

**Coordinated Public Transit - Human
Services Transportation Plan**

**Region 3: Brown, Jackson, Lawrence,
Monroe and Owen Counties**



Prepared for Indiana
Department of Transportation
December, 2021

Prepared by:
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Region 3 Coordinated Public Transit-Human Services Transportation Plan

BEDFORD TRANSIT (TASC)

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 February, 7, 2022 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 FEBRUARY 7, 2022, AS EVIDENCED BY THE AUTHORIZING SIGNATURES BELOW.

This resolution was approved during a virtual meeting as noted in the attached minutes of the meeting.

Prepared and certified on behalf of the Bedford Transit System by:

*Eric A. Frey, II
Public Meeting Officer*

Region 3 Coordinated Public Transit-Human Services Transportation Plan

SEYMOUR TRANSIT

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

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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 February, 7, 2022 and

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That this resolution takes effect immediately upon its adoption.

ADOPTED BY THE TRANSPORTATION ADVISORY COMMITTEE THIS FEBRUARY 7, 2022, AS EVIDENCED BY THE AUTHORIZING SIGNATURES BELOW.

This resolution was approved during a virtual meeting as noted in the attached minutes of the meeting.

Prepared and certified on behalf of the Seymour Transit System by:

*Eric A. Frey, II
Public Meeting Officer*



Moving Public Transportation Into the Future

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INTRODUCTION

OVERVIEW

This plan updates the Coordinated Public Transit-Human Services Transportation Plan for Brown, Jackson, Lawrence, Monroe, and Owen 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 SAFETEA-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 Coordinated 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 because 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 for the purpose of assisting public and private nonprofit 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 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, 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 percent Federal share if the 20 percent 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.

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 and non-motorized transportation and stable or declining revenue, 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 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 nonprofit 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 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 coordination 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. It must be noted that 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, virtual 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 assessment of unmet transportation needs and gaps in service obtained through meetings, interviews, and surveys; and
7. 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 nonprofit organizations engaged in public transportation.

Coordinating Council on Access and Mobility (CCAM) – a Federal interagency council that works to coordinate funding and provide expertise on human service transportation for three targeted populations: people with disabilities, older adults, and individuals of low income. The CCAM works at the Federal level to improve Federal coordination of transportation resources and to address barriers faced by States and local communities when coordinating transportation. The CCAM’s mission is to issue policy recommendations and implement activities that improve the availability, accessibility, and efficiency of transportation for CCAM’s targeted populations, with the vision of equal access to coordinated transportation for all Americans. Additional information is available at <https://www.transit.dot.gov/coordinating-council-access-and-mobility>.

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 percent for capital projects. In Indiana, the program has historically been utilized for capital program purchases. Additional information is available at <https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310>.

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 percent for capital projects. The Federal share is 50 percent 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.

Infrastructure Investment and Jobs Act - The Bipartisan Infrastructure Law, as enacted in the Infrastructure Investment and Jobs Act, represents the largest Federal investment in public transportation in the nation's history. The legislation will advance public transportation in America's communities through four key priorities: safety modernization, climate, and equity. <https://www.transit.dot.gov/BIL>

Local Matching Funds – The portion of project costs not paid with the Federal share. Non-Federal share or non-Federal funds includes 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 percent 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.

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.

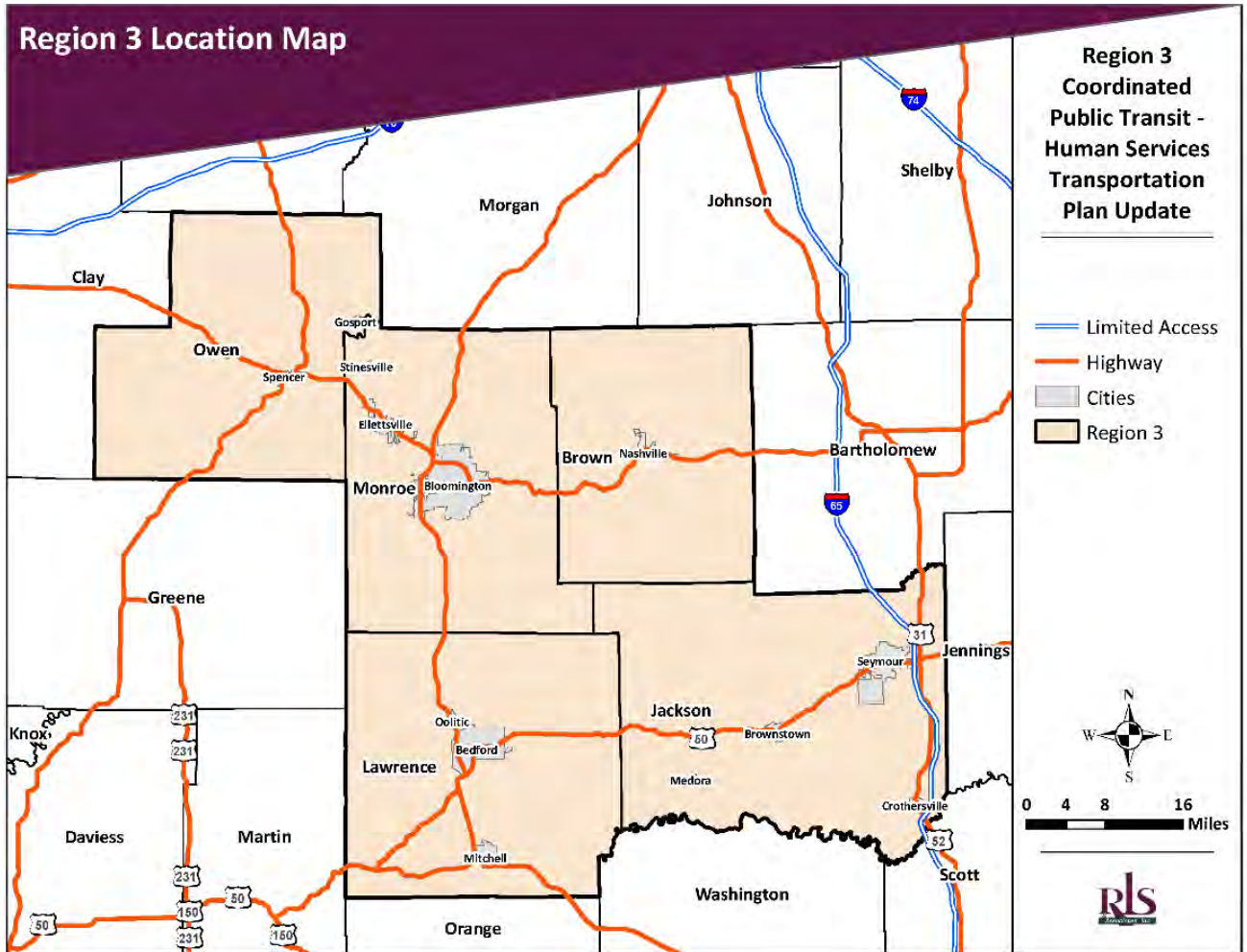
Urbanized Area Formula Grants Program (Section 5307 Program) - The Urbanized Area Formula Funding program makes Federal resources available to urbanized areas and to governors for transit capital and operating assistance in urbanized areas. An urbanized area is an incorporated area with a population of 50,000 or more. Eligible expenses are typically limited to capital purchases and planning, but operating assistance can be provided under certain conditions, including to systems operating fewer than 100 vehicles. Additional information is available at <https://www.transit.dot.gov/funding/grants/urbanized-area-formula-grants-5307>

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

Region 3 is located in south central Indiana and includes the counties of Brown, Jackson, Lawrence, Monroe, and Owen. The map in Figure 1 provides a depiction of the area included in this study.

Figure 1: Location Map

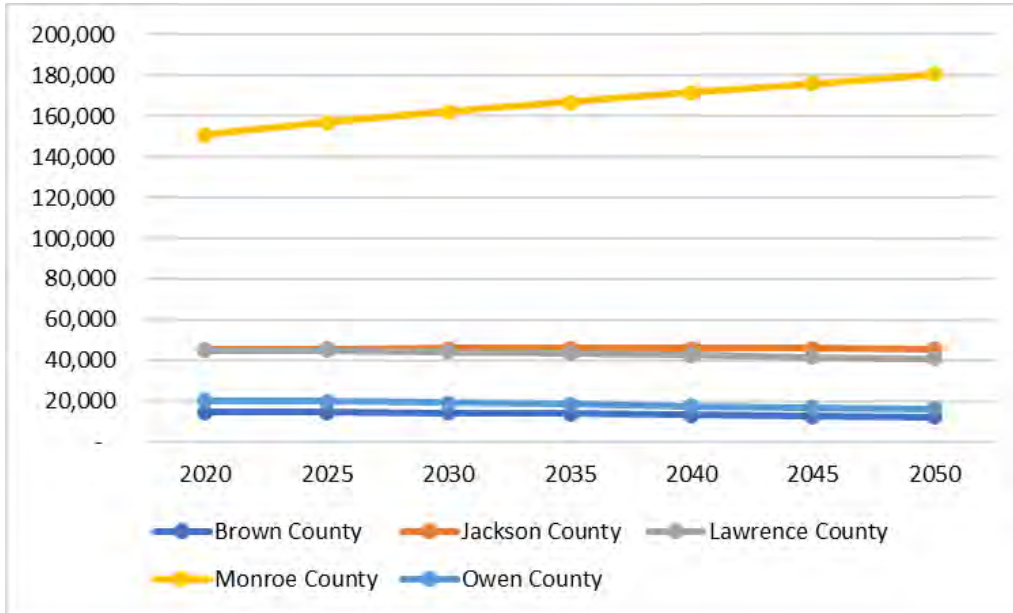


The demographics of an area are a strong indicator of demand for transportation service. Relevant demographic data was collected and is summarized in this section. The data provided in this chapter was gathered from multiple sources including the U.S. Census Bureau’s 2019 American Community Survey (ACS) 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 grow to 295,705 by 2050, an estimated growth of 7.1 percent from the 2020 population projection. Primarily, this growth is due to the growth projected for Monroe County, which is projected to grow by nearly 20 percent. Figure 2 shows population trends between 2020 and 2050 for each county in Region 3.

Figure 2: Population Trend, 2020-2050



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

OLDER ADULT POPULATION

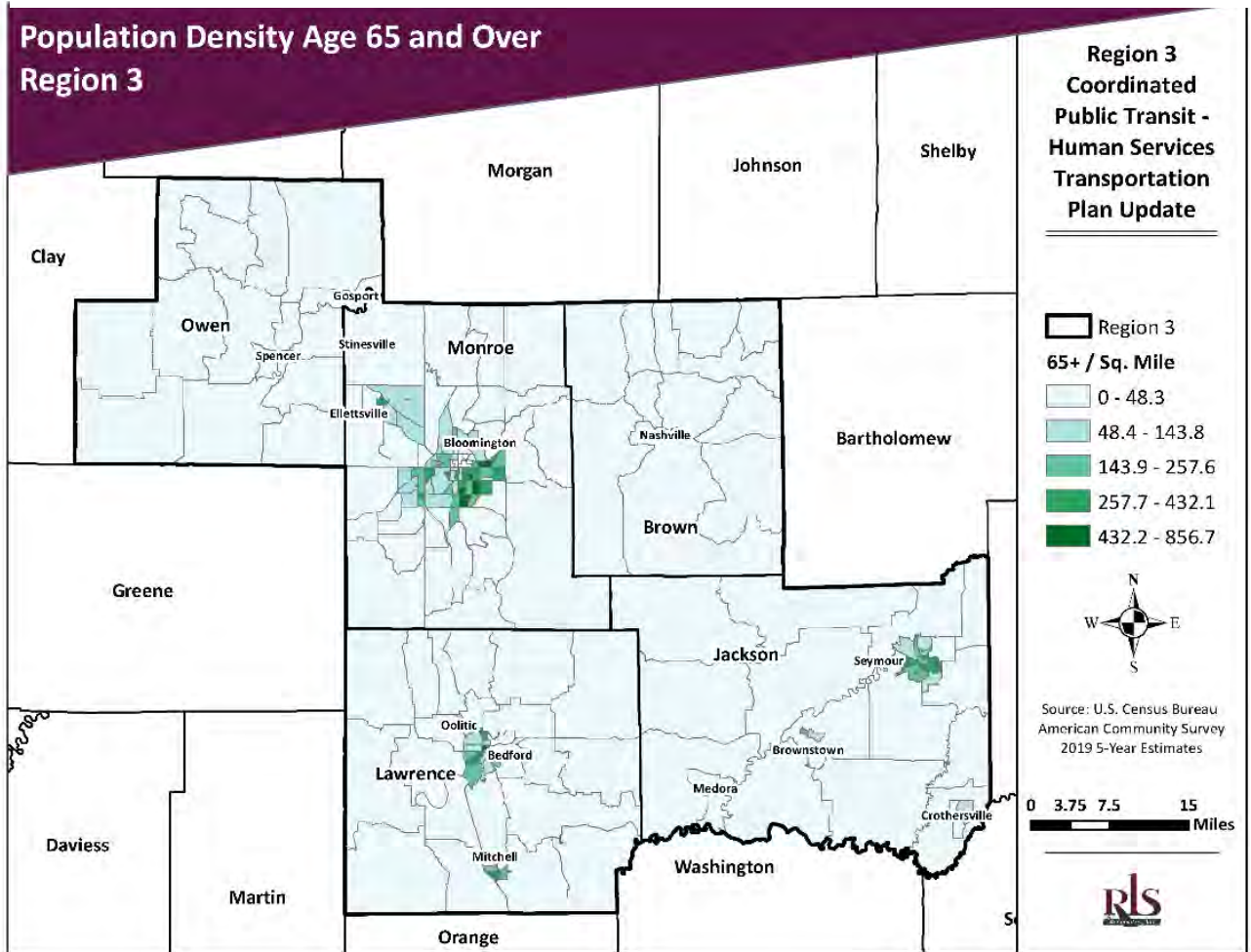
Older adults are most likely to use transportation services when they are unable to drive themselves or choose not to drive. This may include self-imposed limitations including driving at night and trips to more distant destinations. Older adults also tend to be on a limited retirement income and, therefore, 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.

There is a trend 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 and 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.

Older adult population density in Region 3 is shown in Figure 3. Figures 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 Profiles section.

Figure 3: Older Adult Population Density



INDIVIDUALS WITH DISABILITIES

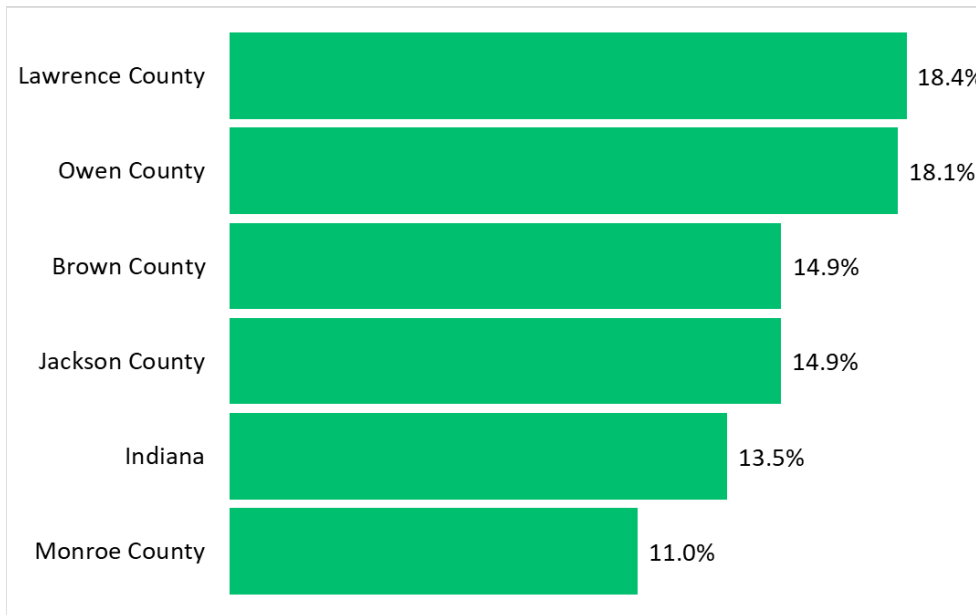
Enumeration of the population with disabilities in any community presents challenges. First, there is a complex and lengthy definition of a person with a disability in the Americans with Disabilities Act implementing regulations, which is found in 49 CFR Part 37.3. This definition, when applied to transportation 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 3 is available through the 2019 ACS Five-Year Estimates of disability for the non-institutionalized population. Figure 4 provides a comparison of the population count of individuals with disabilities in each county within the Region.

The chart identifies that the highest percent population of individuals with a disability resides in Lawrence County at 18.4 percent. Monroe County has the lowest percent population of individuals with a disability in Region 3 with 11.0 percent, being lower than that of the state of Indiana (13.5 percent).

Figure 4: Disability Incidence by County



Source: 2019 ACS Five-Year Estimates

HOUSEHOLD INCOME

The household income ranges for the study area according to the 2019 ACS Five-Year Estimates can be found for each county in the County Profile section. According to the 2019 ACS Five-Year Estimates survey, there are a total of 106,123 households in Region 3. Of those households, about 34.4 percent earn less than \$35,000 annually. Of the households earning less than \$35,000, 9.9 percent earned between \$25,000 and \$34,999. Another 16.5 percent earned between \$10,000 and \$24,999 and about 8.1 percent earned less than \$10,000 per year. The median household income for each area is shown in Table 1.

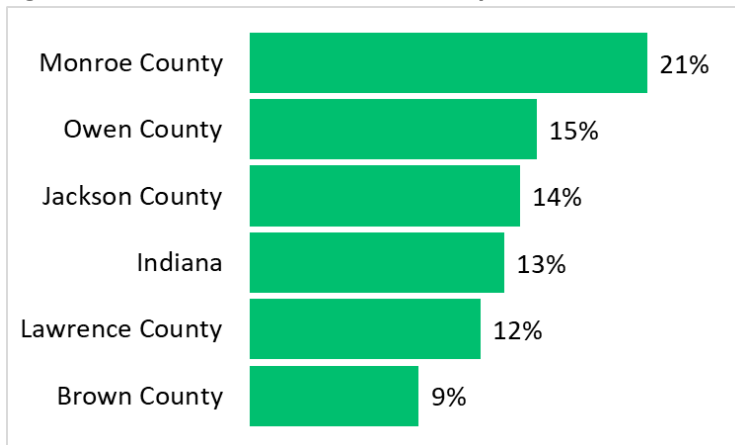
Table 1: Median Household Income by County

Geography	Median Household Income
Brown County	\$61,030
Jackson County	\$51,250
Lawrence County	\$53,610
Monroe County	\$49,839
Owen County	\$49,543
Indiana	\$56,303

POVERTY STATUS

Figure 5 illustrates the percentage of the population in each county that is living below the Federal poverty level. Monroe County has the highest percent of population living below the poverty level with 21 percent. Owen County has the second highest percentage of population living in poverty with 15 percent, while Brown County has the lowest rate at 9 percent.

Figure 5: Percent Below Federal Poverty Level

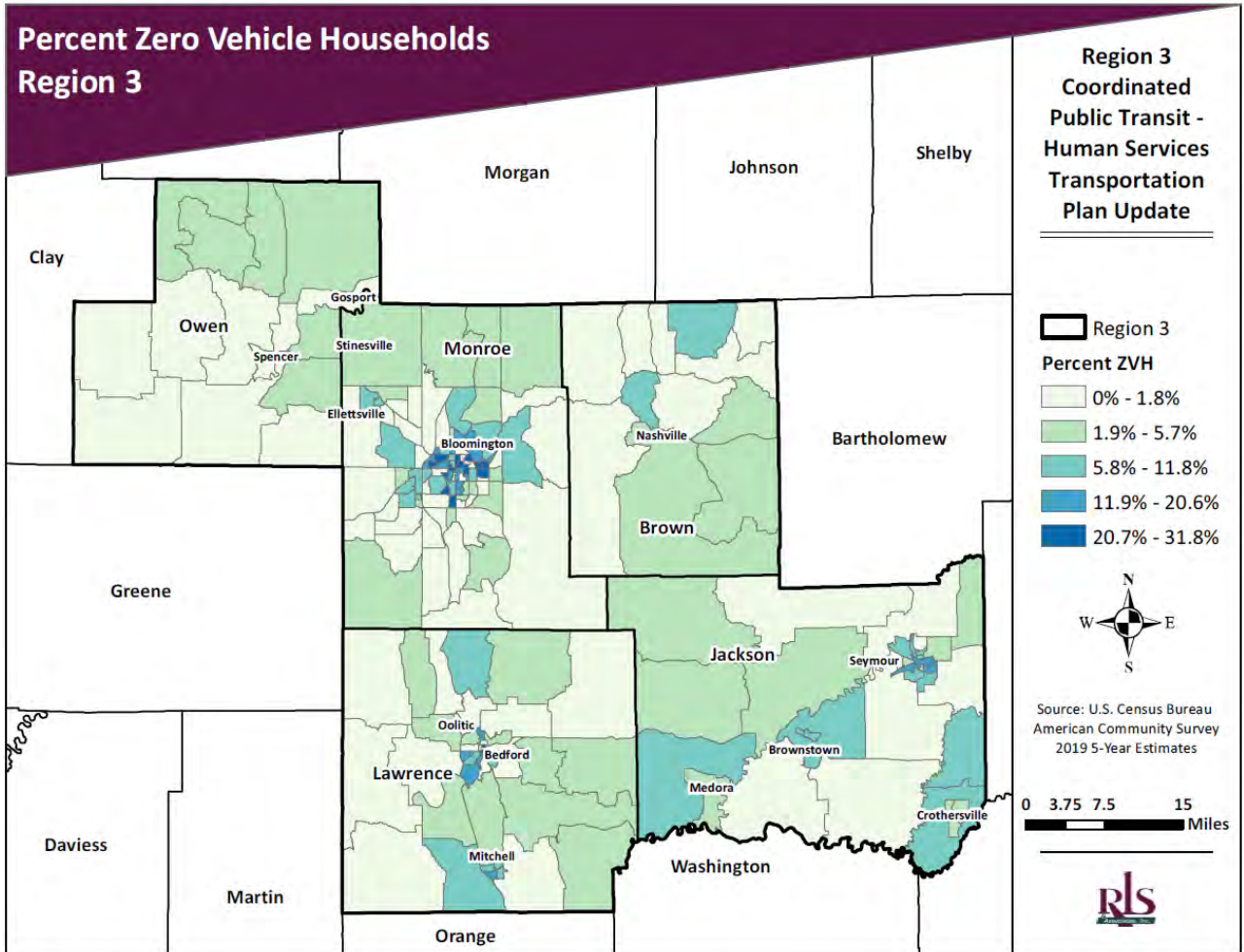


Source: 2019 ACS Five-Year Estimates

ZERO VEHICLE HOUSEHOLDS

The number of vehicles available to a housing unit is also used as an indicator of demand for transit service. There are 6,718 households in the Region that have no available vehicles. This is 6.3 percent of all households in the Region. An additional 34,281 or 32.3 percent of households in the Region have only one vehicle. The total number of vehicle availability per household in each county can be found for each county in the County Profile section.

Figure 6: Zero Vehicle Households



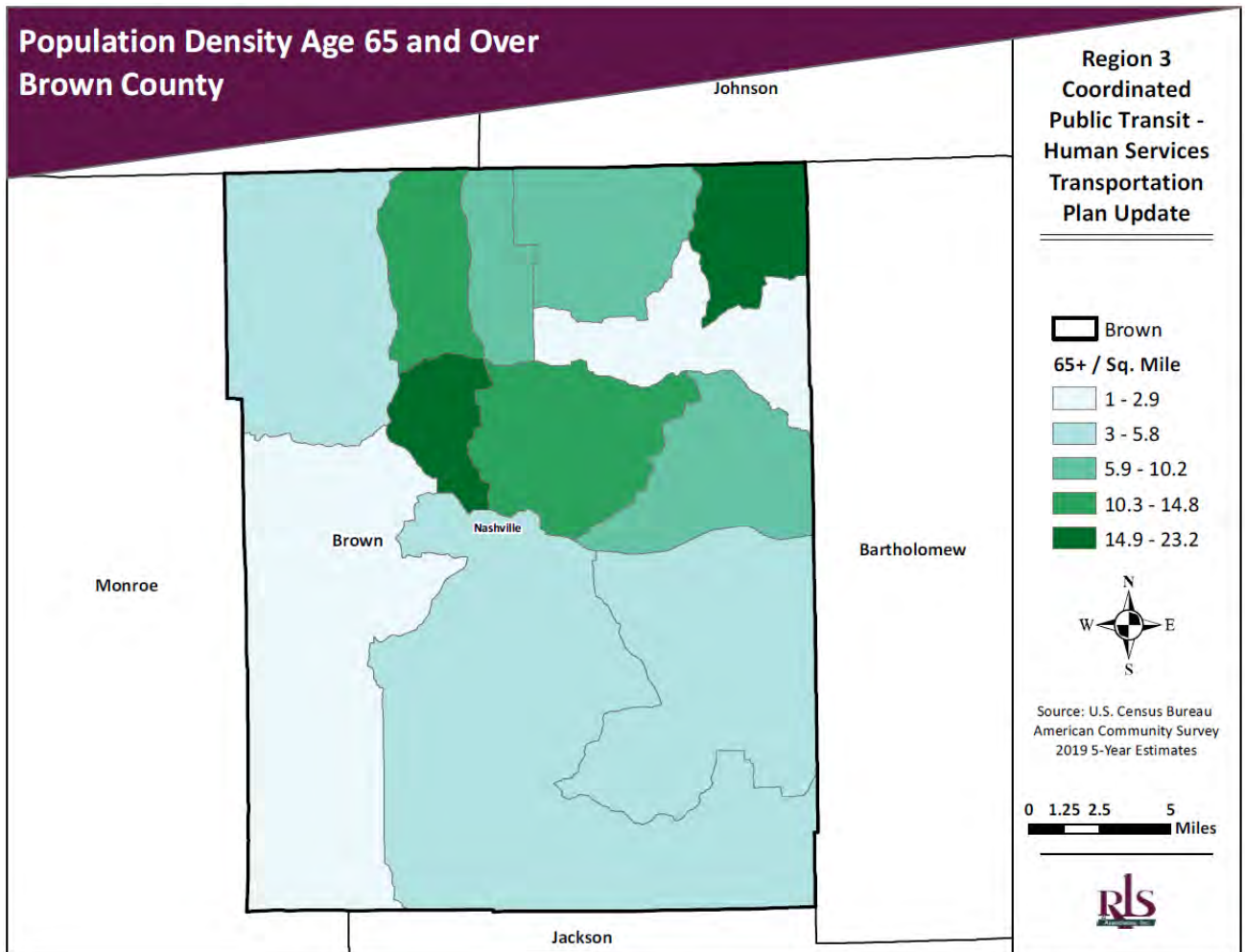
COUNTY PROFILES

Brown County

Older Adult Population

Figure 7 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Brown County residents aged 65 and older are in central and northeastern Brown County. These block groups have densities of older adults between 14.9 and 23.2 persons per square mile. Areas in central and northern Brown County have moderate densities of persons age 65 and older (10.3 to 14.8). The remainder of the county has low to very low densities of persons age 65 and older.

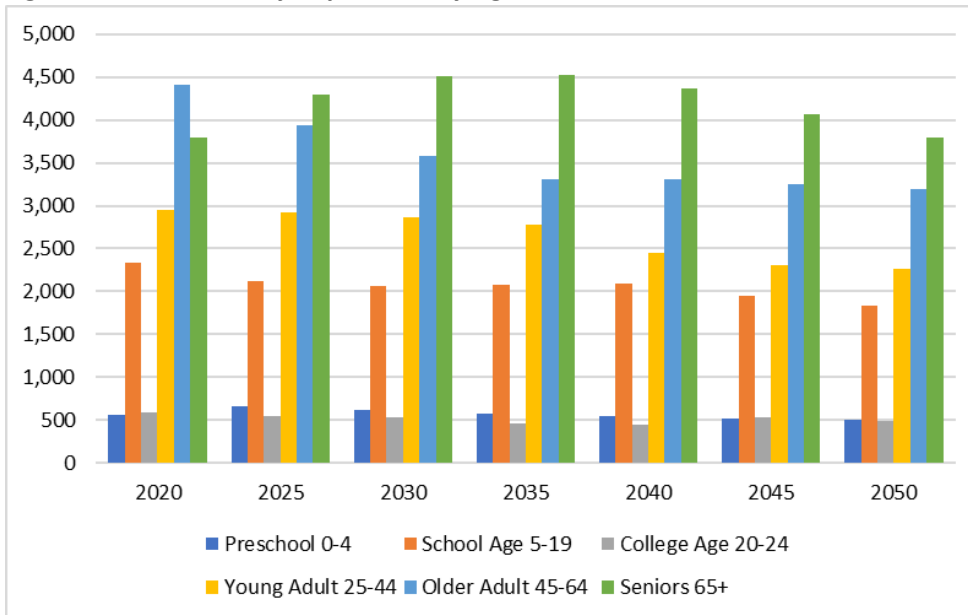
Figure 7: Brown County Older Adult Population Density



Population by Age

Figure 8 shows that, as of 2020, the largest age cohort for Brown County is between the ages of 45 and 64. The numbers of people in this age range will decline over the coming decades. The numbers of people age 65 and older will increase until 2035, then begin to decrease. All age groups are projected to decrease in number by 2050, with the exception of minor growth in college-aged individuals between 2040 and 2045.

Figure 8: Brown County Population by Age



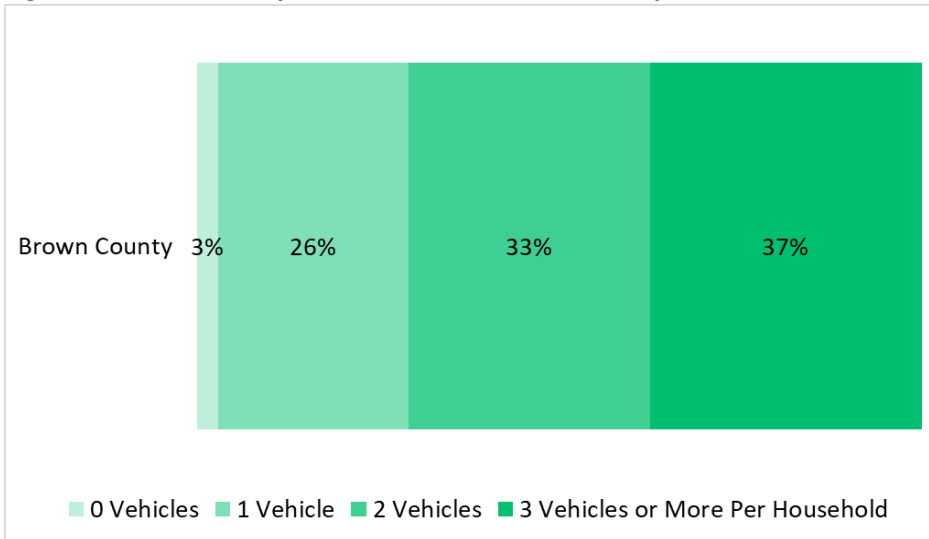
Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Figure 9 shows the breakdown of vehicle availability by household within Brown County. Of all households in the county, only three percent of the households do not have a vehicle and an additional 26 percent only have one vehicle.

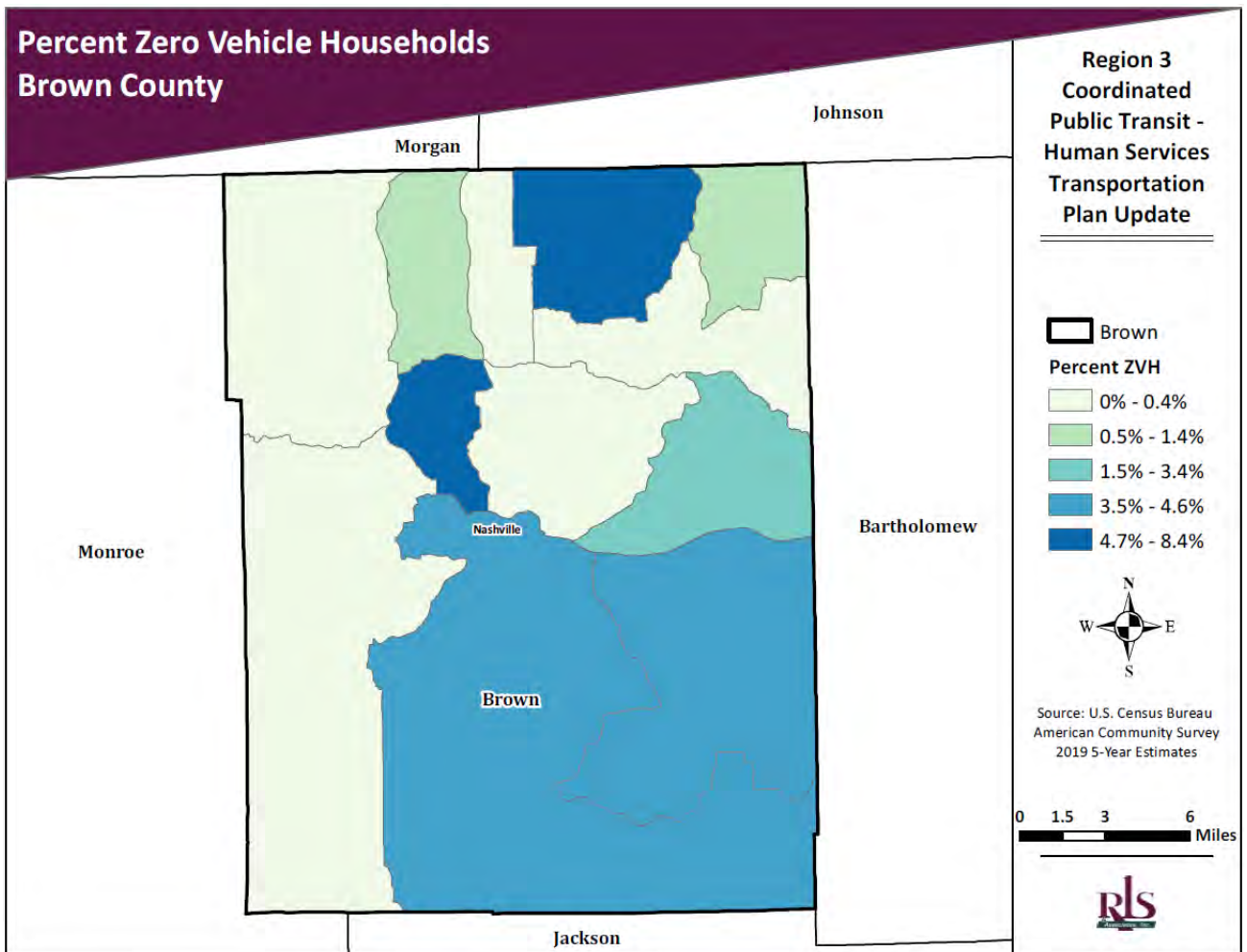
Figure 10 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by block group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are concentrated central and northern Brown County. Over 4.7 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 3.5 to 4.6 percent of zero vehicle households can be found in southern Brown County. The remainder of the county has moderate to very low percentages of zero vehicle households.

Figure 9: Brown County Household Vehicle Availability



Source: 2019 ACS Five-Year Estimates

Figure 10: Brown County Zero Vehicle Households

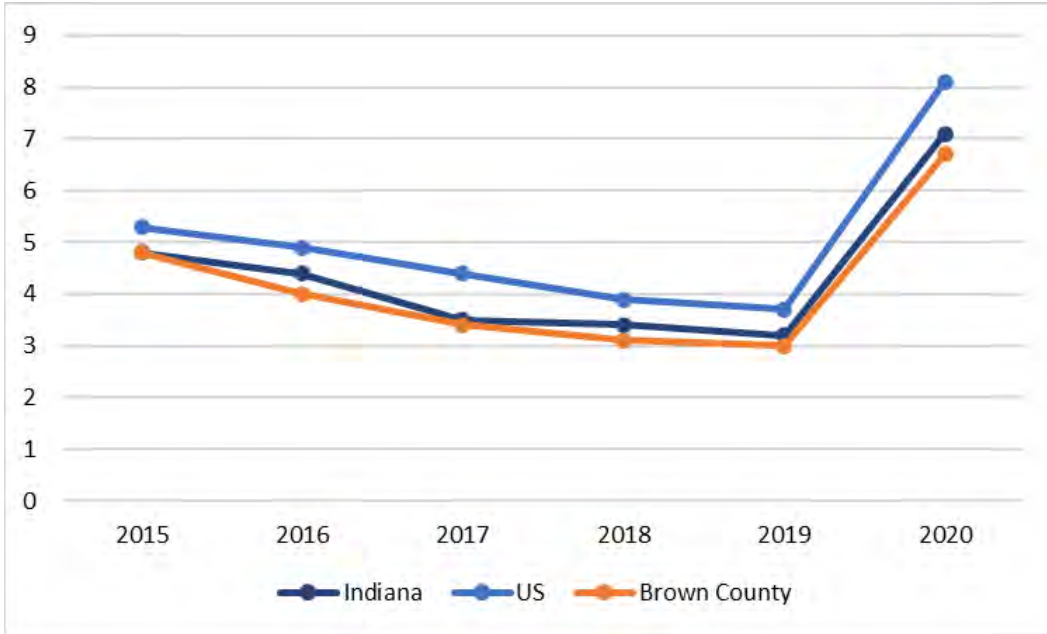


Unemployment

Brown County’s unemployment rate reached a high in 2020 of 6.7 percent, due to the COVID-19 pandemic. This 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 Brown County paralleled the national unemployment average trend, but continually stayed lower than the U.S. rate and Indiana. Figure 11 provides a comparison of the unemployment rates in the county, state, and nation.

Figure 11: Brown County Comparison of Unemployment Rates

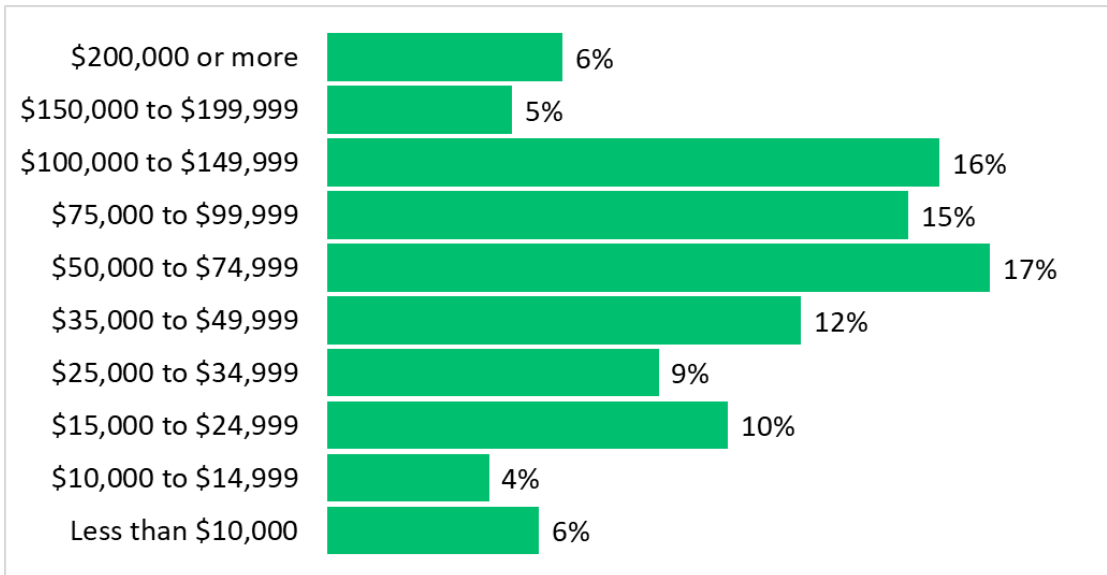


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Figure 12 shows the annual household income breakdown by percentage of total households in the county. Out of 6,189 households in the county, 29 percent have incomes of less than \$35,000 per year. Of these households, six percent earn less than \$10,000 per year.

Figure 12: Brown County Annual Household Income



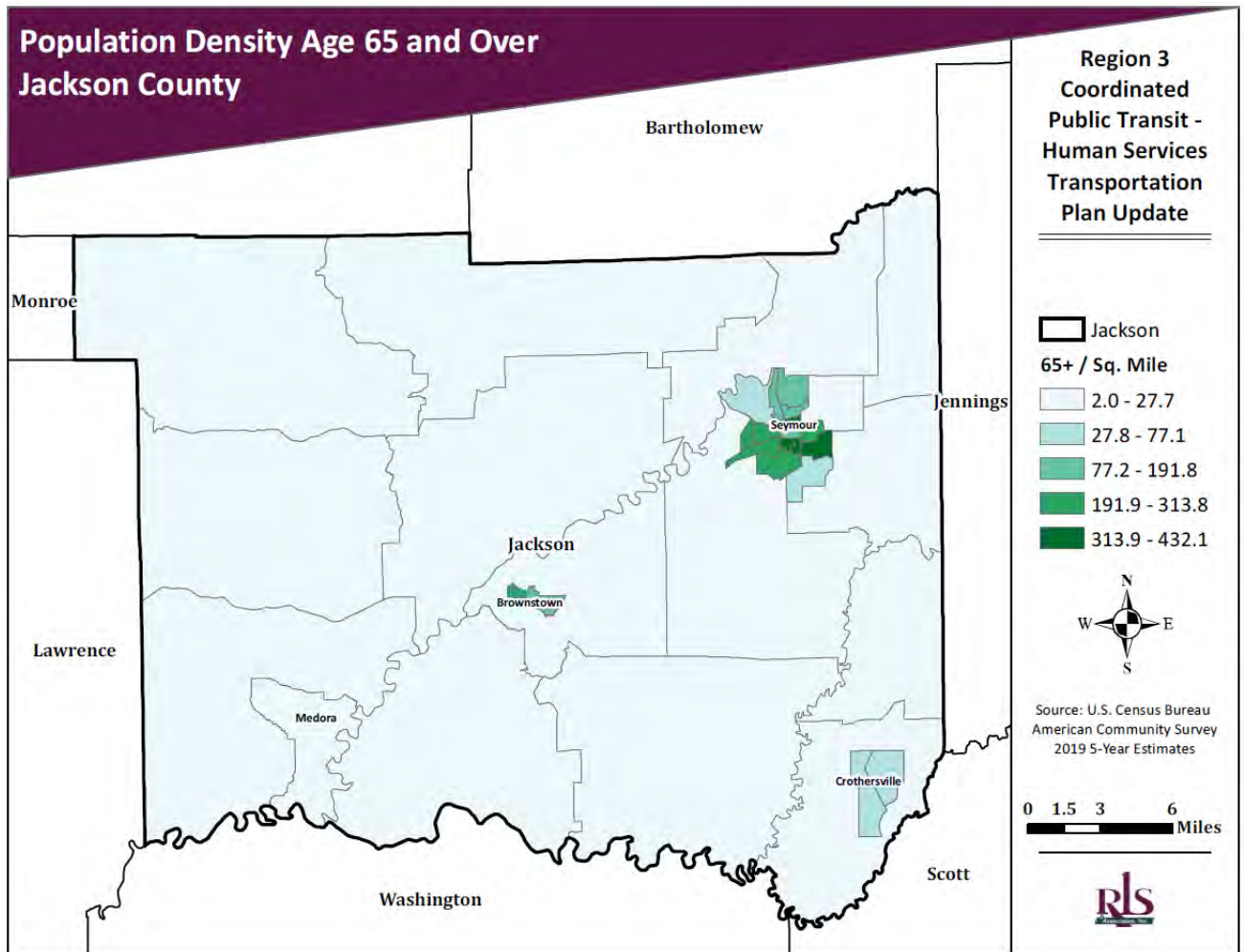
Source: 2019 ACS Five-Year Estimates

Jackson County

Older Adult Population

Figure 13 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Jackson County residents aged 65 and older are in Seymour. These block groups have densities of older adults between 313.9 and 432.1 persons per square mile. Areas around Seymour and Brownstown have moderate densities of persons age 65 and older (191.9 to 313.8). The remainder of the county has low to very low densities of persons age 65 and older.

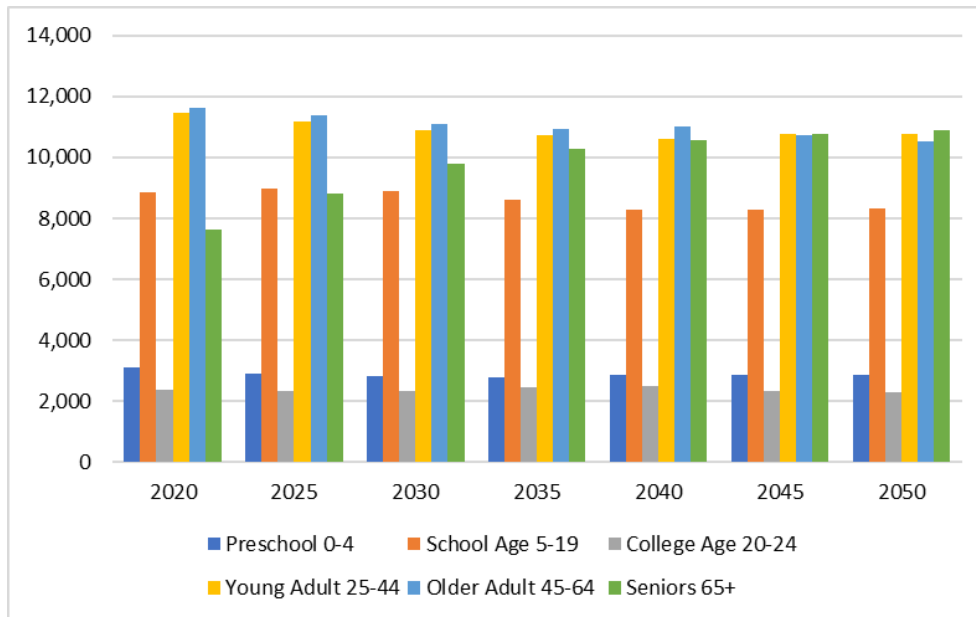
Figure 13: Jackson County Older Adult Population Density



Population by Age

Figure 14 shows that the largest age cohort for Jackson County is between the ages of 45 and 64. This age group is expected to go from being the largest group in Jackson County to the third largest group by 2050. A large increase is expected for the number of residents aged 65 and up. Currently, the smallest age group in Jackson County is college-aged individuals (20-24), which will not increase or decrease significantly between 2020 and 2050.

Figure 14: Jackson County Population by Age



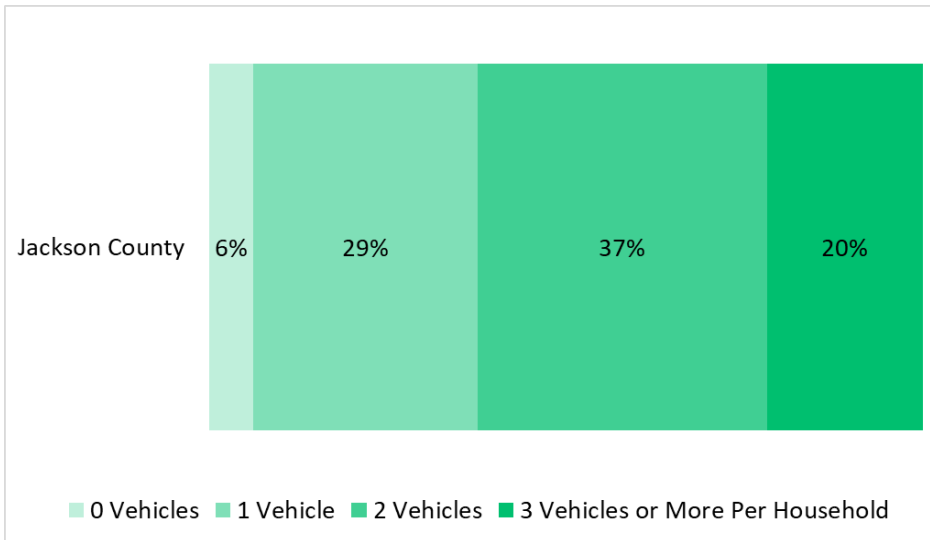
Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Figure 15 shows the breakdown of vehicle availability by household within Jackson County. Of all households in the county, six percent of the households do not have a vehicle and an additional 29 percent only have one vehicle.

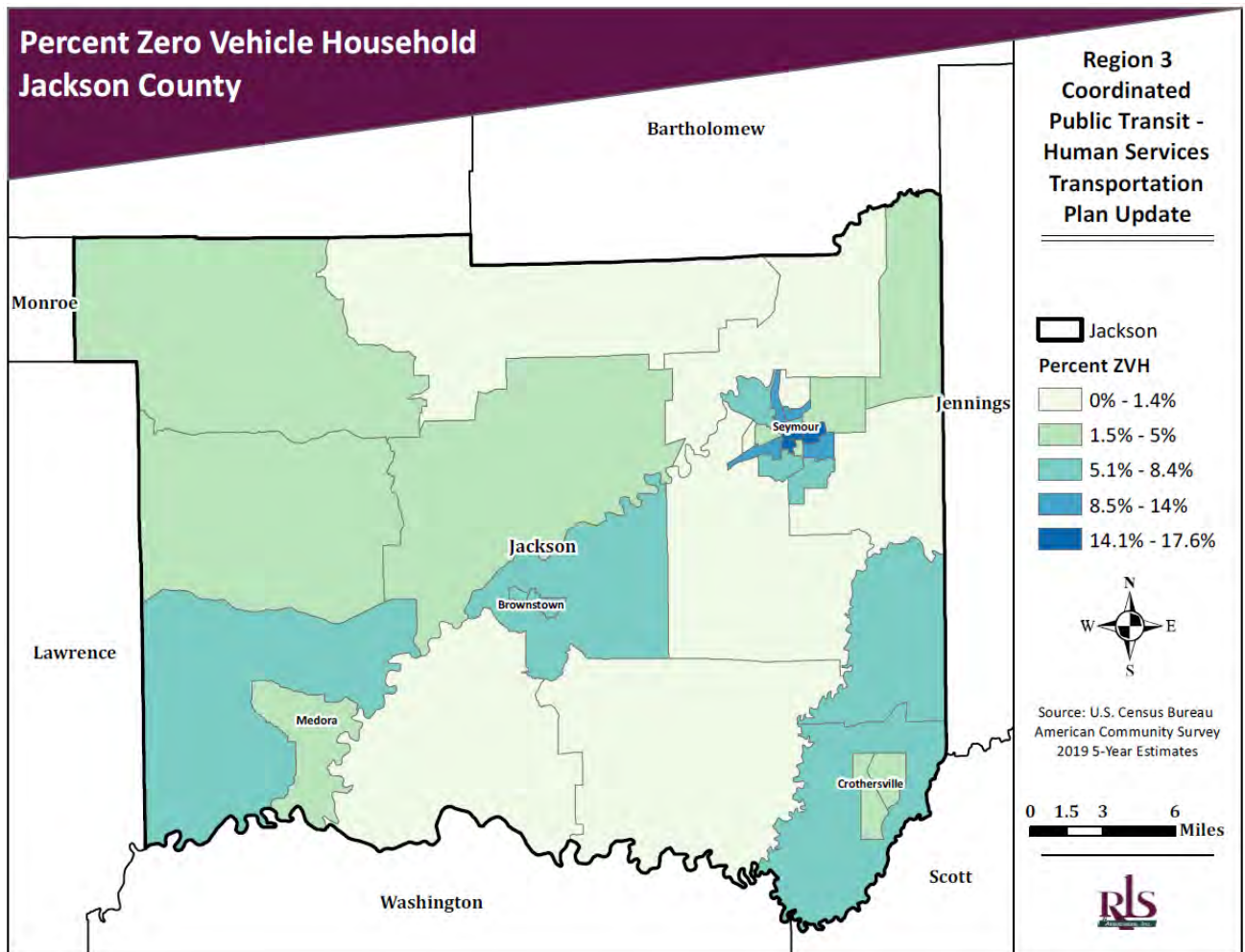
Figure 16 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by block group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are concentrated in Seymour. Over 14.1 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 8.5 to 14 percent of zero vehicle households can also be found in Seymour. The remainder of the county has moderate to very low percentages of zero vehicle households.

Figure 15: Jackson County Household Vehicle Availability



Source: 2019 ACS Five-Year Estimates

Figure 16: Jackson County Zero Vehicle Households

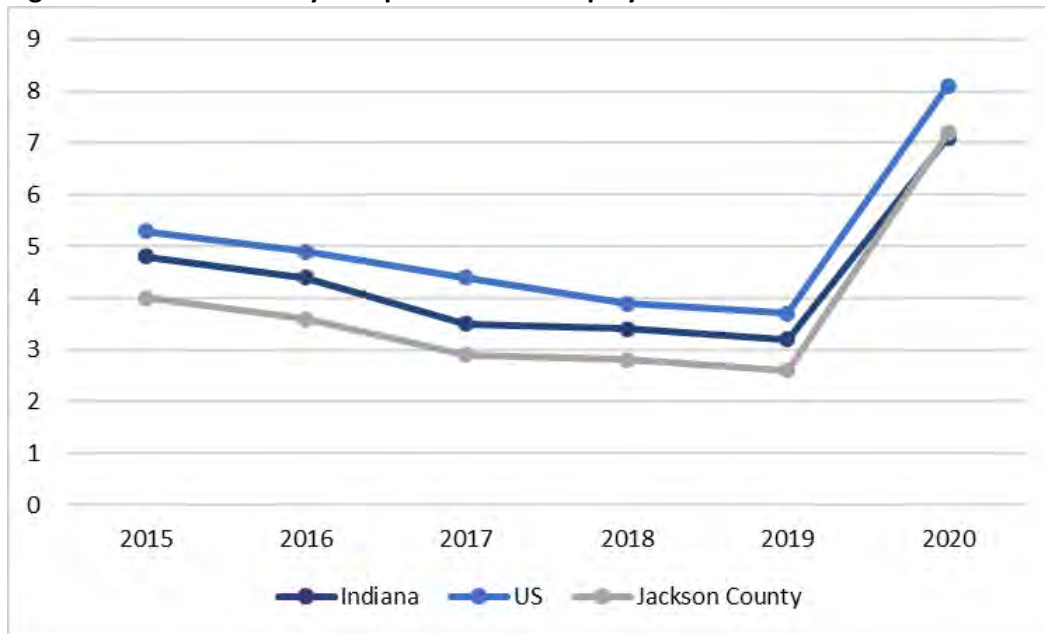


Unemployment

Jackson County's unemployment rate reached a high in 2020 of 7.2 percent, due to the COVID-19 pandemic. This was lower than that of the United States (8.1) but slightly higher than the State of Indiana (7.1) for 2020.

From 2015 to 2020, the unemployment rate for Jackson County paralleled the national unemployment average trend, but continually stayed lower than the U.S. and Indiana rate until 2020. Figure 17 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure 17: Jackson County Comparison of Unemployment Rates

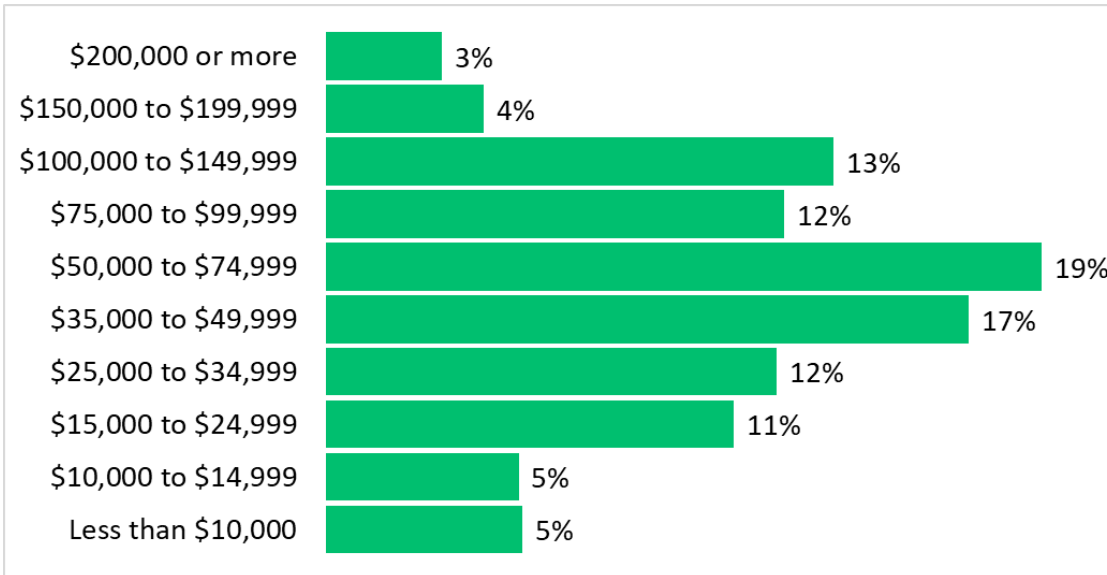


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Figure 18 shows the annual household income breakdown by percentage of total households in the county. Out of 16,753 households in the county, 33 percent of have incomes of less than \$35,000 per year. Of these households, five percent earn less than \$10,000 per year.

Figure 18: Jackson County Annual Household Income



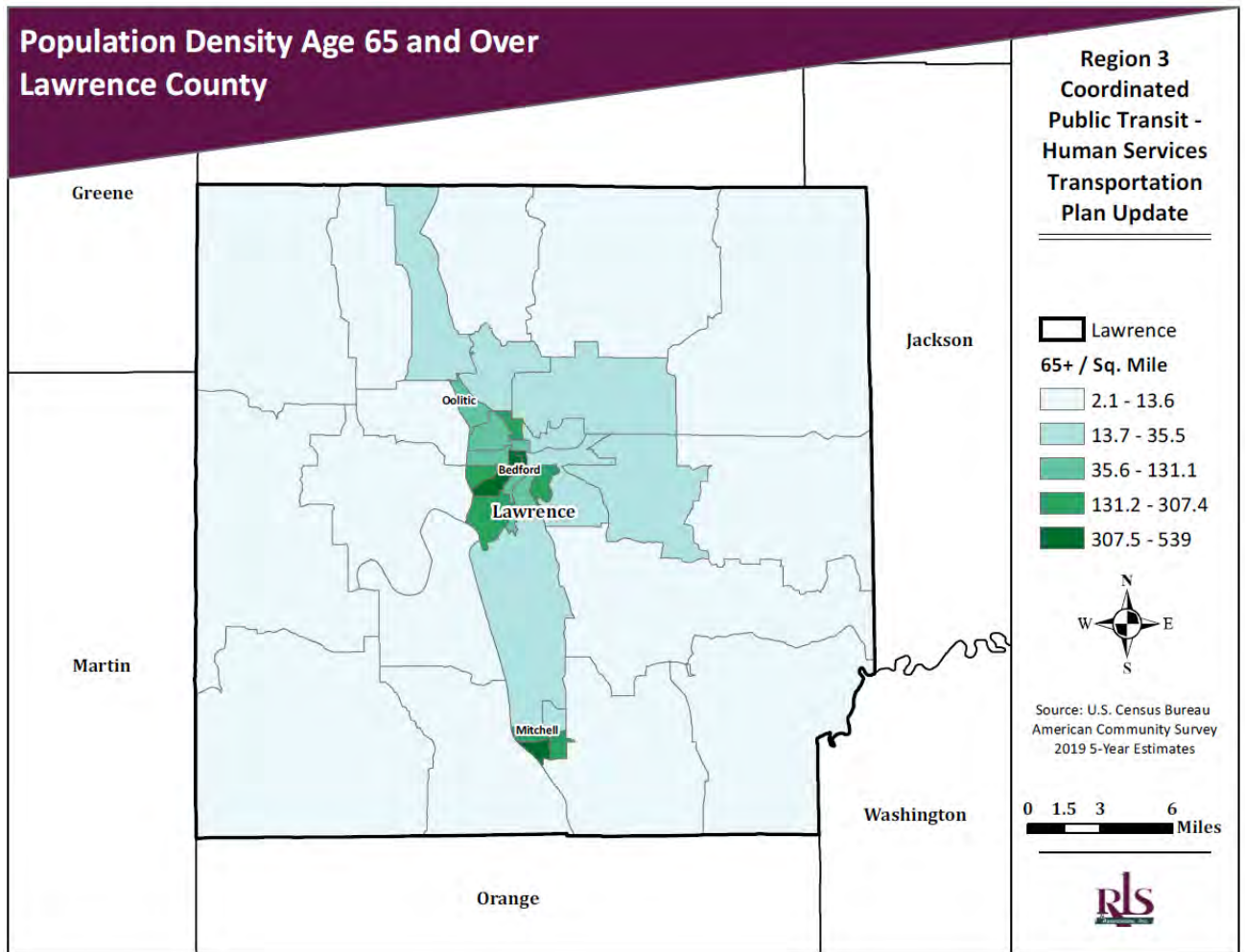
Source: 2019 ACS Five-Year Estimates

Lawrence County

Older Adult Population

Figure 19 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Lawrence County residents aged 65 and older are in Bedford and Mitchell. These block groups have densities of older adults between 307.5 and 539 persons per square mile. Areas around Bedford and Mitchell also have moderate densities of persons age 65 and older (131.2 to 307.4). The remainder of the county has low to very low densities of persons age 65 and older.

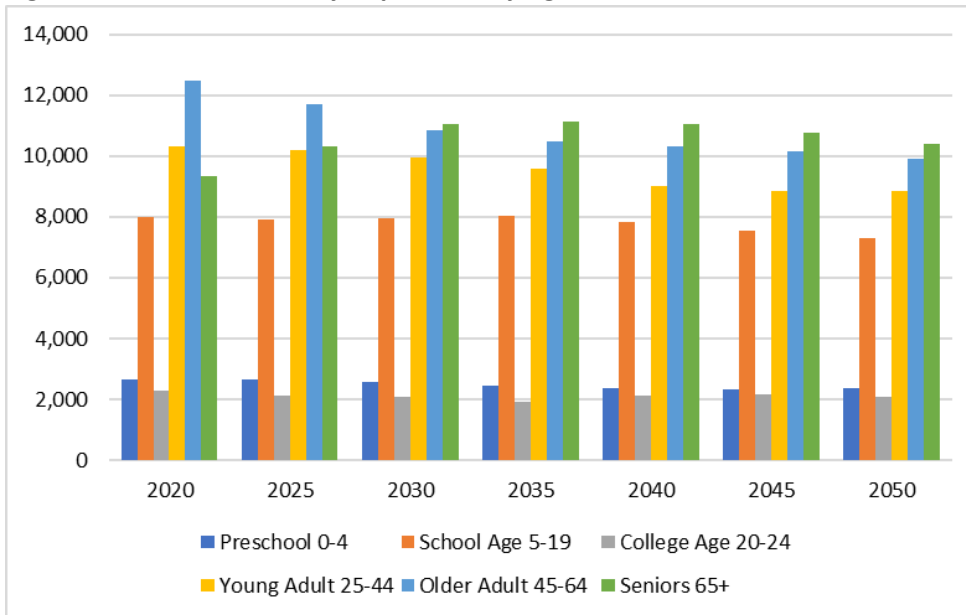
Figure 19: Lawrence County Older Adult Population



Population by Age

Figure 20 shows that the largest age cohort for Lawrence County is between the ages of 45 and 64. The population of individuals aged 65 and up is expected to grow and go from being the third largest age group in 2020 to the largest in 2050. Currently, the smallest age group in Lawrence County is college-aged individuals (20-24), who are expected to see minor decline between 2020 and 2050.

Figure 20: Lawrence County Population by Age



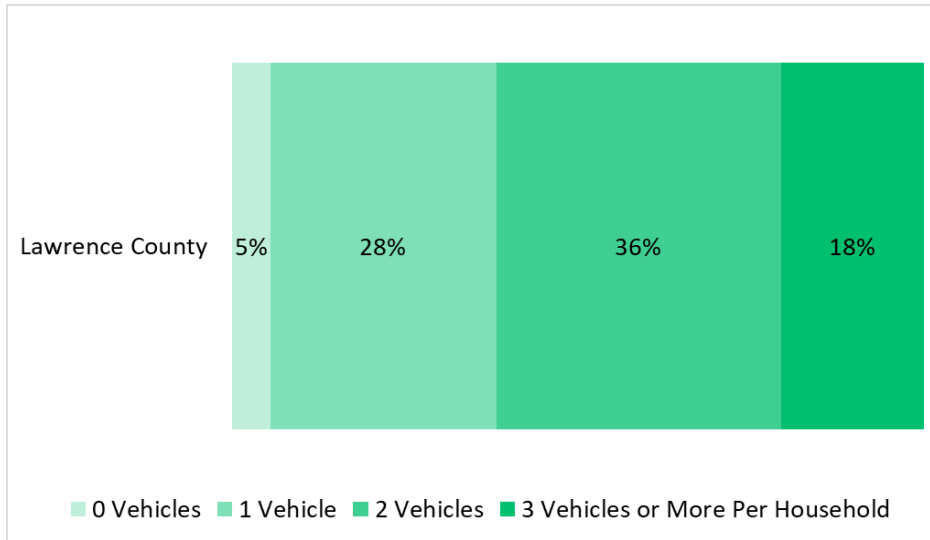
Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Figure 21 shows the breakdown of vehicle availability by household within Lawrence County. Of all households in the county, only five percent of the households do not have a vehicle and an additional 28 percent only have one vehicle.

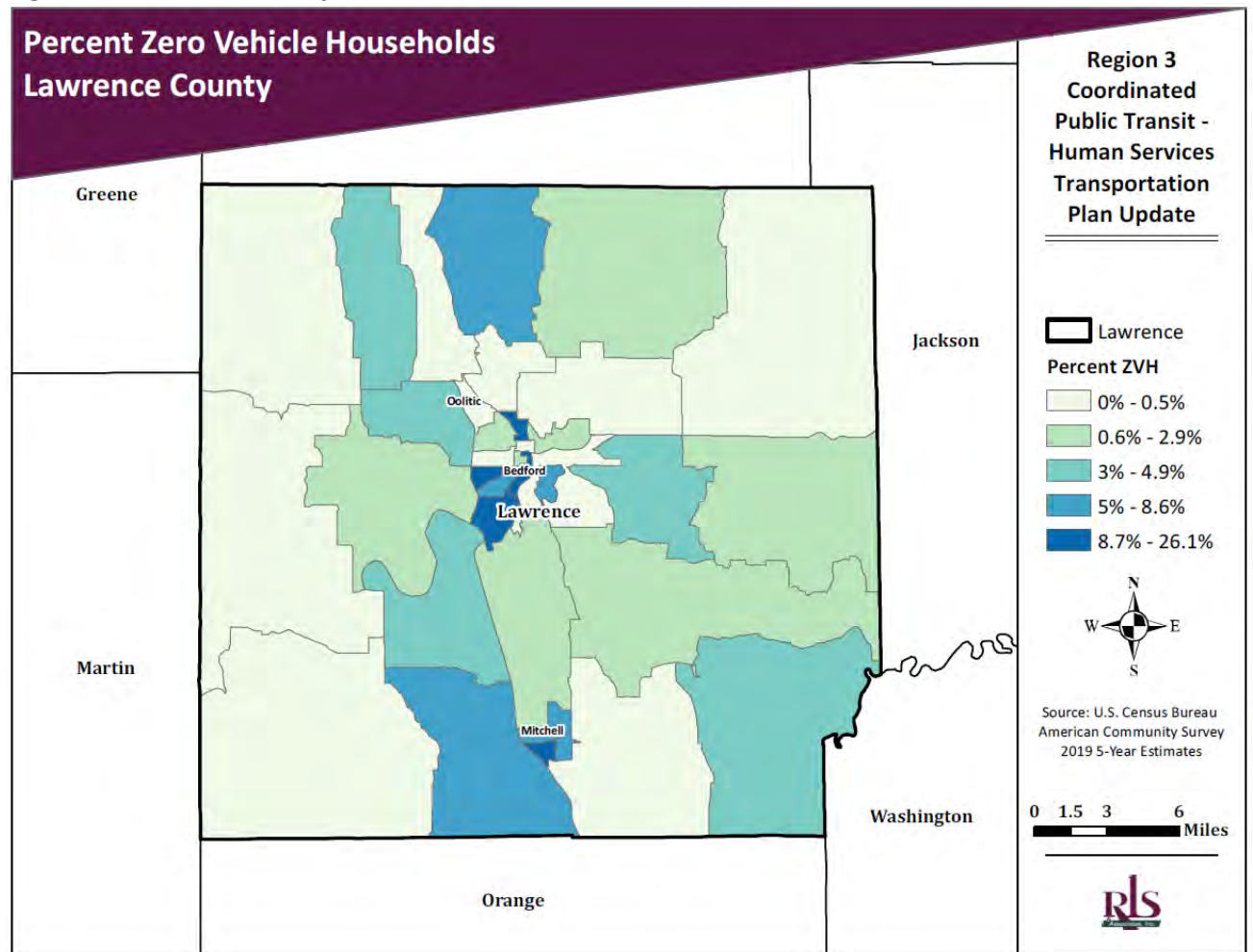
Figure 22 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by block group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are concentrated around Bedford and Mitchell. Over 8.7 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 5 to 8.6 percent of zero vehicle households can be found around Bedford, Mitchell, and northern Lawrence County. The remainder of the county has moderate to very low percentages of zero vehicle households.

Figure 21: Lawrence County Household Vehicle Availability



Source: 2019 ACS Five-Year Estimates

Figure 22: Lawrence County Zero Vehicle Households

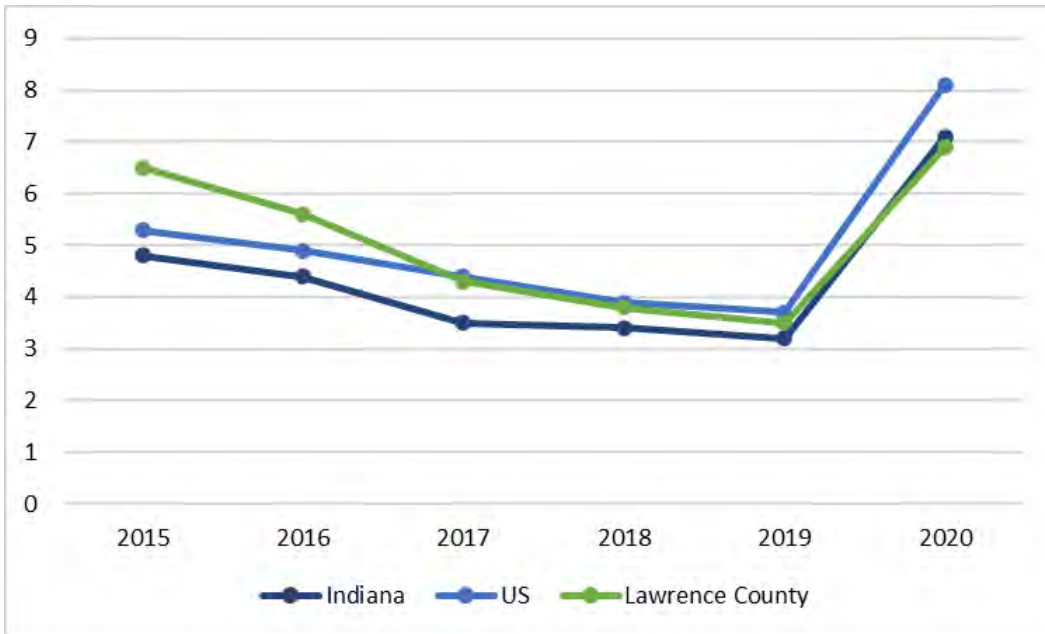


Unemployment

Lawrence County's unemployment rate reached a high in 2020 of 6.9 percent, due to the COVID-19 pandemic. This 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 Lawrence County paralleled the national unemployment average trend, but fluctuated between being higher and lower than the U.S. rate. Figure 23 illustrates a comparison of the unemployment rates in the county, State, and nation.

Figure 23: Lawrence County Comparison of Unemployment Rates

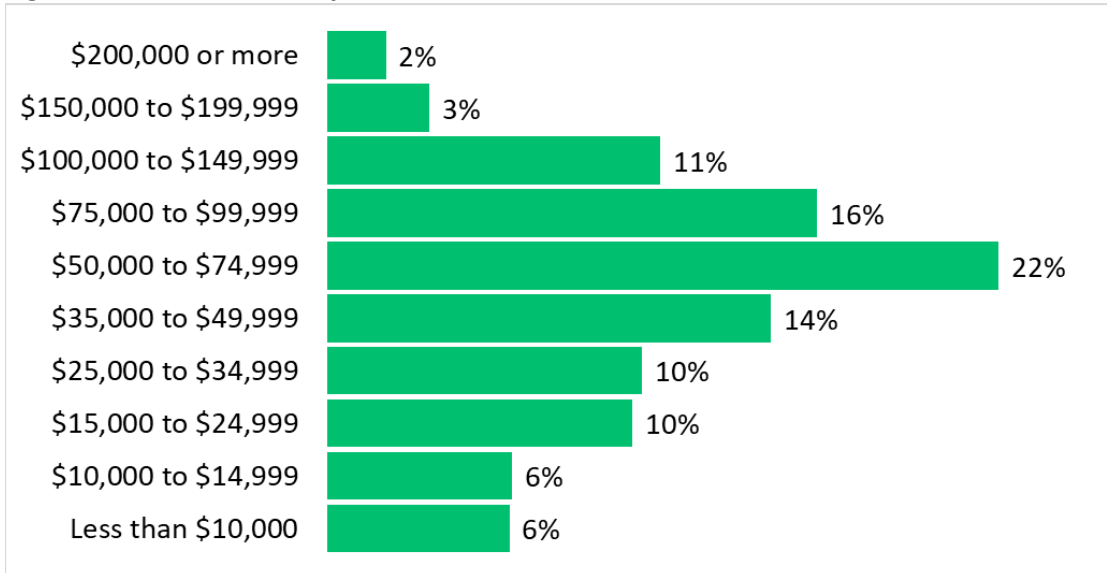


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Figure 24 shows the annual household income breakdown by percentage of total households in the county. Out of 18,781 households in the county, 32 percent have incomes of less than \$35,000 per year. Of these households, six percent earn less than \$10,000 per year.

Figure 24: Lawrence County Annual Household Income



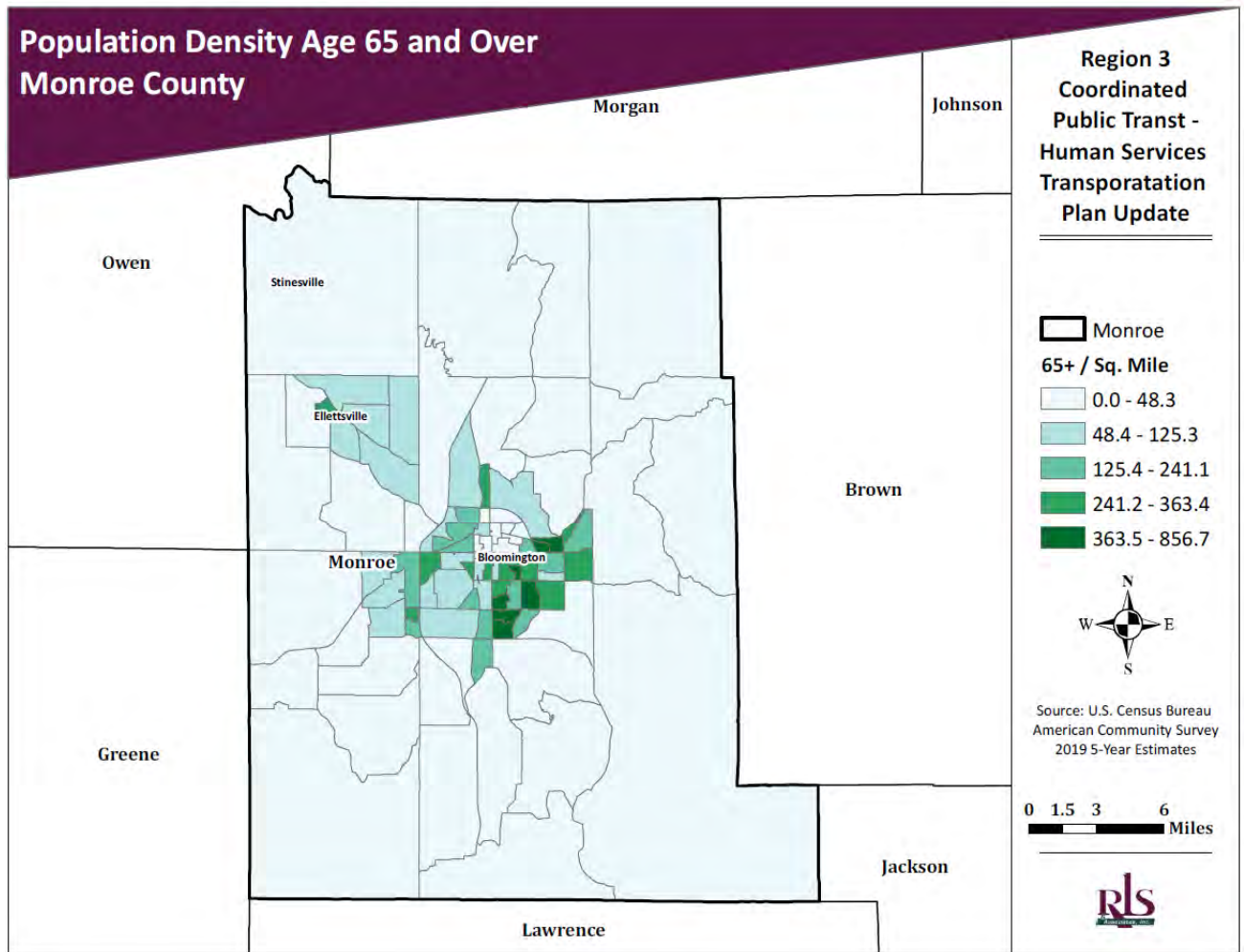
Source: 2019 ACS Five-Year Estimates

Monroe County

Older Adult Population

Figure 25 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest densities of Monroe County residents aged 65 and older are in and around Bloomington. These block groups have densities of older adults between 363.5 and 856.7 persons per square mile. Areas in and around Bloomington also have moderate densities of persons age 65 and older (241.2 to 363.4). The remainder of the county has low to very low densities of persons age 65 and older.

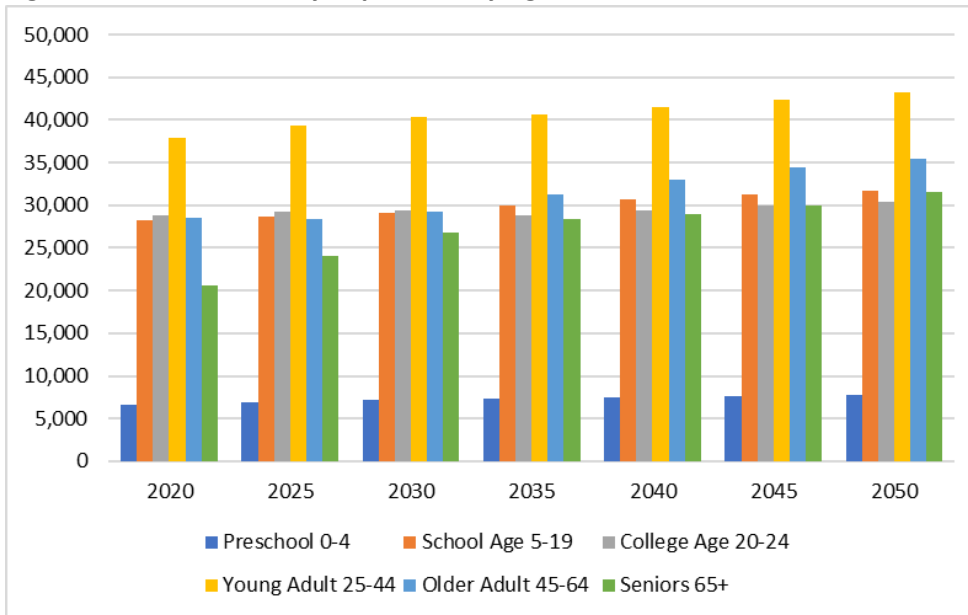
Figure 25: Monroe County Older Adult Population Density



Population by Age

Figure 26 shows that the largest age cohort for Monroe County is between the ages of 25 and 44. This age group is expected to be the largest group in Monroe County over the next 30 years while continuing to grow. All other age groups are projected to see some level of growth between 2020 and 2050. Currently, the smallest age group in Monroe County is children under the age of 5, which is expected to see only minor growth between 2020 and 2050. Monroe County also includes a large population of College Age individuals (ages 20-24), likely due to Indiana University in Bloomington.

Figure 26: Monroe County Population by Age



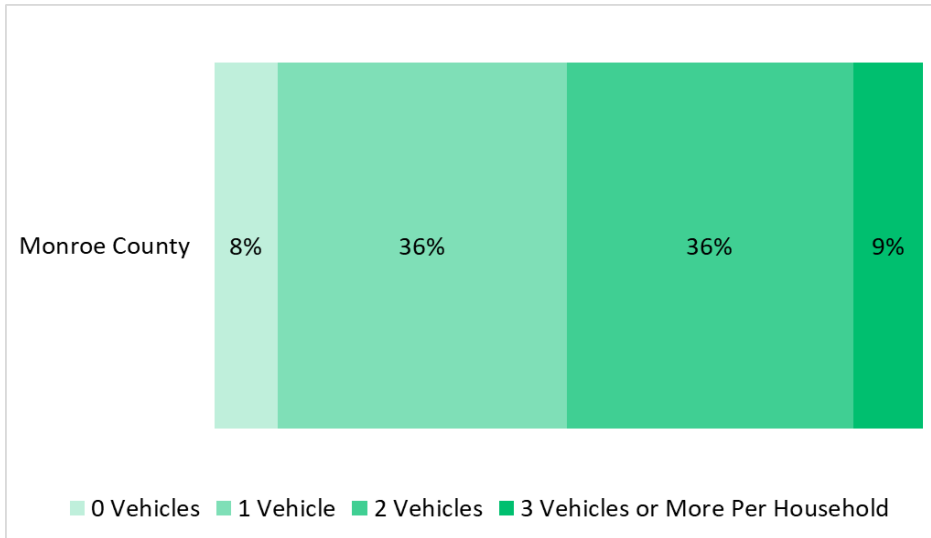
Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Figure 27 shows the breakdown of vehicle availability by household within Monroe County. Of all households in the county, eight percent of the households do not have a vehicle and an additional 36 percent only have one vehicle.

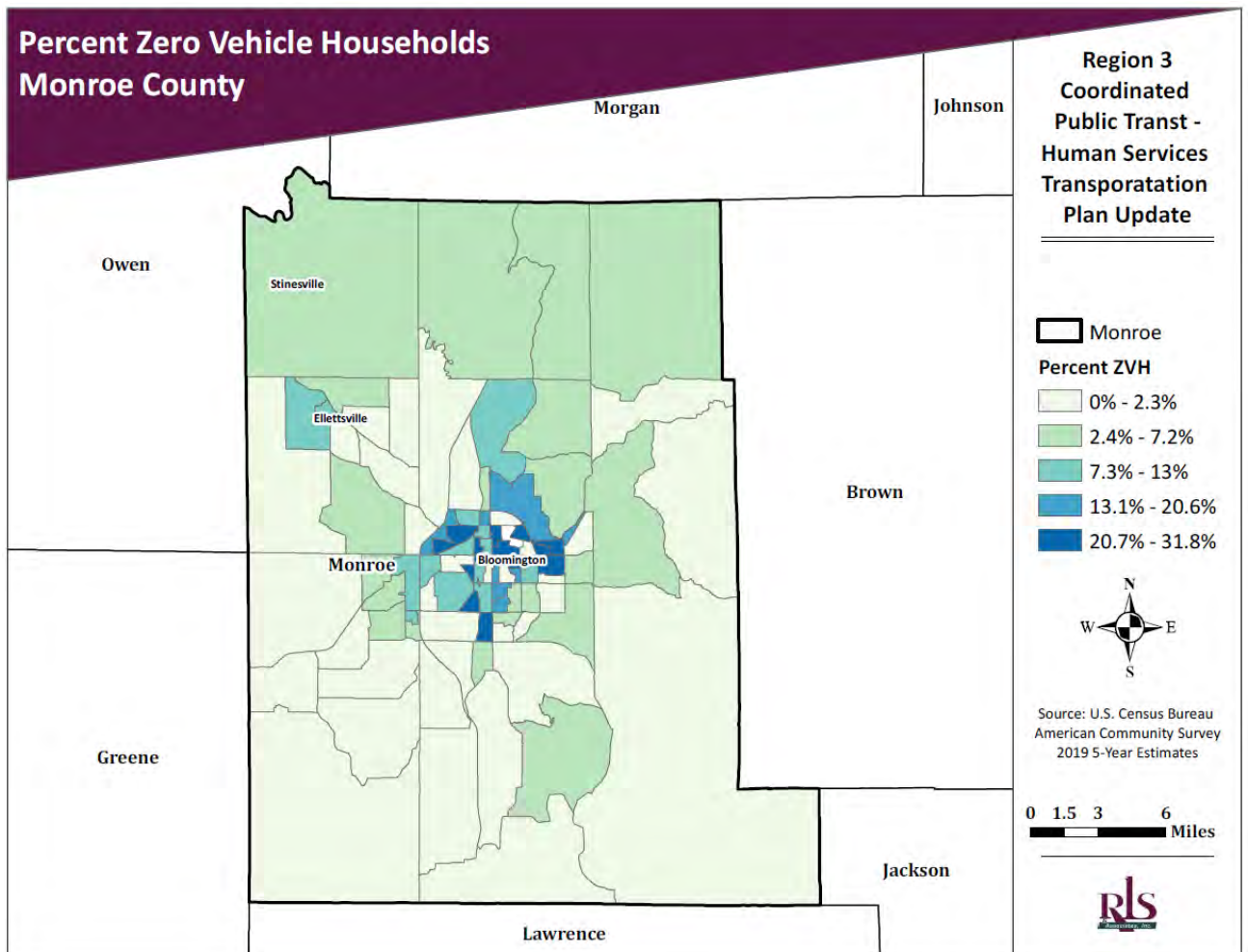
Figure 28 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by block group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are concentrated in and around Bloomington. Over 20.7 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 13.1 to 20.6 percent of zero vehicle households can also be found in and around Bloomington. The remainder of the county has moderate to very low percentages of zero vehicle households.

Figure 27: Monroe County Household Vehicle Availability



Source: 2019 ACS Five-Year Estimates

Figure 28: Monroe County Zero Vehicle Households

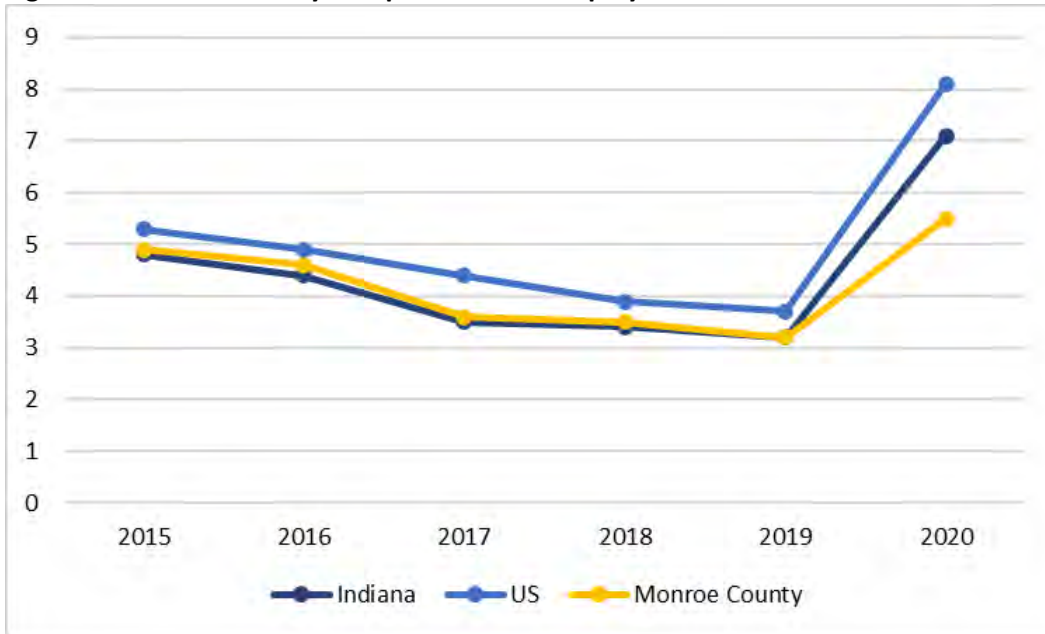


Unemployment

Monroe County’s unemployment rate reached a high in 2020 of 5.5 percent, due to the COVID-19 pandemic. This was much 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 Monroe County paralleled the national unemployment average trend, but fluctuated between being higher and matching the Indiana rate. Figure 29 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure 29: Monroe County Comparison of Unemployment Rates

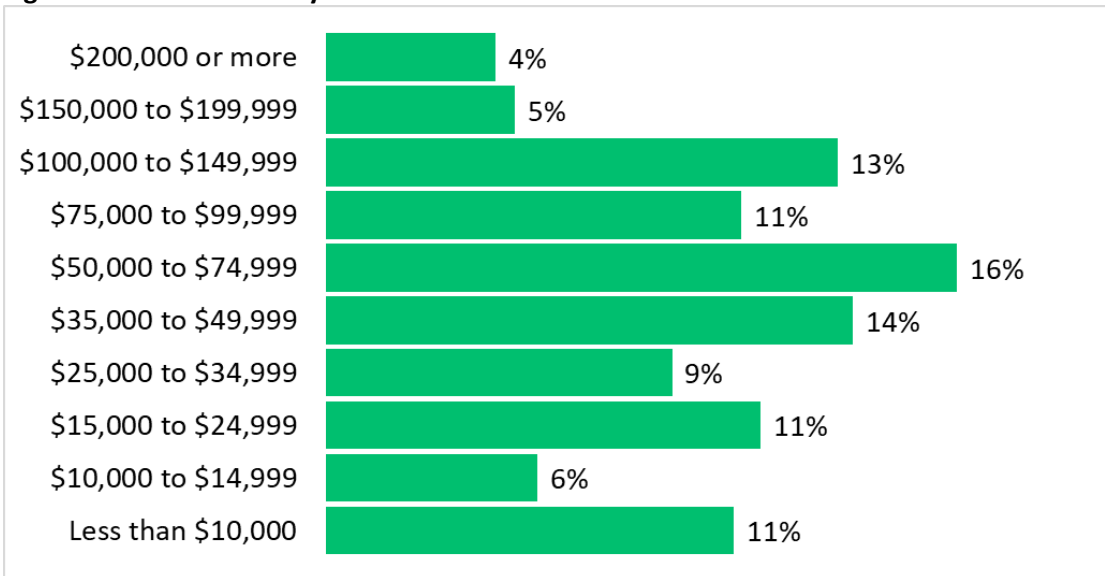


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Figure 30 shows the annual household income breakdown by percentage of total households in the county. Out of 55,624 households in the county, 37 percent have incomes of less than \$35,000 per year. Of these households, 11 percent earn less than \$10,000 per year.

Figure 30: Monroe County Annual Household Income



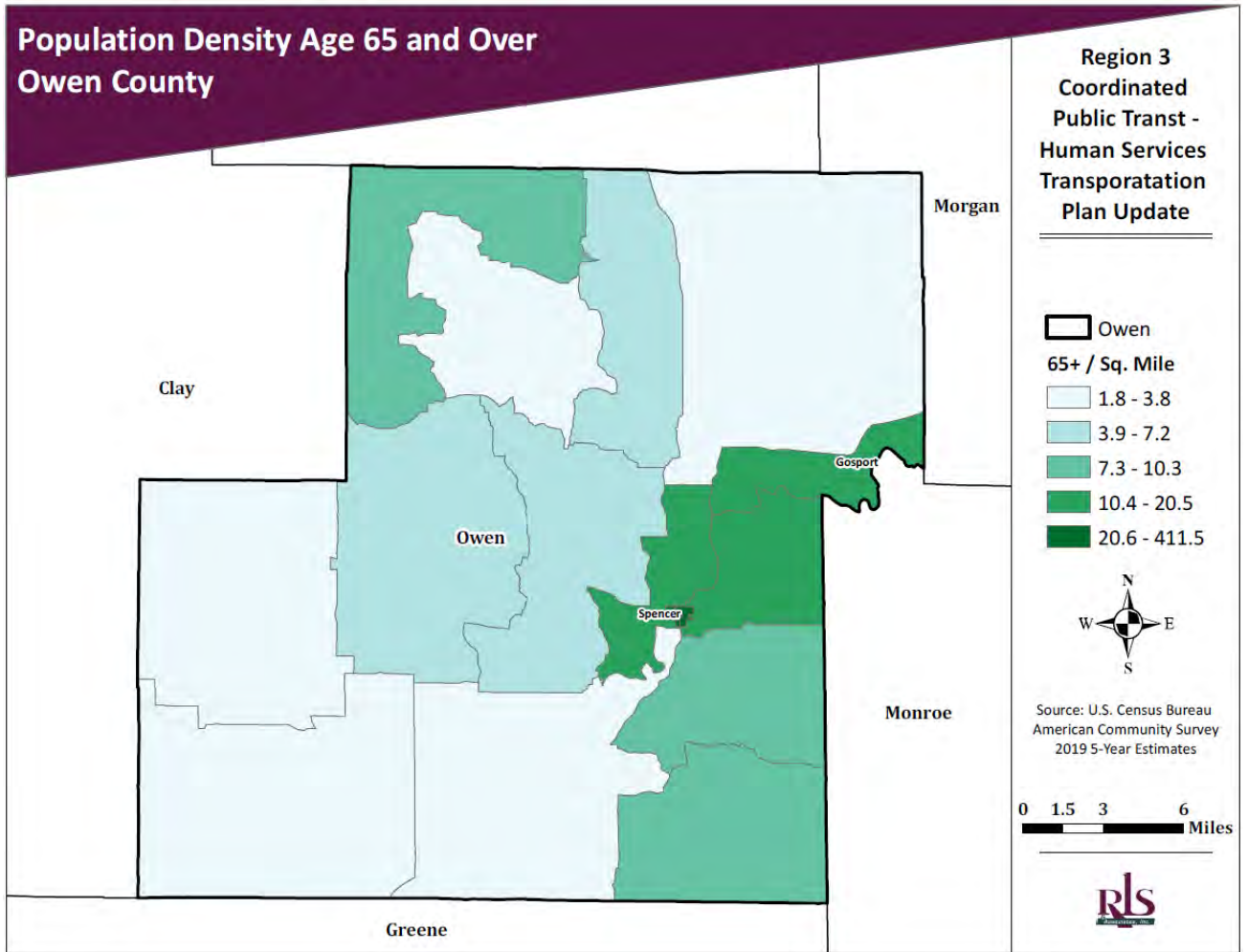
Source: 2019 ACS Five-Year Estimates

Owen County

Older Adult Population

Figure 31 illustrates the density of persons aged 65 and older by Census block group. The block groups with the highest density of Owen County residents aged 65 and older are in Spencer. These block groups have densities of older adults between 20.6 and 411.5 persons per square mile. Areas around Spencer and Gosport have moderate densities of persons age 65 and older (10.4 to 20.5). The remainder of the county has low to very low densities of persons age 65 and older.

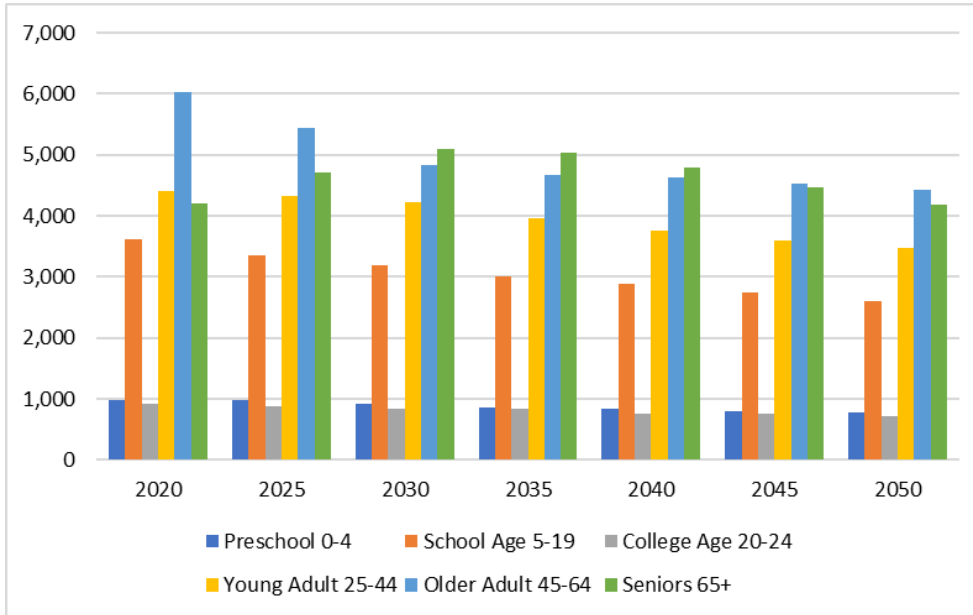
Figure 31: Owen County Older Adult Population Density



Population by Age

Figure 32 shows that the largest age cohort for Owen County is between the ages of 45 and 64. The only age group projected to grow is Seniors aged 65+, though it will begin to decline after 2030. Currently, the smallest age group in Owen County is College Age individuals (20-24), who are expected to see little to no change between 2020 and 2050.

Figure 32: Owen County Population by Age



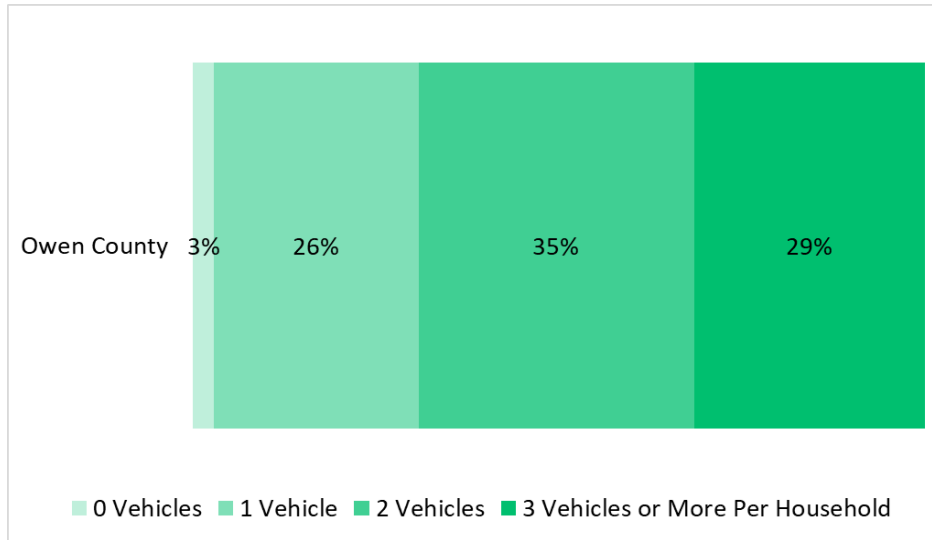
Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Figure 33 shows the breakdown of vehicle availability by household within Owen County. Of all households in the county, only three percent of the households do not have a vehicle and an additional 26 percent only have one vehicle.

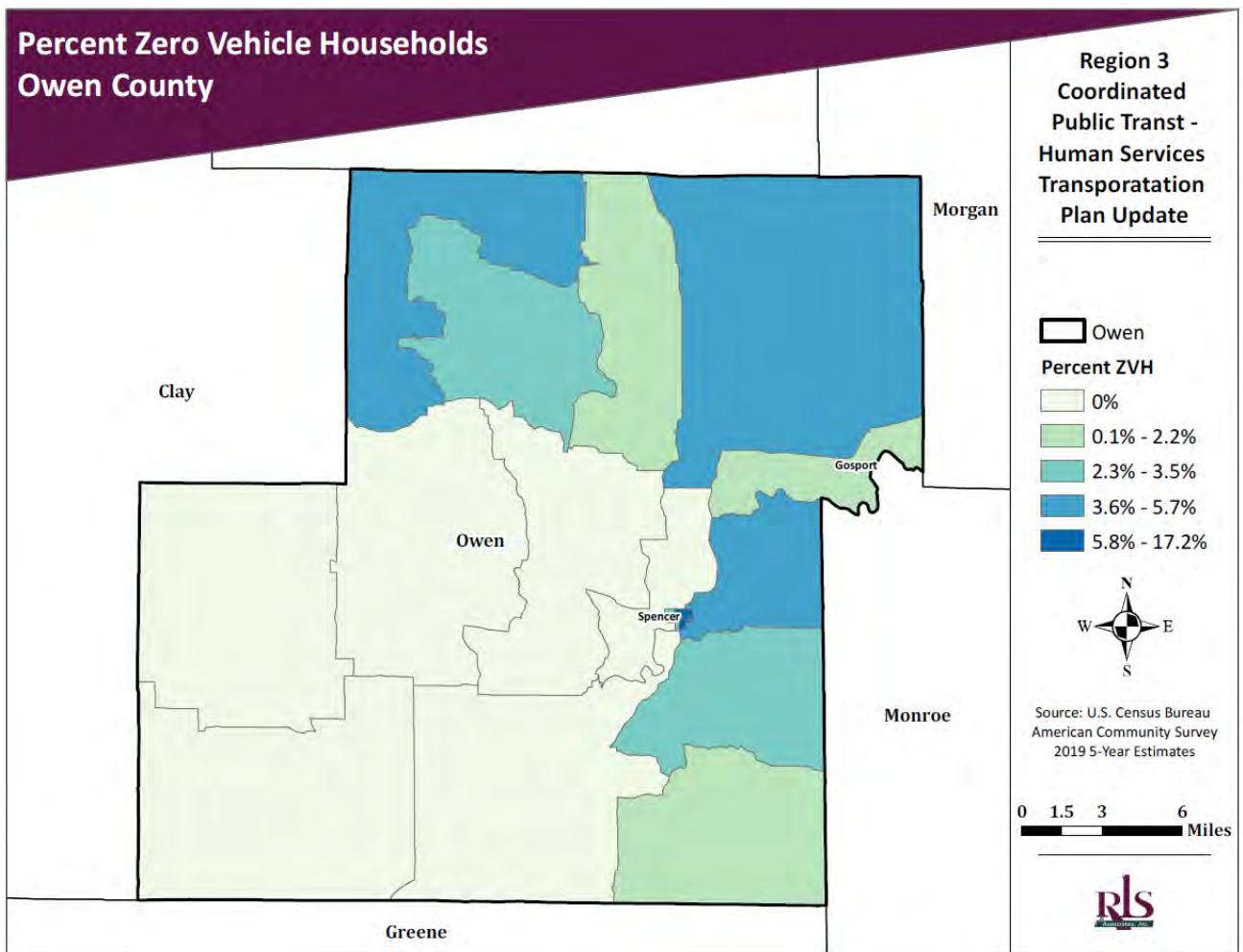
Figure 34 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by block group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are concentrated in Spencer. Over 5.8 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 3.6 to 5.7 percent of zero vehicle households can be found in northern and eastern Owen County. The remainder of the county has moderate to very low percentages of zero vehicle households.

Figure 33: Owen County Household Vehicle Availability



Source: 2019 ACS Five-Year Estimates

Figure 34: Owen County Zero Vehicle Households

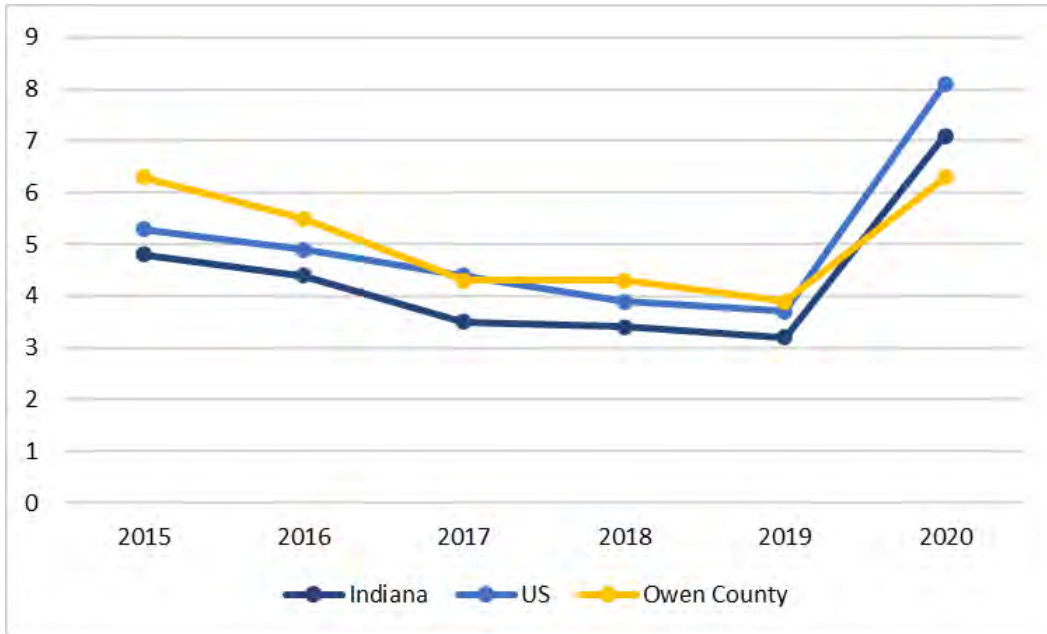


Unemployment

Owen County's unemployment rate reached a high in 2020 of 6.3 percent, due to the COVID-19 pandemic, which was the same as its 2015 rate. This 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 Owen County paralleled the national unemployment average trend, but fluctuated between being higher and lower than the U.S. rate. Figure 35 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure 35: Owen County Comparison of Unemployment Rates

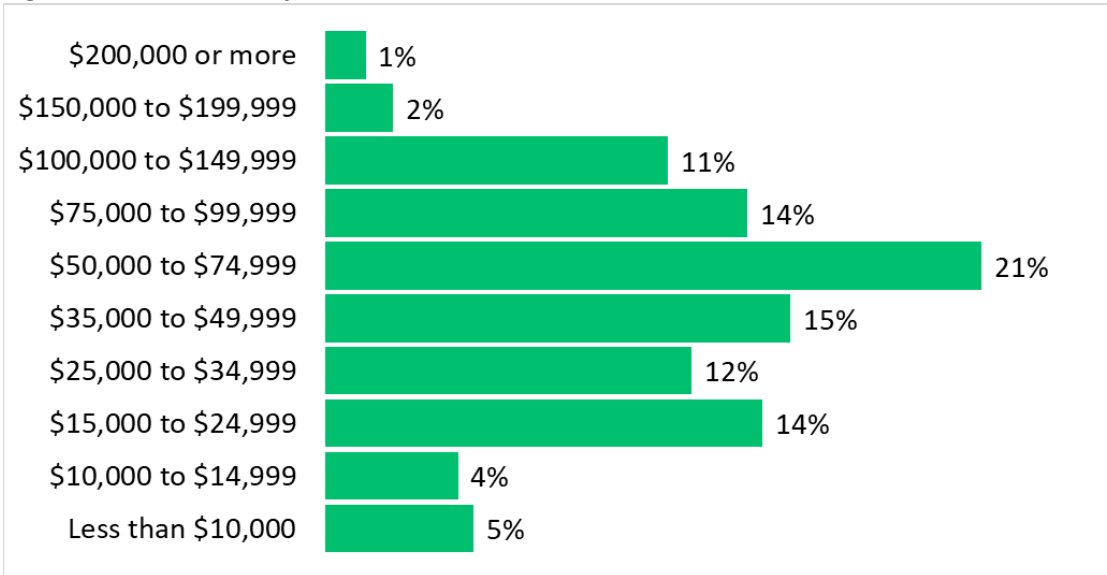


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Figure 36 shows the annual household income breakdown by percentage of total households in the county. Out of 8,776 households in the county, 35 percent have incomes of less than \$35,000 per year. Of these households, five percent earn less than \$10,000 per year.

Figure 36: Owen County Annual Household Income



Source: 2019 ACS Five-Year Estimates

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 vehicles was obtained through phone interviews and e-mail requests conducted prior to the public meeting. This was done in order to promote active participation in the public meetings, familiarize the providers with the public meeting process, and stimulate 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 Region 3 provider summaries listed below include Section 5310-funded providers who serve primarily older adults and individuals with disabilities. These agencies provide transportation primarily to their agency consumers but may have the potential for shared services with other providers in the future.

Rural public transit agencies, those funded with FTA Section 5311 funding, also serve these same populations of older adults and individuals with disabilities. Many of these public and non-profit agencies also receive operating funding through Medicaid and Title III-B of the Older Americans Act which focuses on serving persons 60 and over as well as funding for vehicle replacement through the FTA Section 5310 program. These programs exemplify the goal of promoting mixed client riding and coordinated provision of mobility services for a range of customer categories and trip destinations.

The list also includes agencies that are 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. However, their participation in the coordination process is essential so that their consumers are afforded the opportunity to access other community transit services.

EXISTING PUBLIC TRANSPORTATION RESOURCES

Table 2 provides information about the study area's public transportation systems. Hoosier Ride provides inter-city bus service that connects Bloomington to downtown Indianapolis, including transfers at the Greyhound bus station to destinations nationwide.

Table 2: Region 3 Public Transportation Providers

	Bloomington Transit	Rural Transit	IU Campus Bus	Access Brown County	Transit Authority of the Stone City (TASC)	Seymour Transit	Hoosier Ride
Location and Contact Information	130 West Grimes Lane Bloomington, IN 47403 (812) 332-5688 bloomingtontransit.com	631 West Edgewood Dr. Ellettsville, IN 47429 (812) 876-1079 area10agency.org/ruraltransit/	120 W Grimes Lane Bloomington, IN 47403 (812) 855-8384 iubus.indiana.edu	105 Willow St. Nashville, IN 47448 (812) 988-9622 browncountyymsa.org/access-brown-county/	1102 16th St. Bedford, IN 47421 (812) 275-1633 bedford.in.us/DesktopMain.aspx?DID=9	301-309 N. Chestnut St. Seymour, IN 47274 (812) 522-7433 seymourin.org/index.php/offices/transit-department	4045 Park 65 Dr. Indianapolis, IN 46254 800-544-2383 hoosieride.com
Service Area	City of Bloomington	Monroe, Lawrence, Owen, and Putnam Counties	Indiana University campus in Bloomington	Brown County; rides also provided to locations in Monroe and Bartholomew Co.	Within the City of Bedford limits	Within the City of Seymour limits	Inter-city bus service throughout Indiana; includes Bloomington
Days/Hours of Service	Monday – Friday, 6 AM – 11:30 PM Saturday, 7:30 AM – 9:30 PM Sunday, 9:30 AM – 7:30 PM (BTaccess only)	Monday – Friday, 6 AM – 6 PM	Monday – Friday, 7 AM – 10 PM Saturday, 9:30 AM – 9:30 PM Sunday, 12:10 PM – 6:32 PM	Monday – Friday, 6 AM – 6 PM	Monday – Friday, 6 AM – 6 PM	Monday – Thursday, 6 AM – 6 PM Friday, 6 AM – 5 PM	Schedules vary – see website
Ridership	2019: 3,197,637 2020: 1,383,895	2019: 77,174 2020: 32,227	7/1/19-6/30/20: 2,326,380 7/1/20-6/30/21: 165,842	2019: 7,262	2019: 28,061 2020: 13,934	2019: 39,107 2020: 26,066	2019: 37,827 2020: 19,128

	Bloomington Transit	Rural Transit	IU Campus Bus	Access Brown County	Transit Authority of the Stone City (TASC)	Seymour Transit	Hoosier Ride
Fare/ Donation Structure	\$1; \$0.50 for youth/elderly/ disabled	\$3 In-County; \$6 Cross-County; \$1 Deviated Route	Fare-free	\$5 In-county; \$7.50 Cross-county; Free for age 60+	\$0.75 one-way; \$0.50 for seniors, \$0.25 for children 10 and under	\$2 one-way	Mileage-based ticket pricing
Funding Sources	FTA Section 5307, PMTF, Property and Income Taxes, Service Contracts, Advertising	FTA Section 5311, PMTF, Medicaid, Local Governments	Indiana University	FTA Section 5311, PMTF, Brown County, Donors, Older Americans Act Title III-B	FTA Section 5311, PMTF, City of Bedford	FTA Section 5311, PMTF, City of Seymour	FTA Section 5311(f), Ticket Revenue
Operating Budget (2020)	\$7,853,248	\$1,471,942	\$3,930,495	\$132,000	\$606,391	\$344,791	Not provided
Fleet by Location and Wheelchair Accessibility	53 Vehicles in Bloomington; All Wheelchair-Accessible	23 Vehicles in Ellettsville (Monroe County); 22 Wheelchair-Accessible	29 Vehicles in Bloomington; All Wheelchair-Accessible	1 Wheelchair-Accessible Vehicle in Nashville	6 Vehicles in Bedford; All Wheelchair-Accessible	11 Vehicles in Seymour; All Wheelchair-Accessible	Not provided (Call 1-800-544-2383 48 hours before departure for accessible service)
Service Type(s)	Fixed Route; ADA Complementary Paratransit	Demand Response; Deviated Route	Fixed Route	Demand Response	Demand Response	Demand Response	Inter-city
Scheduling/ Dispatching	HBSS/QRyde software	Manual	N/A	Manual	Routematch software	Manual	N/A
Trip Denials	Not tracked (no general public demand response service)	Approximately 12 per month	Not tracked (no general public demand response service)	Approximately 4-5 per month	None	None	Not applicable

*2019 total represents normal ridership; 2020 ridership was heavily impacted by COVID-19



HUMAN SERVICE TRANSPORTATION PROVIDERS

The public transit systems listed in the previous section provide transportation under contract to many human service program consumers, such as Medicaid beneficiaries and older adults whose transportation is funded by Older Americans Act Title III-B funds. Additionally, there were four human service transportation providers identified during the planning process. The non-profit and for-profit human service transportation providers serving the area are listed in Table 3.

Additionally, Region 3 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 3: Contact Information for Human Service Transportation Providers

	Be Loved Transportation, Inc.	SafeMed Transport, LLC	El Shadday and I, Inc.	City of Seymour Parks and Recreation
Contact Information	(812) 287-2610 beloved.transportation@gmail.com	(812) 679-7273	(812) 908-2134 el.shadday812@gmail.com	(812) 522-6420 sfindley@seymourin.org
Location	Bloomington, IN	Bloomington, IN	Bloomington, IN	Seymour, IN
Eligibility/ Service Type	Medicaid, human service agency, private pay	Medicaid, human service agency, private pay	Medicaid, human service agency, private pay	Rides to Seymour Community Center from within city limits; Community Center day trip participants

NEEDS ASSESSMENT

OVERVIEW

RLS & Associates, Inc. (RLS) contacted local human service agencies, faith-based organizations, employers, and all 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 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 outline results from the local general public and stakeholder coordinated transportation meeting.

GENERAL PUBLIC AND STAKEHOLDER MEETINGS

A virtual meeting was facilitated by RLS 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 18, 2021, at 12:00 PM.

Invitations to the meeting were distributed via the U.S. Postal Service to 96 individuals or organizations that represent transportation providers, older adults, individuals with disabilities, and/or 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:

- ◆ Bedford Times-Mail
- ◆ Bloomington Herald-Times
- ◆ Jackson County Banner
- ◆ Seymour Tribune
- ◆ The Hoosier Topics (Cloverdale)
- ◆ Spencer Evening World
- ◆ Brown County Democrat

A list of all organizations invited to the meeting is provided in the Appendix. Organizations that were represented at the meetings are listed below:

- ◆ Rural Transit/Area 10 Agency on Aging
- ◆ Council of Community Accessibility (City of Bloomington)
- ◆ Indiana Department of Health
- ◆ INDOT
- ◆ Access Brown County
- ◆ Transit Authority of the Stone City (City of Bedford)

◆ City of Seymour Transit System

During the meeting, the RLS facilitator presented highlights of historical coordinated transportation in the Region and discussed the activities since the 2017 Coordinated Public Transit Human Services Transportation Plan that have 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 2017 planning process.

Following the initial presentation, the stakeholders were asked to review the gaps in transportation services and needs from the 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.

Prior to the public and stakeholder meeting, public surveys were distributed in each county. Surveys were available for approximately five 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 4 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 their status as well as needs that were documented for the first time in 2021. 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. Needs were consistent for each county, with the exception of needs related to fixed route bus service, which is only provided in Monroe County, in Bloomington.

Table 4: Unmet Mobility Needs and Gaps in Service

2017 Need/Gap	2021 Need/Gap	2021 Priority Level	Goal
Transportation across county lines for employment and medical appointments	Transportation that allows customers to cross city and county boundaries	High	#1, #2, #4
Transportation related to childcare, school, and after-school activities	Ongoing need	Medium	#1, #2, #4
Weekend and evening transportation	Ongoing need	Medium	#1, #2, #4
Rides outside of service areas	Transportation that allows customers to cross city and county boundaries	High	#1, #2, #4
Outreach to the public and local/state officials	Ongoing need	Medium	#4
(These needs were not discussed in 2017)	Transportation to Indianapolis	Medium	#1, #2, #4
	Hospital discharge transportation	Medium	#1, #2, #4
	Improvements to bicycling and pedestrian infrastructure including sidewalks, protected bike lanes, bicycle parking, etc.	Medium	#3, #4
	More dependable Medicaid transportation	High	#4
	More frequent, convenient fixed route bus service with accessible bus stops	Low	#3, #4

PROGRESS SINCE THE 2017 COORDINATED PLAN

As indicated Table 4, the unmet needs identified in 2017 continue to exist today. One notable area of progress is the recent decision of Seymour Transit to expand its service area to provide service to key destinations just outside of the city limits. The providers in Region 3 continue to work towards meeting demand in their communities within the financial constraints of their programs.

CONTINUING CHALLENGES TO COORDINATED TRANSPORTATION

There are numerous challenges to the coordination of human service agency and public transportation in any community or region. Some of the unmet transportation needs listed in Table 4 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. While these needs remain top priority, some may take more time to implement because of the necessary steps and changes that must precede them. Additionally, some of the unmet transportation needs may be addressed before the top priority needs simply because they are easily addressed and/or they are a step that will improve the likelihood of implementing a priority improvement.

During the 2017 public and stakeholder meeting as well as in 2013, participants mentioned that inadequate funding, as well as the real and perceived limitations on use of available funding resources create challenges to achieving a higher level of service or service expansions. Furthermore, the lack of a local or regional committee to take a proactive role in leadership of coordinated transportation efforts makes progress toward addressing unmet needs and gaps in services move very slowly and without direction.

While there are challenges to implementing coordination among various transportation providers, services, and funding sources, it is important 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. There are many resources 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 on-line, on public transit vehicles, at various non-profits, and distributed by volunteers through organizations that serve seniors and individuals with disabilities. The on-line and paper versions of the survey were also advertised in local newspapers. The survey period was January 2021 through May 2021.

The following survey summary includes the information gained from 131 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 131 surveys. 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:

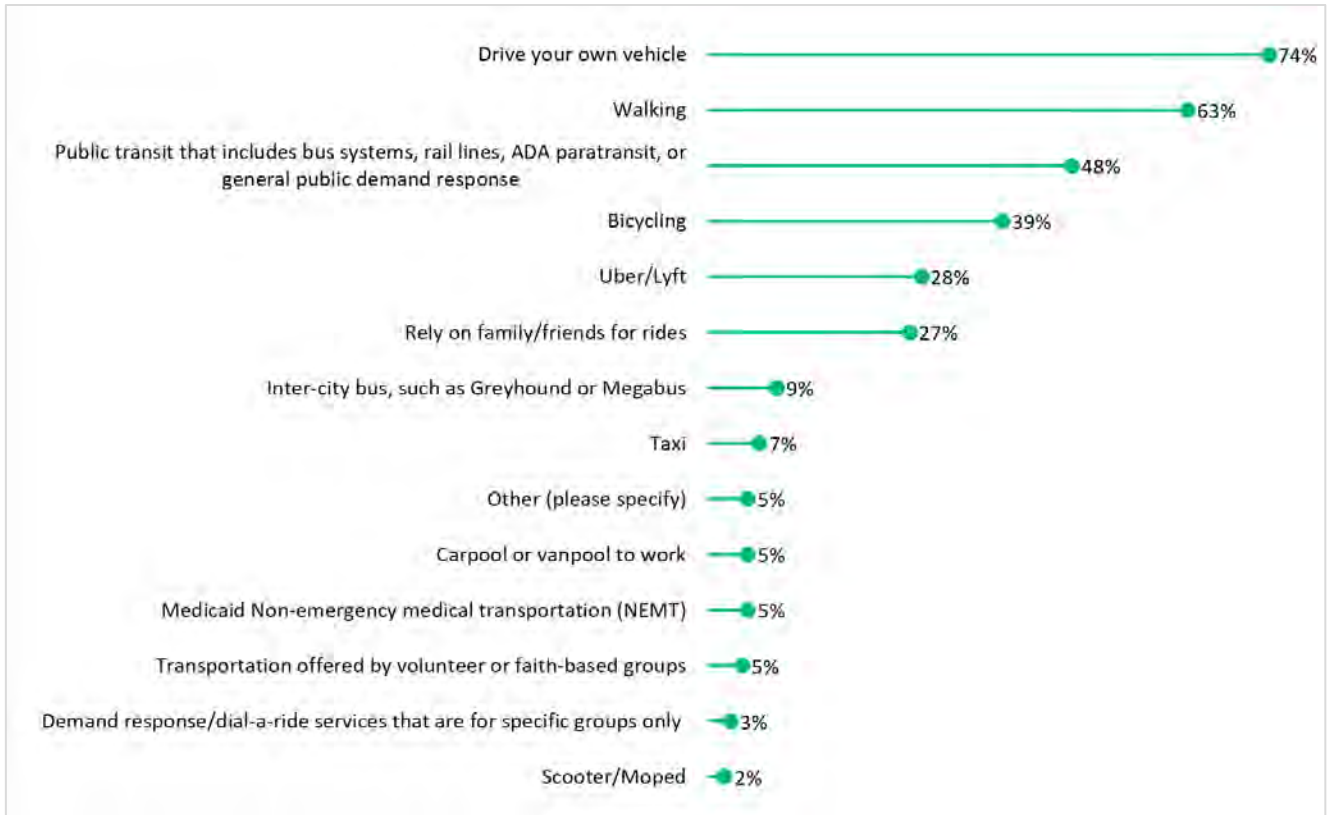
- ◆ Brown: 0% (0 surveys)
- ◆ Jackson: 0.76% (1 surveys)
- ◆ Lawrence: 5.34% (7 surveys)
- ◆ Monroe: 91.6% (120 surveys)
- ◆ Owen: 2.29% (3 surveys)

Modes of Transportation Used

Survey respondents were asked to report all forms of transportation they or their family have used in the past 12 months. As indicated in Figure 37, the respondents used all forms of transportation available as response choices, as well as other modes. Those who selected “Other” specified the following forms of transportation:

- ◆ Car Rental
- ◆ BT Access
- ◆ School Bus
- ◆ Bicycle (2)
- ◆ Family

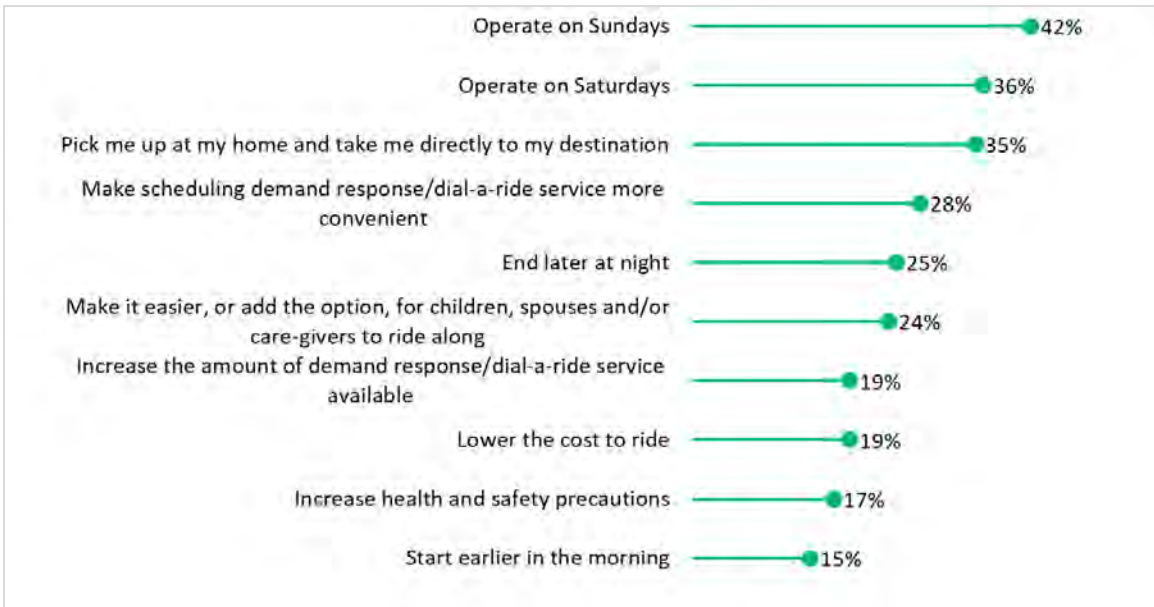
Figure 37: Modes of Transportation Used



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 for fixed routes to run more frequently and the ability to ride to other parts of the state. About 28 percent said that an increase in the amount of demand response/dial-a-ride service available would make transportation options more appealing. All responses to this question are displayed in Figure 38.

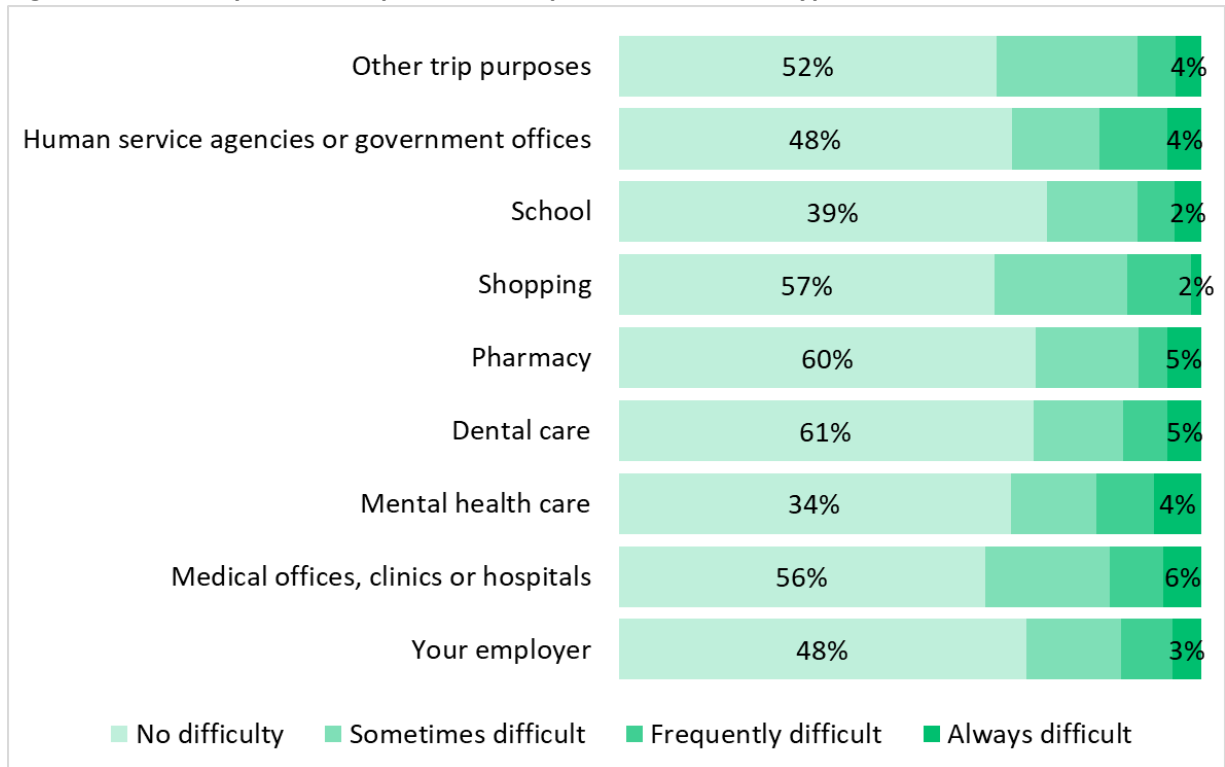
Figure 38: Changes that Would Make Transportation Options More Appealing



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 Figure 39. The most difficulty was indicated for medical, dental care, and pharmacy, multiple respondents selecting ‘sometimes’, ‘frequently’, or ‘always difficult’.

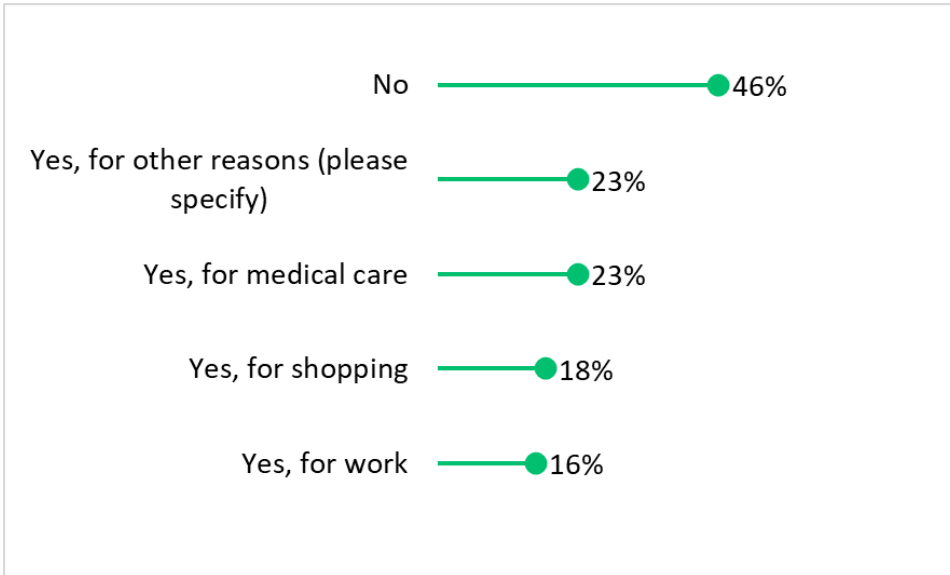
Figure 39: Difficulty with Transportation to Specific Destination Types



Out-of-County Destinations

Two questions concerned travel to out-of-county destinations. Respondents indicated whether they needed to travel outside of the county for work, medical care, shopping, or other reasons. As shown in Figure 40, most of the respondents who need to travel outside of the county either need to for medical care or ‘other reasons.’

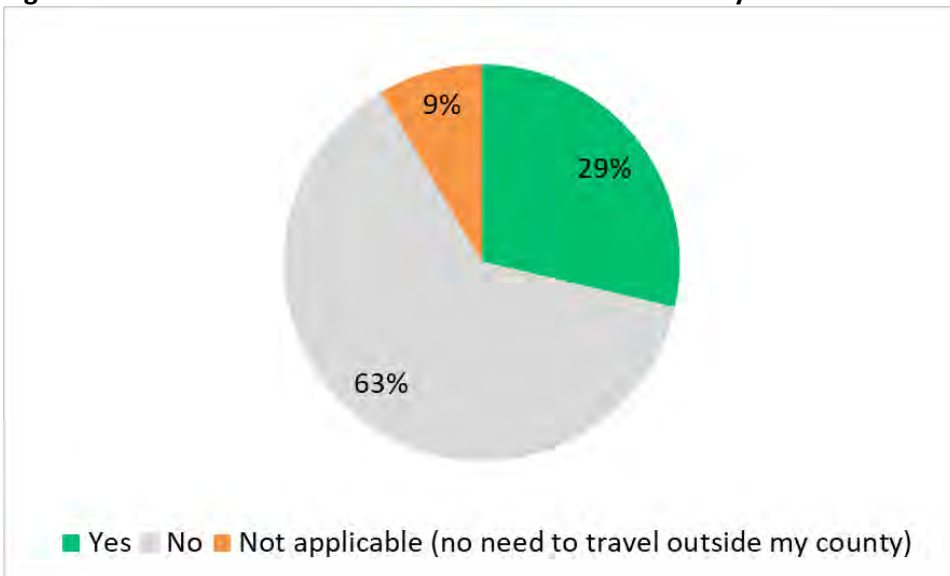
Figure 40: Need for Travel Outside of the County



Respondents also indicated whether it was difficult to travel outside of the county (see Figure 41), and if yes, to provide more information in an open-ended response. Almost half of the respondents to this question said that they have difficulty leaving the county. Their open-ended responses can be found below:

- ◆ Don't have my own vehicle (8)
- ◆ Too expensive to ride public transit (4)
- ◆ Limited-to-no bus availability (9)
- ◆ Must rely on friends/family (2)

Figure 41: 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. Of the 131 total respondents, 74 provided input, which can be found in the appendix. Several major themes were evident in the comments. The top three themes were:

- ◆ More bicycling and pedestrian paths
- ◆ Service that crosses city or county boundaries
- ◆ Expand days/hours of service

Other themes included:

- ◆ Accessible on-demand service
- ◆ Better customer service
- ◆ Better technology for tracking bus arrival times at stops
- ◆ Build and repair sidewalks
- ◆ Expand call-in hours for requesting rides
- ◆ Expand service area to serve new locations
- ◆ Frequent routes (e.g., buses stop every 10 or 15 minutes)
- ◆ Improve bus stop accessibility
- ◆ Improve coordination between providers/Improve cost-efficiency
- ◆ Improve pedestrian access
- ◆ More accessibility on transit vehicles for people who use electric wheelchairs
- ◆ More affordable service
- ◆ More bicycle parking
- ◆ More bus service to Indianapolis
- ◆ More convenient bus schedules/routing
- ◆ More dependable Medicaid transportation
- ◆ More service in general
- ◆ Wheelchair-accessible service to Indianapolis airport

Respondent Demographics

Demographic questions on the survey included age group (Figure 42), status as an individual with a disability that requires a mobility device (Figure 43), and ZIP code (Figure 44).

Figure 42: Age Ranges

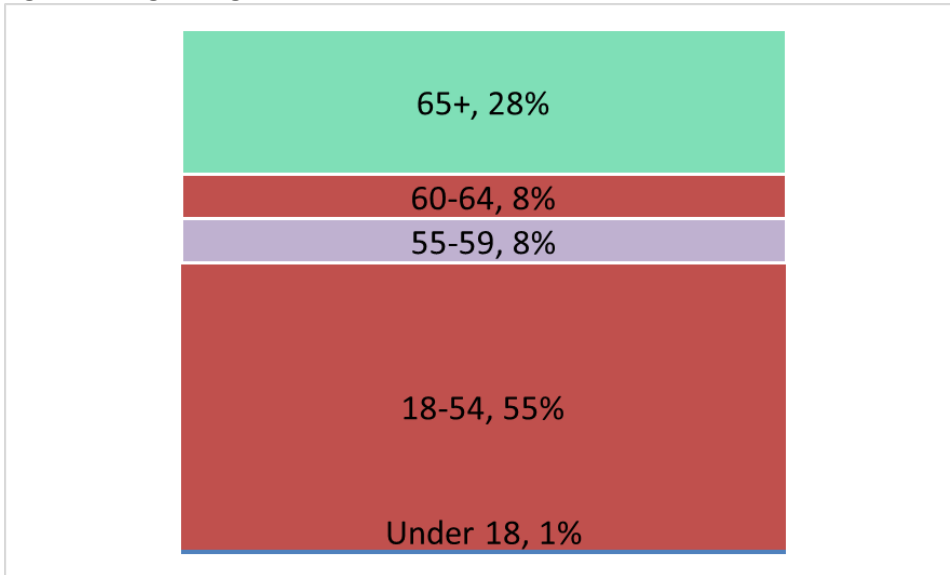


Figure 43: Disability Status that Requires a Cane, Walker, Wheelchair, or Other Device, or a Service Animal

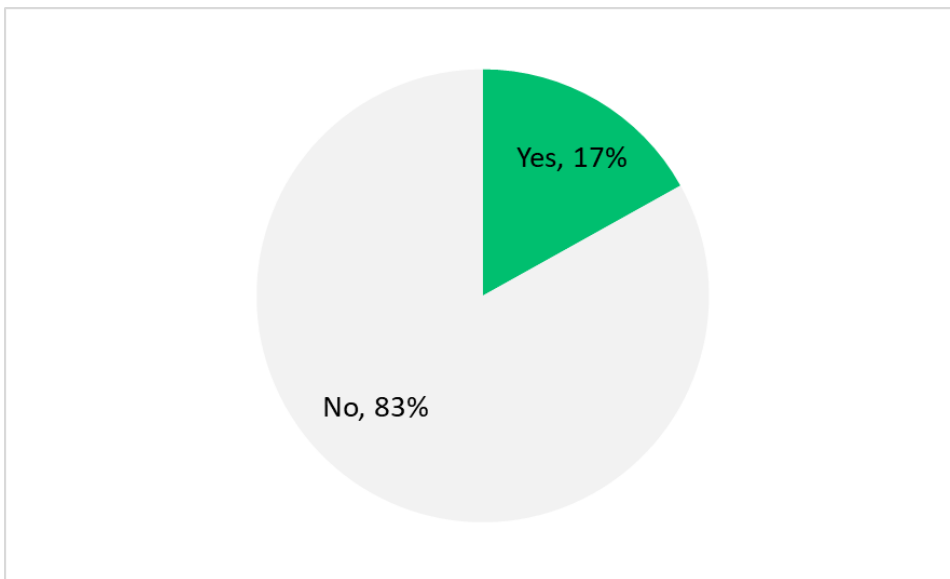
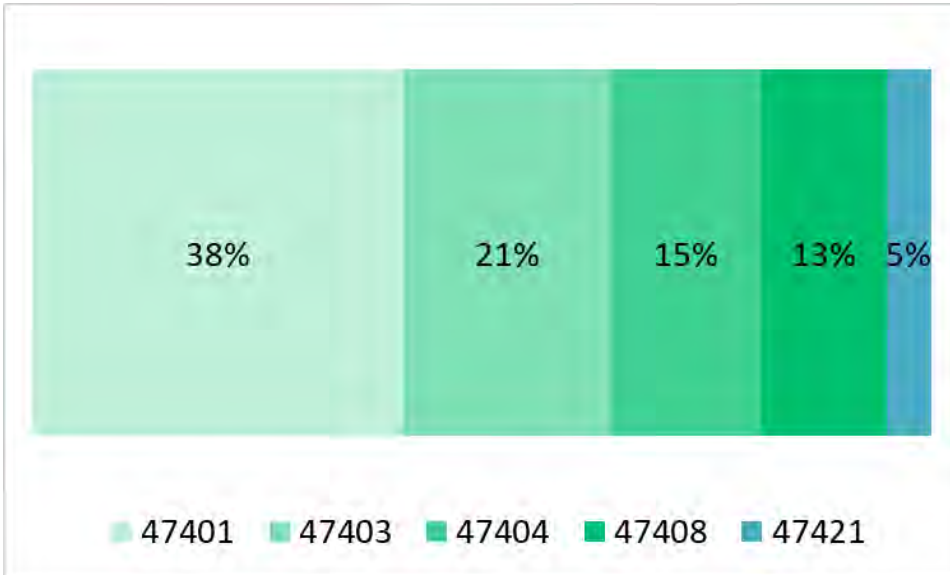


Figure 44: ZIP Code



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

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 four coordinated transportation goals to address the high, medium, and low priority needs. The strategies under each goal should be addressed by the responsible parties, as identified in this chapter. Strategies should be addressed in order of priority, unless funding or other factors are present which make accomplishing a lower priority strategy more feasible than one of higher priority. The coordinated transportation goals are as follows:

Goal 1: Maintain Existing Transportation Services for Human Service Agency Clients and the General Public

Goal 2: Expand Transportation Service for Older Adults, People with Disabilities, Low-Income Individuals, and the General Public

Goal 3: Add or Improve Infrastructure for Pedestrian, Bicyclist or Wheelchair User Safety

Goal 4: Increase Participation in Statewide Initiatives to Enhance Mobility

GOALS AND STRATEGIES

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: MAINTAIN EXISTING TRANSPORTATION SERVICES FOR HUMAN SERVICE AGENCY CLIENTS AND THE GENERAL PUBLIC

Strategy 1.1: Replace and Maintain Vehicles through FTA/INDOT Funding and Local Sources

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

Local organizations serving the rural areas will strategically apply for funding through the Sections 5310 and 5311 programs to replace aging vehicles and to expand vehicle fleets or the number of providers serving individuals with disabilities, older adults, people with low incomes, and the general public.

Priority: Medium

Counties Included: All Region 3 counties

Responsible Parties: Agencies and organizations eligible for FTA Section 5310/11 program grants

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 and administer services.

Potential Funding Sources: FTA Section 5311 (public transit)/5310; Local match funding from agency funds, county or municipality general fund, dedicated tax, or private fundraising. Local match for FTA Section 5310 may also be derived from State programs or other non-U.S. DOT Federal funding programs.

Performance Measures:

- ◆ Tally of vehicles applied for and received in Region.
- ◆ Percent of fleet in Region that is accessible to individuals with disabilities.
- ◆ Average annual passenger trips provided per vehicle should demonstrate that vehicles are actively used in service delivery for older adults and individuals with disabilities.

GOAL 2: EXPAND TRANSPORTATION SERVICE FOR OLDER ADULTS, PEOPLE WITH DISABILITIES, LOW-INCOME INDIVIDUALS, AND THE GENERAL PUBLIC

Strategy 2.1: Expand the Days and Hours that Transportation is Available

Evening and weekend service was mentioned by survey respondents and meeting participants as a desired improvement. Stakeholders also confirmed that residents of the Region need transportation outside of the available providers' regular hours of operations.

Transportation providers are encouraged to consider expanding their hours and days of service to facilitate access to employment opportunities 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.

Priority: Medium

Counties Included: All Region 3 counties

Responsible Parties: Public and human service transportation providers. Representatives from local and regional human service agencies with clients that need travel outside of regular operating 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 long-distance trips.

Implementation Budget:

The cost of service hour expansions would be based on the actual changes to be implemented.

Potential Funding Sources: Human service transportation contracts; local charitable or governmental funding.

Performance Measures:

- ◆ New hours and days of service provided.
- ◆ Ridership on expanded service.

Strategy 2.2: Offer Public Transportation in Jackson County Outside of the City of Seymour

Survey respondents and stakeholders attending the input meeting indicated that there is an unmet need for transportation in Jackson County outside of the Seymour city limits. In particular, residents of Jackson County often need to travel to outside the county to locations in Columbus, Indianapolis, and Greenwood for medical appointments, jobs, and other trip purposes. Additionally, there is a high concentration of job opportunities in Walesboro, which is south of Columbus. Columbus and Walesboro are located in Bartholomew County, north of Jackson County. Bartholomew County does not currently have public transportation outside of the City of Columbus.

If funding was secured, there are various providers who may be willing to expand from other areas into Jackson County, or, a local human service transportation provider could expand their services to older adults or the general public. Potentially, a coordinating entity could administer the transportation program and contract with multiple providers. There are multiple options for structuring a transportation program. If stakeholders would like to understand more about these options, they may want to consider initiating a transportation feasibility study.

Priority: Medium

Counties Included: Jackson County

Responsible Parties: Representatives from Jackson County human service agencies with clients with transportation needs, and other local transportation stakeholders.

<p><u>Implementation Time Frame:</u> Long-Term (2 – 4 years)</p>	<p><u>Staffing Implications:</u> Staffing needs are minimal during the visioning and planning stages. Operating transportation would require drivers and administrative staff.</p>
<p><u>Implementation Budget:</u> To operate service, the costs would depend on the specific operator and the amount of service provided.</p>	
<p><u>Potential Funding Sources:</u> FTA Section 5311/5310; human service transportation contracts; local charitable or governmental funding.</p>	

Performance Measures:

- ◆ Initiation of Jackson County service.
- ◆ Ridership on Jackson County service.

Strategy 2.3: Provide Opportunities to Transfer at City or County Boundaries or Expand Service Areas

Many comments made by survey respondents and meeting participants indicated a need for travel across jurisdictional boundaries. 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. 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, CIRTa 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 or county lines. Public transit operators must define their service areas according to FTA Section 5311 regulations, which disallow rides that occur entirely within an urbanized area. Expanding service areas carries the cost of providing longer rides. Potentially, providers may elect to offer rides to more distant locations just one day each week. Customers would know to schedule medical appointments in these locations on the specific day that the expanded service is available.

Priority: Low

Counties Included: All Region 3 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 transfers at jurisdictional boundaries.
- ◆ Initiation of expanded service.
- ◆ Ridership on expanded service.

GOAL 3: ADD OR IMPROVE INFRASTRUCTURE FOR PEDESTRIAN, BICYCLIST AND WHEELCHAIR USER SAFETY

To be accessible for all customers, bus stops have infrastructure and amenities such as concrete pads for standing and boarding with a wheelchair, shelters, benches, garbage cans and sidewalks providing pedestrian connectivity to nearby destinations. However, some stops have only a sign, and are located in places with poor sidewalk coverage. Transit systems have the challenge of balancing financial investment in bus stop infrastructure, within a constrained budget, and investing in bus service itself. Oftentimes, the same funding sources are used to make infrastructure improvements and to fund transit operating expenses such as labor, fuel and maintenance.

Strategy 3.1: Add Infrastructure to Bus Stops to Improve Accessibility

Transit systems with regularly scheduled bus stops will improve bus stop accessibility for people with disabilities, including adding curb cuts, repairing or extending sidewalks, adding concrete pads, adding shelters, or adding benches.

<u>Implementation Time Frame:</u> Ongoing	<u>Staffing Implications:</u> Staff time to plan and coordinate bus stop improvements.
<u>Implementation Budget:</u> Budget is scalable depending on available funding.	
<u>Potential Funding Sources:</u> In rural areas, improvements of this nature are often made by local government agencies. Public transit systems that wish to make investments in this type of infrastructure should discuss their needs with local authorities and INDOT Office of Transit to determine potential funding opportunities.	

Priority: Low

Counties Included: All Region 3 counties

Responsible Parties: Public transit providers

Performance Measures:

- ◆ Number of bus stops with improved amenities.

- ◆ Feet of sidewalk constructed.
- ◆ Increased numbers of passenger boardings at stops with improved amenities.

GOAL 4: INCREASE PARTICIPATION IN INITIATIVES TO ENHANCE MOBILITY

These strategies are aimed at improving the customer experience of public and human service transportation throughout Region 3. Strategies 4.1 and 4.2 are necessary for building support for potential expansions of transportation funding that would allow providers to offer improvements such as same-day/on-demand rides, early morning/late evening rides for purposes like hospital discharges, employment routes, long-distance rides, and other improvements that would be difficult to offer under present funding constraints.

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 on a regular basis to discuss statewide policy issues and network to find solutions to common problems. The organization holds an annual conference. The Indiana Transportation Association (ITA) as another statewide transportation organization that focuses on public transit.

There are many other interest groups and advocacy organizations that 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 which may lead to opportunities for new grants, pilot projects and funding partnerships.

<u>Implementation Time Frame:</u> Immediate and Ongoing	<u>Staffing Implications:</u> Staff time to provide meaningful participation in meetings.
<u>Implementation Budget:</u> Minimal expense for staff time to participate in meetings and contribute leadership to initiatives.	
<u>Potential Grant Funding Sources:</u> Not required.	

Priority: Medium

Counties Included: All Region 3 counties

Responsible Parties: Public and human service transportation providers

Performance Measures

- ◆ Number of representatives from Region 3 representatives who attend meetings of INCOST and other statewide organizations.
- ◆ Number of contacts with state-level policymakers about transportation needs and funding concerns.

Strategy 4.2 Educate Local Elected Officials About Transportation Needs

It is critical that transportation providers and stakeholders educate County Commissioners, City Council members, 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.

<u>Implementation Time Frame:</u> Immediate and Ongoing	<u>Staffing Implications:</u> Staff time to communicate transportation needs and value.
<u>Implementation Budget:</u> Minimal expense for staff time to participate in meetings.	
<u>Potential Grant Funding Sources:</u> Not required.	

Priority: High

Counties Included: All Region 3 counties

Responsible Parties: Public and human service transportation providers

Performance Measures:

- ◆ Number of networking and outreach activities that are used to educate local policymakers about transportation needs.

Strategy 4.3 Track and Communicate Concerns About Brokered Service Delivery to FSSA and INDOT

As noted previously, problems with the statewide Medicaid non-emergency medical transportation (NEMT) brokerage 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 brokerage contract is held by the Indiana Family and Social Services Administration (FSSA). While contract oversight is carried out by FSSA, the Indiana Nonemergency Medical Transportation Commission provides a state-level forum for discussing problems within NEMT service delivery. These entities need to be made aware of ongoing difficulties experienced by customers and providers. With better awareness of the existing challenges,

FSSA, the NEMT Commission, or state legislators can make policy improvements and changes based on local feedback.

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 December 2021:

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

Complaint form available at <https://www.southeastrans.com/facilities-file-a-complaint-form>.

<u>Implementation Time Frame:</u> Immediate and Ongoing	<u>Staffing Implications:</u> Staff time to document problems.
<u>Implementation Budget:</u> None	
<u>Potential Grant Funding Sources:</u> Not required	

Priority: Medium

Counties Included: All Region 3 counties

Responsible Parties: Providers of NEMT

Performance Measures

- ◆ Number of NEMT brokerage complaints and incidents documented by transportation providers.
- ◆ Number of communications relayed to the NEMT brokerage, FSSA, NEMT Commission members, or state legislators.

POTENTIAL GRANT APPLICATIONS

The following table outlines the strategies and objectives designated to achieve the locally identified transportation goals that are intended to meet local unmet transportation needs, reduce duplication, and improve coordination of human service agency and transportation provider resources. The table includes strategies that are 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 5 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 Federal transportation law 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 5: Implementation Key

Goal 1: Maintain Existing Transportation Services for Human Service Agency Clients and the General Public			
Page Number	Strategy Number	Objective/Strategy Description	Priority
54	1.1	Replace and Maintain Vehicles through FTA/INDOT Funding and Local Sources	Medium
Goal 2: Expand Transportation Service for Older Adults, People with Disabilities, Low-Income Individuals, and the General Public			
55	2.1	Expand the Days and Hours that Transportation is Available	Medium
56	2.2	Offer Public Transportation in Jackson County Outside of the City of Seymour	Medium
57	2.3	Provide Opportunities to Transfer at City or County Boundaries or Expand Service Areas	Low

(Table continues on following page)

Goal 3: Adopt New Technologies to Enhance Customer Service and Increase Efficiency			
Page Number	Strategy Number	Objective/Strategy Description	Priority
58	3.1	Add Infrastructure to Bus Stops to Improve Accessibility	Low
Goal 4: Increase Participation in Initiatives to Enhance Mobility			
Page Number	Strategy Number	Objective/Strategy Description	Priority
59	4.1	Participate Actively in the Indiana Council on Specialized Transportation (INCOST) and Other Statewide Organizations	Medium
60	4.2	Educate Local Elected Officials About Transportation Needs	High
60	4.3	Track and Communicate Concerns About Brokered Service Delivery to FSSA and INDOT	Medium

Coordinated Public Transit - Human Services Transportation Plan

Region 3

Appendix B – Outreach Documentation



Brown, Jackson, Lawrence,
Monroe and Owen Counties

September, 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 18, 2021 from 12:00 PM to 1:30 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:
 - ◆ Bedford Times-Mail
 - ◆ Bloomington Herald-Times
 - ◆ Jackson County Banner
 - ◆ Seymour Tribune
 - ◆ The Hoosier Topics (Cloverdale)
 - ◆ Spencer Evening World
 - ◆ Brown County Democrat

Number of Attendees: 9

- ✓ 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 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: 131

Other Outreach Efforts

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

Organization Contact List

Contact Person	Organization
Al Tolbert	Southern Indiana Center for Independent Living
Amanda Knight	Sweet Owen Industries ARC
Andrew Ashton	Stone Belt
Angie Purdie	Rural Transit
Anthony Voelker	Owen County Commissioner
Becky Allen	ACCESS Johnson Co.
Bill Spreen	Lawrence County Commissioner
Bob Tabeling	City of Seymour Parks and Recreation Department
Brad Wilhelm	Rhino's Youth Center
Chris May	Lawrence County Commissioner
Chris Myers	Rural Transit
Cindy L. Barber	Ivy Tech Community College, Bloomington Campus
Craig Luedeman	City of Seymour Mayor
Cynthia Hyde	Town of Spencer Town Council
Dana Kerr	Richland Bean Blossom Community School Corporation
Danie Norris	Life Designs
Darrell White	Owen County YMCA
David Anderson	Brown County Commissioner
David Flinn	Lawrence County Commissioner
Dean Bruce	Town of Spencer Town Council
Debbie Hackman	Brownstown Chamber of Commerce
Dennis Parsley	Transit Authority of Stone City
Diana Biddle	Brown County Commissioner
Donnie Minnick	Owen County Commissioner
Doug Norton	Area 10 Agency on Aging
Dr. Dennis D. Turner	North Lawrence Community Schools
Edie Otte	Seymour Transit
Eric Frey	Transit Authority of Stone City
Greg Linton	Spencer-Owen Community Schools
Holly Vonderheit	IU Health Bloomington Hospital
Jason Winkle	Monroe Hospital
Jeff Baldwin	Boys and Girls Club Of Bloomington
Joe Wray	Brown County Commissioner
Jon Stantz	Town of Spencer Town Council
Keith Klein	Monroe County Community School Corporation
Kent McDaniel	In Transportation Association
Kim Jones	LARC Services
Kim Robinson	Brown Co. Comm. YMCA
Laura Hammock	Brown County School Corporation

Contact Person	Organization
Lewis May	Bloomington Transit
Linda Coles	Jackson Dev. Industries
Lisa Salyers	Rural Transit
Marc Ruble	Owen County Commissioner
Marcia De Bach	BROWN COUNTY LITERACY COALITION, INC
Melanie Hacker	City of Bedford
Patrick Stoffers	Monroe County Commissioner
Pete Giordano	City of Bloomington Community and Family Resources Dept.
Rob Moore	Broadview Learning Center
Roberta Kelzer	Monroe County YMCA
Roger Bush	Town of Nashville Superintendent
Roger L. Bane	Brownstown Central Schools
Roger Meridith	Pinnacle School
Ron Morley	Owen County Veterans Affairs Office
Sara Laughlin	Monroe County Public Library
Shawna Girgis	City of Bedford Mayor
Steve Phillips	Mitchell Community Schools
Tom Joray	Jackson County Commissioner
Tom Micuda	Bloomington Planning Dept
Vicky Pappas	Indiana Institute on Disability & Community
	Abilities Unlimited
	Anchor House, Inc.
	ARC of Jackson County(Jackson County Association for Retarded Citizens)
	Banneker Community Center
	Bloomington Area Birth Services
	Bloomington Housing Authority
	Bloomington Shuttle Service
	Centerstone, Lawrence County
	Centerstone, Jackson County
	Centerstone Bedford Apartments
	Centerstone Oakview Apartments
	Centerstone, Monroe County
	Centerstone, Owen County
	Classic Medicab Transportation
	Developmental Services, Inc. REACH Services
	El Centro Comunal Latino
	Elder's Journey
	Garden Villa
	Girls Incorporated of Monroe County

Contact Person	Organization
	Golden Living Center
	Home Instead Senior Care
	Human Services, Inc.
	Indiana University
	Jackson County Society for the Handicapped
	Johnson-Nichols Health Clinic
	Owen County Learning Network
	Owen Valley Health Campus
	SENIOR CITIZENS OF LAWRENCE COUNTY INC
	Seymour Group Home
	South Central Community Action Program -Monroe County
	South Central Community Action Program -Owen County
	Southern Indiana Center for Independent Living
	Spencer Senior Center
	Transit Authority of Stone City
	Transitional Services
	Veterans of Foreign Wars Post #604



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>

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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

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 Brown, Jackson, Lawrence, Monroe, and Owen Counties (Region 3)

Thursday, March 18, 2021, 12:00 PM - 1:30 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.

###

Region 3 HSTP Meeting Attendance List

March 18, 2021

1. Taylor Wayt, City of Seymour Transit System
2. Michelle Hahn, Bloomington IN Council for Community Accessibility
3. Joyce Fillenwarth, State Office Rural Health Manager at Indiana Department of Health
4. Chris Myers, Area 10 Agency on Aging (Rural Transit)
5. Kristin Brier, INDOT Multimodal Division Director
6. Philip Parnell, INARF
7. Kim Robinson, Access Brown County
8. Brian Jones, INDOT Section 5310 Program Manager
9. Dennis Parsley, City of Bedford TASC Bus



Moving Public Transportation
Into the Future

Coordinated Public Transit – Human Service Transportation Plan 2021 Update

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

MARCH 2021



Agenda

- ◆ Introductions
- ◆ Project Overview/Section 5310 Program
- ◆ Discussion
 - Unmet Needs and Gaps in Service
 - Potential Solutions
- ◆ Next Steps



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)



What Is A Coordinated Plan?

- ◆ Identifies Unmet Transportation Needs and Gaps in Service in the Community
- ◆ Prioritizes Goals and Strategies to address Unmet Needs
- ◆ Identifies Opportunities for Collaboration and Coordination of Services
- ◆ Must be Locally Developed and Adopted



Section 5310 Funding

Projects Must Be Included in the Coordinated Plan

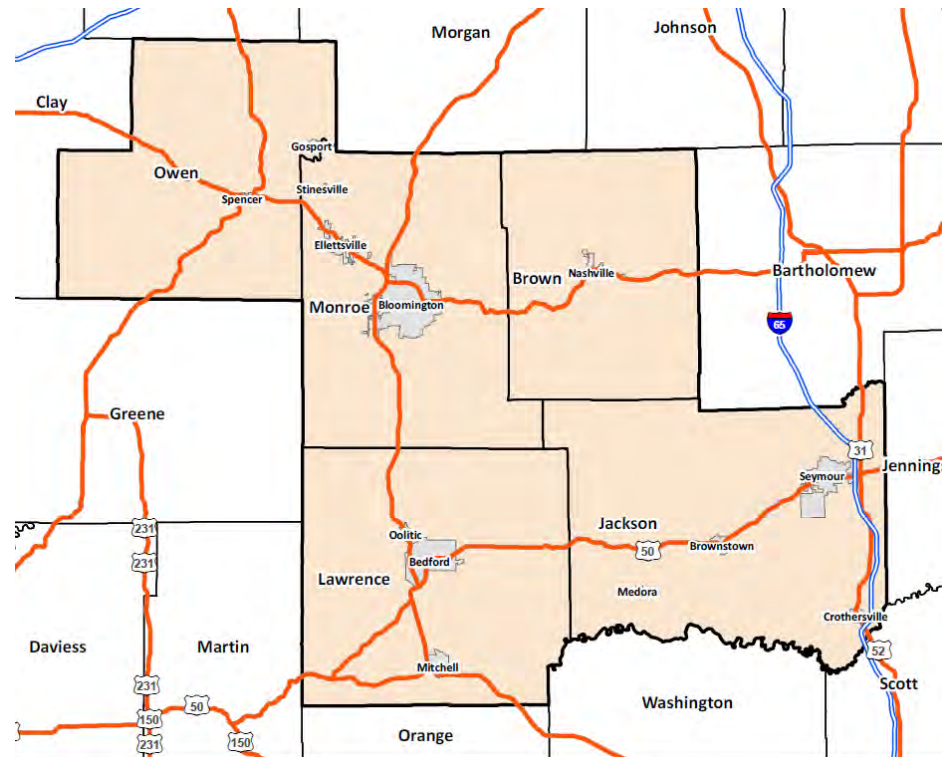
- ◆ Enhanced Mobility for Seniors and Individuals with Disabilities
 - 49 U.S.C. Section 5310
- ◆ Provides Formula Funding to Improve Mobility for Seniors and Individuals with Disabilities
 - Removing Barriers to Transportation Service
 - Expanding Mobility Options

Study Area

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

◆ Region 3 Counties

- Brown
- Jackson
- Lawrence
- Monroe
- Owen





Region 3 5310 Projects (2016-20)

◆ Accessible Vehicles

- 2016-2020
- \$90,494 Total (Local Share = \$18,099)

◆ 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

Brown 0

Jackson 1

Lawrence 7

Monroe 16

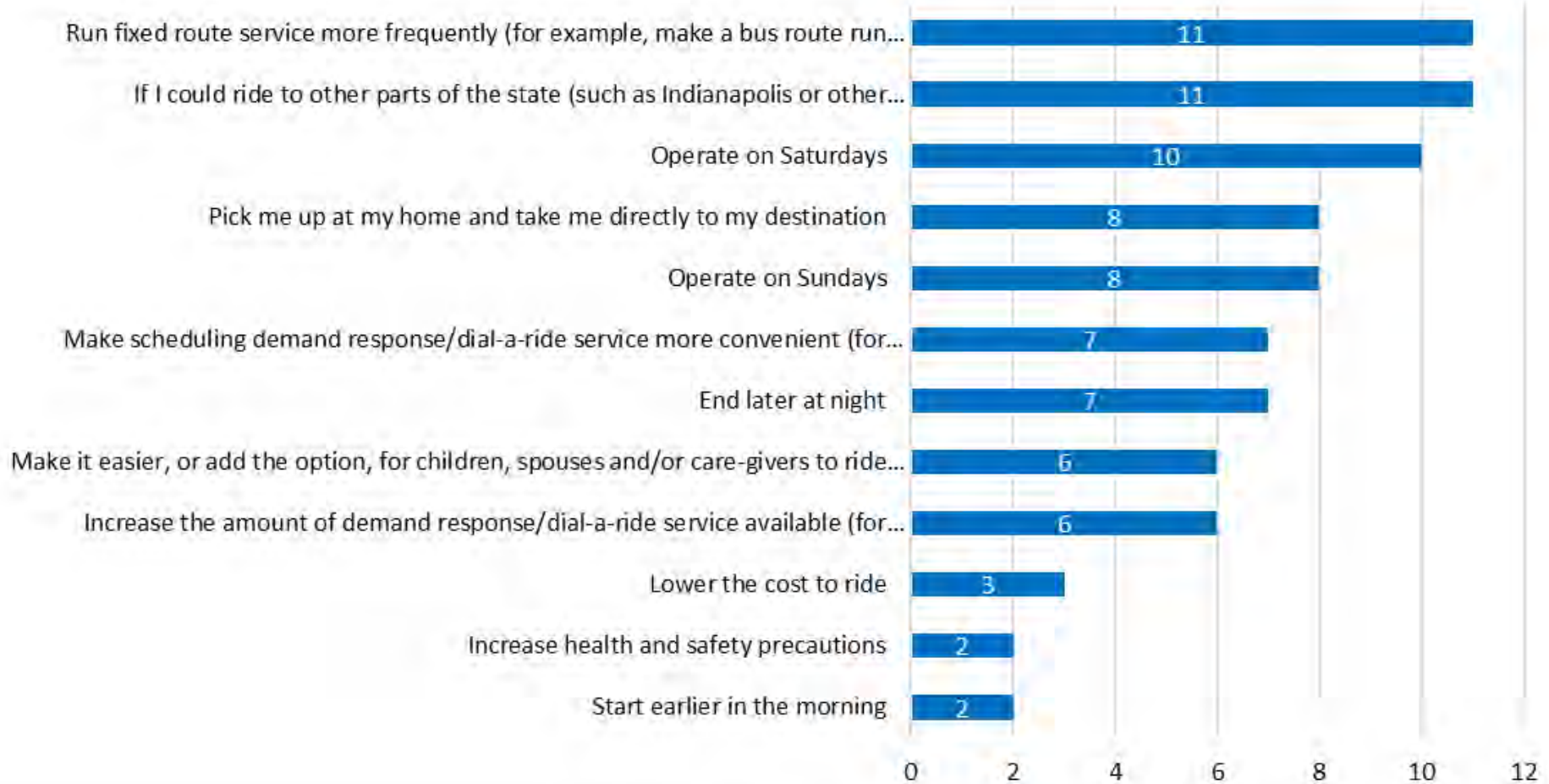
Owen 1

Total 25

(as of 3/16)

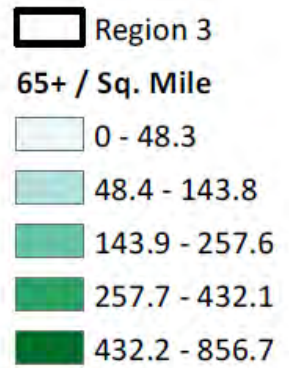
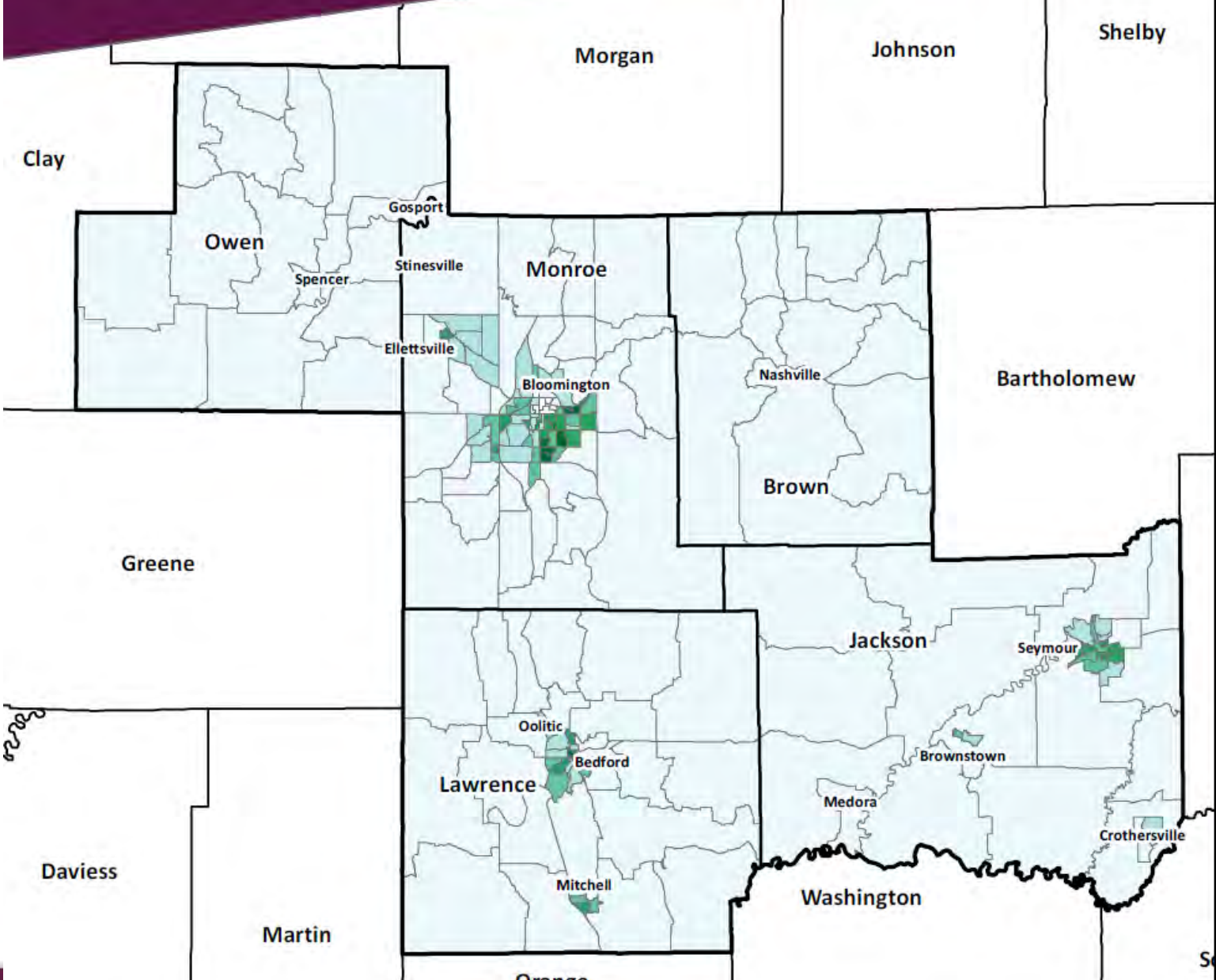
- ◆ “Need providers who can transport large power wheelchairs especially to other counties” ~ Monroe Co.
- ◆ “Run later at nights and weekends” ~ Jackson Co.
- ◆ “Calling 24 hours prior, phones turned off at 4 pm & 12-1 pm is troublesome” ~ Lawrence Co.

What Changes Could be Made?

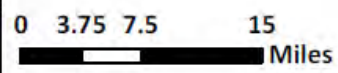


Population Density Age 65 and Over Region 3

Region 3 Coordinated Public Transt - Human Services Transportation Plan Update

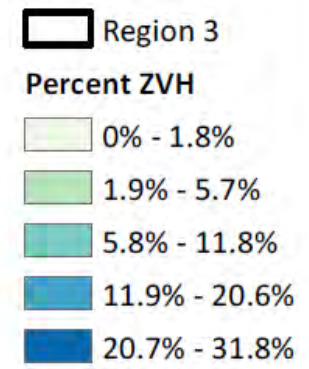
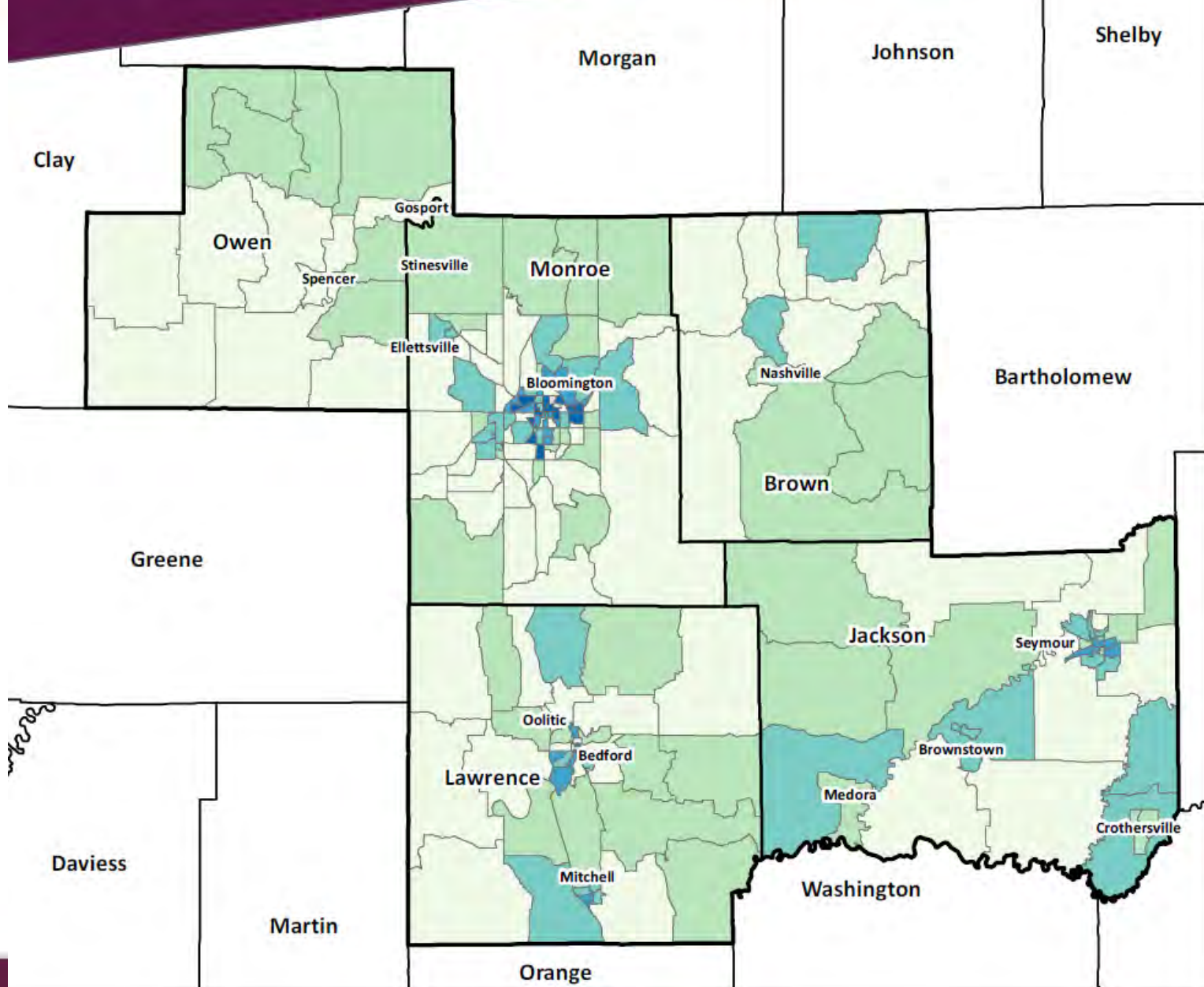


Source: U.S. Census Bureau
American Community Survey
2019 5-Year Estimates

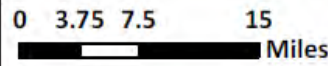


Percent Zero Vehicle Households Region 3

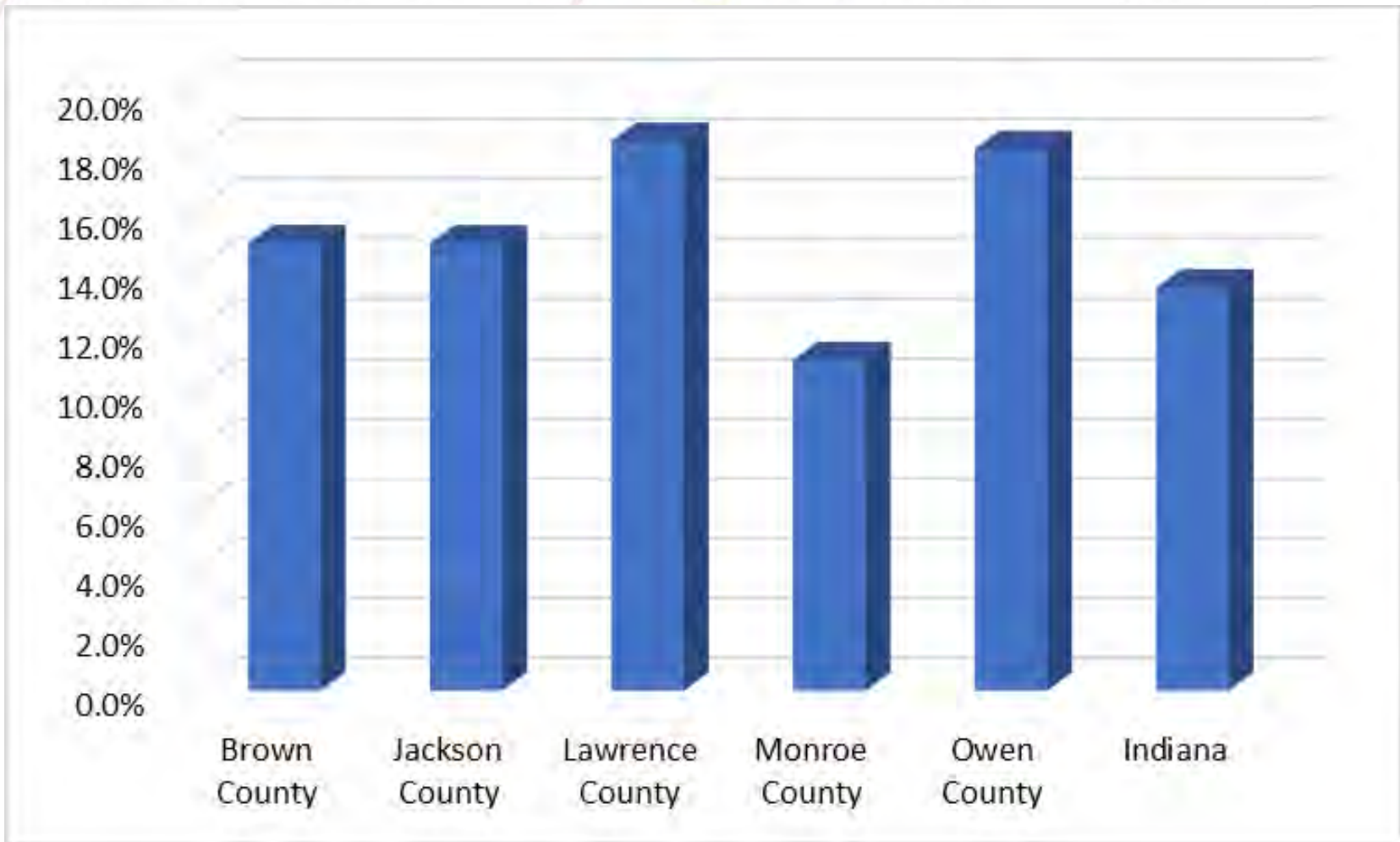
Region 3 Coordinated Public Transt - Human Services Transportation Plan Update



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



Individuals with Disabilities





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

- ◆ Thrive Alliance
- ◆ Access Brown County
- ◆ Rural Transit
- ◆ Bloomington Transit
- ◆ TASC
- ◆ Seymour Transit
- ◆ Hoosier Uplands/Living Well
- ◆ Lawrence County Personal Transport
- ◆ Beloved Transportation
- ◆ SafeMed
- ◆ Southern Indiana Center for Independent Living
- ◆ Older Americans Service Corporation/Bedford Senior Citizens Center



Mobility Needs - 2017

- ◆ Transportation across county lines for employment and medical appointments
- ◆ Transportation related to childcare, school, and after-school activities
- ◆ Weekend and evening transportation
- ◆ The limited amount of vehicles prohibits providers from going outside of the service area if needed
- ◆ Additional outreach to the public and to local and State officials is needed



2017 Prioritized Strategies

Goal – Promote More Efficient Resource Use

- ◆ Form a Regional Transportation Advisory Committee (RTAC)
- ◆ MOU's between providers for coordination
- ◆ Conduct a study to identify regional transfer points
- ◆ Study regional fare integration
- ◆ Evaluate respective staffs to determine if additional personnel are needed
- ◆ Coordinate training/work with RTAP



2017 Prioritized Strategies

Goal – Enhance Understanding of Services

- ◆ Increase community outreach to identify available services
 - Engage veterans service officers
- ◆ Conduct presentations on public and coordinated transportation at meetings for local elected officials
- ◆ Develop and distribute a regional county-by-county resource guide



2017 Prioritized Strategies

Goal – Increase Funding/Resources

- ◆ Organize an effort to express the need for additional State transit funds to the Indiana State Legislature
- ◆ Maximize coordination of transportation services and the coordination of arrangements for the purchase of capital equipment, including Section 5310 funded vehicles.
- ◆ Fully allocate costs to facilitate understanding of fare/billing structure, client transportation costs and mixing of clients on vehicles



2017 Prioritized Strategies

- ◆ Consider the utilization of volunteers to extend services, decrease costs and meet their respective staffing needs
- ◆ Evaluate the formation of an insurance pool to decrease vehicle insurance costs and/or utilize a common insurance broker



2017 Prioritized Strategies

Goal - Expand or Enhance Services

- ◆ Evaluate the feasibility of providing general public transportation services in Jackson County/Expanding or redesigning Seymour Transit
- ◆ Evaluate feasibility of Access Brown Co. providing more Nashville service/deviated route
- ◆ Improve Lawrence-Orange connectivity/transfers



2017 Prioritized Strategies

Goal – Extend Hours

- ◆ Evaluate the feasibility of Sat/Sun Rural Transit service
- ◆ Evaluate adding evening hours/more daytime service – all providers

Goal – Obtain Necessary Capital Assistance

- ◆ Apply for vehicles to meet identified needs
- ◆ Add accessible vehicles
- ◆ Consider smaller vehicles



Discussion

- ◆ Have Transportation Needs in the Community Changed?
- ◆ What Strategies Could Help Meet Needs?
- ◆ What Plans are on the Horizon?
- ◆ Would More Coordination Help?
 - Within Counties
 - Inter-County Transportation



Next Steps

- ◆ Continue the Needs Assessment and Analysis
 - Demographics, Survey Input
 - Existing Services
 - Geographic, temporal and eligibility gaps
- ◆ Develop Draft Coordinated Plan Goals & Strategies
- ◆ Prioritize Goals and Strategies
- ◆ Ongoing Work Toward Implementation



We appreciate your participation!

THANK YOU FOR YOUR TIME!

INDOT Region 3 HSTP Update Public and Stakeholder Meeting Notes

March 18, 2021

Facilitator: Christy Campoll (assisted by Megan Gatterdam, Kjirsten Frank Hoppe, and Laura Brown)

Attendance:

- 1 Taylor Wayt, City of Seymour Transit System
- 2 Michelle Hahn, Bloomington IN Council for Community Accessibility
- 3 Joyce Fillenwarth, State Office Rural Health Manager at Indiana Department of Health
- 4 Chris Myers, Area 10 Agency on Aging (Rural Transit)
- 5 Kristin Brier, INDOT Multimodal Division Director
- 6 Philip Parnell, Statewide Provider Association? (didn't understand the name of the organization)
- 7 Kim Robinson, Access Brown County
- 8 Brian Jones, INDOT Section 5310 Program Manager
- 9 Dennis Parsley, City of Bedford TASC Bus

1. Christy provided an overview of planning purpose and process and reviewed the needs and strategies content from the 2017 plan.

Discussion about Transportation Needs and Strategies

- The state Health Department reported that transportation is a barrier from a health care perspective.
- Michelle Hahn – Disabled community in Bloomington has had problems with Medicaid transport from Bloomington to Indy. Provider is Southeasttrans. A lot of times they will confirm appointments and then they will cancel the trip.
 - Would be helpful if there were more options for transportation across county lines and if the service was more reliable.
- Michelle Hahn also said that outreach to the public is also important. The application process for paratransit is complicated and she feels that more outreach and advertising is needed.
- Kim Robinson (Access Brown County) goes across county lines in Monroe and one other county. If they need to get to Johnson County they try to coordinate with Access Johnson County.
- Transportation to/from the VA in Indy is a problem. The veterans are riding together when they can find another veteran and they can share a ride. When someone needs a wheelchair van it is a problem.

- Taylor in Seymour said they also need transportation for medical trips out of county and also for Court Appointments people now need to go outside of the city limits because the court building moved.
 - Christy asked Taylor to list where people need to go out of county.
 - Brownstown, Greenwood, Indy, Columbus, and outside City of Seymour limits
- Rural Transit does cross county lines for both court and medical appointments. But the transportation challenge is finding a driver to take a person up to Indy and finding sufficient funding to pay for a driver to take someone to Indy. It is a whole day trip.
- Joyce from Department of Health
 - Many hospitals find that someone is brought to them from a long term care facility and when it is after 5:00 PM on a weekday, there is no one to take the person back to the long term care facility in the evening.
 - This is also an issue for someone who needs to go to inpatient treatment for a substance abuse disorder. The hospital struggles to find transportation to get someone to substance abuse care. A lot of times the treatment facility is outside the county.
 - Many people do not have transportation to take care of daily needs such as trips to pharmacy. This happens on any day of the week.
- City of Bedford TASC also has people who need to go to Bloomington for medical appointments. A number of people are also asking for trips to Paoli. They cannot provide those trips.
- Note that regional medical facility is moving to outside of Bloomington.
- Employment-related transportation needs:
 - City of Bedford TASC also has some employment transportation requests that they cannot meet because they are limited to city limits.
 - In Bloomington it is an issue because some major employers are just outside city limits and paratransit cannot get all the way there. The closest they can get is a long walk away.
 - In Seymour they have had a couple people say they need to go to Wellsboro for factory work but they do not go there as it is almost to Columbus.
- Other needs:
 - More on-demand services with an accessible vehicle
- Transfers
 - There is a need outside of Bedford for Medical appointments. Some people talk about employment transportation in Bloomington, but it is primarily a demand for medical. A transfer point half way would be an advantage for people.
 - The only county close to Seymour that has a bus system is Columbus but they have not discussed transfers.
 - Rural Transit provides transportation from Lawrence County to Bloomington.
 - Bedford does refer people to Rural Transit. People who call Bedford are referred to Rural Transit. If they could establish a transfer point between Bedford and Rural Transit, that would be more convenient for some people.
- Would it be beneficial for there to be some kind of centralized way for all of the providers to see what trips were going long distance?

- Rural Transit says they are drowning in Southeast Transit operating. She thinks it would be too much for them to handle if they had to look at an additional portal to manage long trips. Medicaid trips are such an administrative burden that they can't handle more. (No one else on the call provides Medicaid NEMT)
- Seymour would like to have another transit system to do medical transportation across county lines. Seymour is already too busy to do it.
- Does community outreach need to be expanded?
 - Michelle Hahn said she definitely thinks they need more. But it costs money and she understands that the providers are busy already.
- What about volunteer transportation? Has anything been going on in the area?
 - Michelle Hahn said they've talked about it. They've looked into reaching out to funding providers like IU Health and other philanthropic organizations that could provide support.
 - Funding is a limitation.
 - Also, they need a wheelchair accessible vehicle.
- Note from participant: Also, the private companies that have wheelchair accessible vehicles, they are in it for profit. So, a trip is unaffordable for a lot of people who need the ride.
- Are there initiatives that are happening now that we need to know?
 - No comments.
- Christy reminded them about the survey and asked for email addresses.
- Christy informed them about next steps and the need for their continued input into the report.

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)

- | | |
|--|---|
| <input type="checkbox"/> Public transit that serves your city or county, including bus systems, rail lines, ADA paratransit, or general public demand response/dial-a-ride | <input type="checkbox"/> Uber/Lyft |
| <input type="checkbox"/> Medicaid Non-emergency medical transportation (NEMT) | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> 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) | <input type="checkbox"/> Inter-city bus, such as Greyhound or Megabus |
| <input type="checkbox"/> Transportation offered by volunteer or faith-based groups | <input type="checkbox"/> Bicycling |
| <input type="checkbox"/> Drive your own vehicle | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Rely on family/friends for rides | <input type="checkbox"/> Scooter/Moped |
| <input type="checkbox"/> Carpool or vanpool to work | |
| <input type="checkbox"/> Other (please specify) | |

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

- Accessible taxis; micro transit; same day services to other communities or within Monroe County; more coordination with other transit services within city and county.
- Add city county routes.
- App for knowing when the next bus would come would be good... the current app is not very good.
- Better safety for bicycles! More trails and dedicated routes.
- Bloomington has done a good job making it easier for pedestrians and bicyclists to get around the city, but we need to do much more. My family prefers to cycle when we need to go someplace in town, and I would like to see more and better-protected bicycle lanes, and other features to protect pedestrians and cyclists. Lower speed limits for motorized vehicles, speed bumps in neighborhoods, and other features to slow traffic would be welcome. I would also like to see a greater number of bike racks around the city. Thank you.
- Bloomington Transit when they redo the route maps will be far more efficient at getting people around town but a shuttle to Park 48 cook would be nice, as well as a shuttle to shopping centers that a big bus would have trouble serving.
- Bloomington Transit would do better by running on Sundays and later at night after 'last-call' for bars downtown.
- Bloomington Transit/BTAccess is a really good service. We are lucky to have it. I just wish it were easier to get to other parts of the state during more of the day.
- Bloomington's transportation options and services are outstanding for all of my trip purposes.
- Calling 24 hours prior, phones are turned off at 4 pm and 12:00-1 pm, and not always getting help getting off bus is very troublesome to me.
- City bus needs to run later at night and weekends.
- Eliminate speed bumps! Reverse the trend toward narrowing streets, especially those that can be considered major trunk routes!
- Existing transit options through Bloomington Transit and BT Access are outstanding.
- Expand BTown access to outside of Bloomington city limits.
- For a period of time, I was unable to drive and required daily trips to the hospital infusion center. The Medicaid transport service was not available on weekends, forcing me to hunt for a friend who could take me.
- Free rides to those in need.
- Get GoExpress to use wheelchair accessible vehicles for trips to the airport. Expand accessible public transit so that paratransit is less necessary.
- I am a believer in the future of autonomous vehicles. I believe these vehicles, although probably 20 years away will solve many of our mobility needs. I also believe we need more general public on-demand door-to-door services (uber type).
- I am moving to a new neighborhood where there is no good fixed-line bus service, so I will start having to carpool to work. It would be great if there were more options but I chose a place off the bus line, whereas for the last 3 years I rode to work on the bus every day.
- I bike commute everywhere. It's important for my place of residence to offer bike lanes.

- I do not drive due to vision problem so depend on my wife but just now she may not be able to drive due to medical issue for a month or longer. We would need a lot of help to get to the Y to keep up our classes and lots of appointments. We knew something like this might happen and picked this city knowing we have resources.
- I do not use transportation services, however, our city does have services some of my friends use.
- I don't use a walker or anything but, I do have a health condition that deteriorates when having to walk long distances. I'd like to see the doctors' offices in town become more accessible by bus, as Lyft or Uber is so costly for me. Sometimes I also dream that Indiana has trains that run between its larger cities but, one thing at a time. ;)
- I have heard that the transit system is especially unfriendly and impolite to people with disabilities.
- I truly appreciate what we have, but think mini vans adapted for wheelchairs should be explored. I also strongly think our rural and city transportations systems should be merged. The last I knew, rural transit only serves well through the weekly geographic Wal Mart groups, but is largely too small to service individual needs. I had a friend who could get to work in Ellettsville by combining BT and RT, but couldn't get home.
- I use Bloomington Transit a lot, and I really appreciate it. I would love it if there were bus service to IUPUI again (between Bton and IUPUI). Thanks!
- I wish the city spent less time taking roads and lanes away from cars for bikes and more time building and fixing sidewalks so I could get to more places without feeling like I'm going to fall.
- I wish there were a bus service like Rural Transit but for both destinations in the same county. There are certain places that are hard to get to, especially with kids or on a time crunch.
- I would like to see the Park 48 Connector return from Whitehall Plaza to Ivy Tech Community College in the fall. I have classes on campus Monday through Friday next semester and without the Park 48 Connector I will have a very hard time getting to class
- "If I were king, I would have direct bus routes on main roads:
- North-south on College/Walnut
- East-west on Third/Kirkwood/Third
- No transfers required. Just bus stops along the streets. "
- I'm really a fan of the bus. I would use it for more of my trips if I could be more spontaneous with it. To get to the mall and back requires so much scheduling, I just end up taking the car.
- Improved bike access with protected lanes.
- Increasing funding for high frequency bus routes on the west side of Bloomington.
- Interconnecting walking & biking infrastructure really helps, including connecting to bus stops. Fortunately, it is a continuing process around here--more funding please!
- It was easier to get my rides before some new middle company called South East Trans got involved.
- Love the Bloomington Transit drivers and all they do, and I hope they know how much I appreciate their services! Thank you!
- Make Bloomington Transit bus stops more consistently accessible.
- Make the sidewalks safer and connected to each other. For example, Walnut Street, the cars fly by and it sometimes feels like they will run you over if you are not careful because the sidewalks

feel so close to the road at parts. I would also be open to a pedestrian bridge on College and 3rd Street in Bloomington - it is scary trying to cross the road sometimes.

- More bike lanes are needed.
- More frequent and more direct routes instead of having to ride around so much to get anywhere. Makes keeping appointments very difficult.
- More multimodal!
- More options for medical transportation would be helpful for patients I work with (that is affordable and doesn't require Medicaid). This is often a barrier to getting the care people need.
- More protected bike lanes. How about light rail along I-69 between Bloomington and Indy?
- Need same day services. Need providers who can transport large power wheelchairs especially to other counties like Lawrence, Johnson, Morgan, Marion, Vigo. With Medicaid transportation let the consumer work directly with the company that works best for them instead of having a middle man company decide who they are going to send. I have often had companies sent that cannot take my power chair so I then have to cancel my medical appointments.
- Not reliable to use if wheelchair bound (electric)
- Outstanding service from Bloomington Transit and IU Campus Bus!
- Please add Sundays. It would make it easier for me to get to church.
- Please build more biking/multi-purpose wide paths -- like Hillside between Hillside and Sare. This road is very narrow and hilly and drivers don't abide by the speed limit. Or - put some big speed bumps like the ones on W Allen near Mother Hubbards Cupboard. Thank you!
- Please ensure that public transit is fully funded. Many people in our community rely on it.
- Please go back to me calling local agencies to set up my rides. I have not been able to get a ride to my doctor in over a year or more. I call the 800 number to set up and then nothing is arranged with local places. I call local places and they have no idea of my appointments. I am paying family members to take me to doctor now. It is \$20 trip now to Bedford and back that I have to pay to get to my doctor.
- Please reduce the dependence our community has for the automobile.
- Regular transit services to BT connections would be helpful. Better and expanded roads please! The ones we have are obviously being neglected in planning cycles in favor of bicycles, even though only a very small percentage of people actually utilize bicycle transportation for significant transportation purposes. Need to increase lane capacity and start improving opportunities to connect north/south and east/west corridors (Hillside Drive was a huge missed opportunity when the City acquired the former CSX property. Once again, the bicycle activists overpowered the silent majority).
- Rural Transit needs better hours, overnight transport.
- Secure bicycle parking.
- Some type of 'word' on or concerning the "NEW?" Bloomington Hospital?
- Super good, but the county/city boundary lines make it difficult to get rides to places in town with door-to-door transit.
- Take care of the infrastructure we have already. Stop prioritizing bikes, as only 6% of the population uses them. We use CARS as much as the current administration wants to deny this.
- TASC Bus is convenient, and has very polite drivers.

- The Bloomington bus system is very reliable and dependable. The support of Indiana University allows students and faculty to ride the city bus at no extra charge.
- The bus should always be free.
- The county needs to work more with the city to establish more alternative transportation options.
- There are too many different kinds of mass transit (sooo many different shuttles to/from different apartment complexes, city buses, rural-only transit) that I imagine it makes it challenging to strategize how to make sure our differently-abled folks are cared for. Simplify and standardize.
- There may still be one taxi company in town, but Uber and Lyft did in Yellow Cab, which was reliable. I can't risk calling them, because I don't know that the vehicle will be handicap accessible.
- They are very professional from calling to being on the bus, friendly, and the buses are kept clean, have always had an optimistic assurance in their voice for our day. Very appreciated!
- This is extremely essential for those on a fixed income, no transportation of their own, and who do not know anyone inside of city who is an individual to ask for help.
- Transportation has gotten much worse, serious injury from accident rate has increased with the complete streets program, car emissions have increased, and so has time to destination.
- We don't need huge busses. They are never full. Get smaller busses. They must be cheaper to buy and more cost effective to run.
- Would like more frequent bus service.