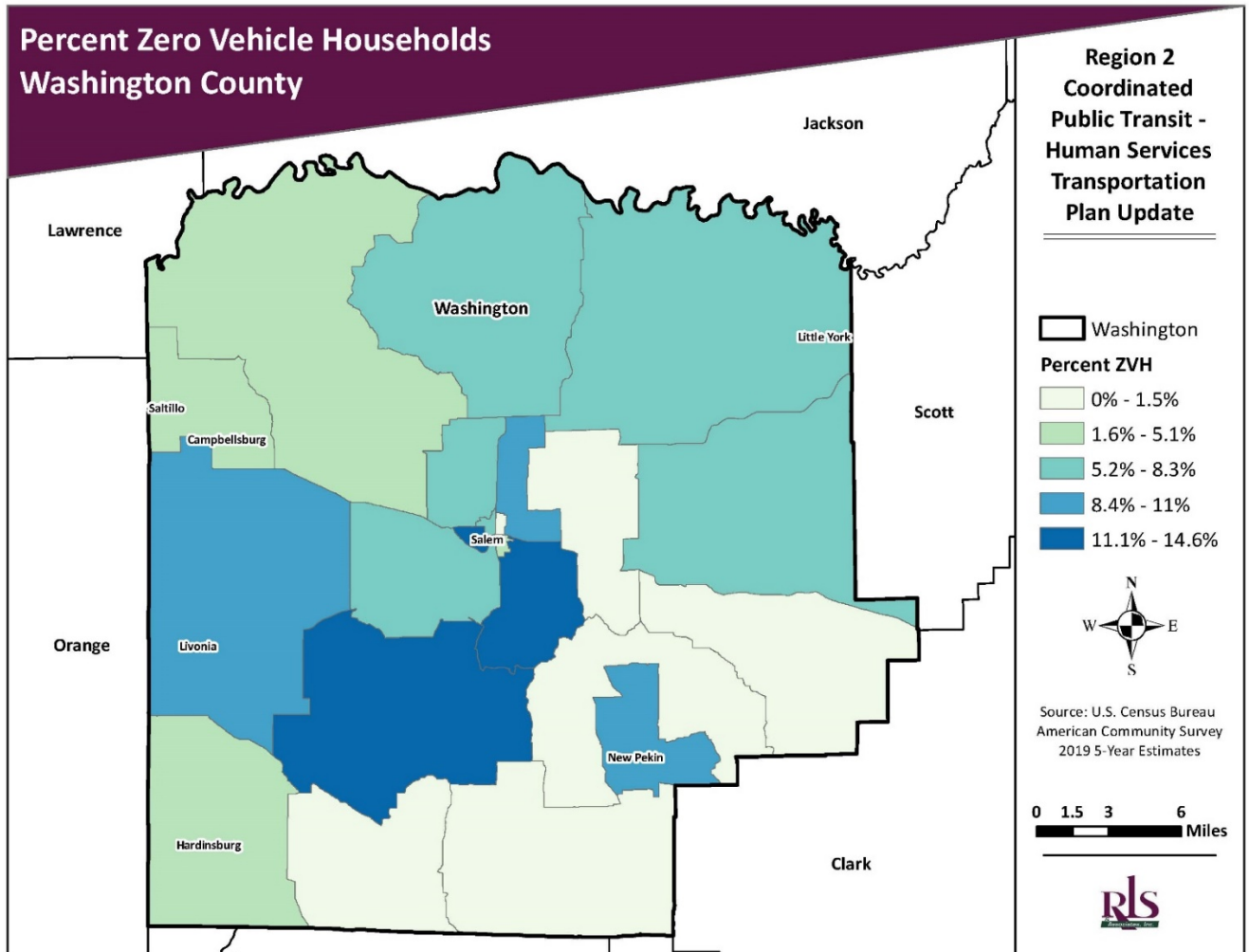


Source: 2019 ACS Five-Year Estimates

Exhibit 32 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by black group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are in the Salem area. Over 11 percent of households within

these block groups have no vehicle available. Areas with a moderately high percentage ranging from 8 to 11 percent of zero vehicle households are near Salem, Livonia, and New Pekin. The remainder of the county has moderate to very low percentages of zero vehicle households.

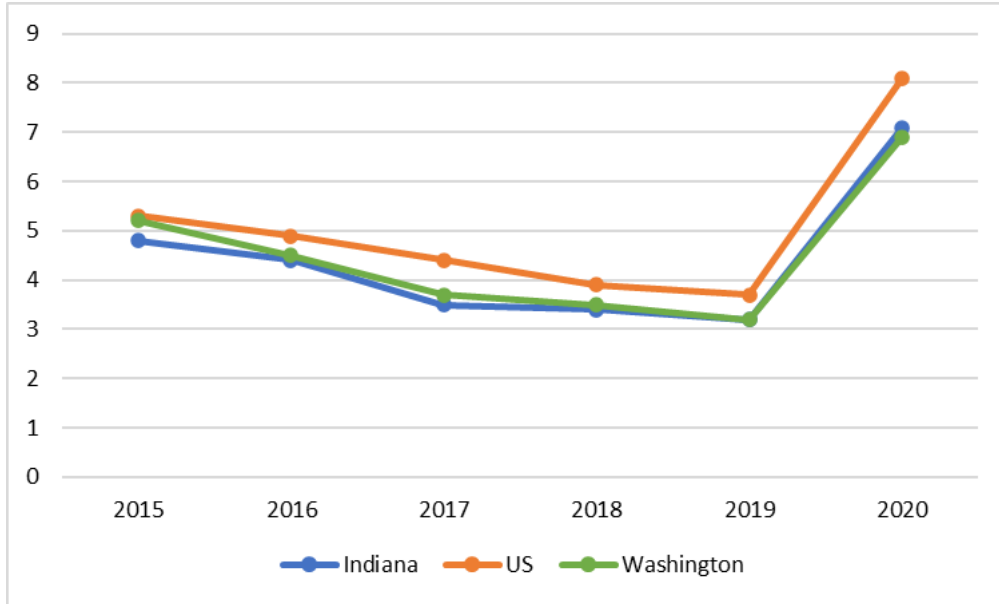
Exhibit 32



Unemployment

Washington County’s unemployment rate reached a high in 2020 of 6.9 percent due to the COVID-19 pandemic. This rate was lower than that of the United States (8.1) and the State of Indiana (7.1) for 2020. From 2015 to 2020, the unemployment rate for Washington County paralleled the State’s unemployment average trend and remained lower than the national rate. Exhibit 33 illustrates a comparison of the unemployment rates in the county, State, and nation.

Exhibit 33: Washington County Comparison of Unemployment Rates

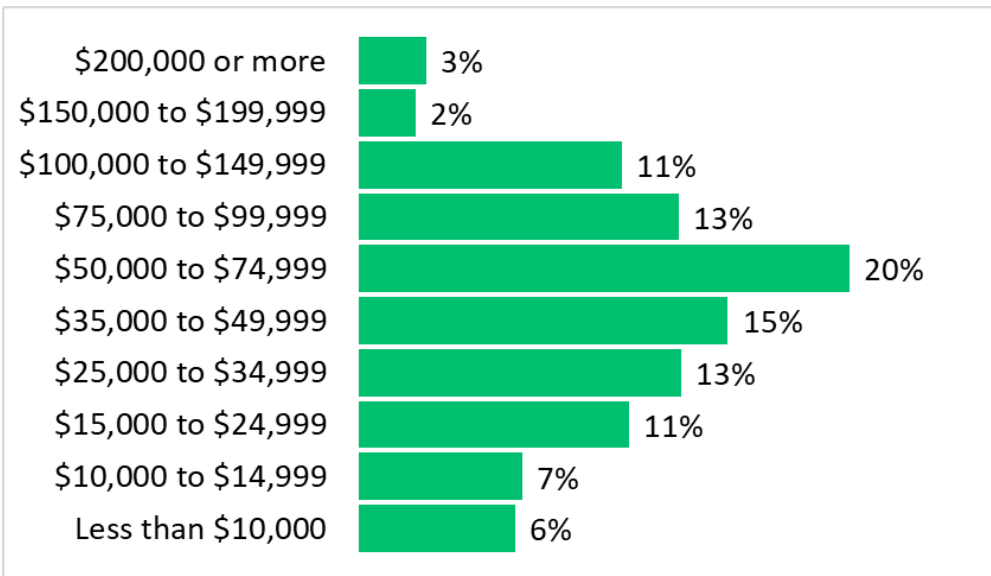


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Exhibit 34 shows the annual household income breakdown by percentage of total households in the county. Out of 10,940 households in the county, 37 percent make less than \$35,000 per year. Of which, six percent earn less than \$10,000 per year.

Exhibit 34: Washington County Annual Household Income



Source: 2019 ACS Five-Year Estimates

Existing Services

INVENTORY OF EXISTING TRANSPORTATION PROVIDERS AND SERVICE GAPS

INTRODUCTION

Providers of public and human service transportation were asked to provide service and asset data for the purpose of updating the transportation provider inventory for the region. Provider agencies were also invited to participate in a public meeting to evaluate unmet human service transportation needs and service gaps. The public meeting included a discussion of goals and strategies/projects to address unmet needs and service gaps and promote coordination in the delivery of transportation services to maximize the use of resources.

An update of the inventory of provider services and vehicle inventory was obtained through phone interviews and email requests. This inventory also stimulated discussion of key mobility issues while updating the description of the types and manner of service delivery (including types of services, funding sources, eligibility, hours of service, ridership, and fare/donation policies) for the providers in the region.

The INDOT Region 2 provider summaries listed below include public transit systems (FTA Section 5311, Rural Transit) and Section 5310-funded providers that serve older adults and individuals with disabilities primarily. The agencies operating Section 5310 vehicles provide transportation primarily to their agency consumers or population groups that meet specific eligibility criteria, which is determined by their funding sources.

Rural public transit agencies, those funded with FTA Section 5311 funding, also serve these same older adults and individuals with a disability. In addition, local county governments contribute local funding to match FTA grant funding. These programs exemplify the goal of promoting mixed client riding and coordinated mobility services for a range of customer categories and trip destinations.

The list of providers also includes agencies eligible for Section 5310 vehicle funding but until now experienced limited coordination with other providers and have been focused on providing services to their agency program consumers. Their participation in the coordination process is essential so that their consumers are allowed to access other community transit services.

EXISTING PUBLIC TRANSPORTATION RESOURCES

Two public transit systems operate service in Region 2. The following table provides basic information about each system.

Table 1: Region 24 Public Transit Providers

	Blue River Services (Southern Indiana Transit System (SITS))	Orange County Transit Service
Service Area	Crawford, Harrison, Washington, and Scott Counties	Throughout Orange County and up to three hours away for out-of-county trips.
Days/Hours of Service	Mon.-Fri./ 6:00 AM – 6:00 PM	Mon.-Fri./ 5:00 AM – 5:00 PM
Ridership	34,000 to 38,000 (estimated) 16,715 (2020 actual)	9,492 (2019) and 6,644 (2020)
Fare/Donation Structure	0 to 10 miles = \$2; 11-19 miles = \$3; 20+ miles = \$4; / Paper Tickets	Paoli, French Lick, or Orleans = \$5.00 round trip/ \$4.00 one way; Orleans to Paoli = \$6.00 round trip/ \$5.00 one way; French Lick to Paoli = \$7.00 round trip/ \$6.00 one way; Orleans to French Lick = \$15.00 round trip/ \$14.00 one way \$1.00 per extra stops enroute Cash or paper tickets (or pay with a credit card prior to the trip)
Funding Sources	FTA Section 5311; State PMTF; Local match from each county government	Section 5311, PMTF, Orange County, Fundraising
Budget	\$680,812 (2020)	\$300,284 (2020)
Fleet	28 vehicles across all counties	19 vehicles
Service Type(s)	Door-to-door, demand response in all counties. Multi-county deviated route (covers parts of Crawford, Harrison, and Washington Counties)	Curb-to-curb, demand response. Drivers will provide door-to-door service upon request.
Scheduling/ Dispatching	ShahSoft scheduling software. Drivers have tablets	Routematch
Trip Denials	40 to 60 denials per month	No official denials but they receive about 30 requests per month for out-of-town runs that cannot be provided

HUMAN SERVICE TRANSPORTATION PROVIDERS

Some human service agencies in Region 2 provide transportation for their clients, such as Medicaid beneficiaries and older adults whose transportation is funded by Older Americans Act Title III-B funds. Additionally, Region 2 residents who use Medicaid non-emergency transportation are sometimes served by providers from outside of the area. These providers are typically dispatched to the area by the State of Indiana’s contracted managed care organizations or transportation brokerages. Table 2 provides a list of human service agencies that provide transportation to their consumers or members of the general public who meet specific eligibility criteria (i.e., age).

Table 2: Human Service Transportation Providers

	First Chance Center	Older American Services Corp/Bedford Senior Citizens Center	LifeSpan Resources	LifeSpring Health Systems	New Hope Services, Inc.
Service Area	Orange County and as needed. Will pick up in Indianapolis, Evansville, and Louisville	Orange, Crawford, Lawrence, and Washington Counties	Clark, Floyd, Harrison, and Scott Counties	Southern Indiana	Clark and Scott Counties
Eligibility Criteria	Clients for IDD day services; Medicaid waiver; Community employment working with Voc. Rehab; children in SN play group; PAC/Respite	Medicaid eligible; Older Adults; Individuals with disabilities; or individuals who meet income eligibility limits through Hoosier Uplands	Age 60 and older and individuals with disabilities of any age	Clients for mental health and primary care services	Agency consumers with disabilities
Days/Hours of Service	As needed for programs	Mon.-Fri./ 6:00 AM to 6:00 PM	Mon.-Fri./ 8:00 AM to 4:30 PM Return trips from medical appointments must schedule by 2:30 PM	Varies by location. There are locations in Jeffersonville, New Albany, Scottsburg, Austin, Jasper, Corydon, Paoli, English,	Mon.-Fri./6:00 AM to 6:00 PM

	First Chance Center	Older American Services Corp/Bedford Senior Citizens Center	LifeSpan Resources	LifeSpring Health Systems	New Hope Services, Inc.
				Madison, Tell City, Salem, and Rockport, Indiana	
Ridership	Habilitation Services, Respite, PAC: 3,598; Community Employment: 48; FCCI: 1,510; TOT to TOT Playgroup: 165	Information not available	Information not available	Information not available	Information not available
Funding Sources	Orange County, First Chance Center, Fundraising, Medicaid	Section 5310	Medicaid and private pay. Private pay fare is \$25 one way for up to 10 miles. Rate of \$1.25/mile applies after 10 miles. Co-pay of \$1 to \$2 applies for Medicaid-eligible; Donations	Section 5310, insurance, private pay	Private, non-profit program operating client programs. Previously (2012) received FTA Section 5310 grant funding for a vehicle
Operating Budget	Transportation costs are built into program budgets	Information not available	Information not available	Information not available	Information not available
Fleet	16 vehicles; Accessible vehicles available	Information not available	Information not available	Medium transit vehicle (awarded in 2020, INDOT)	11 vehicles; 10 are wheelchair accessible
Service Type(s)	Non-emergency medical transportation (NEMT)	Client transportation to and from medical appointments and transfers from one facility to another	Door-through-door ride to life sustaining therapies, healthcare providers, nutrition sites, social service organizations, and other locations	Client transportation to and from appointments and necessary services	Demand response transportation for clients
Scheduling/ Dispatching	Same-day service is available for in-county trips with 72-hours' notice	Information not available	10 to 14 days' notice	Information not available	Information not available

VEHICLE INVENTORY AND UTILIZATION

Vehicle inventories were obtained by email from transportation providers or through the INDOT 2020 Annual Report and Section 5310 Award sheet. There are approximately 94 vehicles serving the counties in Region 2. Approximately 69 percent of the vehicles in the region were accessible for wheelchairs and other mobility devices. All agencies operating vehicles were contacted to provide an updated vehicle inventory. The inventory does not include vehicles operated by SE Trans for non-emergency medical transportation if those services are not provided by the agencies participating in the plan. The inventory also does not include ambulance services or vehicles operated by taxi companies or Uber/Lyft drivers. It is noted that transportation by taxi, Uber or Lyft is extremely limited in the region.

All of the transportation operators operate at least one accessible vehicle. However, given the demand for wheelchair accessible service, including on-demand services, and the growing aging population and individuals with physical challenges living independently in the community, the number of accessible vehicles needed must continuously be evaluated.

None of the transportation providers participating in this planning effort operate vehicles on weekends as part of their regularly scheduled service.

Needs

NEEDS ASSESSMENT

OVERVIEW

The consulting team contacted local human service agencies, faith-based organizations, employers, and all known transportation providers serving each county in an attempt to solicit input and request participation from any organization that could potentially be impacted by the coordinated transportation planning process. Meeting invitations were mailed to all identified organizations, those that participated in the 2016-2017 Coordinated Public Transit Human Services Transportation Plan, and agencies that applied for Section 5310 grants from INDOT since 2013. Documentation of outreach efforts included in this project to date and the level of participation from each organization is provided in the Appendix. The following paragraphs and tables outline results from the local general public and stakeholder coordinated transportation meeting and public survey results.

GENERAL PUBLIC AND STAKEHOLDER MEETINGS

A virtual meeting was facilitated by RLS & Associates, Inc. to discuss the unmet transportation needs and gaps in service and establish goals for older adults, individuals with disabilities, people with low incomes, and the general public. A virtual meeting was chosen due to the risk of transmission of COVID-19 at an in-person meeting. The meeting was held on March 23, 2021, at 10:00 AM. Additionally, RLS & Associates conducted a virtual meeting for INDOT rural coordination Region 2 on March 23, 2021, at 12:00 PM. Local organizations serving older adults and people with disabilities, as well as city and county government officials, were invited to these meetings via email and a mailed postcard. Lists of attendees and meeting notes, and documentation of advertisement of the meetings, are provided in the Appendix.

Invitations to the meeting were distributed via the U.S. Postal Service to 134 individuals or organizations that represent transportation providers, older adults, individuals with disabilities, and people with low incomes. The general public was invited and notified of the meeting through a variety of public announcements through the following websites and newspapers:

- ◆ Corydon Democrat
- ◆ Springs Valley Herald
- ◆ Paoli News Republican
- ◆ Salem Leader
- ◆ Clarion News

A list of all organizations invited to the meeting and their attendance/non-attendance status is provided in the Appendix. Organizations that were represented at the meetings are listed below:

- ◆ Blue River Services
- ◆ Orange County Transit Services/ED First Chance Center
- ◆ Emergency Medical Services (EMS) for Harrison County Hospital

- ◆ Ascension St. Vincent Hospital
- ◆ LifeSpan Resources
- ◆ Indiana Department of Transportation

During the meeting, the RLS facilitator presented highlights of historical coordinated transportation in the region and discussed the activities since the 2016-2017 Coordinated Public Transit Human Services Transportation Plan that has helped to address some of the unmet transportation needs and gaps in services for the area. Many of the participants in the meetings were involved in the 2016-2017 planning process.

Following the initial presentation, the stakeholders were asked to review the gaps in transportation services and needs from the 2016-2017 plan, to identify any gaps that were no longer valid, and any new needs/gaps, which the facilitator deleted/added to/from a list that the stakeholders could view on the screen. The focus of the discussion was transportation for older adults and individuals with disabilities. However, several topics discussed also impact mobility options for the general public. After the changes to the needs/gaps list were completed, each participant was asked to rank the needs/gaps.

Prior to the public and stakeholder meeting, public surveys were distributed in each county. Surveys were available for approximately six months. The purpose of the survey was to gather additional input about transportation from the general public and those individuals who may or may not be clients of the participating agencies. In addition to printed surveys that were distributed by local stakeholders and volunteers, the public survey was also available online, and advertised in local newspapers. Survey results are included at the end of this chapter.

Table 3 provides the identified unmet transportation needs and gaps in services that were identified by meeting participants or during the public survey process. The list includes unmet needs and gaps documented during the previous coordinated plan and the status of that need (satisfied, solutions in progress, not addressed) as well as the needs that were documented for the first time in 2016. The table also includes a reference to the goal (explained in the next chapter) that corresponds with each identified need or gap. Coordinated transportation stakeholders will consider these unmet needs and gaps in service when developing transportation strategies and grant applications.

Table 3: Unmet Mobility Needs and Gaps in Service

2016-2017 Need/Gap	2020-2021 Need/Gap	2020-2021 Priority Level	Goal
Shared Rides	4-wheel drive vehicles are needed for roads that are difficult to access.	Low	2.1
More Dialysis Appointment Transportation	Weekend transportation options are needed for Dialysis, shopping, and other purposes.	Low	3.1

2016-2017 Need/Gap	2020-2021 Need/Gap	2020-2021 Priority Level	Goal
Transportation to Shopping and Grocery Stores	Transportation across multiple county lines, including to or through neighboring regions and to/from Louisville, Kentucky.	No Priority Assigned	3.2
Same-Day Connections (Salem-New Albany-Louisville)	Patients discharged from the hospital during evenings, nights, and on weekends need transportation.	Medium to High	3.1
Department of Corrections – Visitor Transportation	Additional drivers are needed. There is a driver shortage.	Medium	2.2
Better Information about Medicaid Transportation	More reliable non-emergency medical, Medicaid transportation is needed.	High	4.1 and 4.2
Dispatcher Software and Referral System Among agencies	More available times to schedule trips (increased capacity to meet service requests).	High	2.1, 2.3, 3.1, 3.2
	Maintain existing services even if new or expanded options are created.	High	2.1
	Improve local awareness of existing transportation services, how they work, the benefit they provide.	High	4.3, 5.1, and 5.2
	Improve the infrastructure in Harrison County and other areas to better support transit (i.e., widen roads).	Medium	4.3
	Public transit and veterans' transportation services should work together.	Low	3.2
	Additional funding to reduce out-of-pocket costs for private pay passengers without insurance.	Medium	1.2
	Invest in vehicles with better strut and shock systems.	Medium	2.1

PROGRESS SINCE THE 2016-2017 COORDINATED PLAN

As indicated in Table 3, several unmet needs identified in 2017 continue to exist today. However, some progress has been made. Noteworthy coordinated transportation programs in Region 2 include the following activities:

- ◆ Harrison County has focused efforts on improving non-emergency medical transportation options for Medicaid-eligible trips. However, policy barriers around Medicaid transportation have prevented significant progress. Hospitals and agencies have had to compensate for the gaps left by Medicaid trips that are not provided as scheduled.

The impact of having inconsistent staff from the Medicaid broker, SE Trans, has created additional difficulties for the transportation providers and agencies that have attempted to work with SE Trans to improve the gaps in Medicaid-eligible trips. Some local ambulance services and agencies have had to compensate for necessary trips that Medicaid was unable to provide.

CONTINUING CHALLENGES TO COORDINATED TRANSPORTATION

There are numerous challenges to the coordination of human service agency and public transportation in any community. Some of the unmet transportation needs listed in Table 3 are unmet either because of the level of difficulty to implement strategies that will address them or funding to support the activity is not available. Additionally, some of the low and medium priority unmet transportation needs may be addressed before the high priority needs simply because they are more easily addressed and implementing these lower priority changes will improve the likelihood of implementing a high priority improvement later.

Public meeting participants mentioned that a limited understanding of policies, funding and coordinated scheduling potential could be limiting the successful implementation of the coordinated transportation goals. Furthermore, expanding the amount of transportation service options available in the region will make the impact of coordinating those options more meaningful. Each agency covers its geographic service area or eligibility group. Currently, options to share trips or coordinate are limited because of the specific program needs that each individual transportation program is designed to serve. Limited availability of transportation options hinders the ability to expand or improve connections in or through counties within Region 2 or in neighboring regions.

During the public and stakeholder meeting, participants discussed the following topics:

- ◆ Harrison County Hospital uses five ambulances at peak times. They receive 567 calls per year. The EMS was concerned about transportation for wheelchair-bound individuals who need dialysis treatment. When the Medicaid broker is not able to provide transportation for these individuals in a timely manner, the EMS or Blue River Services or other agencies step in to transport people to necessary appointments. EMS is of the philosophy that if people are able to attend maintenance or preventive care appointments, they will not be as likely to need an ambulance.
- ◆ St. Vincent Hospital and Orange County Transit also expressed concerns about unreliable Medicaid-eligible transportation service provided through the Medicaid broker.
- ◆ Annual survey results collected by transit providers have indicated that transportation on weekends is needed. Survey respondents indicate that they need transportation on Saturdays for Dialysis or other trip purposes. Survey results also indicate a need for transportation to destinations that are outside of the service areas of Orange County Transit and Blue River Services.
- ◆ Hospitals and other organizations may have funds available to subsidize patient trips using Lyft or Uber when traveling to/from the Bloomington area.
- ◆ Transportation providers indicated that there is a shortage of drivers which has put pressure on public transit programs to maintain service levels. Volunteer transportation programs in the area had no volunteer drivers at the time of the study due to the COVID pandemic health concerns. Also, EMT paramedics are needed.

While there are challenges to implementing coordination among various transportation providers, services, and funding sources, it is essential to note that transportation coordination is being successfully implemented throughout the country and in Indiana. Therefore, issues such as conflicting or restrictive State and Federal guidelines for the use of funding and vehicles, insurance and liability, and unique needs presented by the different populations served, to name a few, should challenge, but not stop, a coordination effort. Many resources are available to assist communities as they work together to coordinate transportation. Contact the Indiana Department of Transportation (INDOT), Office of Transit (<http://in.gov/indot/2436.htm>) for assistance.

RESULTS OF THE GENERAL PUBLIC SURVEY

The following charts outline the public survey results received from individuals living in the region. Surveys were available online, on public transit vehicles, at various non-profits, and distributed by volunteers through organizations that serve seniors and individuals with disabilities. The online and paper versions of the survey were also advertised in local newspapers. The survey period was November 2020 through February 2021.

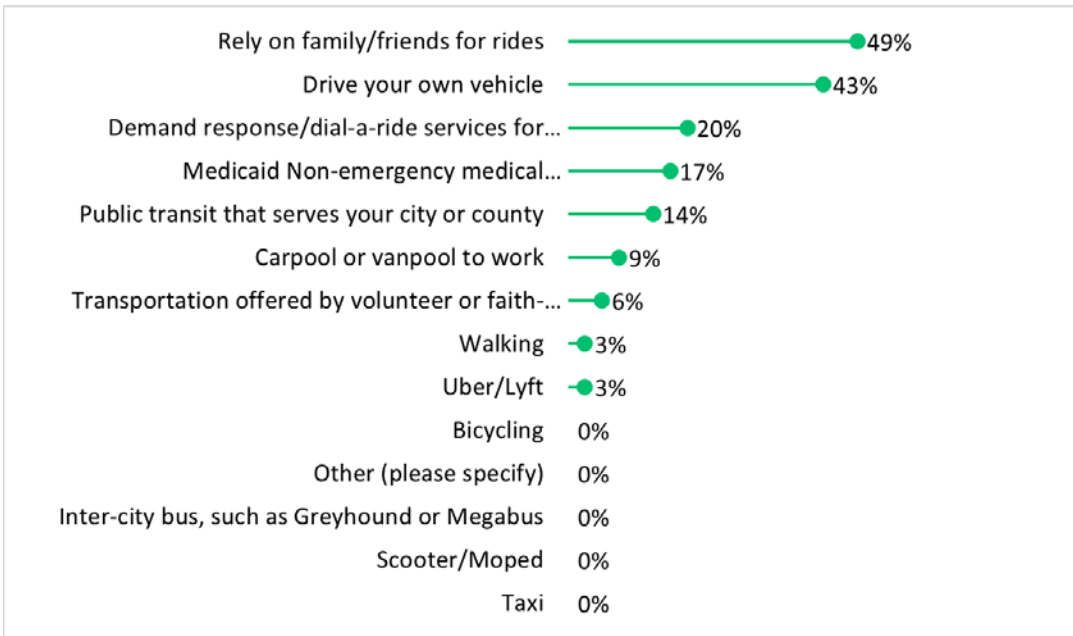
The following survey summary includes the information gained from 32 surveys from the general public. Each chart is based on the number of responses received for individual questions. If an individual skipped a question or did not provide an eligible answer, the distribution of responses for that particular question will be based on fewer than 32 surveys. Therefore, the survey results are not statistically valid but do offer insight into the unmet transportation needs and gaps in services for the general public in each county. The distribution of survey results is listed below:

- ◆ Crawford: 21.9% (7 surveys)
- ◆ Harrison: 28.1% (9 surveys)
- ◆ Orange: 28.1% (9 surveys)
- ◆ Scott: 0% (0 surveys)
- ◆ Washington: 21.9% (7 surveys)

Modes of Transportation Used

Survey respondents were asked to report all forms of transportation they or their families have used in the past 12 months. As indicated in Exhibit 35, the respondents used most forms of transportation available as response choices. No survey participants specified “Other” as a form of transportation.

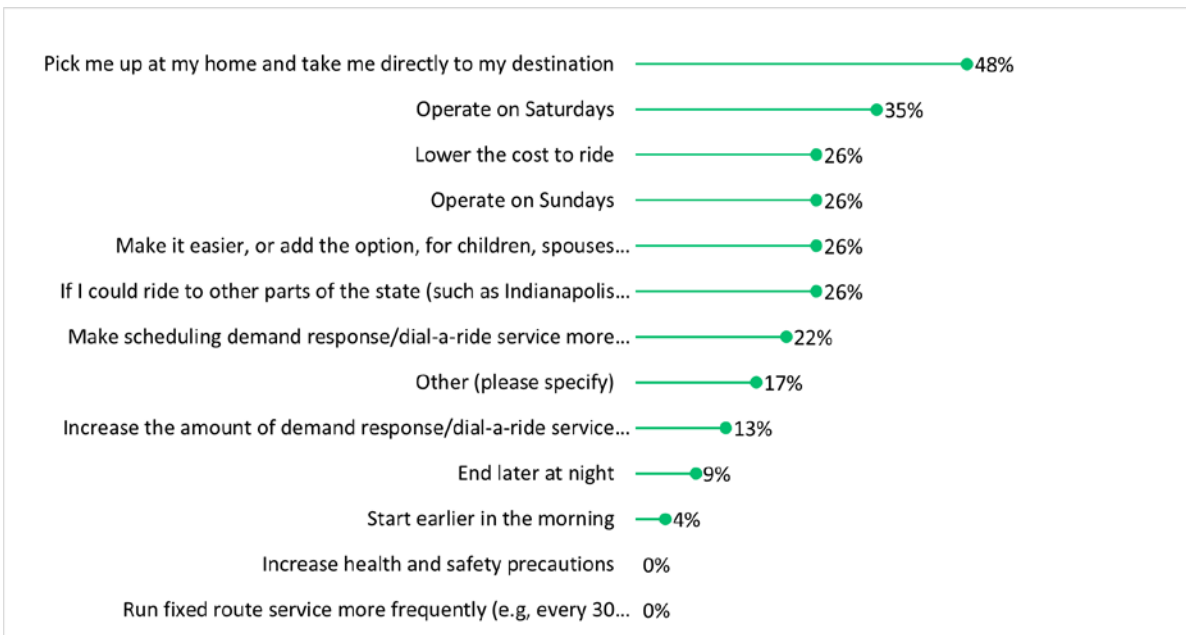
Exhibit 35: Modes of Transportation Used



Desired Changes to Local Transportation Options

When asked what changes could be made to the local transportation options to make using them more appealing, the most common responses were to provide rides from home directly to the destination, operate on Saturday/Sunday, and provide a lower cost ride. Forty-eight percent said that an increase in curb-to-curb service from home would make the transportation more appealing. All responses to this question are displayed in Exhibit 36.

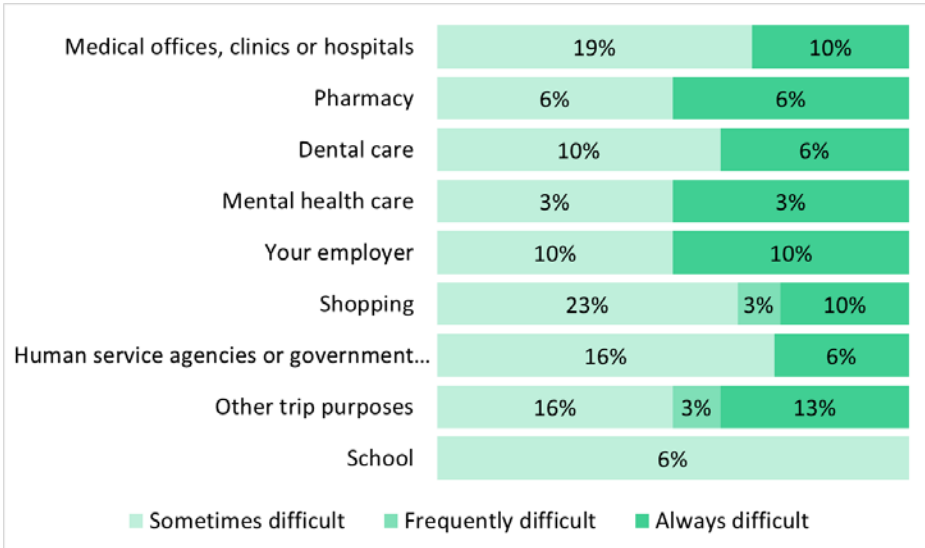
Exhibit 36: Changes that Would Make Transportation Options More Appealing



Difficulty Getting Needed Transportation

Respondents were asked if they have difficulty getting the transportation they need to a variety of specific types of destinations. The results are provided in Exhibit 37. The most difficulty was indicated for employment, medical, shopping, and other trip purposes, multiple respondents selecting ‘sometimes,’ ‘frequently,’ or ‘always difficult.’

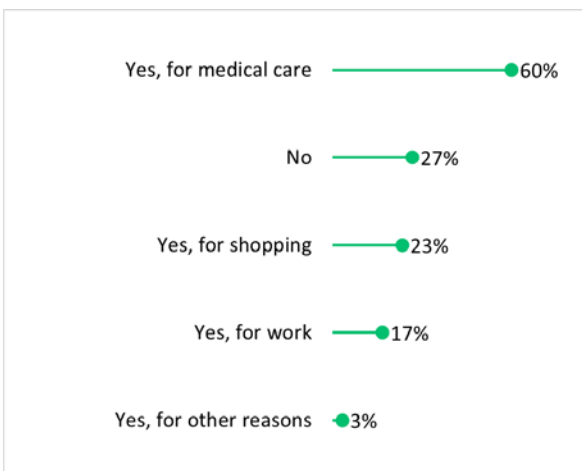
Exhibit 37: Difficulty with Transportation to Specific Destination Types



Out-of-County Destinations

Two questions concerned travel to out-of-county destinations. Respondents indicated whether they needed to travel outside the county for work, medical care, shopping, or other reasons. As shown in Exhibit 38, the majority of respondents have out-of-county travel needs, especially for medical care.

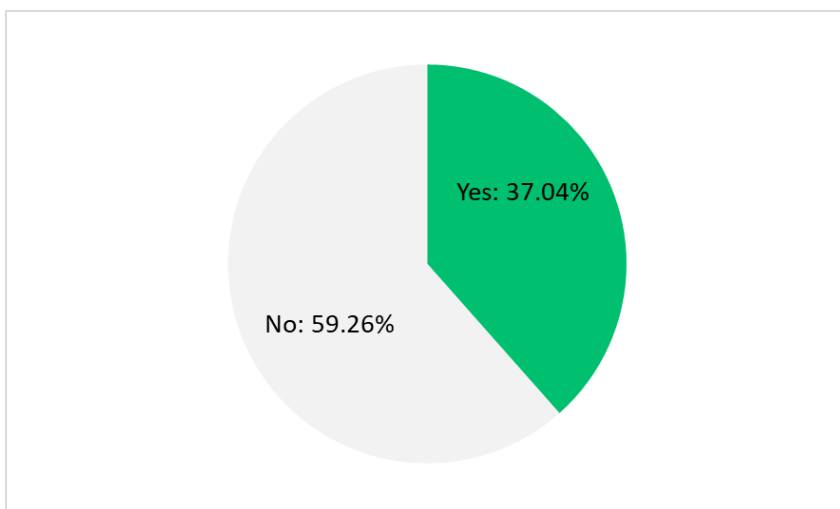
Exhibit 38: Need for Travel Outside of the County



Respondents also indicated whether it was difficult to travel outside of the county (Exhibit 39) and if yes, to provide more information in an open-ended response. More than half of respondents to this question said that they do not have difficulty leaving the county. For those that do have difficulty, their open-ended responses were:

- ◆ Dangerous highways and intersections. I live 25 miles from the nearest interest. No public transportation in the rural area.
- ◆ Always need to arrange a ride. My caregiver’s company won’t allow her to take me to any appointments and locations. She can only accompany me.
- ◆ No bus to Baptist Hospital Floyd
- ◆ Do not own a vehicle (2)
- ◆ Do not leave the county (2)
- ◆ Louisville

Exhibit 39: Is It Difficult for You to Travel Outside Your County?



Other Comments About Community Transportation Services

Finally, the survey included an open-ended question that asked if the respondent had any other comments about transportation services in their community. Eight respondents provided input. The responses are provided below.

- ◆ Passenger trains to Indianapolis, Louisville, and Cincinnati would be nice
- ◆ Southeast Trans and will decide what service takes you and when. They have even occasionally forgotten to pick people up to take them home. I am surprised that doctors are not complaining. I have asked my doctors if they have any complaints, and they say yes.
- ◆ Allow trips to Louisville
- ◆ Need more available times
- ◆ I no longer drive and would like services on Sat. I want to go to Orleans.
- ◆ Both have provided courteous drivers, prompt service, and filled dates I needed
- ◆ They need to purchase vehicles with four-wheel drive for more accessible travel in winter conditions
- ◆ Get rid of Southeast Trans as the only option for Medicaid people

Respondent Demographics

Demographic questions on the survey included age group (Exhibit 40), status as an individual with a disability that requires a mobility device (Exhibit 41), and ZIP code (Exhibit 42).

Exhibit 40: Age Ranges

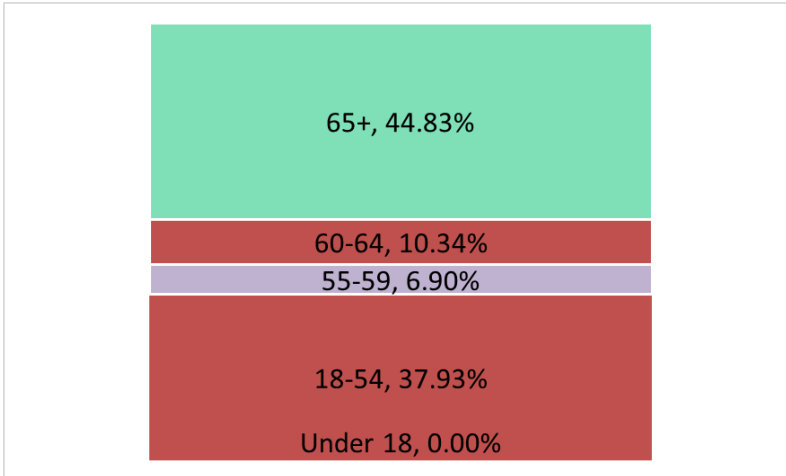


Exhibit 41: Disability Status that Requires a Cane, Walker, Wheelchair, or Other Device, or a Service Animal

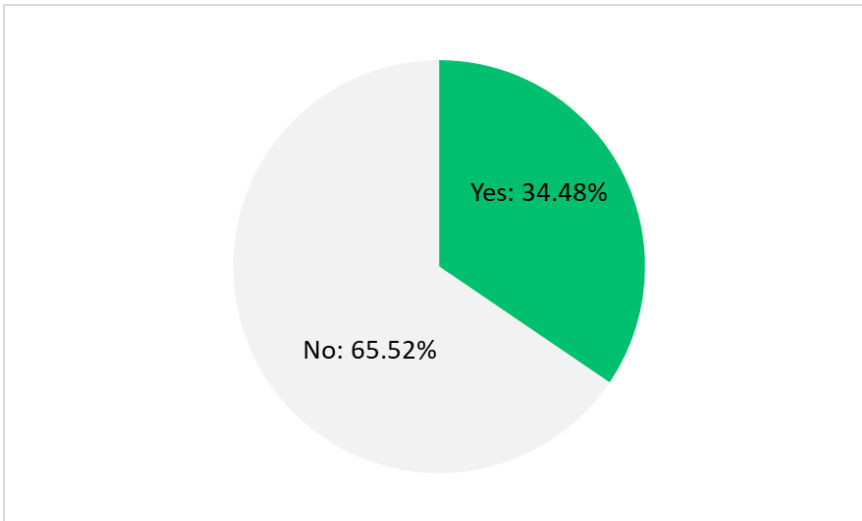
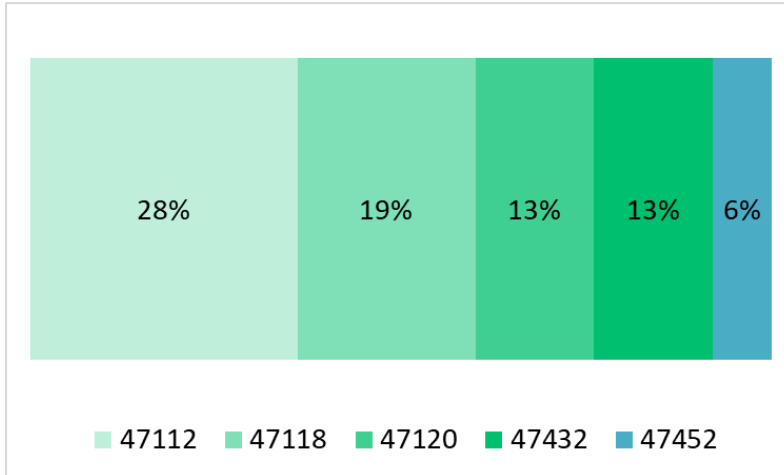


Exhibit 42: ZIP Code



Note: Top 5 Zip Codes shown; 11 different Zip Codes provided

Implementation

IMPLEMENTATION PLAN

Stakeholders are willing to continue to work toward coordinated regional transportation services by utilizing existing resources and implementing new projects that fill the service gaps associated with employment-related trips, medical trips, education, and general quality of life for older adults, individuals with disabilities, and the general public.

Local stakeholders set five coordinated transportation goals to address the high, medium, and low priority needs. The goals are listed in order of high to low priority, based on the identified unmet needs and gaps in services. Goals should be addressed by the responsible parties, as specified in this chapter. Goals should be addressed in order of priority unless funding or other factors are present, which makes accomplishing a lower priority goal more feasible than one of higher priority. The coordinated transportation goals are as follows:

Goal 1: Identify cost-efficient transportation strategies and/or new funding sources that can be maximized through coordinated activities.

Goal 2: Maintain existing transportation services for human service agency clients and the general public.

Goal 3: Expand transportation services for older adults, people with disabilities, individuals with low incomes, and the general public.

Goal 4: Participate in statewide and local activities to promote transportation.

Goal 5: Increase public awareness of available transportation services among community stakeholders.

GOALS AND STRATEGIES

Stakeholder participants at the public meeting discussed the existing goals and determined that the goals remained valid for the current planning process. Participants identified new strategies under the goals. The strategies are needed in order to make further progress on the accepted goals. Finally, the participants voted on the priority for the strategies (high, medium, low), and the consensus of that voting is shown for each strategy.

The following paragraphs outline the timeframe, responsible party, and performance measure(s) for implementation of each of the above-noted coordination goals and objectives. The implementation timeframes/milestones are defined as follows:

- ◆ Immediate – Activities to be addressed immediately.
- ◆ Near-term – Activities to be achieved within 1 to 12 months.
- ◆ Mid-term – Activities to be achieved within 13 to 24 months.

- ◆ Long-term – Activities to be achieved within 2 to 4 years.
- ◆ Ongoing - Activities that either have been implemented prior to this report, or will be implemented at the earliest feasible time and will require ongoing activity.

Goals and implementation strategies are offered in this chapter as a guideline for leaders in the coordination effort as well as the specific parties responsible for implementation. Goals and strategies should be considered based upon the available resources for each county during the implementation time period.

GOAL 1: IDENTIFY COST-EFFICIENT STRATEGIES AND/OR NEW FUNDING SOURCES THAT CAN BE MAXIMIZED THROUGH COORDINATED ACTIVITIES

Goal 1 will involve strategies that will help stakeholders implement projects that meet the identified needs of: increasing existing capacity to meet demands; expanding service areas or improving transfer options to neighboring counties; adding Saturday service; adding evening service; expanding options for transit service (i.e., different modes of service).

Strategy 1.1: Activate the Interagency Transportation Coordination Committee (ITCC) as a Regional Transportation Provider Council.

Members will facilitate and lead the region through the implementable steps identified in this plan to address the gaps and unmet needs in transportation services for all counties. The Council will provide leadership through clarifying policy requirements and restrictions. Meeting discussions could focus on opportunities to share trips, purchase service from transportation operators, joint procurement and administrative activities that will result in more efficient use of operating funds, and expand the coordinated effort to include additional stakeholders.

One of the initial tasks for the committee will be to identify new operating dollars or re-direct existing operating dollars to expand the driver workforce. The ITCC should be a regional subcommittee of the Transportation Advisory Committees for each provider. This committee can accomplish goals by networking and sharing information to support participating counties. The ITCC should meet at least quarterly.

Priority: Low

Counties Included: Crawford, Harrison, Orange, Scott, and Washington

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organization. Representatives from local and regional medical hospitals and clinics and major employers. One agency must take leadership for the ITCC. That agency was not identified during the planning process, but leadership could come from any of the stakeholder agencies that is motivated to take action.

Implementation Time Frame:

Immediate and Ongoing

Staffing Implications:

Staff time from all stakeholder agencies and leadership from at least one agency to provide meaningful participation in meetings.

Implementation Budget:

Minimal expenses to develop meeting agenda but significant time to provide a leadership role in advancing coordination of resources and/or services.

Performance Measures:

- ◆ ITCC includes representation from transportation providers and representatives from the general public from each county.
- ◆ ITCC implements at least one new coordination activity per year. Activities could range from shared information, grant writing, to trip sharing and coordinated transfers.
- ◆ Monitor the number of trip requests received by each participating organization for transportation during evenings and weekends. Create a coordinated plan to expand hours of operation in the areas of highest demand.
- ◆ ITCC shares information with the Transportation Advisory Committee (TAC). All Section 5311 rural transit systems are members of the TAC. Those members could serve on both committees to create an avenue for open communication.

GOAL 2: MAINTAIN EXISTING TRANSPORTATION SERVICES FOR OLDER ADULTS, INDIVIDUALS WITH DISABILITIES, PEOPLE WITH LOW INCOMES, AND THE GENERAL PUBLIC.

Strategy 2.1: Replace and Maintain Vehicles to Support Existing Programs

Transportation is a vital link between transit disadvantaged individuals and health care, nutrition, employment, and good quality of life in each county and community. As there are relatively few providers active in the region, keeping their services active and running at capacity is critical for older adults and individuals with disabilities in the community. The FTA grant programs managed by Indiana DOT provide the best leverage of local matching dollars in terms of acquiring and maintaining a fleet of accessible vehicles.

Priority: Medium

Counties Included: All Region 2 counties.

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organization, and human service agencies, non-profit, and for-profit transportation operators

Implementation Time Frame:

Ongoing

Staffing Implications:

Staff time to prepare applications, to maintain vehicles, and to monitor service, safety, and reporting.

Implementation Budget:

Minimal expenses to develop applications but significant time to manage services.

Potential Grant Funding Sources: Local match funding from agency funds, community general fund or dedicated tax, or private fundraising.

Performance Measures:

- ◆ Inventory of new and replacement vehicles applied for and received in the region.
- ◆ Percent of fleet in region that is accessible to individuals with disabilities.
- ◆ Number of vehicles operated beyond their useful life.
- ◆ Vehicle maintenance costs are controlled because vehicles are replaced and maintained with proper care.

Strategy 2.2: Develop Local Tools for Driver Recruitment and Retention

An advertising campaign to recruit drivers can benefit several agencies at minimal cost to each. Typically, advertising for driver positions also raises the awareness of the agencies’ resources for consumers.

Providers should communicate to the State DOT office how their recruitment efforts are impacted by policies and rules. For example, some agencies may offer entry-level pay, incentives, and benefits packages that are not sufficient to attract and maintain staff in the competitive market.

Local transit and human service agencies may create connections with local economic development and training programs to funnel good candidates into their driving programs. For larger vehicles, the transit agency or human service agency may partner with driving schools to create bus practicums that bring drivers through their programs as a part of CDL training.

Priority: Medium

Counties Included: All Region 2 counties.

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organization. Representatives from local and regional economic development and workforce programs.

Implementation Time Frame: Near Term (1-12 months)

Staffing Implications: Staff time to prepare media, recruit, on-board, and train drivers.

Implementation Budget: Minimal expenses to develop recruiting media but significant time to develop new employment pathways.

Potential Grant Funding Sources: Local grants may be available. Otherwise, transit systems will use existing funds.

Performance Measures:

- ◆ “Drivers wanted” media campaign produced and launched.
- ◆ New, regular and ongoing engagement with development and job-training programs.
- ◆ Create a shared bus driver practicum for CDL training.
- ◆ Creative incentive packages are established, and open positions are filled.

GOAL 3: EXPAND TRANSPORTATION SERVICES FOR OLDER ADULTS, PEOPLE WITH DISABILITIES, INDIVIDUALS WITH LOW INCOMES, AND THE GENERAL PUBLIC.

Strategy 3.1: Expand the Days and Hours when Transportation is Available

Evening and weekend service was mentioned by survey respondents and meeting participants as a desired improvement. Survey results also confirmed that people need transportation options outside of the available providers’ regular hours of operations.

Existing transportation providers are encouraged to consider expanding their hours and days of service to facilitate access to employment opportunities or other trip purposes for older adults, individuals with disabilities, and people with low incomes. Expansions of hours and days of service would depend on the availability of funding as well as the ability to hire and retain drivers or contract with third-party operators to cover evening or weekend transportation demand. Contracted services can sometimes be considered capital costs which require less local matching funds (less than 50 percent), even for operating costs.

Alternatively, new transportation providers could be identified in the region to focus on the evening or weekend trips. Options such as voucher programs to subsidize the cost of a taxi/Uber/Lyft could be developed in an effort to make trips more affordable for riders. Vouchers may be a more cost-effective option for the sponsoring agency compared to directly operating evening or weekend service.

Priority: High

Counties Included: All Region 2 counties

Responsible Parties: Public and human service transportation providers. Representatives from local and regional human service agencies with clients or hospitals with patients that need travel outside of regular operating hours. Local private transportation companies or organizations that would initiate service to support trip demands during evening and weekends hours.

Implementation Time Frame:

Mid-Term (13 – 24 months)

Staffing Implications:

Staff would need to be increased to cover additional shifts or days. Part time or volunteer drivers may be able to provide evening or weekend trips if a voucher program or contracted agreement between a public and private entity is established.

Implementation Budget:

The cost of expansions would be different depending on the actual changes to be implemented and the operating cost of the provider(s).

Potential Funding Sources: Human service transportation contracts; local charitable or governmental funding. Public Transit funding from Section 5311 or Section 5310 is also an eligible option for funding.

Performance Measures:

- ◆ Provider for new hours and days of service is identified.
- ◆ Ridership on expanded service.
- ◆ Number of trips provided for employment purposes during evenings and weekends.
- ◆ Number of trips provided for errands or non-emergency medical purposes during evenings and weekends.

Strategy 3.2: Provide Opportunities to Travel Beyond the Local Counties, including to and from Key Locations Outside of the Region

Many comments made by survey respondents and meeting participants indicated a need for travel across jurisdictional boundaries (i.e., county lines) within Indiana and into Louisville, Kentucky. The most cost-effective way for a provider to help people cross these boundaries is to connect with another provider so that people can transfer between services. Providers can take the following actions to make this process as easy as possible for customers:

- ◆ Select one or more locations that are at or near the jurisdictional boundary that would provide a safe place to wait, if possible. Work with the property owner to allow for advertising of the location as a transfer point. For example, advertise in rider’s guides that “transfers are available between Smith City Transit and Jones County Transit at Walmart.” As an example, CIRTAs in Central Indiana maintains a map of that region’s transfer points at <https://www.cirta.us/county-connect/map/>.
- ◆ Train scheduling and dispatching staff to offer extra assistance to customers calling to request rides that will involve a transfer. This may involve schedulers at two transit systems getting in touch to coordinate the timing of rides, then letting the customer know when rides are available.

For some customers, such as older adults or people with disabilities, a transfer may be overly burdensome or unsafe.

Alternatively, transit providers may consider expanding their service areas to include destinations across city, county, or state lines where their funding and operating policies and insurance allow. If policies prevent cross-jurisdictional trips, work toward amending those policies for high-priority trip needs. Expanding service areas carries the cost of providing longer rides for a few passengers, thus reducing productivity statistics. Potentially, providers may elect to offer rides to more distant locations just one day each week. In this example, customers would know to schedule medical appointments in these locations on the specific day the expanded service is available. And providers would be able to maximize the use of their vehicles for longer-distance trips.

Priority: Low

Counties Included: All Region 2 counties.

Responsible Parties: Public transit providers.

Implementation Time Frame:
Long-Term (2 – 4 years)

Staffing Implications:
Staffing needs are minimal during the visioning and planning stages. Operating transportation would require drivers and administrative staff.

Implementation Budget: To operate service, the costs would depend on the specific operator and the amount of service provided.

Potential Funding Sources: FTA Section 5311 and/or 5310; Human service transportation contracts; local charitable or governmental funding.

Performance Measures:

- ◆ Number of passenger trips requested and completed to out of region destinations.
- ◆ Number of passengers transfers set up and completed at jurisdictional boundaries.
- ◆ Initiation of expanded service areas including long-distance trips.
- ◆ Ridership on expanded service.

Strategy 3.3: Add Same-Day and On-Demand Service Capacity

Same-day and on-demand transportation would be a beneficial service to communities with sufficient population density to generate demand. Typically, towns and small cities have populations of sufficient size. Providers have multiple options to provide same-day or on-demand service, although all would require new and additional funding to support the higher level of service.

- ◆ Providers may contract with taxis and private providers to provide same-day service. Contracts could include subsidies so that eligible passengers can use the privately funded transportation services at a reduced out-of-pocket cost.
- ◆ Providers could evaluate when drivers are available, and existing vehicle fleets are being under-utilized, such as during off-peak hours, and advertise the availability of same-day/on-demand rides to fill in the downtime.
- ◆ Adoption of upgraded scheduling and dispatching technology could simplify the process of scheduling same-day or on-demand trips.

Priority: High

Counties Included: All Region 2 counties and local communities.

Responsible Parties: Representatives from public and non-profit organizations.

Implementation Time Frame:

Mid-Term (13-24 months)

Staffing Implications:

Staff time and training to manage new scheduling programs and to contract with private providers.

Implementation Budget:

Costs for private transportation trips will depend on how the service is designed.

Potential Grant Funding Sources: Section 5311 and local matching dollars. Local match may be derived from local governments, grants, or other non-U.S. DOT funding programs that are eligible for transportation costs. Some Federal funds may have eligibility limitations.

Performance Measures:

- ◆ Increase in same day or on-demand trips.
- ◆ Increase in ridership for provider agencies.

GOAL 4: PARTICIPATE IN STATEWIDE AND LOCAL ACTIVITIES TO PROMOTE TRANSPORTATION

Strategy 4.1 Participate Actively in the Indiana Council on Specialized Transportation (INCOST) and Other Statewide Organizations.

INCOST is the most active statewide association for rural and specialized transportation providers. Participation is not limited to public transit systems; human service agencies may also participate. INCOST meets regularly to discuss statewide policy issues and network to find a solution to common problems. In addition, the organization holds an annual conference.

Many other interest groups and advocacy organizations discuss transportation issues and advocate for improvements. The Governor’s Council for People with Disabilities, for example, conducted a statewide study revealing that transportation is one of the top needs for their constituents, prompting new policy and program discussion. The National Federation for the Blind has similar state and local chapters. The American Planning Association organizes professionals that care deeply about filling infrastructure gaps. Health by Design advocates for increased transportation funding and built environment changes that increase accessibility and quality of life. Participation in these and other statewide networks may lead to opportunities for new grants, pilot projects, and funding partnerships.

Priority: Low

Counties Included: All Region 2 counties.

Responsible Parties: Representatives from Section 5311 and Section 5310 recipient organizations and representatives from human service agencies, non-profit, and public organizations serving individuals with disabilities, older adults, or people with low incomes.

Implementation Time Frame:

Ongoing

Staffing Implications:

No major staff implications

Implementation Budget:

No additional costs.

Potential Grant Funding Sources: Not required.

Performance Measures:

- ◆ Number of INCOST and other statewide organization meetings attended.
- ◆ Number of new contacts with state-level policymakers about transportation needs and funding concerns in Region 2 or its counties and towns.

Strategy 4.2 Track and Communicate Concerns about Brokered Service Delivery to FSSA and INDOT.

Many local organizations participating in the Coordinated Plan Update have documented problems with the statewide Medicaid non-emergency transportation (NEMT) brokerage. Issues have included missed trips, customers who are told by the brokerage they have a trip but no provider shows up, and difficulties receiving payment for provided trips. The Indiana Family and Social Services Administration (FSSA) holds the brokerage contract. While FSSA carries out contract oversight, the Indiana Non-emergency Medical Transportation Commission provides a state-level forum for discussing problems within NEMT service delivery. Therefore, these entities need to be made aware of ongoing difficulties experienced by customers and providers. FSSA, the NEMT Commission, or state legislators can make policy improvements and changes based on local feedback with better awareness of the existing challenges.

Address information for the FSSA/NEMT Commission:

Office of Medicaid Policy and Planning
MS 07, 402 W. Washington St., Room W382
Indianapolis, IN 46204-2739

Address information for NEMT brokerage as of July 2021:

Southeastrans, Inc.
4751 Best Road, Suite 300
Atlanta, GA 30337

Complaint form available at <https://www.southeastrans.com/indiana-providers/#open-overlay>

Priority: High

Counties Included: All Region 2 counties.

Responsible Parties: Representatives of organizations serving Medicaid-eligible consumers.

Implementation Time Frame:

Ongoing

Staffing Implications:

No major staff implications

Implementation Budget:

No additional costs.

Potential Grant Funding Sources: Not required.

Performance Measures

- ◆ Develop a regular reporting channel to FSSA and INDOT regarding observed brokered service strengths and weaknesses.
- ◆ The number of NEMT brokerage complaints and incidents documented by transportation providers.
- ◆ The number of communications relayed to the NEMT brokerage, FSSA, NEMT Commission members, or state legislators to document gaps and challenges with Medicaid transportation.

Strategy 4.3 Educate Local Elected Officials about the Benefits of Community Transportation.

It is critical that transportation providers and stakeholders educate County Commissioners and other local elected officials about the value of public transit and human service transportation. The disconnect between transit and other transportation programs (roads and bridges) can be resolved by bringing transit conversations and trainings to the notice of elected officials. Using venues where the engineering and elected officials are already gathering will make these conversations more impactful. Transportation providers and local health care organizations should coordinate a consistent message to local elected officials and strategically decide which events to attend and share information.

Performance Measures:

- ◆ Number of Region 2 officials who receive information about public transit and human service transportation.
- ◆ Number of events where information is provided.

Priority: Medium

Counties Included: All Region 2 counties.

Responsible Parties: Representatives from each Section 5311 and Section 5310 recipient organizations, non-profit organizations, and health care providers that witness the positive impact that public and human service agency transportation services have on the local community.

Implementation Time Frame:

Immediate and Ongoing

Staffing Implications:

Staff time to provide meaningful participation in meetings.

Implementation Budget:

Minimal expenses to develop meeting agenda but significant time to provide a leadership role in advancing coordination of resources and/or services.

Potential Grant Funding Sources: Not required.

Performance Measures:

- ◆ Networking and outreach activities to a variety of service and professional organizations.
- ◆ Develop partnerships and networks to bring transit issues to other transportation conversations and other professional arenas.

GOAL 5: INCREASE PUBLIC AWARENESS OF AVAILABLE TRANSPORTATION SERVICES AMONG COMMUNITY STAKEHOLDERS

Strategy 5.1 Create a “Who-to-Call” Directory with Mapped Service Areas for Public Use.

Using a “no wrong door” approach, the transportation providers’ call-takers and schedulers would be able to use the directory to provide information to riders, connecting them with resources when they are unable to directly provide the transportation. The directory and mapped service area may also be shared on each agency’s websites, social media, and local government sites to create common knowledge about available services. The inventory section of this report could form the starting point of the directory.

Priority: High

Counties Included: All Region 2 counties.

Responsible Parties: Representatives from transportation providers, health care providers, and human service agencies or non-profit agencies across the region.

Implementation Time Frame:

Immediate and Ongoing

Staffing Implications:

Staff time to develop who-to-call list and map out service areas.

Implementation Budget:

Minimal expenses to develop list and map.

Potential Grant Funding Sources: Local or regional planning agencies would be able to help make maps as part of their community budget.

Performance Measures:

- ◆ Directory developed, shared with local agencies, and posted online.
- ◆ No-wrong-door information procedure developed between networked local agencies to ensure wrap-around services for transit riders when appropriate.
- ◆ Maps of transit and human service transportation service areas created, potentially by local planning departments.

Strategy 5.2 Develop an Online Portal that Includes Resources and Input from Area Agencies on Aging and Independent Living Councils.

The ‘who to call’ directory and mapped service areas may be transformed into an online portal, with the input of transit using service agencies and health care workers. The creation and dissemination of the portal can be useful for case-workers of all types, discharge nurses, and other social service professionals. It may also be helpful if searchable by the general public, for children and grandchildren searching for transportation options for their elders and others seeking to maintain their independence.

Priority: High

Counties Included: All Region 2 counties.

Responsible Parties: Representatives from Human Service Agencies.

Implementation Time Frame: 3-6 months and Ongoing

Staffing Implications: Staff time to develop and manage an online portal.

Implementation Budget: Expenses for developing a new website may be high, but adding a searchable page to an existing host agency site would be moderate.

Potential Grant Funding Sources: Local grants and fundraising activities.

Performance Measures:

- ◆ Host site identified and staff time accounted for.
- ◆ Development and deployment of online portal.
- ◆ Agencies sharing publicity tracked on a portal dashboard.
- ◆ Website analytics tracked for regular and growing portal visits, conversion to linked agency sites.

Applications

POTENTIAL GRANT APPLICATIONS

The following table outlines the strategies and objectives designated to achieve the locally identified transportation goals intended to meet local unmet transportation needs, reduce duplication, and improve coordination of human service agency and transportation provider resources. The table includes all strategies and designates those currently eligible for implementation with the assistance of a grant from the Transportation for Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) and the Formula Grants for Rural Areas (Section 5311) for rural public transportation providers. Page numbers are provided in Table 4 for quick reference to detailed information for each objective.

All Section 5310 grant funds will be available through a competitive process. Please also note that each grant application for Section 5310 and Section 5311 will be considered individually to determine if the proposed activities to be supported by the grant adequately meet the requirements of the intended funding program. Grant applications for strategies that do not meet the intended requirements of the FAST Act or IJA will not be awarded, regardless of the designated eligibility in this report.

The implementation timeframe for each strategy ranges from the date of this report through 2024. It is noted that a coordinated transportation working group (such as a regional coordination committee) should update this plan on an annual basis and as new coordinated transportation strategies and objectives are developed.

Table 4: Implementation Key

Goal 1: Identify Cost-Efficient Strategies and/or New Funding Sources that can be Maximized through Coordinated Activities.			
Page Number	Strategy Number	Objective/Strategy Description	Priority
49	1.1	Activate the Interagency Transportation Coordination Committee (ITCC) as a Regional Transportation Provider Council	Low
Goal 2: Maintain Existing Public Transportation Services for Older Adults, Individuals with Disabilities, People with Low Incomes, and the General Public.			
Page Number	Strategy Number	Objective/Strategy Description	Priority
51	2.1	Replace and Maintain Vehicles through FTA/INDOT funding and Local Sources	Medium
52	2.2	Develop Local Tools for Driver Recruitment and Retention	Medium
Goal 3: Expand Transportation Service for Older Adults, Individuals with Disabilities, People with Low Incomes, and the General Public.			
53	3.1	Expand the Days and Hours that Transportation is Available	High
55	3.2	Provide Opportunities to Travel Beyond the Local Counties, Including to and from Key Locations Outside of the Region	Low
57	3.3	Add Same-Day and On-Demand Service Capacity	High

Goal 4: Participate in Statewide and Local Activities to Promote Transportation.			
58	4.1	Participate Actively in the Indiana Council on Specialized Transportation (INCOST) and Other Statewide Organizations	Low
59	4.2	Track and Communicate Concerns about Brokered Service Delivery to FSSA and INDOT	High
60	4.3	Educate Local Elected Officials about the Benefits of Community Transportation	Medium
Goal 5: Increase Public Awareness of Available Transportation Services Among Community Stakeholders.			
Page Number	Strategy Number	Objective/Strategy Description	Priority
61	5.1	Create a “Who to Call” Directory with Mapped Service Areas, for Public Use	High
62	5.2	Develop an Online Portal that Includes Resources and Input from Area Agencies on Aging and Independent Living Councils	High

Coordinated Public Transit - Human
Services Transportation Plan

Region 2: Crawford, Harrison, Orange, Scott
and Washington Counties

Appendix – Outreach Documentation



Prepared for Indiana
Department of Transportation

December, 2021

Prepared by:
RLS & Associates, Inc.

3131 S. Dixie Hwy, Suite 545
Dayton, OH 45439
(937) 299-5007
rls@rlsandassoc.com



COORDINATED PLAN OUTREACH CHECKLIST

Focus Groups, Workshops, and Public Meetings

Stakeholder Focus Group Meetings (held on Zoom)

Date: March 17, 2021 from 11:00 AM to 12:30 PM

Invitations Distributed

- ✓ Email: Postcards sent to regional stakeholders on March 8, 2021; Email sent to all public and human service transportation providers on March 4, 2021
- ✓ Information was provided in alternative formats, upon request
- ✓ Events were open to all individuals, including hearing impaired and limited English proficient
- ✓ Press release included; sent to:
 - Corydon Democrat
 - Springs Valley Herald
 - Paoli News Republican
 - Salem Leader
 - Clarion News

Number of Attendees: 10

- ✓ Invitation emails and mailing list included
- ✓ Attendee list included
- ✓ Public Meeting Presentation included

Public Input Survey

Date(s) Surveys Were Distributed/Available Online: January 1, 2021 through May 11, 2021

- ✓ Web Posting: Survey Monkey
 - ✓ E-mail and hard copy of survey provided upon request (hard copy included)
 - ✓ Information was provided in alternative formats, upon request
- Total number of electronic and paper surveys completed: 32

Other Outreach Efforts

- ✓ Interviews with major transportation providers to collect input about their services and coordination

Organization Contact List

Contact Person	Organization
Amy Salazar	New Albany Parks Department
ATTN: Barbara Timberlake	United Way of Scott County
ATTN: Becki Rucker	Metro United Way
ATTN: Judy	Joe Rhoads Senior Citizen Center
ATTN: Marshal Lowery	Lifespring Mental Health Svcs
ATTN: Shirley Raymond	Harrison Co. Community Services
ATTN: Susan Chepa	Lifespan Resources, Inc.
Brian Jones	INDOT: Section 16 Manager
Bruce Kulwicki	Harrison Co. Special Ed.
Carol Kaufmann	Lifespan Resources
Carol Preflatish	Crawford County FCS
Catherine Strother	Orange Co. Transit Service
Cheryl Longest	First Chance Center
Cliff Way	Scott County Hospital
Daniel Lowe	BLUE RIVER SERVICES, INC.
Darlene Webster	SICIL
Director	American Red Cross
Director	Church of Christ
Director	Community Action of Southern Indiana (CASI)
Director	Corydon Health Care Ctr
Director	Harrison Co. Office of Family and Children
Director	Harrison Health and Rehab Ctr
Director	Indian Creek Health and Rehab
Director	Interfaith Community Council/Retired Senior Volunteer Program
Director	Medi-Ride
Director	Orange County Transit
Director	Perry County Council on Aging
Director	Southern Indiana Rehabilitation Services, Inc
Director	Washington Transit System
Don DuBois, Ex. Director	Crawford Economic Dev.
Greg Mahuron	Older Americans Services Corporation Inc
Gregory E. Powers	Human Resources Administration Manager
Herb Gordon	Crawford Co. FCS
Janet Lubbers	Lincoln Hills Div. of Elderly
Jenny Bowen	Blue River Services (SITS)
Jim Miller	Harrison Co. FCS
Joan Kelly	Scott/Washington Co. FCS
John Kuss	Hoosiers Hill Pact Center

Contact Person	Organization
John Watkins	New Hope Services
Liz Tyree	Blue River Services, Inc.
Louise O'Connell	First Chance Center
Marcy Nance	Case Manager, IPMG
Mary Shields	Harrison Co. FCS
Mr. Art Hampton	Orange County Publishing
Mr. Frankie Warren	W.C. Mintworth's
Mr. Gary Lewis	Gary's Service Center
Mr. Greg Farlow	Orange County Council
Mr. James McDonald	Orange County Council
Mr. Richard Dixon, Sheriff	Orange County Sheriff's Office
Mr. Steve Warren	Bedford Ford Lincoln Mercury, Inc.
Mr. Tom Hamilton	Indiana Department of Transportation
Ms. Nancy Wright	Orleans Progress Examiner
Patricia Glenn	SIRS
Principal	Youth Alternative School
Rebecca Kemple	Orange Co. Transit Service
Rick Cooper	Harrison County Community Services
Robert Henderson, Exec. Director	Orleans Chamber of Commerce
Roland Lemus	Blue River Services (SITS)
Ron Knicrien	Orange County Highway Department
Rose Book	Blue River Services, Inc.
Rudy Freeman	County Highway
Tammy K Thompson	WIA Workforce Center
Todd Jennings	INDOT: Section 5311 Manager
Transportation	Older Americans Services Corp.
Victor Dufour	Washington Co. Advisor
Alan Waynick	
Alvin M. Brown	
	AMERICAN RED CROSS
	BEE HIVE ASSISTED LIVING HOME
Byron Green	
	Cannelton City Schools
	CARDINAL HEALTHCARE OF SCOTTSBURG
	COMMUNITY HEALTH TRUST INC
	CRAWFORD COUNTY SENIOR CITIZENS CENTER INC
Daniel Crecelius	
David Jones	
Dawson Souder	
	DISABLED AMERICAN VETERANS
Donald Crockett	

Contact Person	Organization
Donna Atchison	
	East Washington School Corp.
	FAMILY SUPPORT SERVICES
	FIRST STEPS COORDINATING COUNCIL
	FURTHERING YOUTH, INC
Garbara Gilliatt	
	Gerdon Youth Center
Greg Farlow	
	HARDINBURG COMMUNITY ASSOCIATION INC
	HARDINBURG SENIOR CITIZENS, CORP.
	Harrison Co. Comm. Services
	HARRISON EDUCATION AND LITERACY PROGRAM , INC
	HARRISON-CRAWFORD VETERANS COUNCIL
Honorable Larry Blanton, Judge	
James D. Buchanan	
James Day	
James McDonald	
James Nice	
James Springer	
Jerry Brewer	
Jim Elliott	
Jim Schultz	
Jim Taylor	Jim Taylor
John D. Fultz	
John F. Noblitt	
	JUBILEE COMMUNITY HEALTH, INC
Kelley Robbins	
Kermit Lamb	
Larry Blevins	
	LIFELINE OF WASHINGTON COUNTY, INC
	Lincoln Hills Development Corp
	Lost River Career Coop.
Mark Hays	
Marvin Lee Richey	
Mayor Bill Graham	
Mayor	
Mayor Gary Pruett	
Mayor Shawna Girgis	
Merwyn T. Fisher	
Michael Goering	
Mike. D. White	

Contact Person	Organization
Mingnon Marshall	
Mr. Marshall Noble	
Mark Manship, M.D.	
	NAVY SEABEE VETERANS OF AMERICA
	NEW SALISBURY COMMUNITY HEALTH SERVICES INC
	North Harrison Comm. Sch. Corp
	OHIO VALLEY SENIOR CITIZENS OF LEAVENWORTH AREA
	Orange County Auditor
	ORANGE COUNTY SENIOR CITIZENS CENTER INC
	PARTNERSHIP EMPLOYMENT SERVICES
	PEKIN COMMUNITY BETTERMENT ORGANIZATION INC
Phillip Lofton	
RANDY GILMORE	
Randy L. Emmons	
Raymond W. Jones	
Robert Kellems	
Robert Tobias	
	Salem Community Schools
	Scott County Commissioners
	SCOTT COUNTY FAMILY YMCA, INC
	SCOTT COUNTY LITERACY COUNCIL, INC
	SCOTT COUNTY MEMORIAL HOSPITAL
	Scott County Partnership
	Scott County School District 1
	Scott County School District 2
Sharon Wilson	
	South Harrison Comm. Sch. Corp
	Springs Valley Comm. Sch. Corp
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Thomas A. Herald	
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	St. Joseph School/Harrison Co.
Steven P. Bridgewater	
Thomas A. Herald	
Thomas Lamb	
	Washington Co. Commissioners

Coordinated Public Transit-Human Service Transportation Plan Meetings

Please join RLS & Associates and the INDOT Office of Transit for a virtual meeting on the Coordinated Public Transit-Human Service Transportation Plan for your INDOT rural coordination region. The Federal Transit Administration (FTA) requires that projects selected for funding under the Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities program be included in a coordinated plan. Please attend and provide your input and insights to discuss unmet transportation needs, gaps in transportation services, and recommended strategies to improve mobility options in and around the area. **Meetings will be held March 17-31, 2021.**



Who Should Attend?

Stakeholders (transportation providers, social service agencies, older adults, individuals with disabilities, people with low income, etc.) and the general public.

To find the date, time, and log-in/dial-in information for your region's meeting, please visit

tinyurl.com/783czmmm

For more information, contact RLS & Associates at 937-299-5007 or email ccampoll@rlsandassoc.com

For Immediate Release

Date: March 9, 2021

Contact: Christy Campoll, Associate, RLS & Associates, (317) 439-1475 (mobile)
Brian Jones, Section 5310 Program Manager, Indiana Department of
Transportation, (317) 426-8541

Subject: Public meeting to focus on transportation needs in rural areas of Indiana for older adults, individuals with disabilities and the general public

The Indiana Department of Transportation (INDOT) is updating the coordinated human services transportation plans for the state's rural coordination planning regions. A series of virtual public meetings will be held to inform interested individuals about the possibilities of coordinated public and human service agency transportation and, more importantly, to listen to anyone who rides, would like to ride, and/or operates public, private or human service agency transportation resources.

The meetings will begin with a brief presentation of research conducted by RLS and Associates, Inc. about residents' needs for transportation to work, medical appointments, entertainment, or any other reason. There will be an open discussion about gaps in available transportation service and strategies for increasing mobility. Public, private and non-profit transportation providers, human service agencies, and any individual who needs transportation should attend.

The public is encouraged to attend the following meeting to learn more and share their input. Agencies who receive or intend to receive funding under the Federal Transit Administration Section 5310 Program must participate in coordination planning. Anyone who requires an auxiliary aid or service for effective communication to participate in a meeting should call (800) 684-1458 at least one week in advance on the meeting.

Coordinated Transportation Plan Input Meeting for Crawford, Harrison, Orange, Scott, and Washington Counties (Region 2)

Wednesday, March 17, 2021, 11:00 AM – 12:30 PM Eastern Time

Obtain Zoom meeting link or dial-in phone number by visiting

<http://tinyurl.com/783czmmm>

Residents are asked to provide their input through the public survey available online at: <https://www.surveymonkey.com/r/IndianaTransportation>. Paper versions of the survey are available upon request by calling (800) 684-1458.

For additional information, contact Christy Campoll with RLS & Associates at (800) 684-1458 or Brian Jones, Section 5310 Program Manager, Indiana Department of Transportation, (317) 426-8541.

###



Christy Campoll <ccampoll@rlsandassoc.com>

Rural Regional Coordinated Transportation Plan Meetings

Christy Campoll <ccampoll@rlsandassoc.com>

Thu, Mar 4, 2021 at 3:13 PM

Cc: Kjirsten Frank Hoppe <kfrankhoppe@rlsandassoc.com>, Laura Brown <lbrown@rlsandassoc.com>, Vicky Warner <vwarner@rlsandassoc.com>, Megan Gatterdam <mgatterdam@rlsandassoc.com>, "Jennings, Todd" <TJennings@indot.in.gov>, "Jones, Brian (INDOT)" <BJONES@indot.in.gov>

Bcc: Becky Guthrie <bguthrie@frs.org>, Bryan Sergesketter <streetcomm@washingtonin.us>, Debbie Neukam <dneukam@washingtonin.us>, crmartindale@comcast.net, Kathy Fowler <kfowler@washingtonin.us>, greenfield.safsinc@sbcglobal.net, Jacque Lueken <jlueken@huntingburg-in.gov>, Stan Keepes <Stan.Keepes@arcswin.org>, Julia Rahman <juliarahman6@gmail.com>, Joel Sievers <jsievers@vincennesymca.org>, Janelle Lemon <jllemon@gshvin.org>, Jesse Watkins <pccacan@gmail.com>, cimes@pcrsinc.org, MONICA EVANS <monica.edpcca@yahoo.com>, sccoa@att.net, Patricia Glenn <pat.glenn@sirs.org>, Roland Lemus <brtrdir@brsinc.org>, Jenny Bowen <brpdc@brsinc.org>, Catherine Strother <cstroth@firstchancecenter.com>, Greg Mahuron <greg@oasc.us>, Rebecca Kemple <rkemple@firstchancecenter.com>, Kim Robinson <kimrobinson@browncountyyymca.org>, Seymour Transit Dept <seytransit@seymourin.org>, Eric Frey <ericfrey@aracities.org>, Dennis Parsley <dparsley@bedford.in.us>, Lisa Salyers <lsalyers@area10agency.org>, Angie Purdie <apurdie@co.monroe.in.us>, Chris Myers <cmyers@area10agency.org>, btabeling@seymourin.org, twayt@seymourin.org, Kelly Bauer <kbauer@yourjccs.org>, Holly Porter <dir@nccs-inc.org>, Jacki Frain <pchsfrain@embarqmail.com>, Charmaine Dunkel <cdunkel@starkecs.com>, Lynette Carpenter <lcarpent@urhere.net>, dbrown@areaivagency.org, Elva James <ejames@areaivagency.org>, Dawn Layton <dlayton@clintoncountytransit.org>, Gale Spry <gspry@wcco.comcastbiz.net>, juanita@wcco.comcastbiz.net, mary.nichols@asipages.com, kclark@crawfordsville-in.gov, Roxanne Roman <rroman@cdcresources.org>, trickle@capwi.org, ccsfs@frontier.com, kdecamp@lifestreaminc.org, bwashler@lifestreaminc.org, Dave Benefiel <dave@heartlandmpo.org>, newcastlettransit@yahoo.com, betsy@wellsonwheels.com, bonnie@councilonaginginc.com, Tim Ramsey <tramsey@adifferentlight.com>, jedwards@cityofmarion.in.gov, Pam Leming <pleming@cityofmarion.in.gov>, gmaynard@careyservices.com, traci.gross@jrds.org, "Horton, Debbie" <dhorton@lifetime-resources.org>, mguidice@lifetime-resources.org, "Thomas, Erin" <ethomas@lifetime-resources.org>, rgoodwin@nhvinc.org, aankney@mcymca.org, smcbride@mcymca.org, Beverly Ferry <beverlyf@livingwellinwabashcounty.org>, vickik@livingwellinwabashcounty.org, tiffanym@livingwellinwabashcounty.org, jpatton@arcwabash.org, bcalhoun@casstransit.com, Cathy <cleigh@casstransit.com>, hsmith@peakcommunity.com, fcco@rtcol.com, transpo1@rtcol.com, Cara Kellerman <director@encorecenter.org>, becky@wcco.biz, Bernie King <bernie@wcco.biz>, Cheri Perkins <cperkins@lagrangecoa.org>, kstoltzfus@arcopportunities.org, director.ncco@outlook.com, slwilson@nec.org, rgreen@nec.org, kcraig@thearcfoundations.com, dkreais@steubenco.org, mzenk@dccoa.net, dblankenship@dccoa.net, Holly Saunders <hsaunders@huntingtoncountycoa.org>, lcarr@pathfinderservices.org, Cathy Franklin Co Pelsor <fcpt@frontier.com>, Dave Lingg <fayetteseniorcenter@comcast.net>, grants@connersvillein.gov, transit@fayetteseniorcenter.com, Terri Quinter <tquinter@richmondindiana.gov>, johanna@adcofrichmond.com, rushseniorcenter1@gmail.com, Union County <withamtrisha_ucaa@yahoo.com>

Dear Transportation Providers,

Please circulate this announcement in your communities! The INDOT Office of Transit is updating the coordinated human services transportation plans for the state's rural coordination planning regions. Over March 17th through 31st, a series of virtual public meetings will be held to inform interested individuals about the possibilities of coordinated public and human service agency transportation and, more importantly, to listen to anyone who rides, would like to ride, and/or operates public, private or human service agency transportation. The meetings will focus on the open discussion about gaps in available transportation service and strategies for increasing mobility. Public, private and non-profit transportation providers, human service agencies, and any individual who needs transportation should attend.

The meeting schedule is attached and is also available at <http://tinyurl.com/783czmmm>. The schedule includes links to participate in the virtual meetings, as well as dial-in numbers to participate by phone. There is information in the flyer about requesting language translation, closed captioning, or other meeting services for people with disabilities.

We would like to get the word out to as many people as we can, so please forward this to your TAC committees, board members, local elected officials, senior centers, agencies serving people with disabilities, CAP agencies, Head Start, community foundations, and any others you can think of!

Please let me know if you have any questions or concerns.

Thank you,
Christy Campoll

Christy Campoll | Senior Associate

3131 S. Dixie Hwy. Suite 545, Dayton, OH 45439

Office: 937.299.5007 | Direct: 317.439.1475 | www.rlsandassoc.com

RLS & Associates, Inc...Celebrating 33 Years of Service to the Transit Industry



Coordination Meeting Flyer.pdf

132K



Public Transit-Human Services Transportation Plan Update

Why: To update the Coordinated Public Transit-Human Service Transportation Plan for your INDOT rural coordinated planning region. The Federal Transit Administration (FTA) requires that projects selected for funding under the Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities program be included in a coordinated plan. Please participate and provide your input and insights to discuss unmet transportation needs, gaps in transportation services, and recommended strategies to improve mobility options in and around the area.

Who: Stakeholders (transportation providers, social service agencies, older adults, individuals with a disability, people with low income, etc.) and the general public.

Region	Date	Time	Link	Dial-In Number
Region 1 (Davies, Dubois, Gibson, Greene, Knox, Martin, Perry, Pike, Posey, Spencer, Sullivan, Warrick)	March 19, 2021	12-1:30PM EDT	Click Here	1-646-558-8656 ID: 96830626318; Pass: 429323
Region 2 (Crawford, Harrison, Orange, Scott, Washington)	March 17, 2021	11AM-12:30PM EDT	Click Here	1-646-558-8656 ID: 97382822074; Pass: 634410
Region 3 (Brown, Jackson, Lawrence, Monroe, Owen)	March 18, 2021	12-1:30PM EDT	Click Here	1-872-240-3412 Access: 210-438-509
Region 4 (Jasper, Newton, Pulaski, Starke)	March 30, 2021	12-1:30PM EDT	Click Here	1-646-558-8656 ID: 99496904659; Pass: 023077
Region 5 (Benton, Carroll, Clinton, Fountain, Montgomery, Warren, White)	March 31, 2021	12-1:30PM EDT	Click Here	1-646-558-8656 ID: 91364207144; Pass: 248613
Region 6 (Clay, Parke, Putnam, Vermillion)	March 24, 2021	4:30-6PM EDT	Click Here	1-646-558-8656 ID: 92814488640; Pass: 262526
Region 7 (Adams, Blackford, Delaware, Grant, Henry, Jay, Madison, Randolph, Wells)	March 23, 2021	12-1:30PM EDT	Click Here	1-646-558-8656 ID: 97640193471; Pass: 810787
Region 8 (Dearborn, Decatur, Jefferson, Jennings, Ohio, Ripley, Switzerland)	March 24, 2021	12-1:30PM EDT	Click Here	1-646-558-8656 ID: 91434469707; Pass: 382493
Region 9 (Cass, Fulton, Howard, Miami, Tipton, Wabash)	March 25, 2021	12-1:30PM EDT	Click Here	1-646-558-8656 ID: 97515530161; Pass: 625782
Region 10 (DeKalb, Huntington, LaGrange, Noble, Steuben, Whitley)	March 29, 2021	12-1:30PM EDT	Click Here	1-646-558-8656 ID: 98456315651; Pass: 925517
Region 11 (Fayette, Franklin, Rush, Union, Wayne)	March 25, 2021	4:30-6PM EDT	Click Here	1-646-558-8656 ID: 96970251584; Pass: 792145

Please call Kjirsten Frank Hoppe at 937-299-5007 or email kfrankhoppe@rlsandassoc.com to RSVP or if have any questions. If language translation or closed captioning services are needed, please call Kjirsten at 937-299-5007 one week in advance of the meeting if possible. Thank you in advance for your consideration and willingness to participate in this planning effort!

Please complete our public input survey! https://www.surveymonkey.com/r/Indiana_Transportation

Region 2 HSTP Meeting Attendance List

March 17, 2021

1. Brian Jones, INDOT
2. Joe Squier, EMS for Harrison County Hospital
3. Joe Spoelker – Rouch in Floyd County, with Blue River Services
4. Valerie Moon, Orange County Transit
5. Rebecca, Orange County Transit
6. Tammy Worley, Ascension St Vincent Hospital
7. Crystal Mattingly, Orange County
8. Catherine Strother, First Chance Center
9. Ramona Miller, Lifespan Resources
10. Larry Buckel, State DOT Office of Transit

Meeting Notes

Region 2 Public meeting

March 17, 2021, 11 am

Participants: Brian Jones, INDOT,

Joe Squier, EMS for Harrison Co Hospital, 5 ambulances at peak times, 567 calls per year, concerns transportation for WC bound individuals who need dialysis, but got out when IN Medicaid contracted with Southeast Trans, some folks can't get transportation in a timely manner. NEMT has really become complex and bureaucratic. Appreciates Blue River and other services that are stepping, but still needs people to get to hospital appointments. Don't want them so sick they call the ambulance for every need.

Joe Spoelker – Rouch in Floyd Co, allied with Blue River Services.

Valerie Moon, Orange County Transit grant writing

Rebecca, Orange County Transit, contract with SE Transit as Medicaid brokers – issues are going on everywhere where patients can't get rides. Work with SSA to get passengers to call them to complain.

Tammy Worley, Ascension St Vincent Hospital, Rural Access to Health advocate, Washington County, shares concern with transportation for medical appointments, NEMT is very difficult. Can't rely on church members and volunteers who would transport, but with Covid they're not available. Cancer patients need treatment or appointments daily. Tammy.Worley@ascension.org

Crystal Mattingly, Orange County Transit director

Catherine Strother, ED First Chance Center (partners with Orange Co Transit System) and IwD, rural system

Ramona Miller, Dir. Of Nutrition and Transportation, Lifespan Resources (AAA for southern Indiana), did contract with SE Trans and sees issues. Their vehicles are WC accessible. They get calls and find out when ride is needed, then have the client call SE Trans and schedule, then call back with the leg number so they can be sure to cover it. With Covid, can't load buses. Have private contracts as well for day programming.

Larry Buckel, State DOT Office of Transit

RLS : Laura Brown, Kjirsten Frank Hoppe, Megan Gatterdam

Project Overview:

Last plan in 2017. View of Region 2, Crawford, Harrison, Orange, Scott, Washington Counties. Looking for opportunities to combine other federal and local funding. Vehicle funding; \$379,913 total funding from 2016-2020, leveraged \$75,982 local share.

In 2017 needs were: shared rides, more dialysis transportation, shopping and grocery trips, same day connections – Salem-New Albany-Louisville, visitors to dept of corrections, better information about Medicaid transportation, dispatcher software and referral system among agencies

Discussion:

Hadn't thought about the four-wheel drive issue. Ramona had some extra funds in the 5310 grant she wasn't aware of when she became director. So she used that funding to get 4-wheel drive on the vehicles they ordered. They have clients whose driveways are difficult to access, have had to send trucks to pull the van out of the driveway if they're stuck.

They do a survey every year to their transportation clients. This follows closely – don't operate on weekends, can't leave four counties (only go to downtown Louisville) so she knows that's an issue for people to cross counties. Area Agency limits service to only four counties, elderly and disabled clients. Contract with rouch for day programming and workshop, New Hope, and have a local adult day center. Monday, Wednesday, Friday is a lot of dialysis folks. People on T, TH, also have to go on Saturday so if they can find someone to take them all three days they leave the bus. Other options are usually Medicaid, so eventually they find a contract provider (but sometimes those rides don't show up). They get info back about rides not showing up, but they always show up. They call SE Trans, but Lifespan takes them so they think it's one and the same. Sometimes a family member can take them. Don't have truly Public Transportation.

Two TARC buses come from Clark and Floyd, but don't go further. Section 5310 plans for those counties are in the Kentuckiana RPDA, and the funds are administered through TARC. Transit Authority of River City (TARC) <https://www.ridetarc.org/>

Joe – Part of the issue is unreliable service. The Ambulances have provided NEMT in the past, used to 700-1000. Now down to 30 per month, private pay. Joe took over managing the service about three years ago when SE Trans took over brokerage. Had opted out at the time, admin wasn't comfortable with the contract. Scheduling issues, needed to get people discharged from the hospital (to home, to nursing home for rehab), so they provide the service and don't bill. Now the nursing homes need to get stretcher service to get people to hospital appointments. SE Trans don't require EMTs in other states, but in Indiana the EMS association got involved and so they are trying to work as a non-contract provider, paid standard Medicaid rates, but hit stumbling block after block. They aren't going to get paid. The client gets a trip scheduled, but the SE TRans can't find Harrison County in the system, or the client will call for dialysis and SE Trans will just say they can't do that without giving any other information. They can't go out as an ambulance and charge the client \$1000 for the run. Even talking with their representative at the state, but they haven't found the options. Harrison County would like to make the process better, and feels their concerns in the rural counties have gone unheard.

SE Trans is not very responsive. Area representative is not responsive, timely. There is a revolving door and people move positions, and so issues are dropped. RLS will reach out ask them to participate. Sometimes just getting together to talk through issues is helpful. Programs that operate in isolation create gaps in service.

Can't take an ambulance dedicated to 911 service out for several hours to do NEMT appointments. Push to raise rates. Lots of moving parts.

Ramona from Lifespan – the issues with scheduling with SE trans are a problem. They will tell the client the leg number, but won't provide the transportation company that's supposed to provide the service. If the client has ridden before and don't get picked up, they think it's Lifespan that's standing them up. Transportation cancellations aren't notified to the client until the night before, if at all. Don't have enough transportation companies who are contracted. Some clients will complain to Lifespan but won't

complain to the state for fear of losing their benefits. Some have, but most will not. Medicaid transportation rates have not had an increase in decades. It's \$10 for ambulatory person, and \$21 for wheelchair rider one way. It doesn't meet the cost. At one time WC was losing \$70,000 per year (Harrison Co EMT), so that's one of the reasons they stepped away.

Lifespan is trying to do more social trips to grocery, get Covid Vaccine (donation based).

Lady called Harrison during the snowstorm for dialysis, they couldn't take a 911 call out of service with a weather emergency, so she asked if they would come get her when she gets sick from not getting to dialysis. Real issues, downstream effects.

Crystal - some things they've come across, same as above, and trips aren't dispatched to OC even when a passenger does request them. They will offer trips to out of county companies in the OC local area. If the passengers stay local, they have decided to private pay because they don't want to call SE Trans. They have to pay close attention to maps – SE Trans uses Bing maps, and can't reimburse true mileage unless it's more than 5 miles out of sync for each leg. Some providers don't realize that the trip costs more than is reimbursed, offers lower rate than transit, then the provider goes out of business.

RLS role: collect information and do the analysis, come up with strategies and help through the plan process. Can outline steps that will help overcome challenges, in a way that works for local providers. The plan will be adopted by each region and INDOT. The goals have to be taken on the by the local organizations, and it takes time to get things accomplished. RLS can't do that part, but can connect the dots if we hear these issues across a lot of regions. It's region by region – rural and small urban areas. Same issues sometimes pop up in large urban areas as well.

INDOT is aware of these issues and has tried to nudge the other departments to improve services, but it's a different pot of funding out of their control.

Joe may want to get state reps involved. It's troubling that people are choosing Private Pay, FSSA is saving money, but their clients aren't being served. That's money set aside for food, utilities...

We can get survey responses, direct input that can then go out to the officials.

Tammy – don't have Uber and Lyft drivers in the area, but did assist a patient from the Bloomington area, was \$150 for the call just to take them one way to Bedford. They have funds to help people by using Lyft, but the cap is \$50, and the one-way cost to go 30 miles to the hospital is \$54.

There is a shortage of drivers. Have needed drivers – incentives from federal unemployment don't help the providers. Lifespan has vehicles sitting. Orange County is also short on drivers. Director and dispatchers are driving just to keep the service up. Ambulances are 2 FT paramedics short, and will be three short when another retires. Wheelchair van drivers can make more elsewhere.

With Lyft and Uber, the requirements of newer vehicles and upkeep, keeps the low-income local people from becoming drivers.

Volunteer programs have no drivers now - they are older and home themselves, afraid of covid.

Next Steps:

Reach out to other providers?

SouthEast Transit

Goals from 2017 – create info and referral system, understanding policies around funding and scheduling, obtaining capital to improve existing mobility options, improve or expand connections within the regions and connections to neighboring regions.

Please share research/survey info with RLS team.

Need input and prioritizing for draft goals and strategies for the coming plan.

Will send slides out to attendees.



Moving Public Transportation
Into the Future

INDOT Rural Coordinated Public Transit – Human Service Transportation Plan 2021 Update

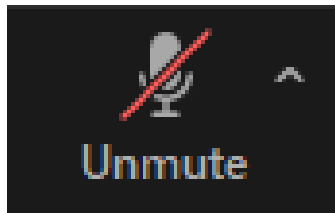
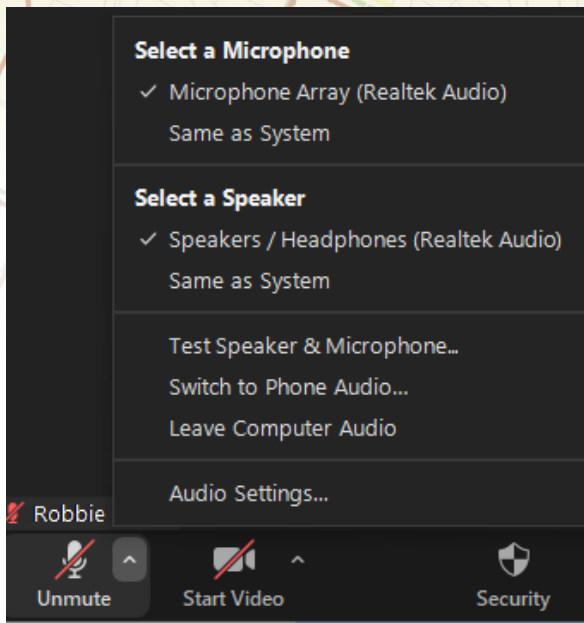
**TRANSPORTATION FOR OLDER ADULTS,
INDIVIDUALS WITH DISABILITIES, PEOPLE WITH
LOW INCOMES, & GENERAL PUBLIC**

MARCH 2021

Welcome!

A few Zoom Tips:

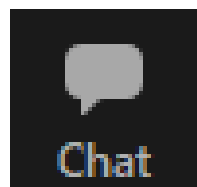
Test or change your audio and video by clicking the ^ next to the Mute/Unmute button and selecting 'Audio Settings...'



This button (bottom left corner) shows you are muted. When you want to speak click here to unmute.



This button is your webcam (bottom left side of screen). Click it if you want us to see you.



This button lets you see and type into the 'Chat' function.

A background map showing a street grid with several colored overlays: a red outline on the left, a green outline in the upper left, a purple outline in the center, and an orange outline in the upper right. The word "Agenda" is centered in a dark red font.

Agenda

- ◆ Introductions
- ◆ Ground Rules
- ◆ Project Overview
- ◆ Discussion
 - Do You Need A Ride Sometimes and Not have One?
 - How Can We Solve Unmet Transportation Needs?
 - What Are Your Goals for Addressing Needs?
 - What Transportation Projects Are on the Horizon?

A background map showing a street grid with several colored overlays: a red outline on the left, a yellow line running diagonally, and a purple shape in the center. The title 'Introductions' is centered over the map in a dark red font.

Introductions

- ◆ Please share a little about yourself!
 - What is your name?
 - Are you representing an organization today?
 - What is your primary mode of transportation (or that of the person you are advocating for today)

A background map showing a street grid with several colored overlays: a red outline, a yellow line, and a purple line. The title 'Ground Rules' is centered over the map.

Ground Rules

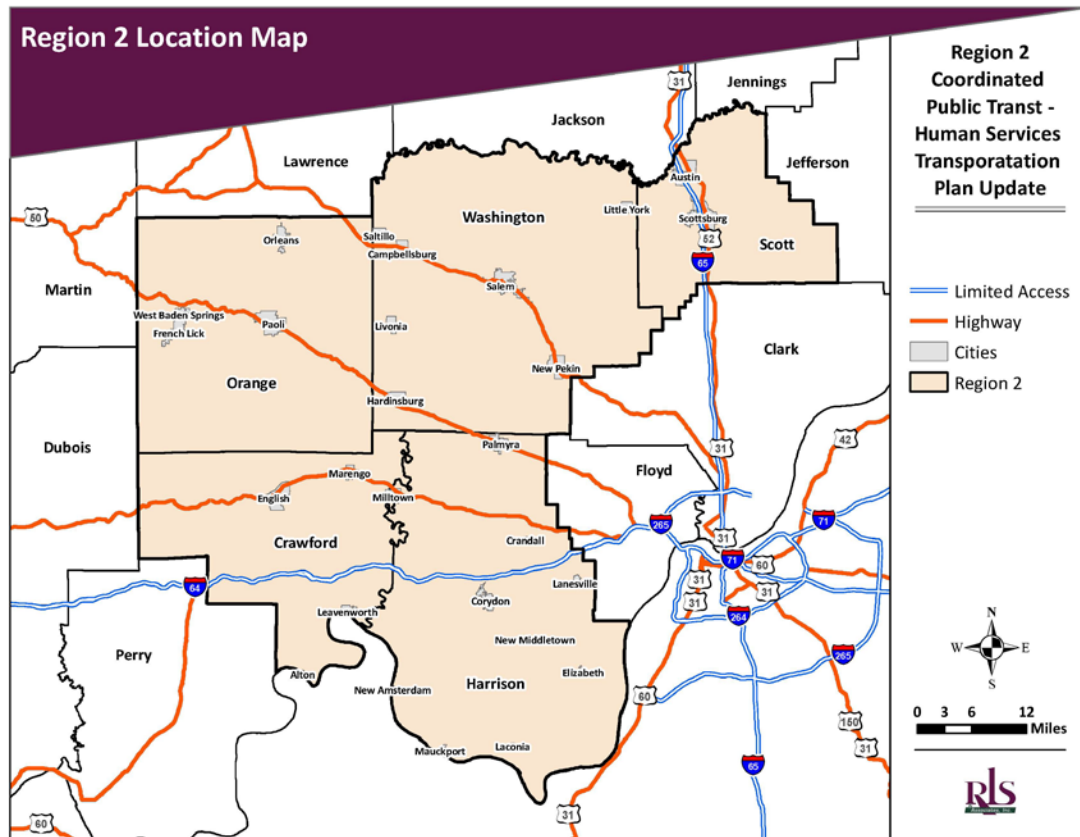
- ◆ Participate actively
- ◆ Be respectful of everyone's time
- ◆ Treat everyone's ideas with respect
- ◆ Speak one at a time
- ◆ Keep focused on the topic or question
- ◆ Raise your hand to speak or unmute yourself to let us know you want to talk
- ◆ Use the "Chat" function
 - We will take breaks to read and discuss "Chat" questions and we will respond in writing

Coordinated Plan Update

◆ Last Updated in 2017, the Plans are Available at <https://www.in.gov/indot/2825.htm>

◆ Region 2 Counties

- Crawford
- Harrison
- Orange
- Scott
- Washington





What Is A Coordinated Plan?

- ◆ Identifies Unmet Transportation Needs
- ◆ Prioritizes Goals and Strategies
- ◆ Outlines Opportunities for Collaboration and Coordination
- ◆ Developed with a Local Focus
- ◆ Adopted Locally

A background map showing a street grid with several colored overlays: a red outline, a green outline, a purple outline, and a yellow line. The text is overlaid on this map.

Section 5310 Funding

Projects Must Be Included in the Coordinated Plan

- ◆ *Enhanced Mobility for Seniors and Individuals with Disabilities (49 U.S.C. Section 5310)*
- ◆ Provides Formula Funding to Improve Mobility for Seniors and Individuals with Disabilities
 - Removing Barriers to Transportation Service
 - Expanding Mobility Options

A background map showing various colored lines and shapes representing project boundaries or routes in a rural area. The colors include red, green, yellow, and purple. The map is overlaid on a light beige background.

Region 5310 Projects

◆ Accessible Vehicles

- 2016-2020

- \$379,913 Total (Local Share = \$75,982)

◆ Rural Areas

- Historically, Demand for Vehicles in Indiana's Rural Areas Exceeds Available Funding



Transportation Public Survey

AVAILABLE NOW

- ◆ We Need to Hear from You and Your Neighbors, Consumers, and Friends

https://www.surveymonkey.com/r/Indiana_Transportation

- Spanish Version Available
- Print and Large Print Available

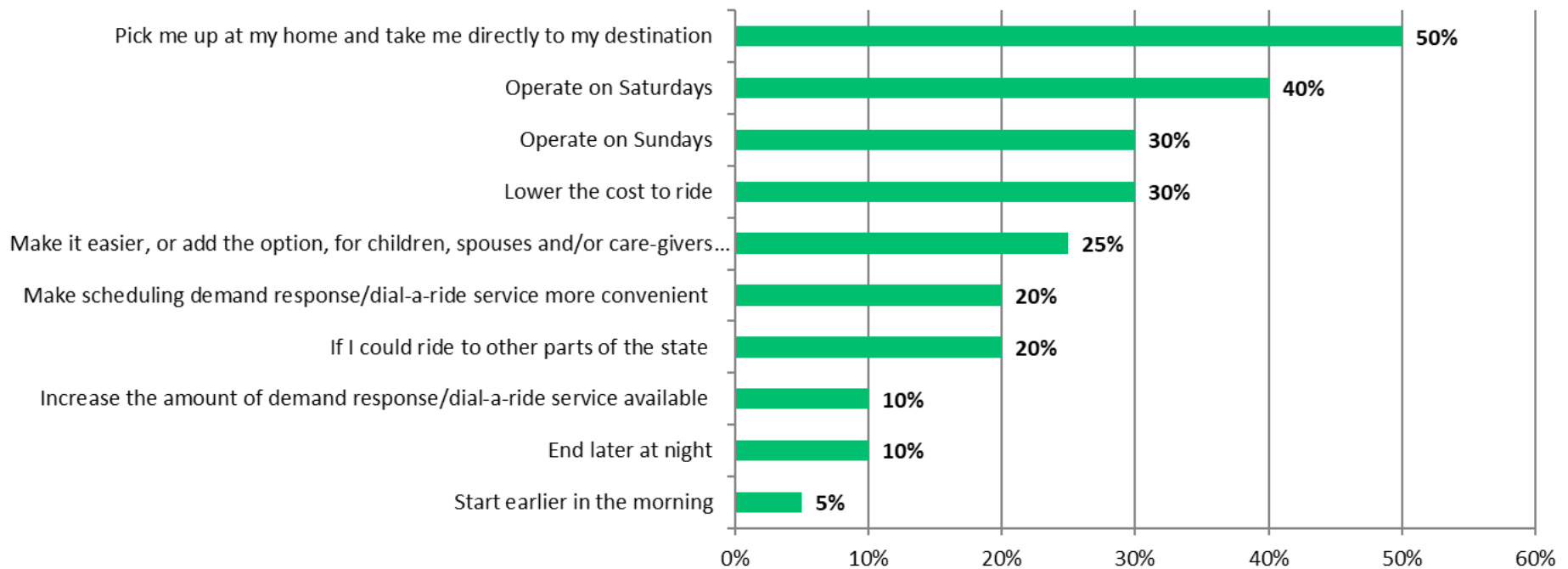
Preliminary Survey Results

Harrison	9
Washington	6
Crawford	6
Orange	<u>9</u>
Total	30

(as of March 16)

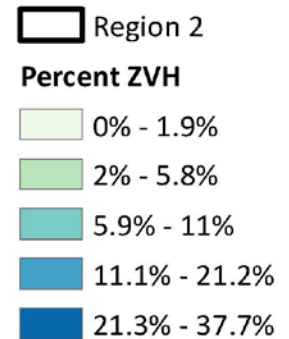
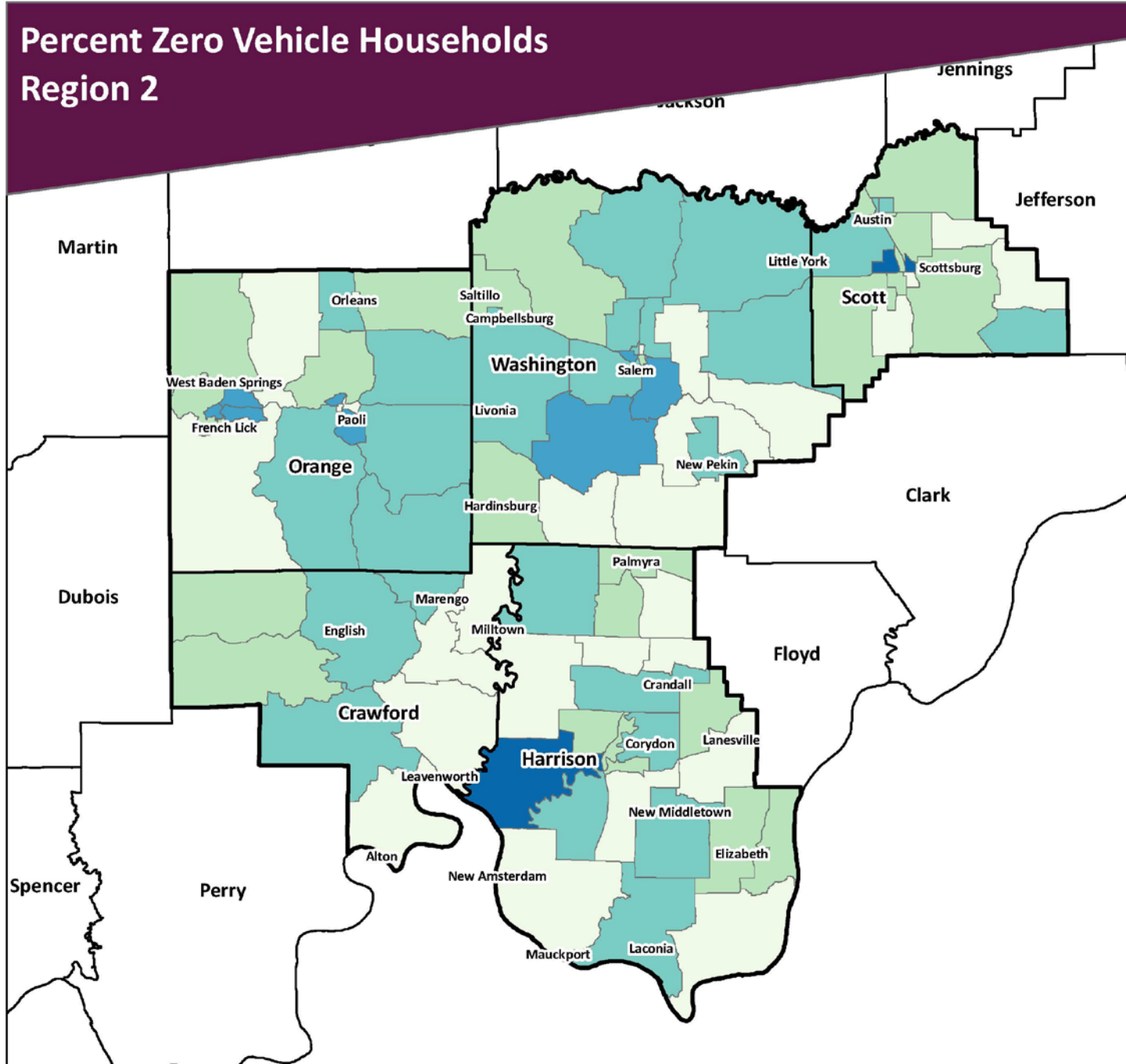
- ◆ “Allow trips to Louisville.”
~ Harrison Co.
- ◆ “Need more available times.”
~ Washington Co.
- ◆ “They need to purchase vehicles with 4-wheel drive for winter conditions.” ~ Orange Co.

What Changes Would You Make



Percent Zero Vehicle Households Region 2

Region 2 Coordinated Public Transit - Human Services Transportation Plan Update

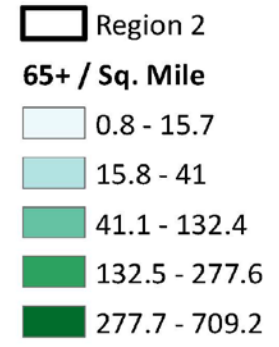
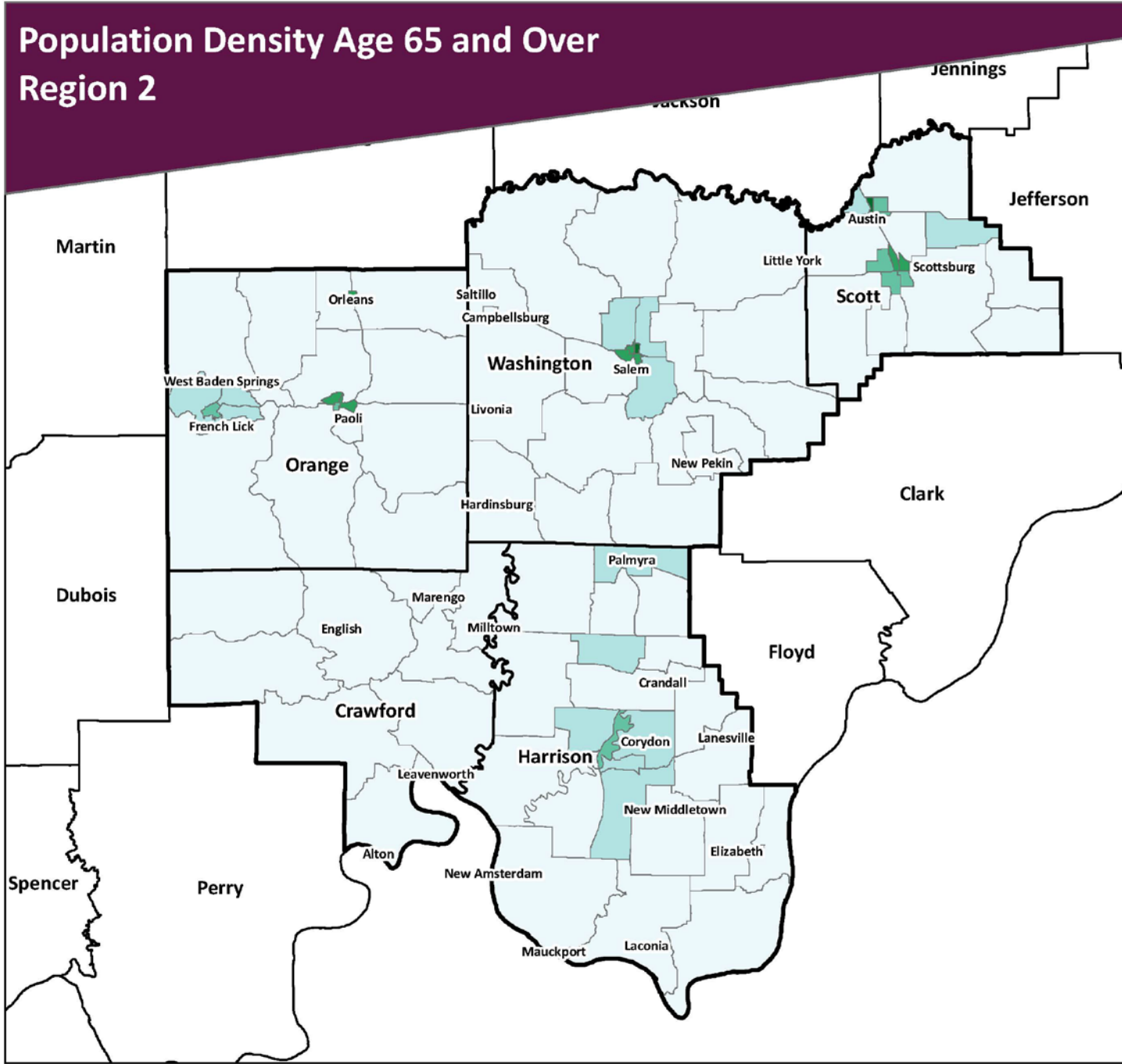


Source: U.S. Census Bureau
American Community Survey
2019 5-Year Estimates

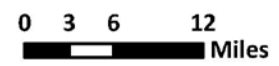


Population Density Age 65 and Over Region 2

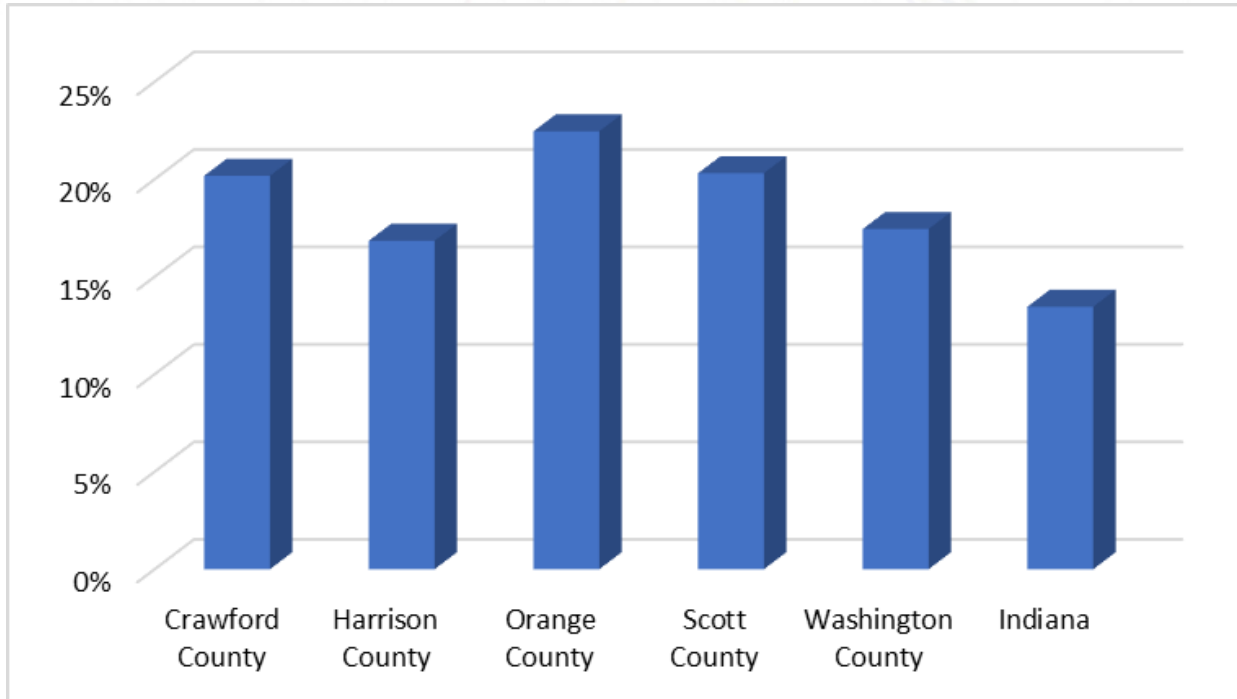
Region 2 Coordinated Public Transit - Human Services Transportation Plan Update



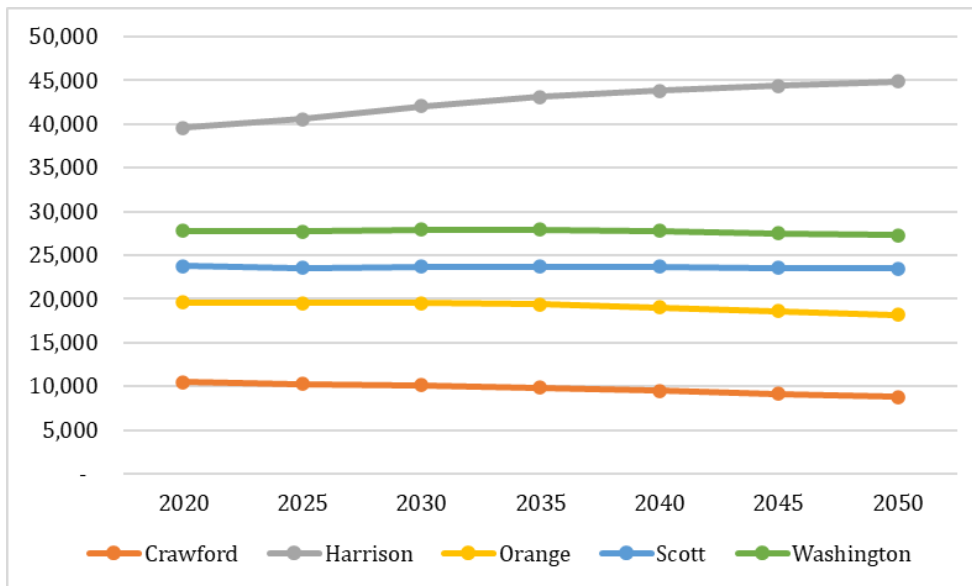
Source: U.S. Census Bureau
American Community Survey
2019 5-Year Estimates



Individuals with Disabilities



Population Projections



- ◆ 10% Decrease in Population by 2050
- ◆ Harrison and Scott Counties are Projected to Increase
- ◆ Other Counties are Projected to Decrease



Do You Need A Ride?

What Transportation Needs to You Have?

- ❑ In 2017 Needs Were:
 - ❑ Shared Rides
 - ❑ More Dialysis Appointment Transportation
 - ❑ Transportation to Shopping and Grocery Stores
 - ❑ Same-day Connections – Salem-New Albany-Louisville
 - ❑ Department of Corrections – Visitors
 - ❑ Better Information about Medicaid Transportation
 - ❑ Dispatcher Software and Referral System Among Agencies



Transportation Providers

- ◆ Providers include ALL Public, Private, Non-Profit, Volunteer, Government, and Human Service Agency Programs
 - Participation is Not Limited to Organizations that Serve Older Adults and Individuals with Disabilities
 - Every Part of the Network of Services is Important



Transportation Providers

- ◆ Harrison County Community Services
- ◆ LifeSpan Resources
- ◆ New Hope Services, Inc.
- ◆ Orange County Transit
- ◆ Southern Indiana Transportation Services (SITS)

Who Are We Missing?



How Can We Meet Needs?

2017 Goals and Strategies

GOAL #1: Create a Formal Information and Referral System

Used by Transportation Providers and Users

GOAL #2: Ensure Local, Regional, and State-Level Agencies Understand the Regions Transportation Challenges



2017 Goals/Strategies

Goals #3: Obtain the Necessary Capital Assistance to Improve Existing Mobility Options and Serve More People

Goal #4: Improve or Expand Transportation Within the Region and Connections to Providers in Neighboring Regions

A background map showing a street grid with several colored overlays: a red outline on the left, a yellow line running diagonally, and an orange line on the right. The word "Discussion" is centered in a dark red font.

Discussion

- ❑ What progress has been made since the last plan in 2017?
- ❑ Beyond the disruption of the pandemic, what achievements can be discussed in the plans?

A background map showing a street grid with several colored overlays: a red outline on the left, a yellow line across the top, an orange line on the right, and a purple line in the center. The word "Discussion" is centered over the map.

Discussion

- What Are Your Goals for Addressing Unmet Needs?

A background map showing a street grid with several colored overlays: a red outline on the left, a yellow line running diagonally, and an orange line running horizontally. The word "Discussion" is centered in a dark red font.

Discussion

- ◆ What plans and projects are on your horizon, or should be included in the plan?



Next Steps

- ◆ Continue the Needs Assessment and Analysis
 - Demographics
 - Existing services
 - Geographic and temporal gaps
 - Barriers
 - Vehicle availability
- ◆ Develop Draft Coordinated Plan Goals & Strategies
- ◆ Prioritize Goals and Strategies
- ◆ Ongoing Work Toward Implementation



We appreciate your participation!

THANK YOU FOR YOUR TIME!

Please complete this survey about your transportation needs and preferences. This information will be used in your local area's Coordinated Public Transit-Human Service Transportation Plan. For more information please contact RLS & Associates at (937) 299-5007. Thank you!

1. What forms of transportation do you use: (check all that apply)

- Public transit that serves your city or county, including bus systems, rail lines, ADA paratransit, or general public demand response/dial-a-ride
- Medicaid Non-emergency medical transportation (NEMT)
- Demand response/dial-a-ride services that are for specific groups only – for example, older adults or people with disabilities (this excludes ADA complementary paratransit provided by public transit systems)
- Transportation offered by volunteer or faith-based groups
- Drive your own vehicle
- Rely on family/friends for rides
- Carpool or vanpool to work
- Other (please specify)
- Uber/Lyft
- Taxi
- Inter-city bus, such as Greyhound or Megabus
- Bicycling
- Walking
- Scooter/Moped

2. If you use any transportation services, such as public transit or demand response/dial-a-ride, please tell us the name(s) of the services you use:

Name of Service 1	<input type="text"/>
Name of Service 2	<input type="text"/>
Name of Service 3	<input type="text"/>

3. What changes could be made to your local transportation options to make using them more appealing to you?

- | | |
|---|--|
| <input type="checkbox"/> If I could ride to other parts of the state (such as Indianapolis or other cities/towns) | <input type="checkbox"/> Pick me up at my home and take me directly to my destination |
| <input type="checkbox"/> Lower the cost to ride | <input type="checkbox"/> Increase health and safety precautions |
| <input type="checkbox"/> Start earlier in the morning | <input type="checkbox"/> Run fixed route service more frequently (for example, make a bus route run every 30 minutes instead of every 60 minutes) |
| <input type="checkbox"/> End later at night | <input type="checkbox"/> Increase the amount of demand response/dial-a-ride service available (for example, operate more vehicles so there are fewer turn-downs for trip requests) |
| <input type="checkbox"/> Operate on Saturdays | <input type="checkbox"/> Make scheduling demand response/dial-a-ride service more convenient (for example, allow for same-day or on-demand trip requests) |
| <input type="checkbox"/> Operate on Sundays | <input type="checkbox"/> Make it easier, or add the option, for children, spouses and/or care-givers to ride along |

Other (please specify)

4. Do you have difficulty getting the transportation you need to any of the following types of destinations?

	No difficulty	Sometimes difficult	Frequently difficult	Always difficult	Not applicable to me
Your employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical offices, clinics or hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human service agencies or government offices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other trip purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you need to travel to destinations outside of your county for work, medical care, shopping, or other reasons?

- No
- Yes, for work
- Yes, for medical care
- Yes, for shopping
- Yes, for other reasons (please specify)

6. Is it difficult for you to travel outside of your county? If yes, please indicate what makes it difficult.

- Yes
- No
- Not applicable (no need to travel outside my county)

If yes, please provide more information:

7. What is your age group?

- Under 18
- 18-54
- 55-59
- 60-64
- 65+

8. Do you have a disability which requires you to use a cane, walker, wheelchair, and/or another device, or a service animal to help you get around?

- Yes
- No

9. What county do you live in?

10. What is your zip code?

11. Do you have any comments or suggestions regarding the transportation services in your community?

OPEN-ENDED COMMENTS PROVIDED BY SURVEY RESPONDENTS

- Passenger trains to Indianapolis, Louisville, and Cincinnati would be nice.
- There really aren't any services that are reliable. We were told that the only way you can arrange a ride is to call Southeast Trans & they will decide what service takes you & when. As I said, I worked on this nonsense with Erin Houchin for quite awhile. They just started up without even telling Congress they were going to do it. They just simply weren't prepared. If they would have organized it first, it would have been great. I still am told, by other people here, that the situation has still not improved. I refuse to use it and be charged for being late by my doctor. They have even occasionally forgotten to pick people up to take them home. I am surprised that doctors are not complaining. I have asked my doctors if they have any complaints, and they say yes.
- Allow trips to Louisville.
- Need more available times.
- Your service has been wonderful. You take very good care of me. No longer drive, would like services on Sat. Would like to go to Orleans. Thank you.
- Both have provided courteous drivers, prompt service and filled dates I needed.
- No they seem fine basically they are reliable.
- They need to purchase vehicles with four-wheel drive for easier travel in winter conditions. Get rid of southeast trans as the only option for Medicaid people.