

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

**Region 4: Jasper, Newton, Pulaski and
Starke Counties**



Prepared for Indiana
Department of Transportation
January, 2022

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**Region 4 Coordinated Public Transit-Human Services
Transportation Plan**

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

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

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

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

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

March 10, 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 3/10/22 AS
EVIDENCED BY THE AUTHORIZING SIGNATURES
BELOW.

Vicky Wallace

Name and Title

Date 3-10-2022

David D. King

Name and Title

Date 3-10-22

Shirley Shivers

Name and Title

Date 3-10-22

Mark Pappas

Name and Title

Date

3/10/22

Name and Title

Date

Date

Name and Title

Date

Name and Title

Date

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Date

Name and Title

Date

Region 4 Coordinated Public Transit-Human Services Transportation Plan

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WHEREAS, a local committee with participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation providers met on March 14, 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.

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That this resolution takes effect immediately upon its adoption.

ADOPTED BY THE TRANSPORTATION ADVISORY COMMITTEE THIS March 14, 2022 AS EVIDENCED BY THE AUTHORIZING SIGNATURES BELOW.

Michelle Linder (TAC)

Name and Title

3/14/2022

Date

William A. Hallerme

Name and Title

3/14/2022

Date

Russell Overton - Board Member

Name and Title

3-14-2022

Date

Robert Souza, Board Member

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3-14-2022

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Edward Feicht Board Member

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3-14-2022

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Bill Lane Board member

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3-14-2022

Date

Name and Title

Date

Name and Title

Date

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Date

Name and Title

Date



Moving Public Transportation Into the Future

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INTRODUCTION

OVERVIEW

This plan updates the Public Transit-Human Services Transportation Plan for Jasper, Newton, Pulaski, and Starke 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 (SAFTEA-LU); and updated in 2014 to meet the planning requirements for Moving Ahead for Progress in the 21st Century (MAP-21). The SAFTEA-LU and MAP-21 were the Federal surface transportation authorizations effective through September 30, 2015.

On December 4, 2015, the Fixing America’s Surface Transportation (FAST) Act, was signed into law as a reauthorization of surface transportation programs through Fiscal Year 2020. The FAST Act applied new program rules to all FTA funds and authorized transit programs for five years. According to requirements of the FAST Act, locally developed, coordinated public transit-human services transportation plans must be updated to reflect the changes established by the FAST Act Federal legislation. The 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 meeting for stakeholders and the general public for the purpose of soliciting input on transportation needs, service gaps, and goals, objectives and implementation strategies to meet these deficiencies;
5. Update of the inventory of existing transportation services provided by public, private and non-profit organizations;
6. Update of the summary of vehicle utilization for the purpose of determining where vehicles can be better utilized to meet transportation needs;
7. Update of the assessment of unmet transportation needs and gaps in service obtained through meetings, interviews, and surveys; and

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

GLOSSARY OF TERMS

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

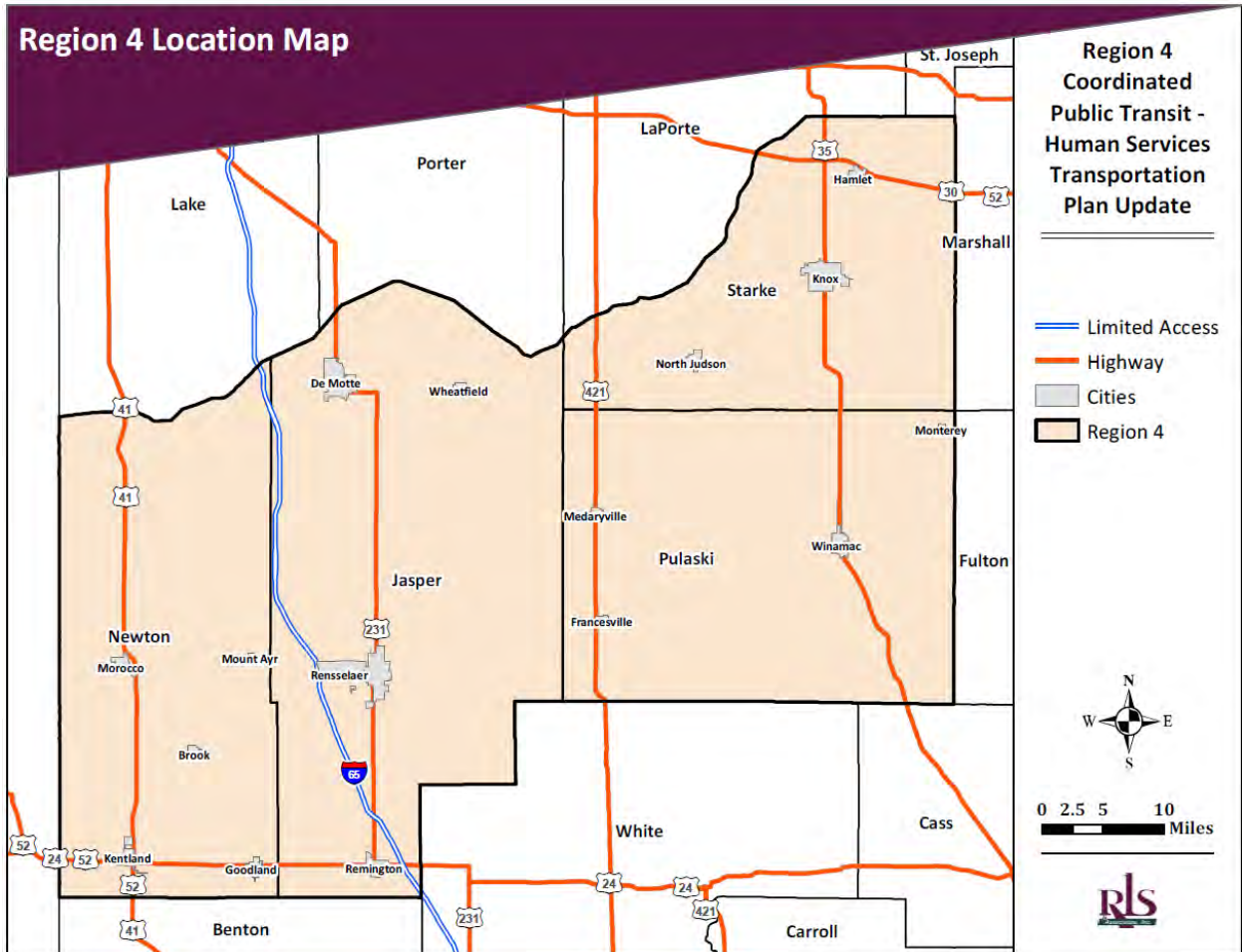
Urbanized Area Formula Grants Program (Section 5307 Program) - The Urbanized Area Formula Funding program makes Federal resources available to urbanized areas and to governors for transit capital and operating assistance in urbanized areas. An urbanized area is an incorporated area with a population 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 4 is located in northwest Indiana and includes the counties of Jasper, Newton, Pulaski, and Starke. The map in Figure 1 provides a depiction of the area included in this study.

Figure 1: Location Map

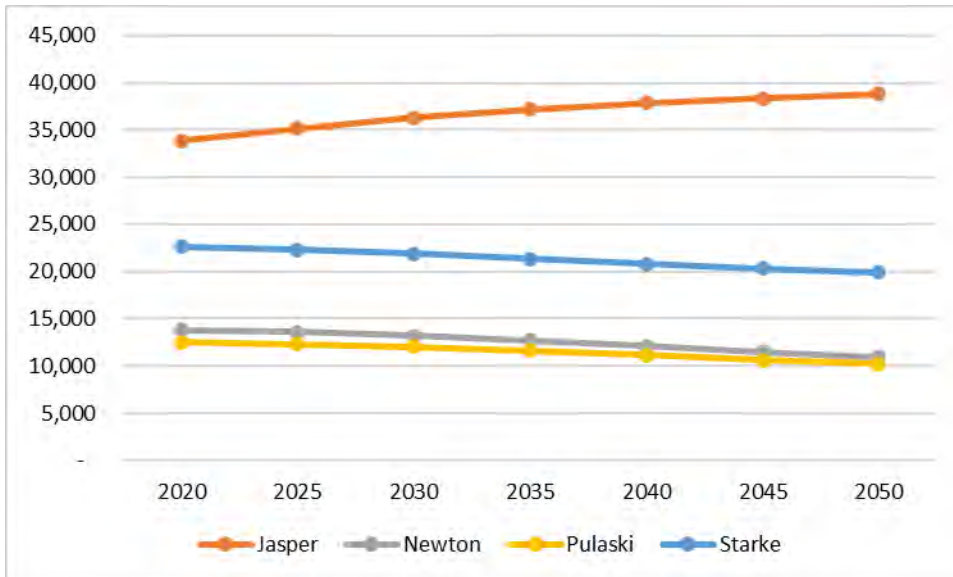


The demographics of an area are a strong indicator of demand for transportation service. Relevant demographic data was collected and is summarized in this section. The data provided in this chapter was gathered from multiple sources including the U.S. Census Bureau's 2019 American Community Survey (ACS) 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 fall to 79,883 by 2050, an estimated loss of 3.5 percent from the year 2020 population projection. Figure 2 shows population trends between 2020 and 2050 for each county in Region 4.

Figure 2: Population Trends for Region 4, 2020 – 2050



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

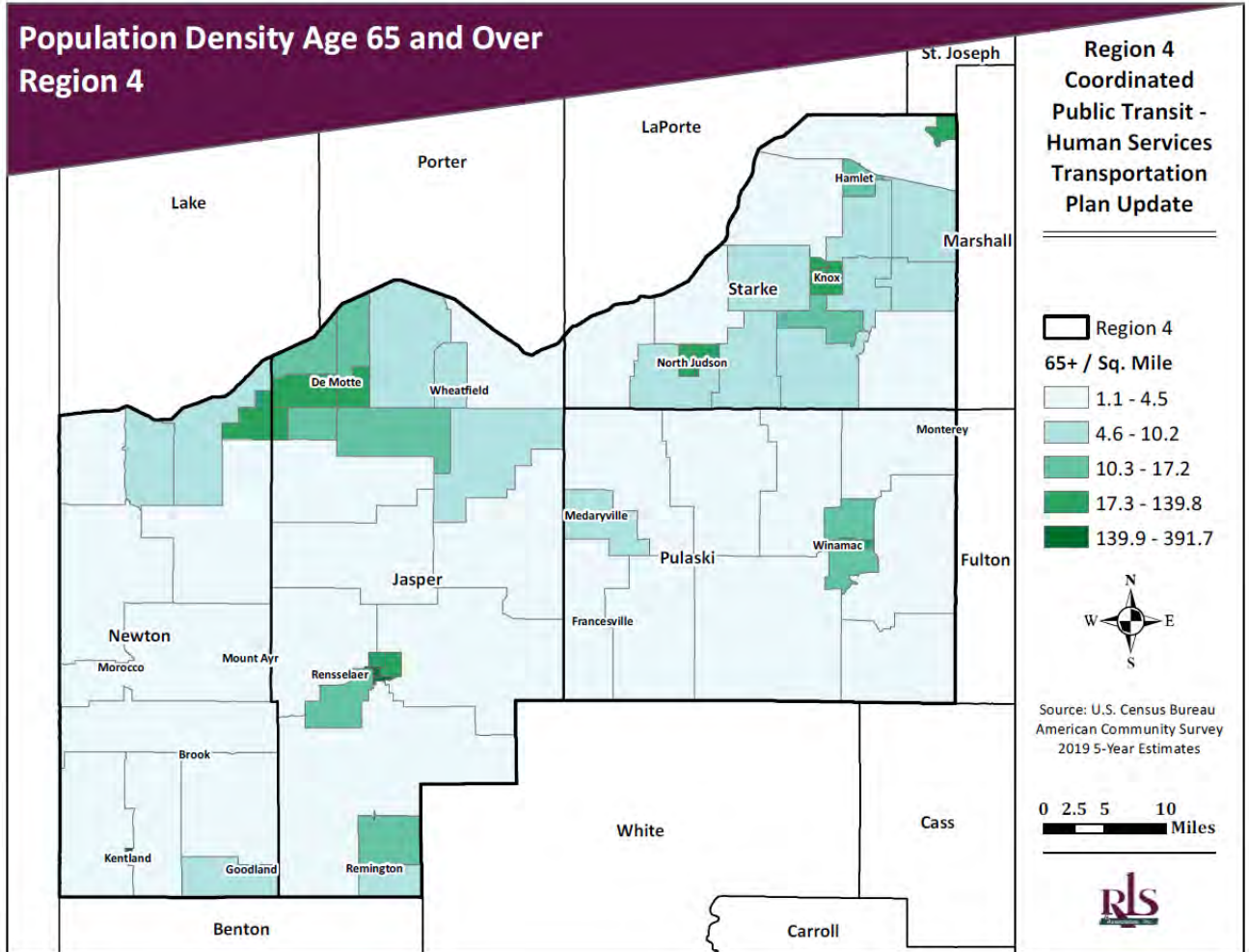
OLDER ADULT POPULATION

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 economical 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 4 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 Profile section.

Figure 3: Region 4 Older Adult Population Density

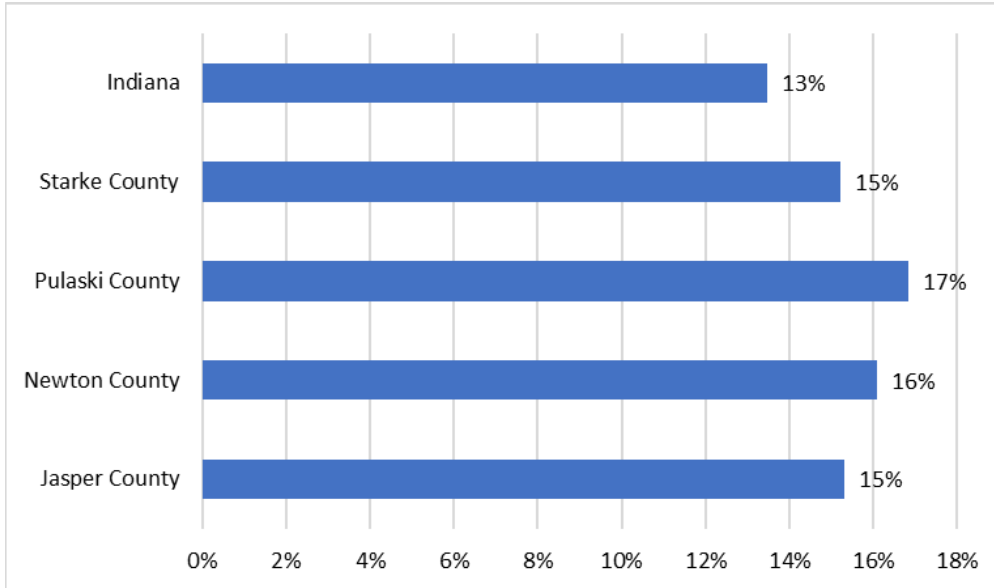


INDIVIDUALS WITH DISABILITIES

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 4 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. All of the counties have higher percentages of residents with disabilities than the statewide average for Indiana.

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 Profiles section. Of Region 4’s households, about 31 percent earn less than \$35,000 annually. Eleven percent of households earned between \$25,000 and \$34,999. Fourteen percent earned between \$10,000 and \$24,999 and 6 percent earned less than \$10,000 per year. The median household income for each area is shown in Table 1.

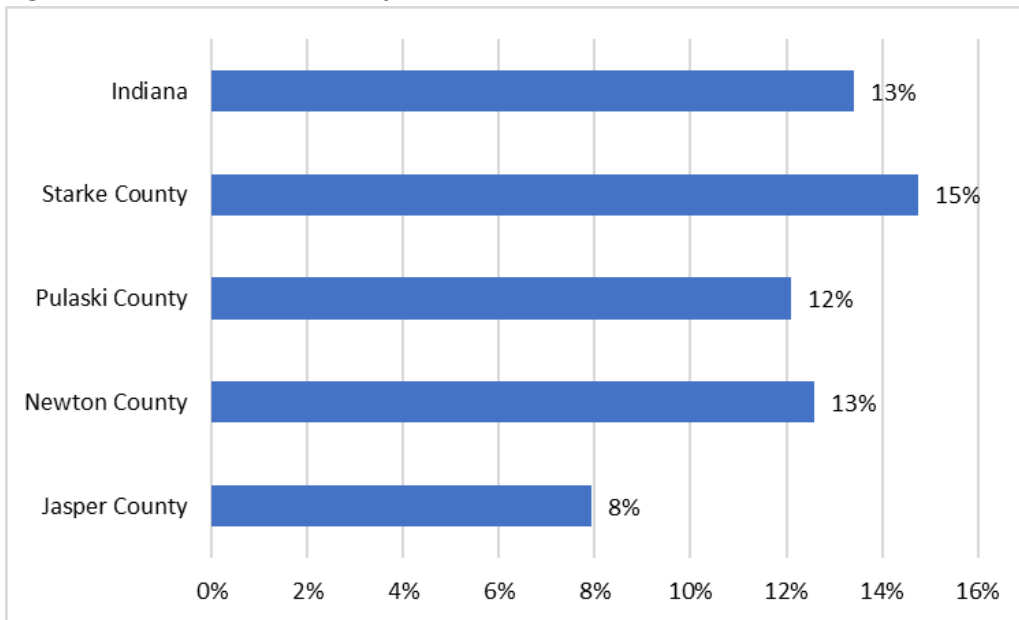
Table 1: Median Household Income

Geography	Median Household Income
Jasper County	\$63,892
Newton County	\$55,356
Pulaski County	\$49,580
Starke County	\$51,190
Indiana	\$56,303

POVERTY STATUS

Figure 5 illustrates the percentage of the population in each County that is living below the poverty level. Starke County has the highest percent of population living below the poverty level at 15 percent. Newton County has the second highest percentage of population living in poverty with 13 percent, while Pulaski and Jasper Counties have 12 and eight, respectively.

Figure 5: Percent Below Poverty



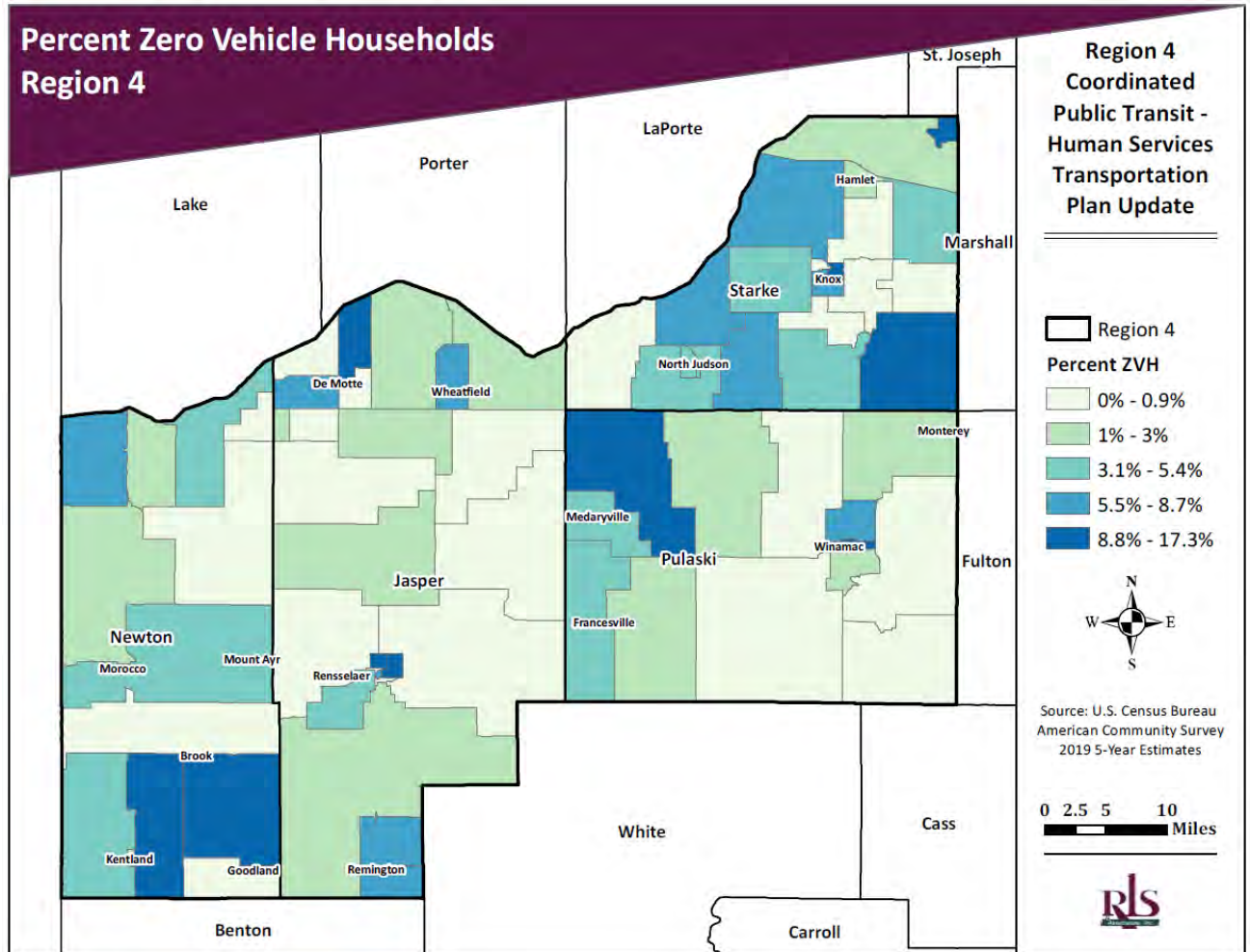
Source: 2019 ACS Estimates

ZERO VEHICLE HOUSEHOLDS

The number of vehicles available to a housing unit is also used as an indicator of demand for transit service. There are 1,218 households in the Region that have no available vehicle. This is 3.9 percent of all households in the Region. Figure 6 shows the total percentages of households with no vehicle available

by Census block group. In several block groups in Region 4, between 8.8 and 17.3 percent of households have no vehicle available.

Figure 6: Zero Vehicle Households



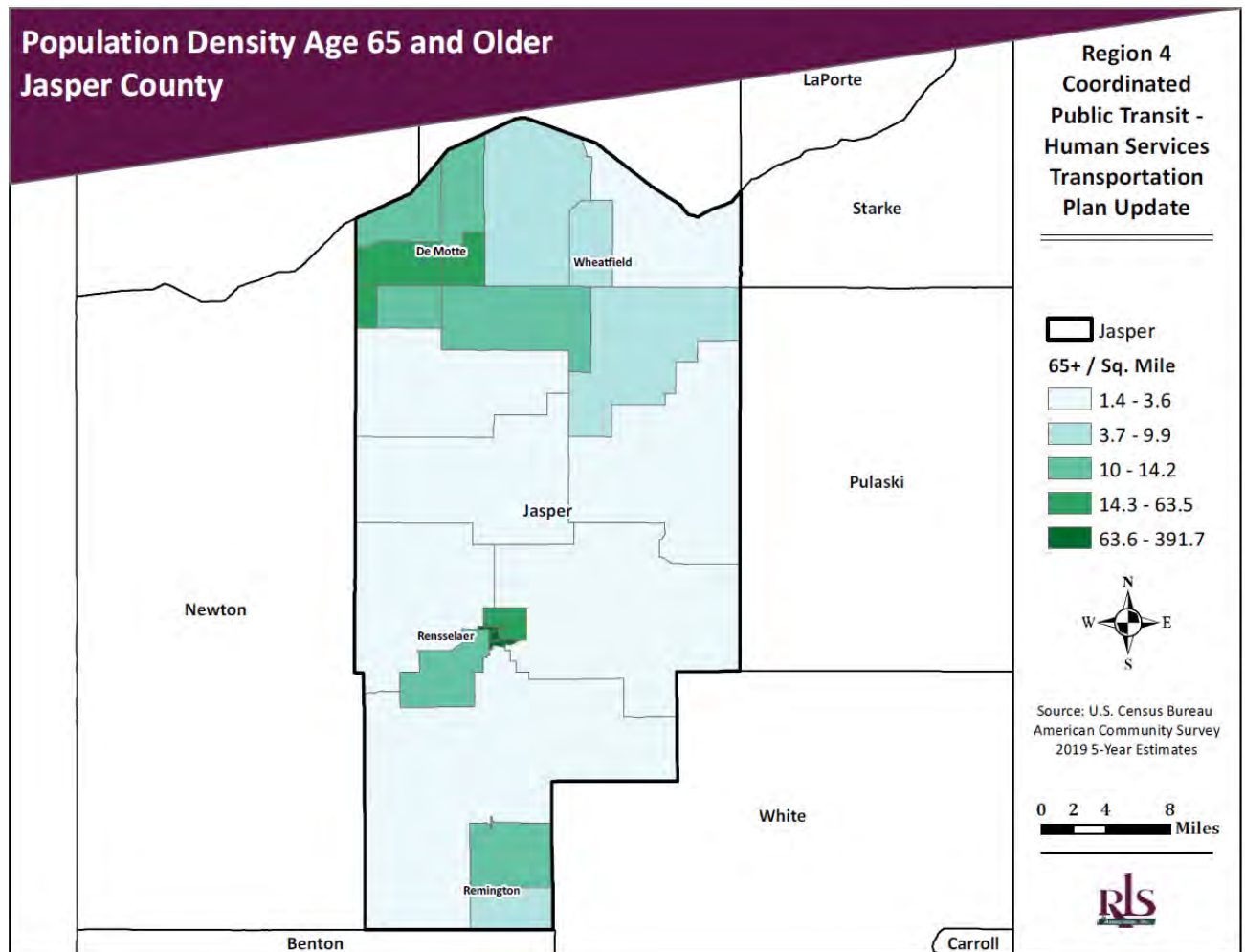
COUNTY PROFILES

Jasper 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 Jasper County residents aged 65 and older are found in Rensselaer. These block groups have densities of older adults between 63.6 and 391.7 persons per square mile. Areas in and surrounding Rensselaer have moderate densities of persons age 65 and older (14.3 to 63.5). The areas in and surrounding DeMotte also have moderate densities of persons age 65 and older. The remainder of the county has low to very low densities of persons age 65 and older.

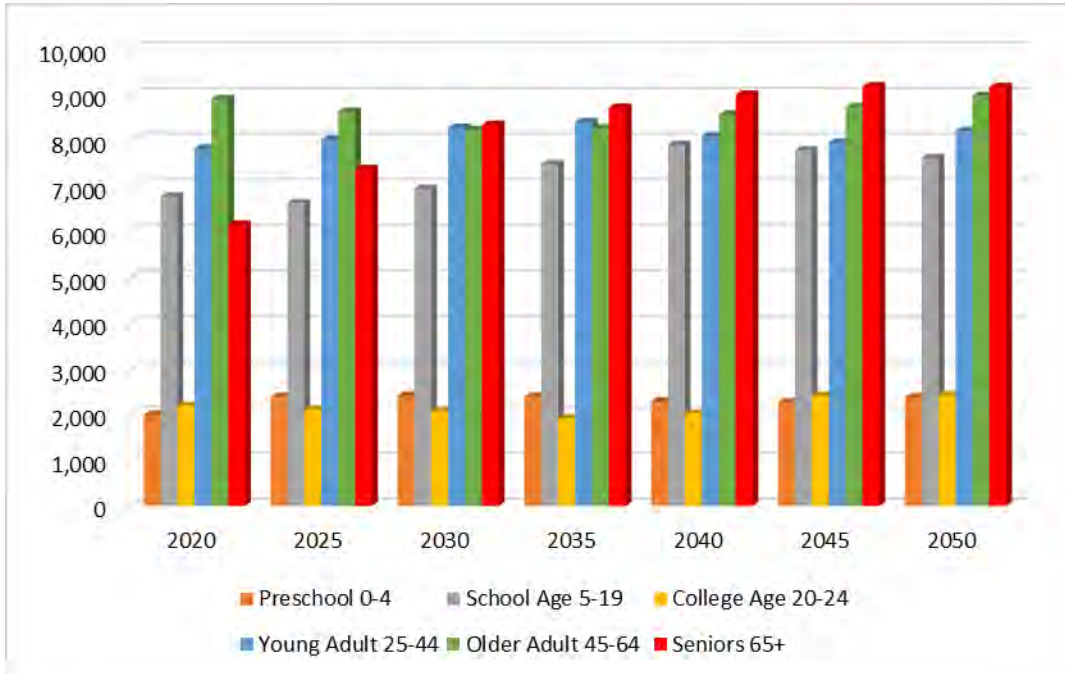
Figure 7: Jasper County Older Adult Population Density



Population by Age

Figure 8 shows that the largest age cohort for Jasper County is between the ages of 45 and 64. This age group is expected to be one of the largest groups in Jasper County over the next 30 years while generally decreasing over time. While not being one of the larger groups in 2020, the Seniors (65+), who are the fourth largest age group in 2020, is expected to grow and be the largest by 2050. Currently, the smallest age groups in Jasper County are Preschool (0-4) and College Age individuals (20 to 24), who are expected to see little to no change between 2020 and 2050.

Figure 8: Jasper County Population by Age



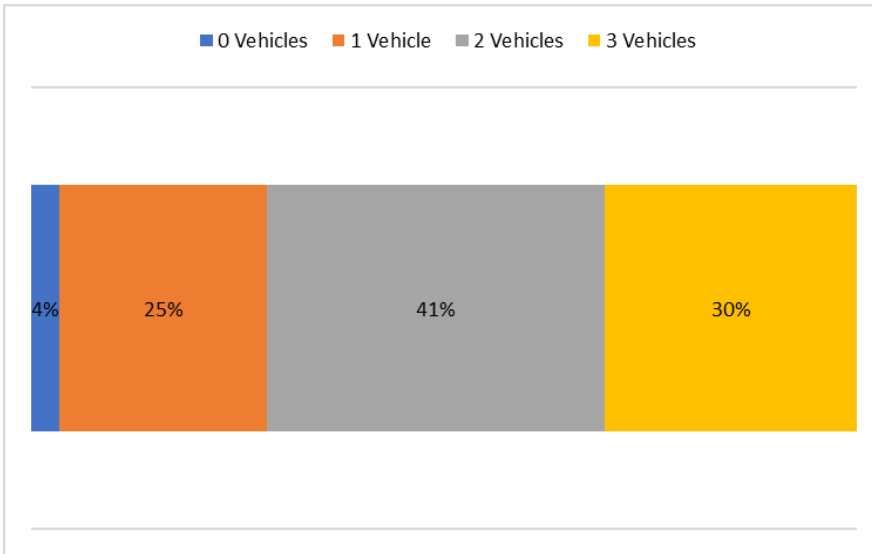
Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Figure 9 shows the breakdown of vehicle availability by household within Jasper County. Of all households in the county, only four percent of the households do not have a vehicle and an additional 25 percent only have one vehicle.

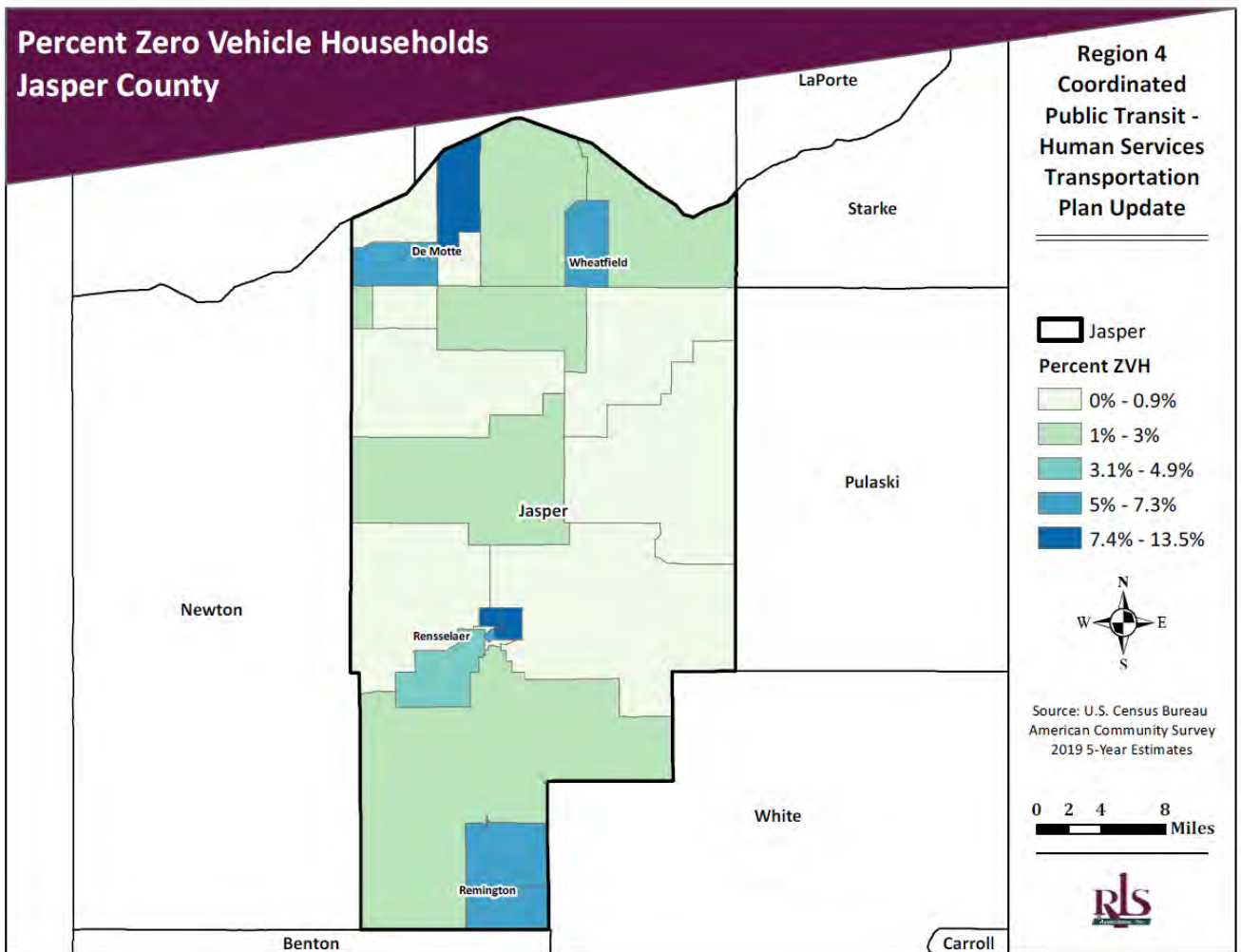
Figure 10 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by block group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are in and north of Rensselaer and DeMotte. Over 7.4 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 5 to 7.3 percent of zero vehicle households can also be found around DeMotte and in Remington and Wheatfield. The remainder of the county has moderate to very low percentages of zero vehicle households.

Figure 9: Jasper County Household Vehicle Availability



Source: 2019 ACS Five-Year Estimates

Figure 10: Jasper County Zero Vehicle Households

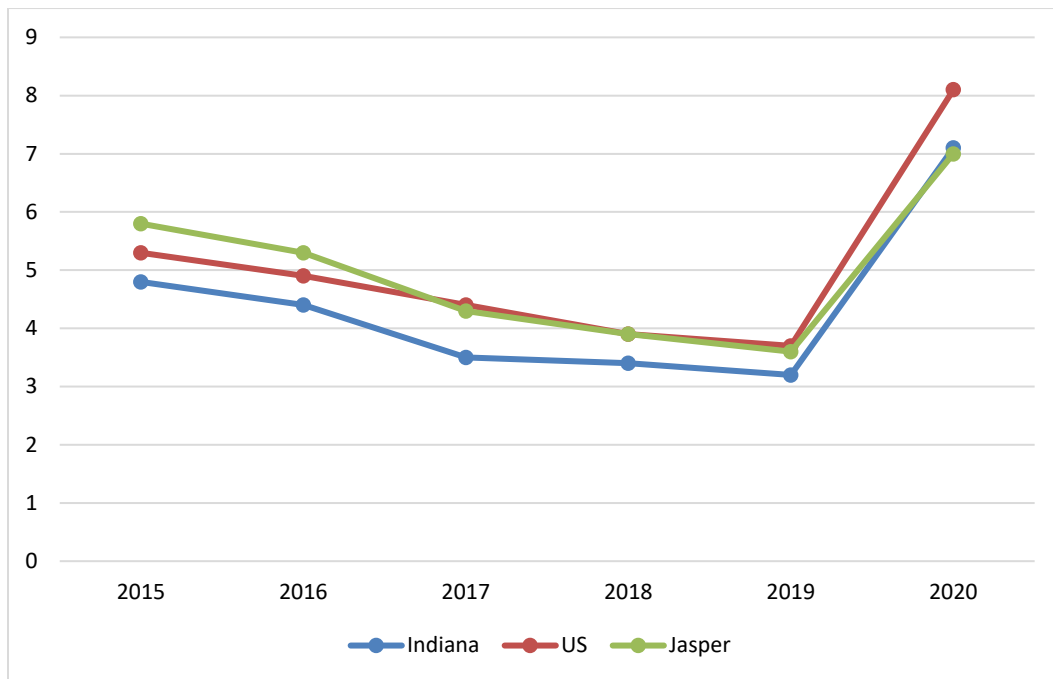


Unemployment

Jasper County’s unemployment rate reached a high in 2020 of 7.0 percent, due to the COVID-19 pandemic. This was lower than that of the United States (8.1) and slightly lower than the State of Indiana (7.1) for 2020.

From 2015 to 2020, the unemployment rate for Jasper County paralleled the national unemployment average trend and was a big higher than the U.S. rate during 2015-2016, and higher than the Indiana rate over the period of 2015 to 2019. Figure 11 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure 11: Jasper County Comparison of Unemployment Rates

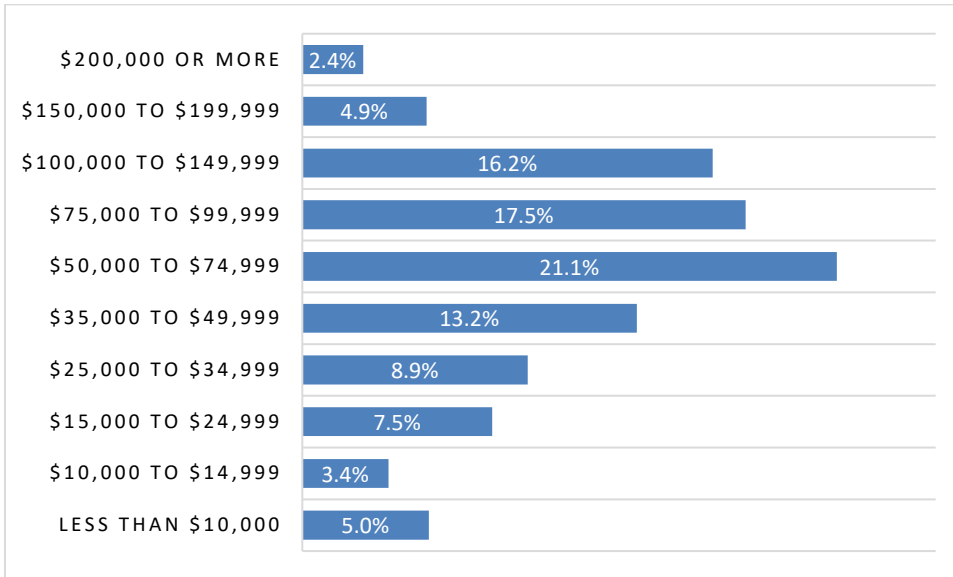


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Figure 12 shows the annual household income breakdown by percentage of total households in the county. Out of 12,228 households in the county, 24.8 percent earn less than \$35,000 per year. Five percent earn less than \$10,000 per year.

Figure 12: Jasper County Annual Household Income



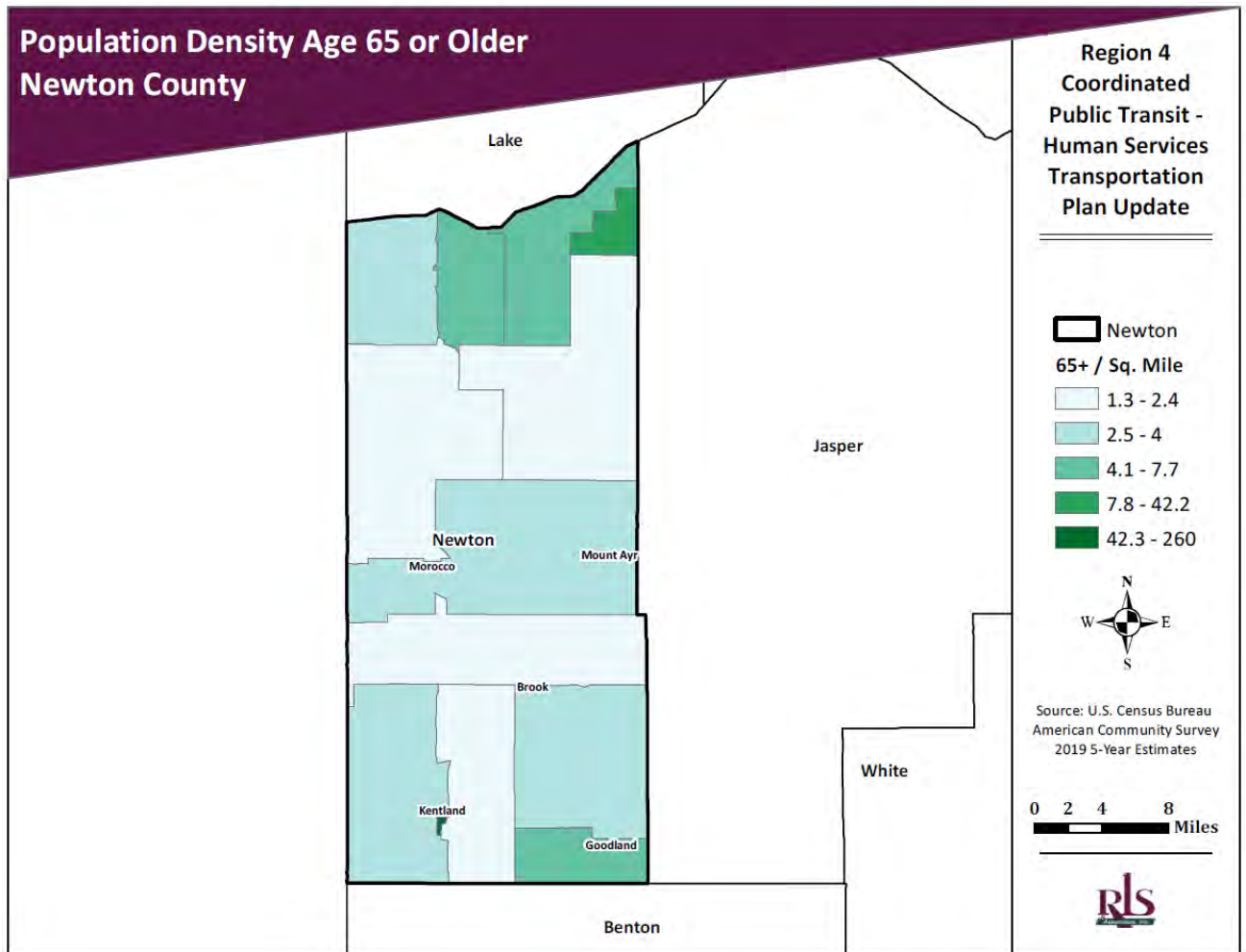
Source: 2019 ACS Five-Year Estimates

Newton 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 Newton County residents aged 65 and older are found in Kentland. These block groups have densities of older adults between 42.3 and 260 persons per square mile. The Northeastern area of the county has a moderate density of persons age 65 and older (7.8 to 42.2). The remainder of the county has low to very low densities of persons age 65 and older.

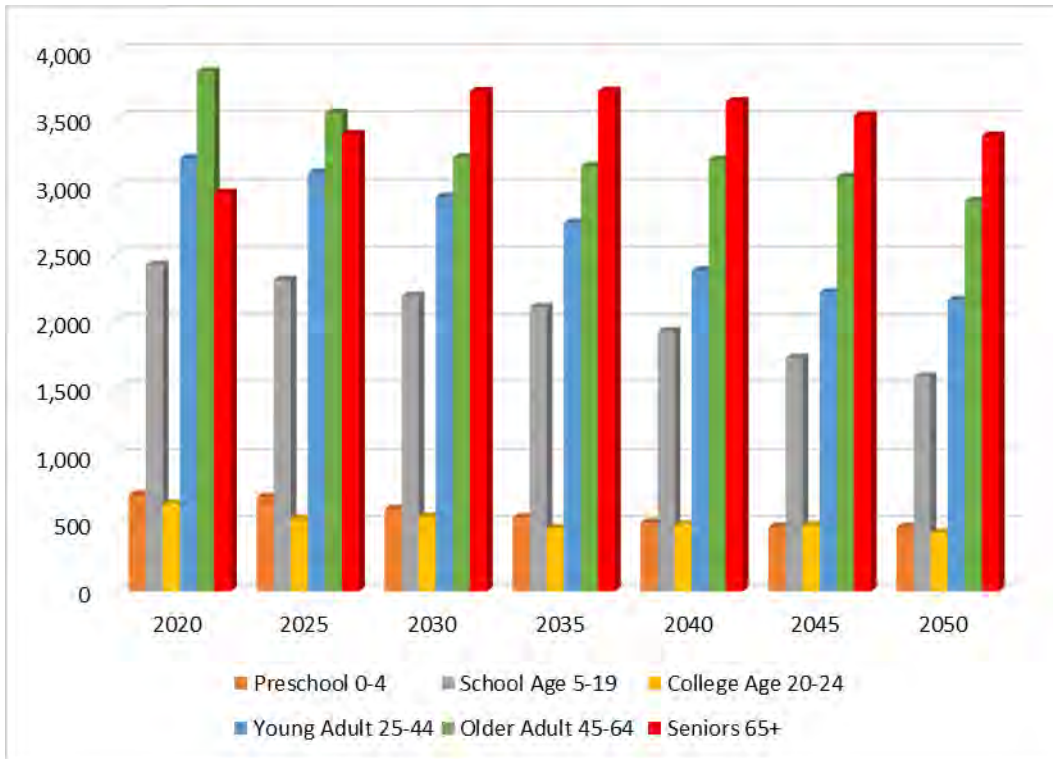
Figure 13: Newton County Older Adult Population Density



Population by Age

Figure 14 shows that the largest age cohort for Newton County is between the ages of 45 and 64. This age group is expected to be one of the largest groups in Newton County over the next 30 years while generally decreasing over time. While not being one of the larger groups in 2020, the Seniors (65+), who are the third largest age group in 2020, is expected to grow and be the largest by 2050. Currently, the smallest age group in Newton County is College Age individuals (20 to 24), who are expected to see little to no change between 2020 and 2050.

Figure 14: Newton County Population by Age



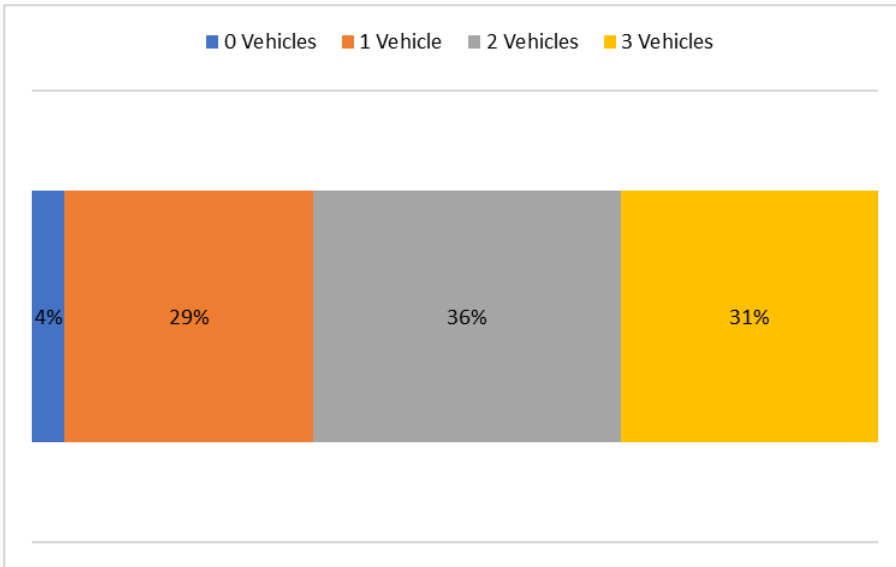
Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

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

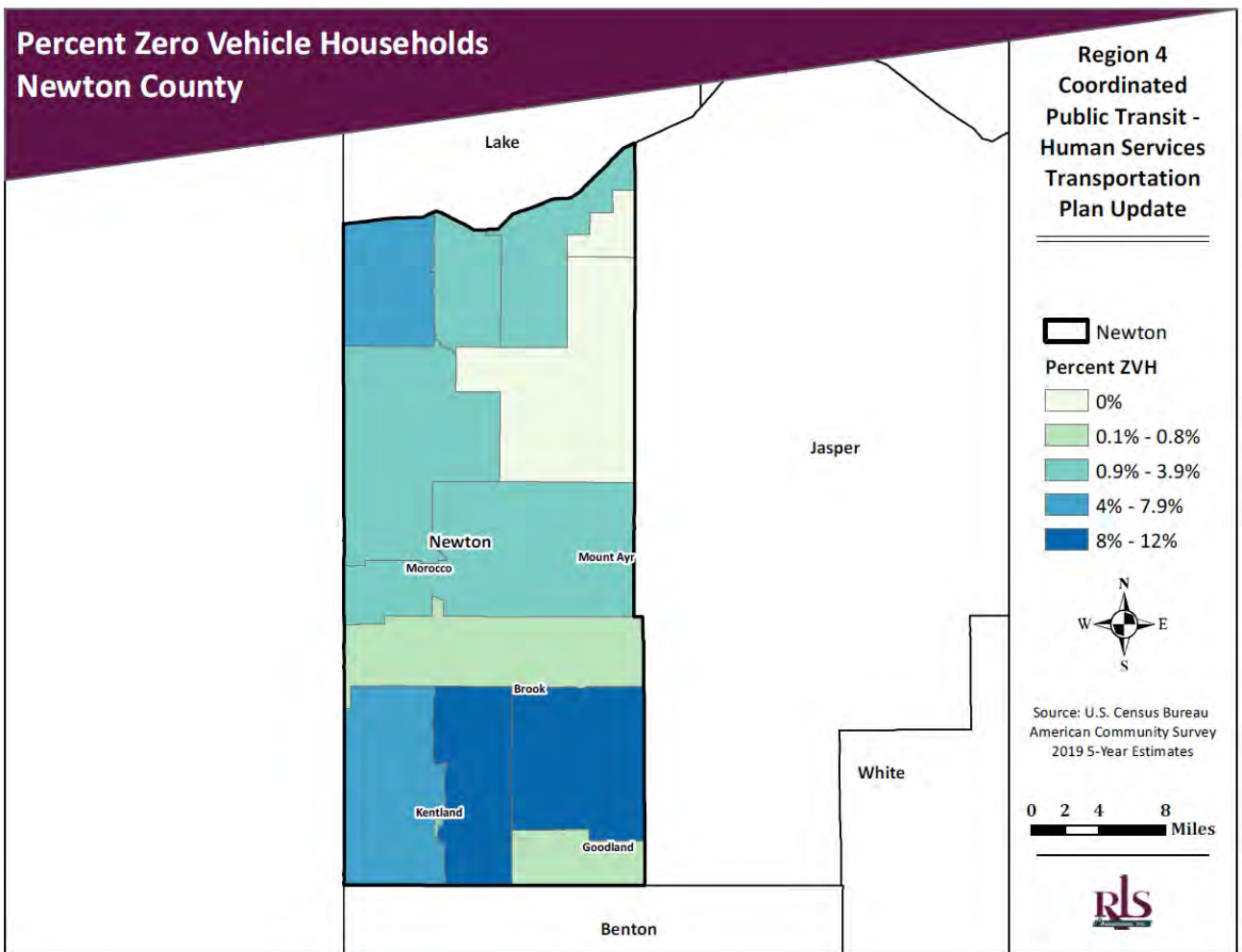
Figure 16 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by block group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are in and the areas around Kentland, Brooke and Goodland. Eight to 12 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 4 to 7.9 percent of zero vehicle households can also be found in the Northwestern area of the county. The remainder of the county has moderate to very low percentages of zero vehicle households.

Figure 15: Newton County Household Vehicle Availability



Source: 2019 ACS Five-Year Estimates

Figure 16: Newton County Zero Vehicle Households

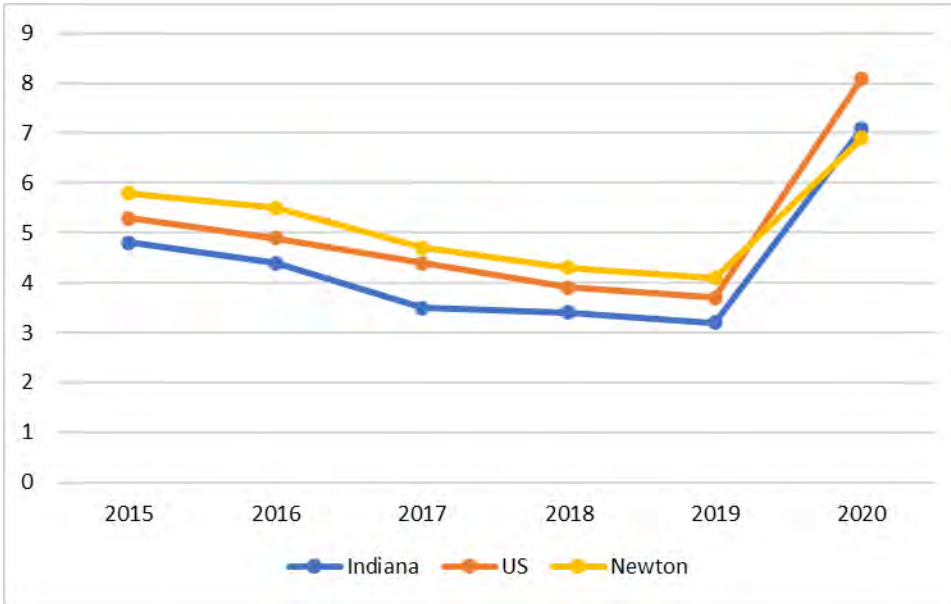


Unemployment

Newton 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 2019, the unemployment rate for Newton County was higher than the U.S. rate and higher than the Indiana rate. Figure 17 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure 17: Newton County Comparison of Unemployment Rates

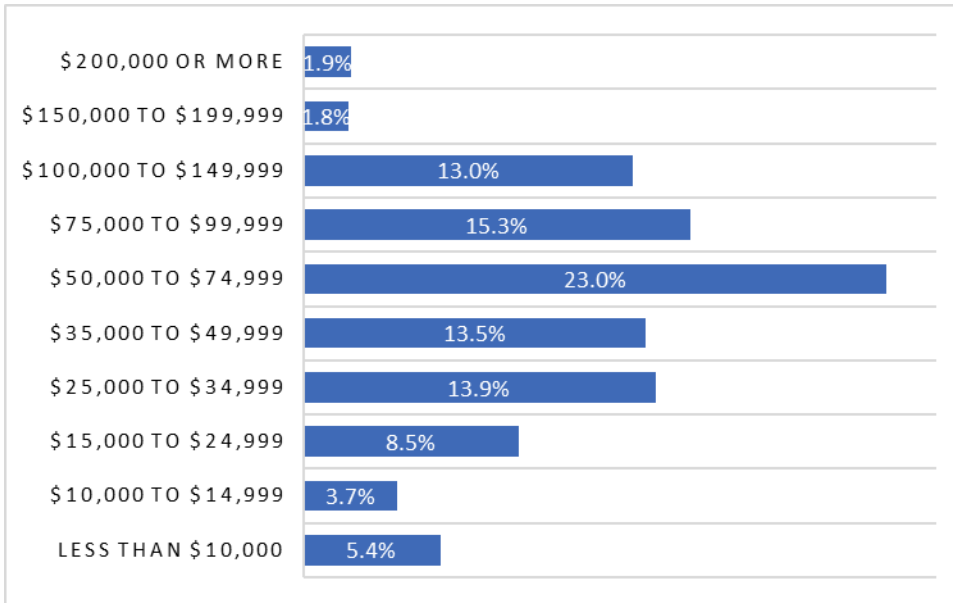


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Figure 18 shows the annual household income breakdown by percentage of total households in the county. Out of 5,573 households in the county, 31.5 percent earn than \$35,000 per year. Over five percent earn less than \$10,000 per year.

Figure 18: Newton County Annual Household Income



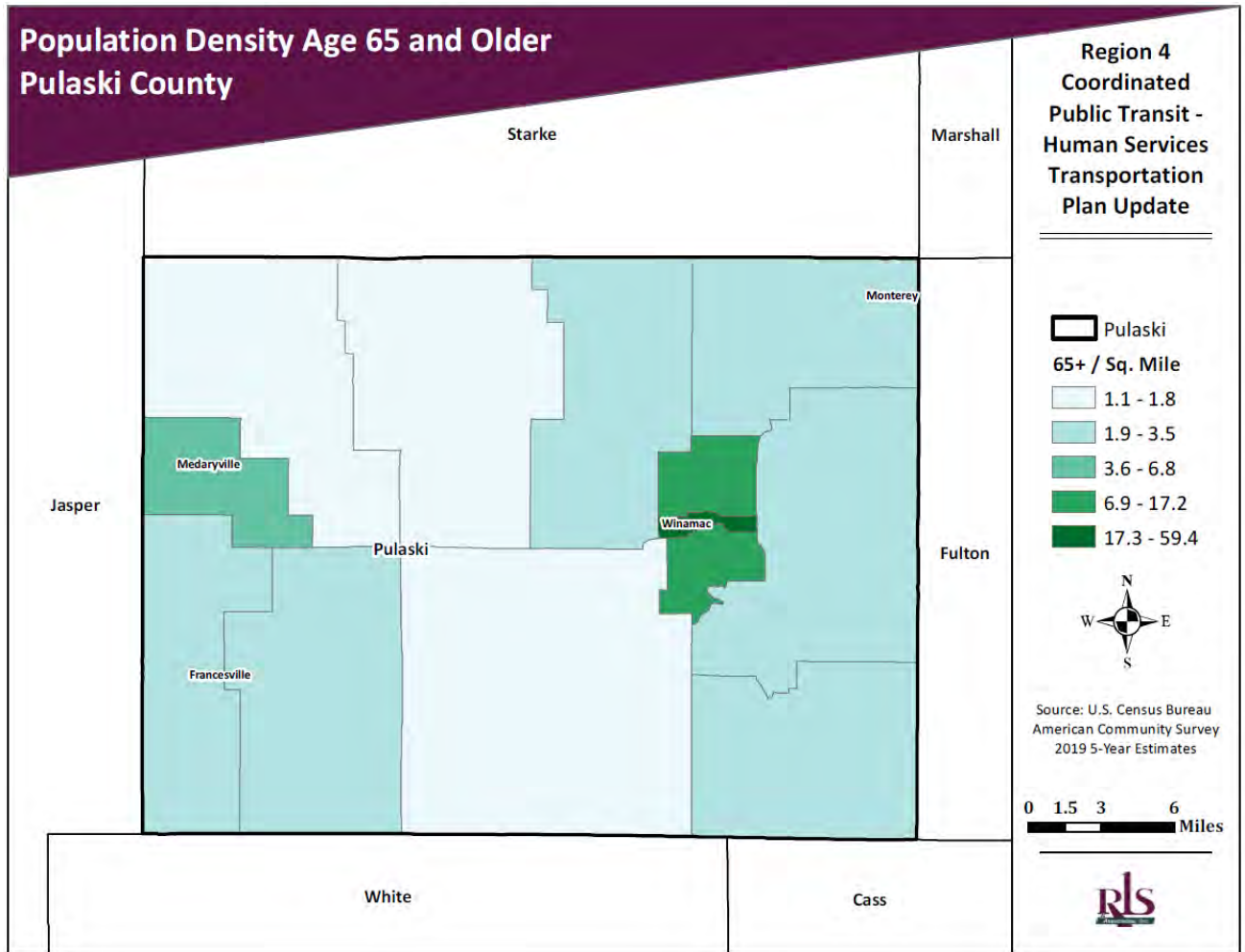
Source: 2019 ACS Five-Year Estimates

Pulaski 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 Pulaski County residents aged 65 and older are found in the area of Winamac. These block groups have densities of older adults between 17.3 and 59.4 persons per square mile. The area of Winamac also has a moderate density of persons age 65 and older (6.9 to 17.2). The remainder of the county has low to very low densities of persons age 65 and older.

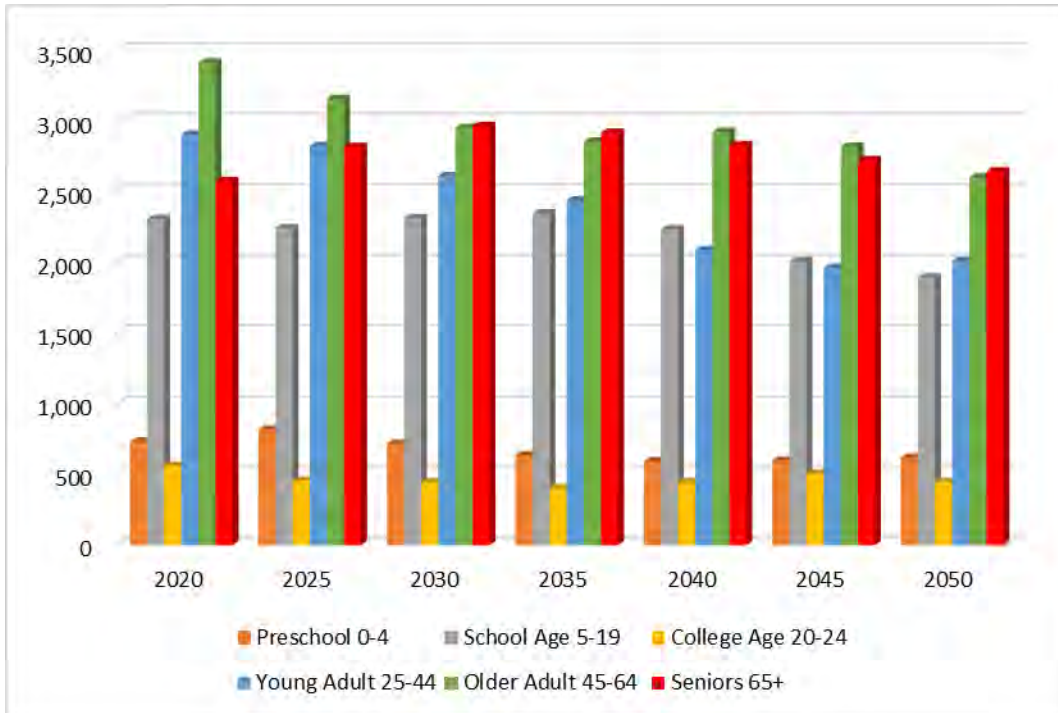
Figure 19: Pulaski County Older Adult Population Density



Population by Age

Figure 20 shows that the largest age cohort for Pulaski County is between the ages of 45 and 64. This age group is expected to be one of the largest groups in Pulaski County over the next 30 years while generally decreasing over time. While not being one of the larger groups in 2020, the Seniors (65+), who are the third largest age group in 2020, is expected to grow and be the largest by 2050. Currently, the smallest age group in Pulaski County is College Age individuals (20 to 24), who are expected to see little to no change between 2020 and 2050.

Figure 20: Pulaski County Population by Age



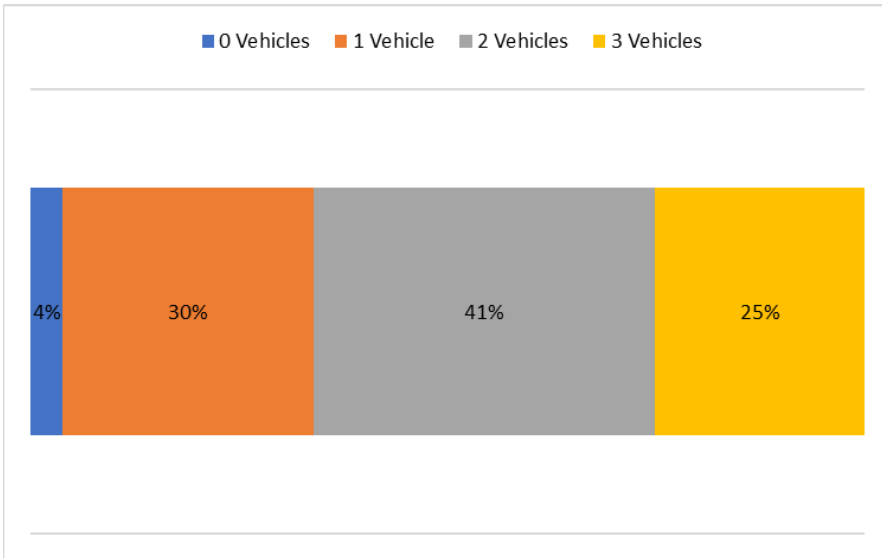
Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Figure 21 shows the breakdown of vehicle availability by household within Pulaski County. Of all households in the county, only four percent of the households do not have a vehicle and an additional 30 percent only have one vehicle.

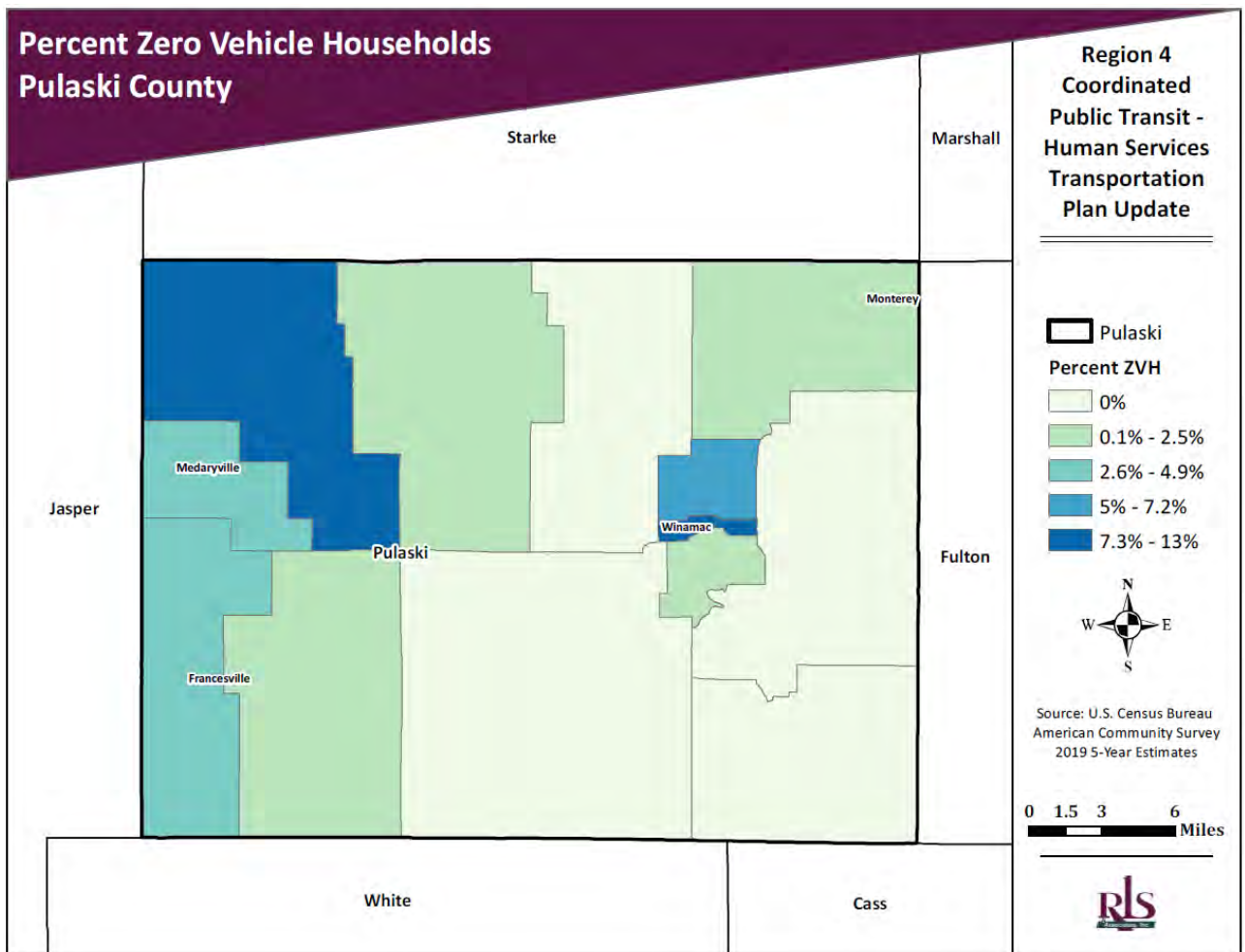
Figure 22 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by block group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are in and the areas around Medaryville and Winamac. 7.3 to 13 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 5 to 7.2 percent of zero vehicle households can also be found in and around the areas of Winamac, Medaryville and Francesville. The remainder of the county has moderate to very low percentages of zero vehicle households.

Figure 21: Pulaski County Household Vehicle Availability



Source: 2019 ACS Five-Year Estimates

Figure 22: Pulaski County Zero Vehicle Households

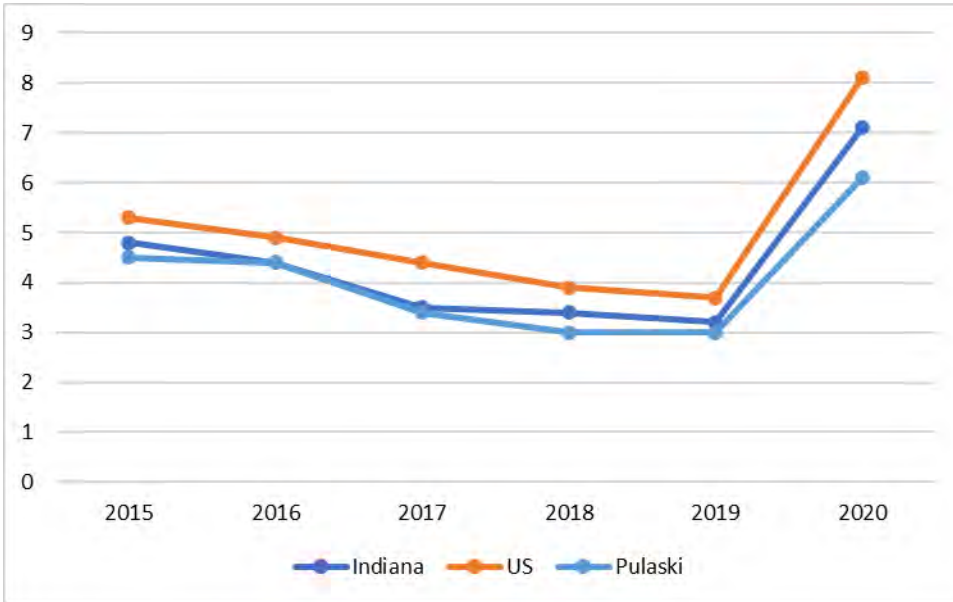


Unemployment

Pulaski County's unemployment rate reached a high in 2020 of 6.1 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 Pulaski County was lower than both the U.S. rate and Indiana rate. Figure 23 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure 23: Pulaski County Comparison of Unemployment Rates

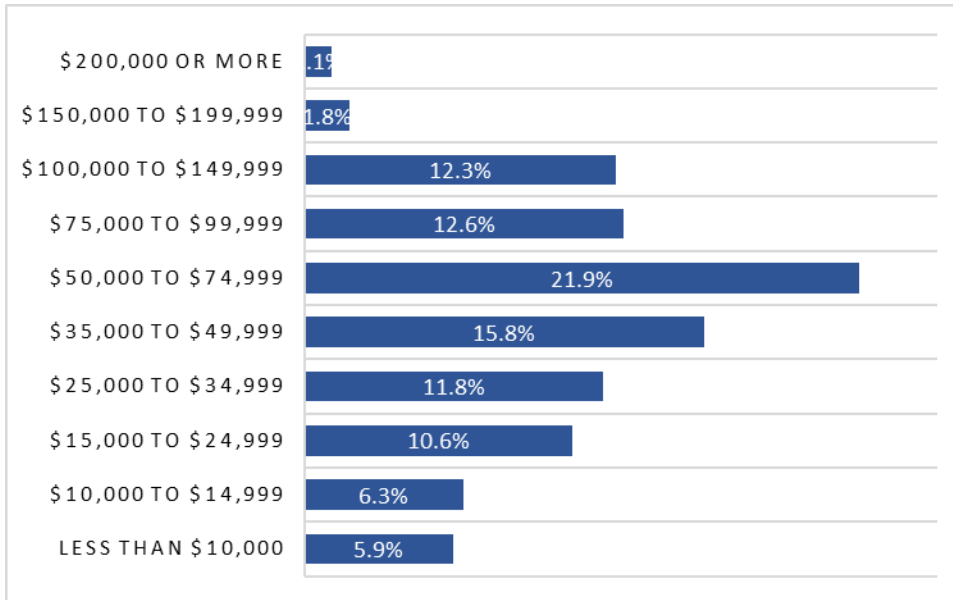


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Figure 24 shows the annual household income breakdown by percentage of total households in the county. Out of 5,151 households in the county, 34.6 percent earn less than \$35,000 per year. Almost six percent earn less than \$10,000 per year.

Figure 24: Pulaski County Annual Household Income



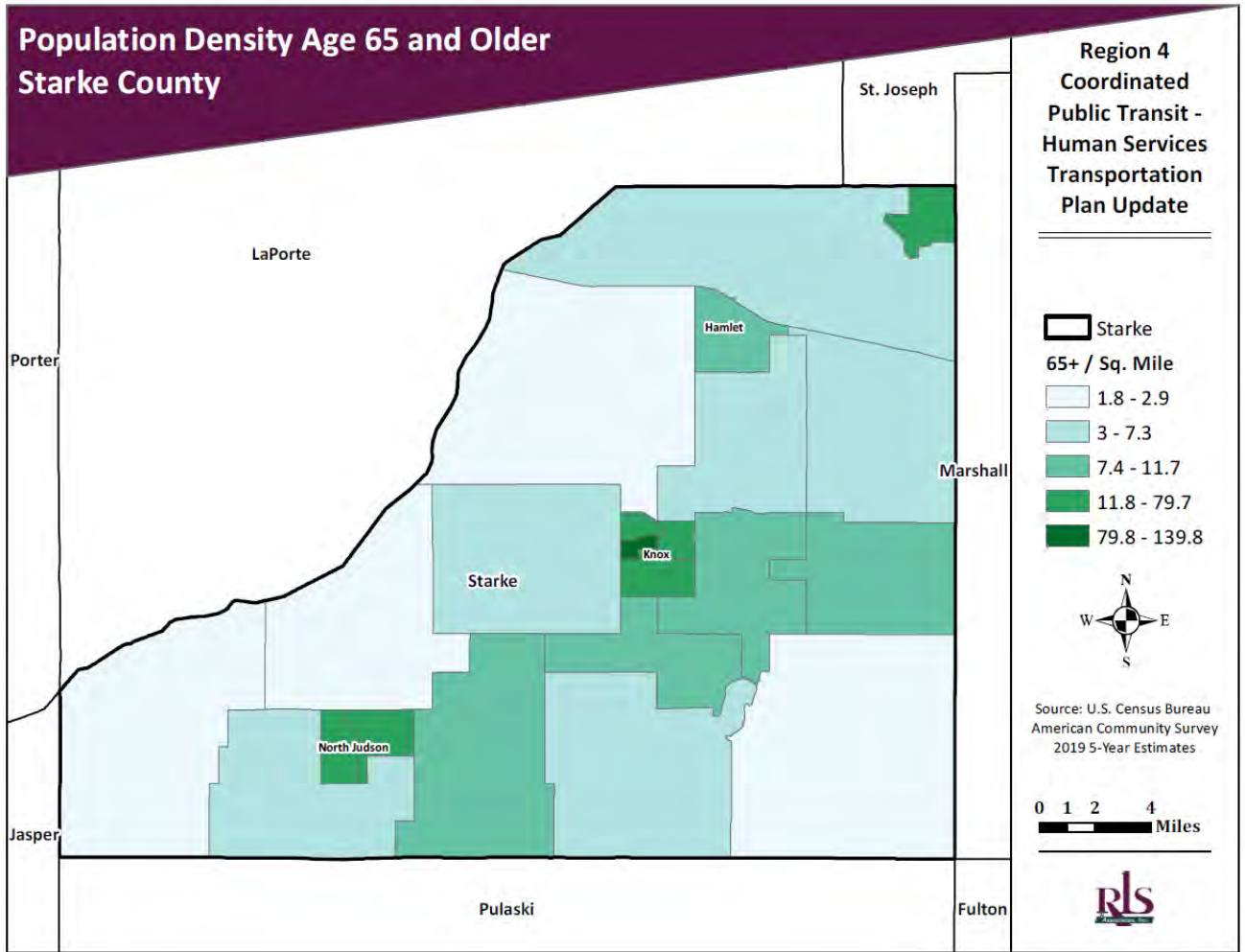
Source: 2019 ACS Five-Year Estimates

Starke 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 density of Starke County residents aged 65 and older are found in the area of Knox. These block groups have densities of older adults between 79.8 and 139.8 persons per square mile. The areas in and around Knox and North Judson have a moderate density of persons age 65 and older (11.8 to 79.7). The remainder of the county has low to very low densities of persons age 65 and older.

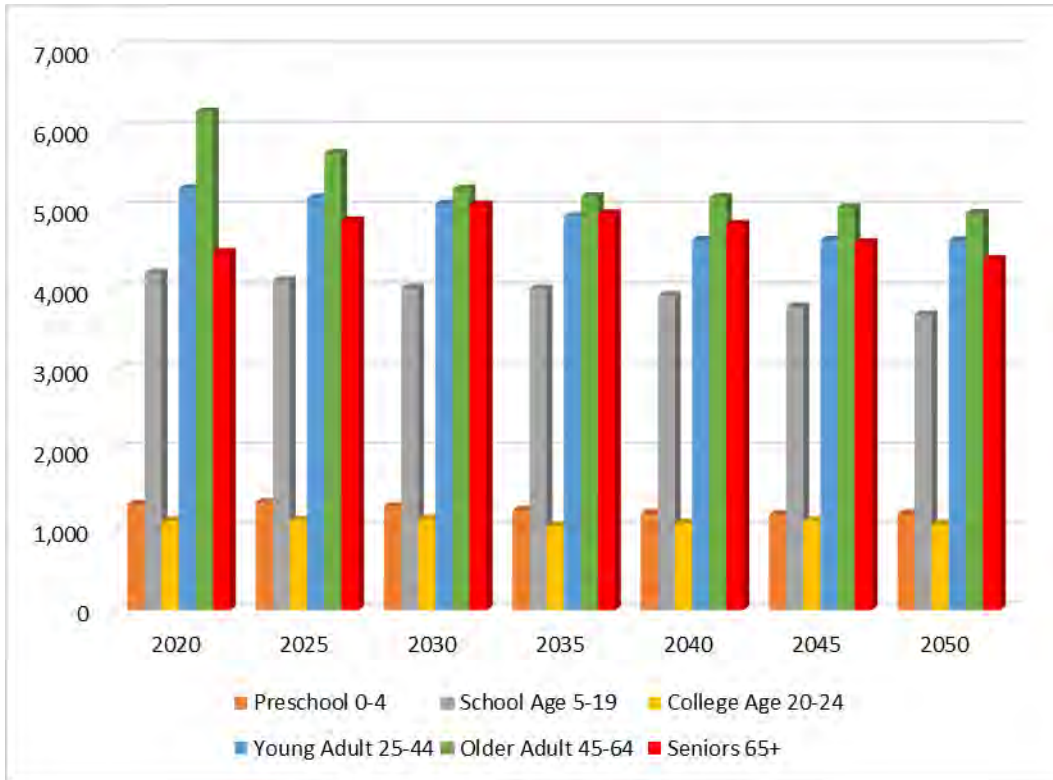
Figure 25: Starke County Older Adult Population Density



Population by Age

Figure 26 shows that the largest age cohort for Starke County is between the ages of 45 and 64. This age group is expected to be one of the largest groups in Starke County over the next 30 years while generally decreasing over time. While not being one of the larger groups in 2020, the Seniors (65+), who are the third largest age group in 2020, is expected to grow through 2030, with a gradual, slow decline by 2050. Currently, the smallest age group in Starke County is College Age individuals (20 to 24), who are expected to see little to no change between 2020 and 2050.

Figure 26: Starke County Population by Age



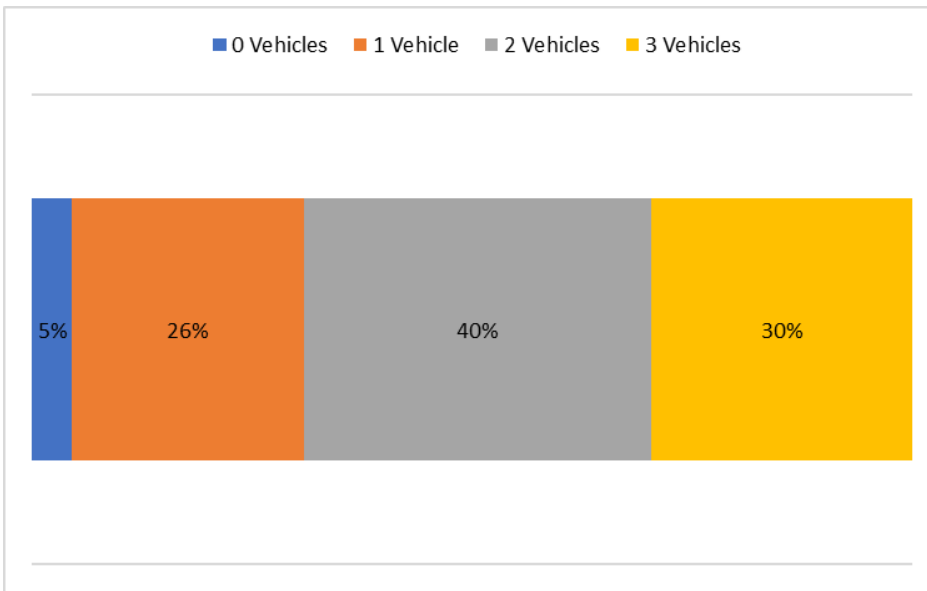
Source: 2019 ACS Five-Year Estimates

Zero Vehicle Households

Figure 27 shows the breakdown of vehicle availability by household within Starke County. Of all households in the county, only five percent of the households do not have a vehicle and an additional 26 percent only have one vehicle.

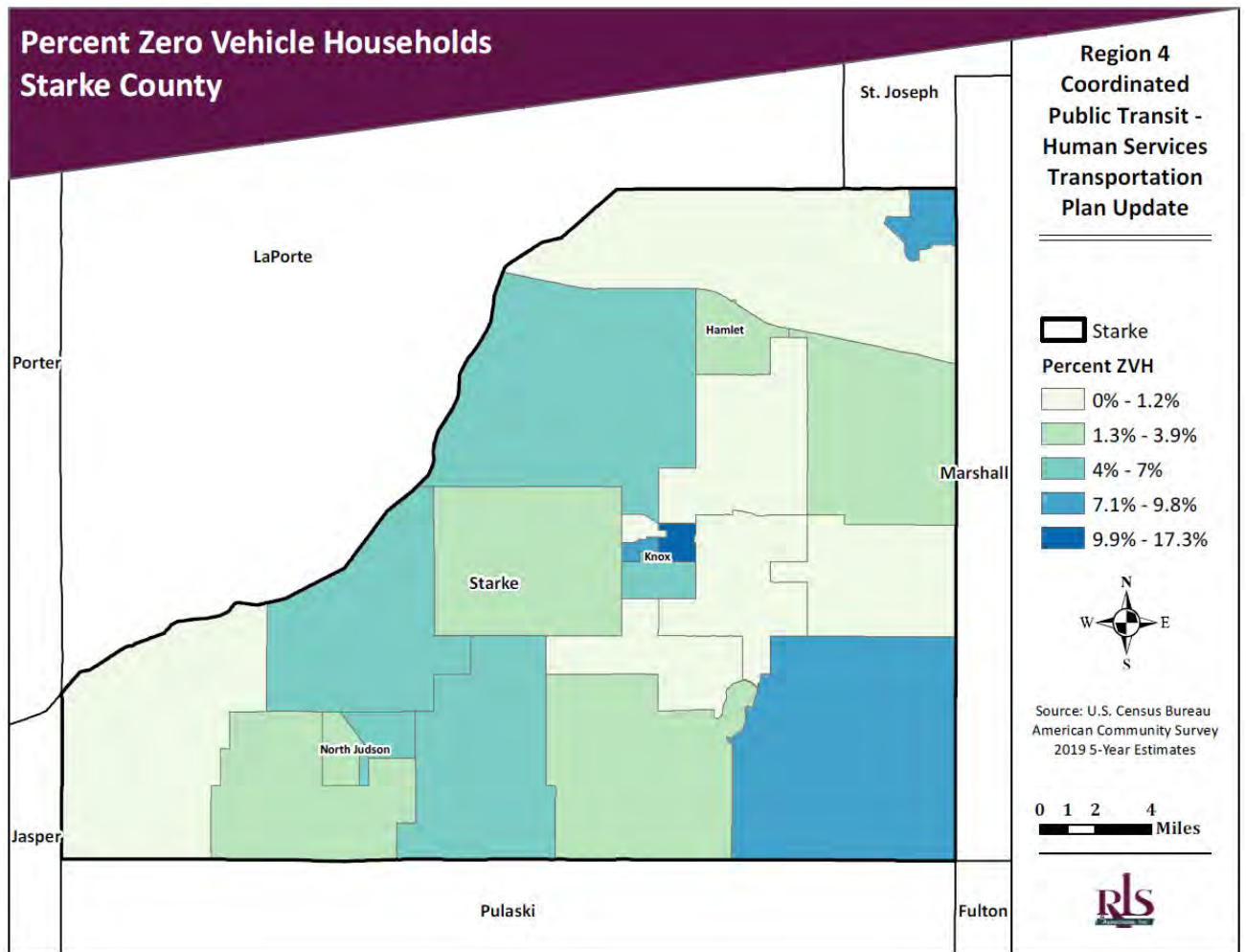
Figure 28 illustrates the percentage of housing units that have no available vehicle, according to 2019 ACS Five-Year Estimate data by block group. The block groups with the dark blue shading have the highest percentage of housing units with no available vehicles. The block group locations with the highest concentration of these households are in and the area around Knox. 9.9 to 17.3 percent of households within these block groups have no vehicle available. Areas with a moderately high percentage ranging from 7.1 to 9.8 percent of zero vehicle households can also be found in the farthest Northeast corner and lowest Southeast corner of the county. The remainder of the county has moderate to very low percentages of zero vehicle households.

Figure 27: Starke County Household Vehicle Availability



Source: 2019 ACS Five-Year Estimates

Figure 28: Starke County Zero Vehicle Households

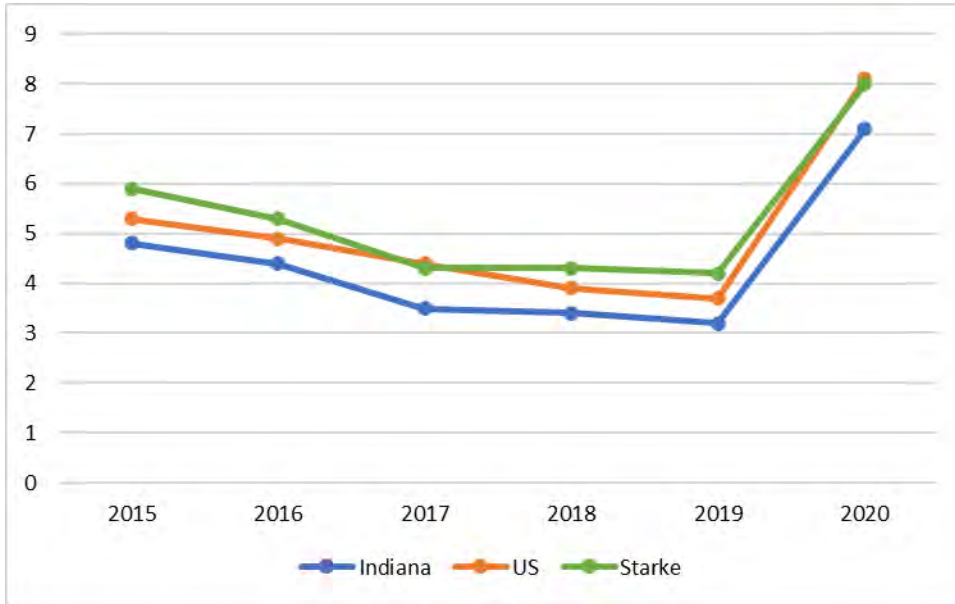


Unemployment

Starke County’s unemployment rate reached a high in 2020 of 8.0 percent, due to the COVID-19 pandemic. This was comparable with that of the United States (8.1) and higher than the State of Indiana (7.1) for 2020.

From 2015 to 2020, the unemployment rate for Starke County was, on average, higher than both the U.S. rate and Indiana rate. Figure 29 illustrates a comparison of the unemployment rates in the county, state, and nation.

Figure 29: Starke County Comparison of Unemployment Rates

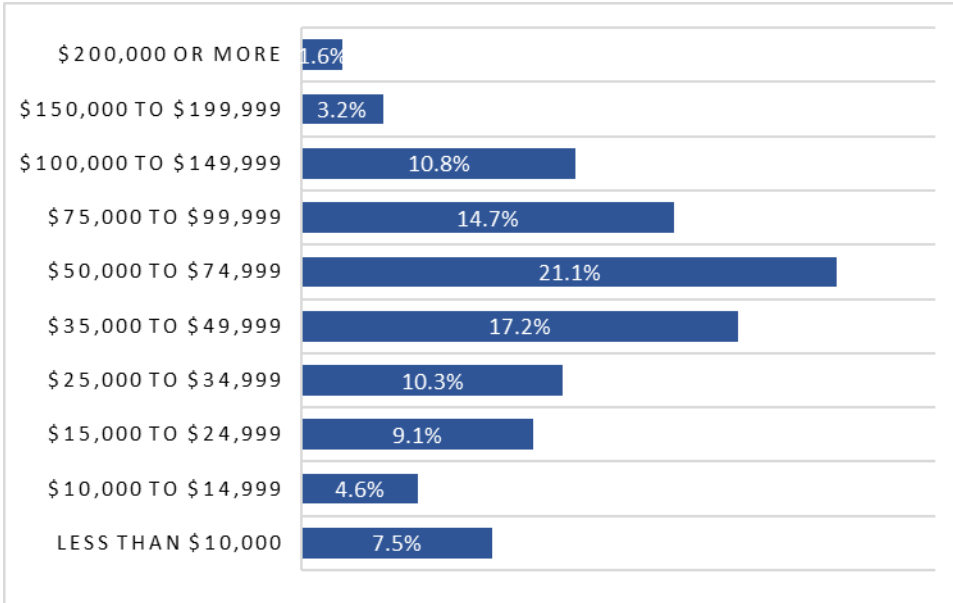


Source: STATS Indiana using Bureau of Labor Statistics Data

Household Income

Figure 30 shows the annual household income breakdown by percentage of total households in the county. Out of 8,549 households in the county, 31.5 percent earn less than \$35,000 per year. 7.5 percent earn less than \$10,000 per year.

Figure 30: Starke 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 to for the purpose of updating the transportation provider inventory for the Region. Provider agencies were also invited to participate in a public meeting to evaluate unmet human service transportation needs and service gaps. The public meeting included a discussion of goals and strategies/projects to address unmet needs and service gaps, and promote coordination in the delivery of transportation services to maximize the use of resources.

An update of the inventory of provider services and vehicle inventory was obtained through phone interviews and 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 4 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 older adult and individuals with disability populations. 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

Region 4 is served by four public transit systems operated by non-profit social services organizations under contract to Kankakee-Iroquois Regional Planning Commission (KIRPC), the subrecipient of Section 5311 funding for the region. Table 2 provides basic information about each system.

Table 2: Region 4 Public Transit Providers

	Jasper County Community Services	Newton County Community Services	Pulaski County Human Services	Community Services of Starke County
Service Area	Primarily Jasper County – out of county (within Indiana) upon availability	Newton County and locations within 120 miles (within Indiana)	Pulaski County and surrounding counties; other areas in Indiana	Starke County and outlying areas of Pulaski County
Days/Hours of Service	Monday – Friday 8am – 4pm	Monday – Friday 5am – 4pm (other times are scheduled upon availability)	Monday – Friday 8am – 4pm (other times are scheduled upon availability)	Monday – Friday 7am – 4pm
Ridership*	2019: 19,341 2020: 9,550	2019: 10,127 2020: 5,267	2019: 20,943 2020: 8,447	2019: 9,961 2020: 8,582
Fare/Donation Structure	\$1 for first 3 miles + 10 cents/additional mile (out of county trips have flat fees based on destination)	Mileage-based fare structure starting at \$3.00 for 1-5 mile trips	In-county: \$1; \$60 monthly pass for unlimited rides (\$30 for elderly/disabled) Out of county: \$10 + \$1.25/mile after 30 miles	Donation of \$1.50 + \$1.50/additional township and 50 cents/stop; fare of 30 cents/mile for out of county; \$10 multi-trip pass; \$10/hour wait time after first hour for out of county trips
Funding Sources	FTA Section 5311; PMTF; Head Start; Medicaid; Fuel tax reimbursement	FTA Section 5311; PMTF; Head Start; Medicaid; Older Americans Act Title III-B	FTA Section 5311; PMTF; Pulaski County; Older Americans Act Title III-B; Head Start; Service contracts	FTA Section 5311; PMTF; Medicaid; Older Americans Act Title III-B
Operating Budget (2020)	\$352,050	\$285,650	\$274,000	\$218,463
Fleet by Location and Wheelchair Accessibility	Demotte – 4 (2 WC) Rensselear – 6 (3 WC)	Morocco – 13 (9 WC)	Winamac – 9 (5 WC)	Knox – 9 (7 WC)
Service Type(s)	Demand Response; Same Day Service (upon availability)	Demand Response; Same Day Service (upon availability)	Demand Response; Same Day Service (upon availability)	Demand Response; Same Day Service in Starke County (upon availability)
Scheduling/Dispatching	Manual (pen/paper)	Manual (pen/paper)	Manual (pen/paper)	Manual (pen/paper)

	Jasper County Community Services	Newton County Community Services	Pulaski County Human Services	Community Services of Starke County
Trip Denials	5-6 per month (most are for out of county trips)	1-2 per month (all are for out of county trips)	Few	None

*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 in Region 4, such as Medicaid beneficiaries and older adults whose transportation is funded by Older Americans Act Title III-B funds. Additionally, some human agencies outside of Region 4 provide service to clients who reside in Jasper, Newton, Pulaski or Starke Counties. Also, Region 4 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: Human Service Transportation Providers

	CDC Resources	Peak Community Services	Marshall Starke Development Center
Contact Information	5053 Norway Rd. Monticello, IN 47960 (574) 583-8227 cdcreources.org	1416 Woodlawn Ave. Logansport, IN 46947 (574) 753-4104 peakcommunity.com	1901 PIDCO Dr. Plymouth, IN 46563 (574) 936-9400 marshall-starke.org
Service Area	Benton, Carroll, Jasper, Newton, and White Counties	Cass, Carroll, Fulton, Howard, Miami, Pulaski, Tippecanoe, & White Co.	Fulton, Starke, and Marshall Counties
Eligibility Criteria	Agency clients	Agency clients	Agency clients
Days/Hours of Service	Not reported	Not reported	Not reported
Ridership (2020)	Not reported	Not reported	Not reported
Funding Sources	Not reported	Medicaid; FTA Section 5310	Medicaid; Head Start; FTA Section 5310
Operating Budget	Not reported	Not reported	Not reported
Fleet by Location and Wheelchair Accessibility*	19* (All WC-Accessible)	Logansport – 4 (All WC-Accessible)*	Plymouth – 19 (All WC-Accessible)*

* Represents Section 5310-funded vehicles only

NEEDS ASSESSMENT

OVERVIEW

RLS & Associates, Inc. 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 MEETING

A virtual meeting was facilitated by RLS & Associates, Inc. to discuss the unmet transportation needs and gaps in service and establish goals for older adults, individuals with disabilities, people with low incomes, and the general public. A virtual meeting was chosen due to the risk of transmission of COVID-19 at an in-person meeting. The meeting was held on March 30, 2021 from 12:00 PM to 1:30 PM.

Invitations to the meeting were distributed via the U.S. Postal Service to more than 50 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:

- ◆ Jasper County News
- ◆ Rensselaer Republic
- ◆ Newton Co. Enterprise
- ◆ Pulaski County Journal
- ◆ The Pilot News

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

- ◆ Newton County Community Services
- ◆ Jasper County Community Services
- ◆ Starke County Community Foundation
- ◆ Pulaski County Human Services
- ◆ Starke Community Services
- ◆ Kankakee-Iroquois Regional Planning Commissioner - KIRPC
- ◆ INDOT Office of Transit

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. After the changes to the needs/gaps list were completed, each participant was asked to rank the needs/gaps.

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

Table 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 the status of that need (satisfied, solutions in progress, not addressed) as well as the needs that were documented for the first time in 2017. The table also includes a reference to the goal (explained in the next chapter) that corresponds with each identified need or gap. Coordinated transportation stakeholders will consider these unmet needs and gaps in service when developing transportation strategies and grant applications.

Table 4: Unmet Mobility Needs and Gaps in Service

2017 Need/Gap	2021 Need/Gap	2021 Priority Level	Goal
Activate the Interagency Transportation Coordination Committee (ITCC) to facilitate implementing steps to address identified gaps and unmet needs in transportation for all counties. Encourage ITCC members to participate in INCOST and Indiana trainings to take advantage of opportunities, including fully allocated cost of operating public and specialized transportation. A fully allocated cost model may make client-mixing more feasible.	The public transit providers should meet regularly (e.g., quarterly) to discuss region-wide transportation needs and plan coordination initiatives.	Low	3

2017 Need/Gap	2021 Need/Gap	2021 Priority Level	Goal
More funding to expand the driver workforce for all providers is needed.	Additional funding to expand transportation services.	Medium	4
More video/webinar driver training is needed. Stakeholders would also like to have a list of acceptable training/webinar options and who teaches those courses.	Not discussed as a need in 2021.	N/A	N/A
Expansion of information sharing seems to be a need. Stakeholders need to create a Regional provider council with the purpose of educating local politicians and community members about local transportation options.	Awareness among community stakeholders, including local government, about the resources necessary to expand public transit (for example, adding more hours of operation).	Medium	4
More large capacity (15+passengers) accessible vehicles to replace Head Start vehicles.	Vehicles for replacement and expansion (if additional operating funding would allow for expansion).	Medium	1, 2, 4
Small vehicles limit the possibilities for coordinating or providing trips for multiple passengers. However, several stakeholders indicated that they prefer to use smaller vehicles that are fuel-efficient because the vast majority of longer distance trips are provided with only a few passengers per trip. There are not typically enough passengers to make operation of a large vehicle cost effective.	Vehicles should be suitable for Head Start to promote additional coordination between Head Start and public transit. Historically, FTA-funded public transit vehicles have not been usable for Head Start trips because they do not meet Head Start's vehicle requirements.		
Earlier and later hours of operation for transportation, particularly for employment.	Earlier morning and later evening hours of operation, especially for employment. In particular, Rensselaer needs more workforce transportation options. Extended hours would also help providers accommodate ride requests from hospitals and nursing homes.	Medium	2
Weekend hours of operation, particularly for houses of worship and recreation trips.	Transportation service on Saturdays and Sundays.		
Need for longer distance medical service, particularly for veteran services	Long-distance and cross-county trips continue to be a need in Region 4.	Medium	1, 2

2017 Need/Gap	2021 Need/Gap	2021 Priority Level	Goal
<p>to destinations such as Indianapolis, Fort Wayne, or Valparaiso.</p> <p>Out-of-County transportation to drug treatment programs is needed. Demand for drug treatment programs is on the rise. Also, daily out-of-county medical trips, particularly dialysis for persons not eligible for Medicaid payment is needed.</p>			
<p>In 2017, the structure for Medicaid transportation was not a problem for stakeholders. Instead, it was the lack of available drivers to provide the trips for the Medicaid brokerage. They have enough vehicles, but not enough drivers. Other stakeholders need brokers to offer more Medicaid trips to local providers to increase coordination and reduce costs, particularly for multi-county/Regional trips.</p>	<p>Shortage of individuals who want to work as drivers.</p>	<p>High</p>	<p>1</p>
<p>Route, scheduling, and dispatching software is needed to improve communication between providers and to facilitate multi-county trip sharing or transfer opportunities.</p>	<p>A shared transportation scheduling and dispatching system may assist providers in facilitating cross-county trip sharing. Currently, none of the region’s providers use computerized scheduling/dispatching.</p>	<p>Low</p>	<p>3</p>

PROGRESS SINCE THE 2017 COORDINATED PLAN AND CONTINUING CHALLENGES TO COORDINATED TRANSPORTATION

As shown in Table 4, there are multiple unmet needs that were identified in 2017 that still exist today. 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 2021 public and stakeholder meeting as well as in 2013 and 2016, 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.

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 Region. Surveys were available online, on public transit vehicles, and at various non-profits in English and Spanish. The survey was available November through May 2021. The survey instrument is provided in the Appendix.

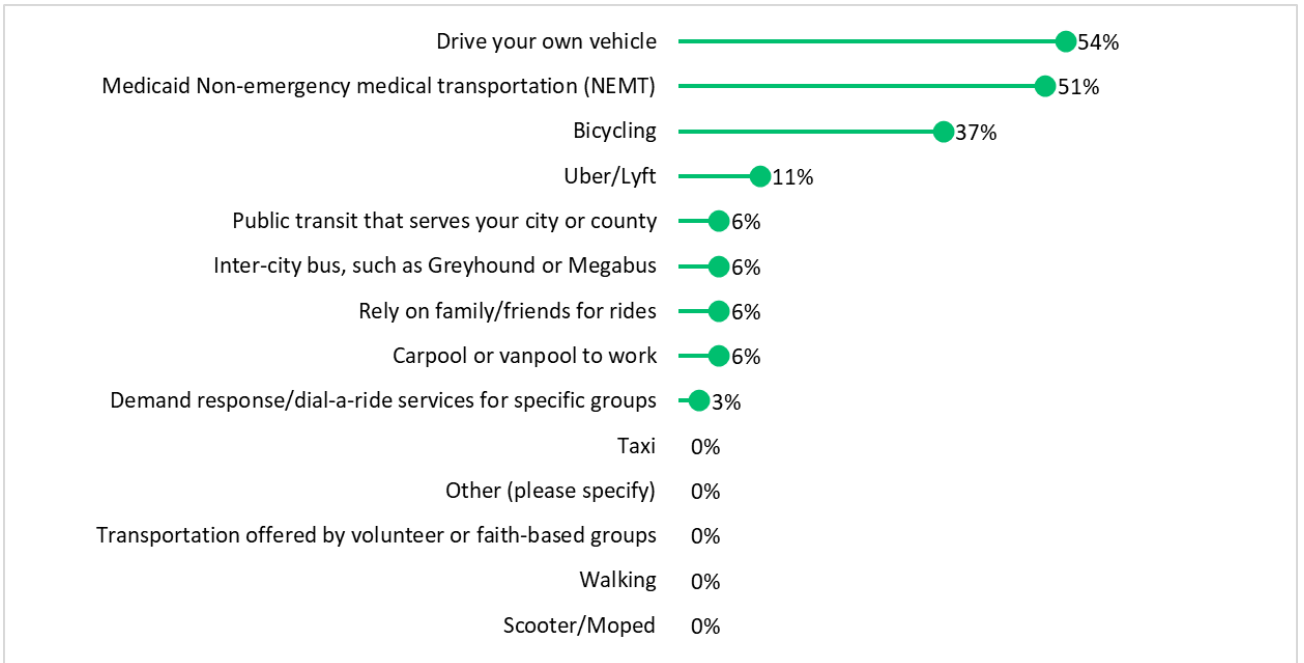
The following survey summary includes the information gained from 35 surveys from the general public. Each chart is based on the number of responses received for individual questions. If an individual skipped a question or did not provide an eligible answer, the distribution of responses for that particular question will be based on fewer than 35 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:

- ◆ Jasper: 29% (10 surveys)
- ◆ Newton: 31% (11 surveys)
- ◆ Pulaski: 40% (14 surveys)
- ◆ Starke: 0% (0 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 31, the respondents used most forms of transportation available as response choices with a majority driving their own vehicle. No survey participants specified “Other” as a form of transportation.

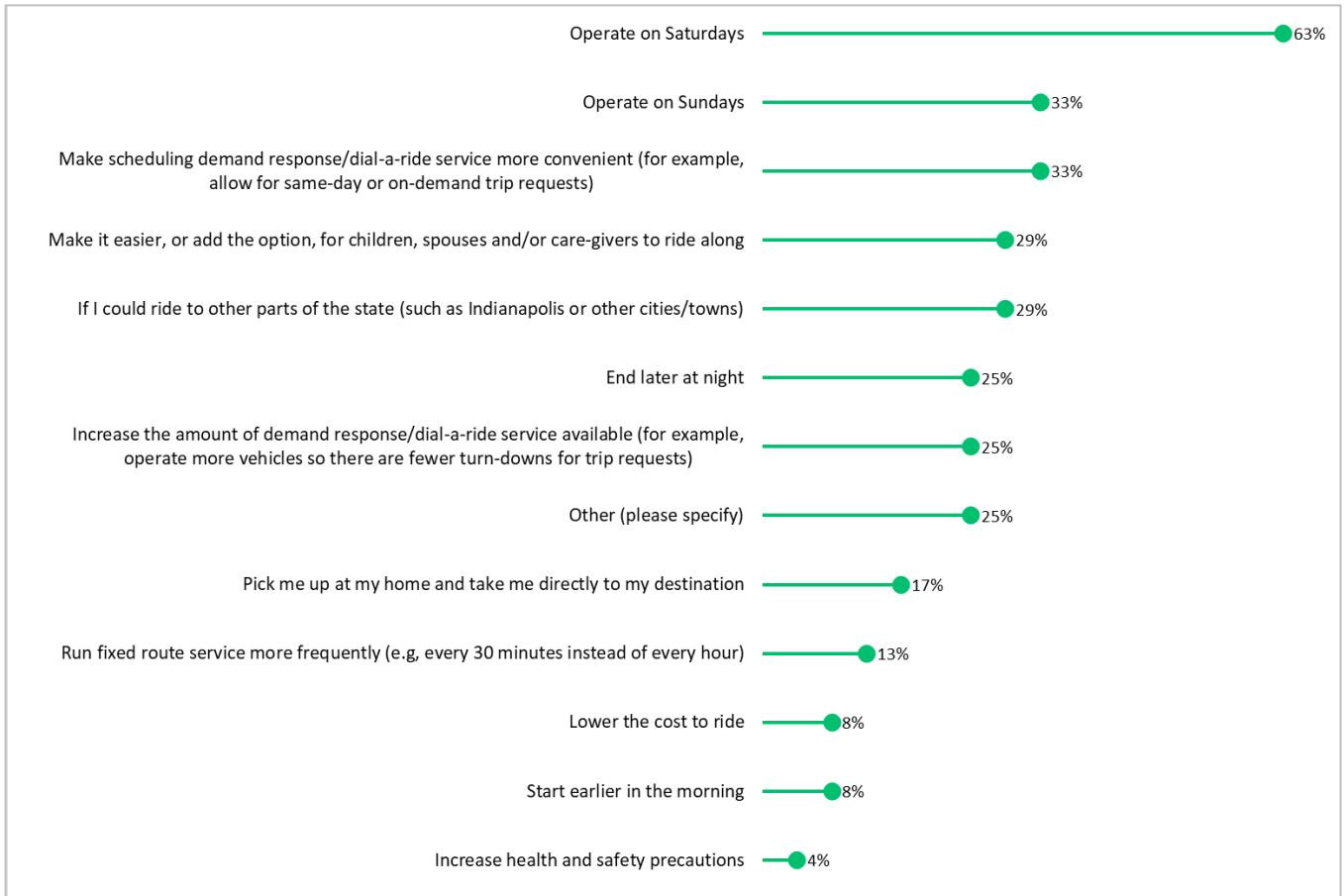
Figure 31: Modes of Transportation Used



Desired Changes to Local Transportation Options

When asked what changes could be made to the local transportation options to make using them more appealing, the most common responses were to provide rides on Saturday and Sunday and making the option to schedule demand response service more convenient. The responses to this question are displayed in Figure 32.

Figure 32: Changes that Would Make Transportation Options More Appealing



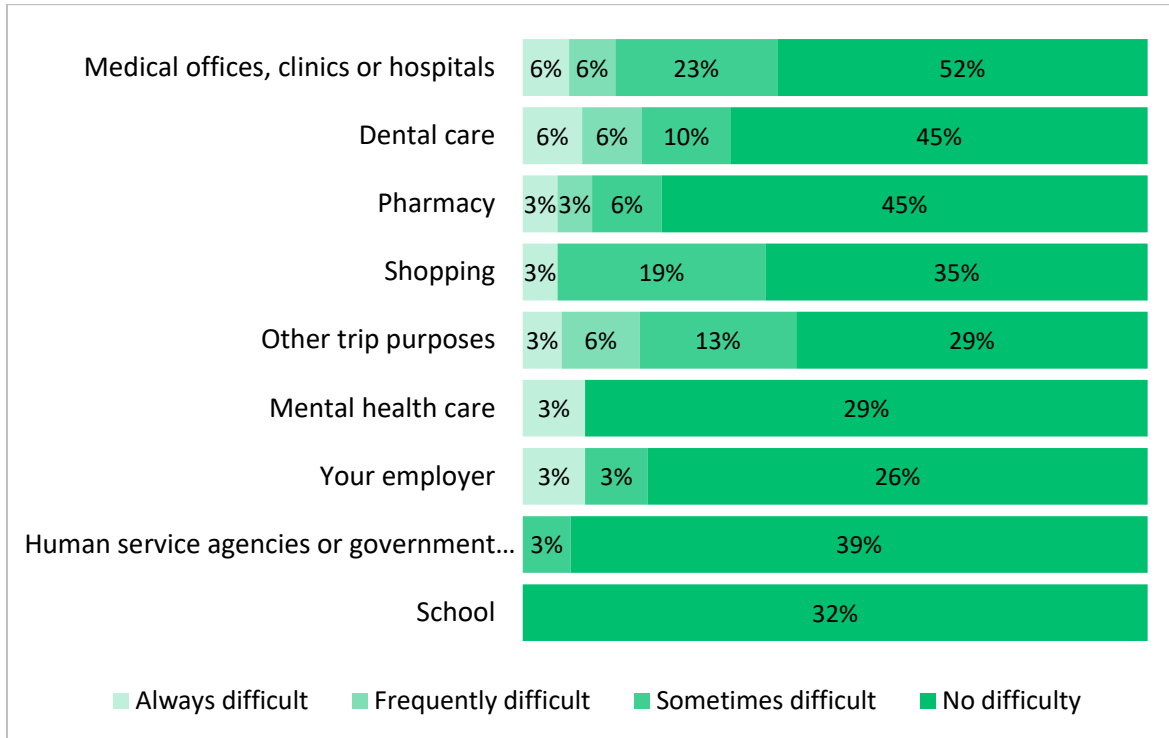
“Other” responses were as follows:

- ◆ I think it's fine.
- ◆ I think it is fine the way it is.
- ◆ Most of this does not apply to me. Yet, I am familiar with transportation needs within our Critical Access Hospital. Getting rides to/from healthcare providers appointments, to/from hospital (if not by ambulance), to/from grocery store, to/from worship services is a HUGE issue in this area as there is a community bus but only for city limits and Monday-Friday. It is not able to cross county lines and has other restrictions.
- ◆ No public or private transportation service being offered at this time.
- ◆ Great job
- ◆ I would like to attend meetings at my place of worship on Sundays and to go shopping and the hair salon on Saturdays. I also have regular worship on Wed. evenings.
- ◆ Some help to find car after visit to eye specialist, reason dilated eye drops or injections.

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 33. The most difficulty was indicated for employment, medical, shopping and other trip purposes, multiple respondents selecting ‘always’, ‘frequently’ or ‘sometimes difficult.’

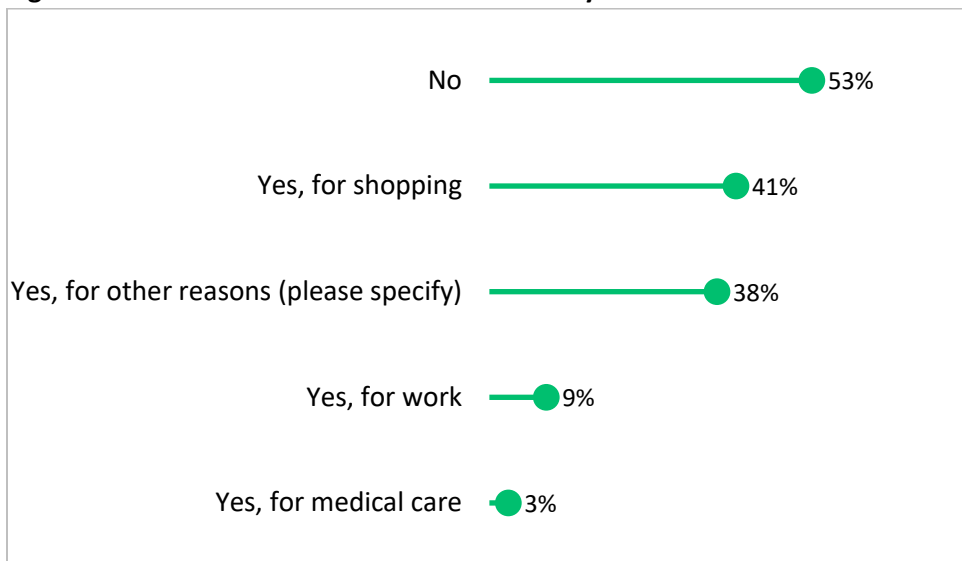
Figure 33: Difficulty with Transportation to Specific Destination Types



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 shopping, work, medical care, or other reasons. As shown in Figure 34, the many respondents have out-of-county travel needs, especially for everyday tasks. Those who indicated other reasons included: hair salon appointments, visiting family and attending worship services.

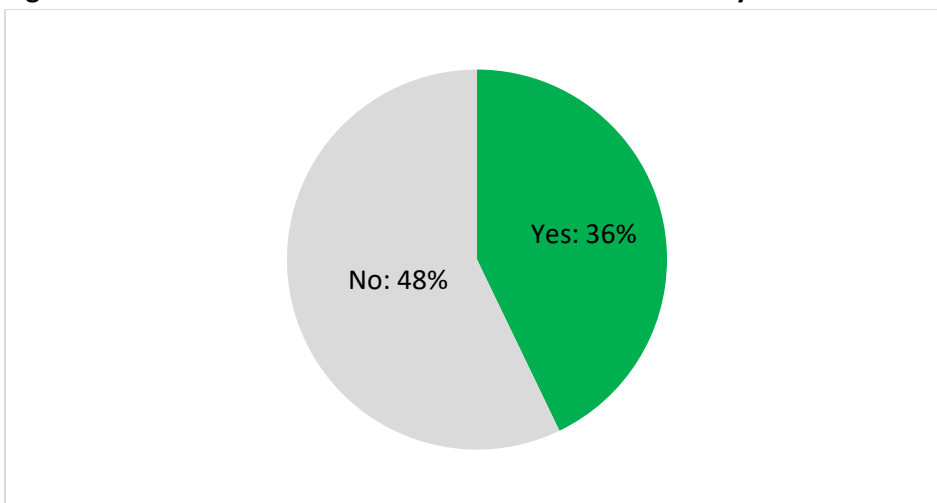
Figure 34: Need for Travel Outside of the County



Respondents also indicated whether it was difficult to travel outside of the county (see Figure 35), and if yes, to provide more information in an open-ended response. More than half of respondents to this question said that they do not have difficulty leaving the county. For those that do have difficulty, their open-ended responses were:

- ◆ Wheelchair bound
- ◆ Weather related driving
- ◆ Transportation/bus not available
- ◆ Medical appointments and transportation services are difficult to line up at the same time
- ◆ Lot of doctors are located up to 40-45 miles [away]
- ◆ Incredibly challenging as no public transportation is offered in my town of Rensselaer
- ◆ I'm able to drive, but there are many in our rural community who can no longer drive or who do not have a car. Consider those who are in a MVA and ambulance brings them to our ED while their car is towed. They are from out of town. There are no uber/lyft, trains, or busses to get them to their home in another city or state. This is a HUGE issue in this rural community.
- ◆ I live close to the Illinois border & would like to be able to take advantage of shopping closer to home. Otherwise, I have no problem.
- ◆ I don't have a vehicle or license/I depend on others (3)
- ◆ Cannot see well enough to drive

Figure 35: 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. The responses are provided below.

- ◆ Would like to see children being allowed to ride on public transportation besides Head Start Transportation
- ◆ Many circumstances require traveling to other communities. Some services aren't available locally which requires travel to distant towns. Many services and appointments require 50 or 60 miles of travel (medical, surgery, dental, etc.)
- ◆ Transportation is a challenge for people – I work through CASA

- ◆ I believe the lack of public transportation in Jasper, Newton and Pulaski Counties is contributing to the increase in chronic deceases, infant mortality rates and increase in substance abuse including tobacco!
- ◆ Drivers are always friendly and on time and very helpful
- ◆ Employees were very helpful and accomodation and friendly
- ◆ I have always received excellent service when I have used P.C.H.S. Public Transit
- ◆ I think it is wonderful and necessary for those who need the services
- ◆ It works [well] for our county
- ◆ I've been using the service for several years now and enjoy all. You do a very good job and I hope you all keep up the good work. I still call you Council on Aging.
- ◆ N.C.C.S. is a lifesaver to me
- ◆ They do an awesome job
- ◆ We appreciate Newton County Transport and are very thankful

Respondent Demographics

Demographic questions on the survey included age group (Figure 36), status as an individual with a disability that requires a mobility device (Figure 37), and ZIP code (Figure 38).

Figure 36: Age Ranges

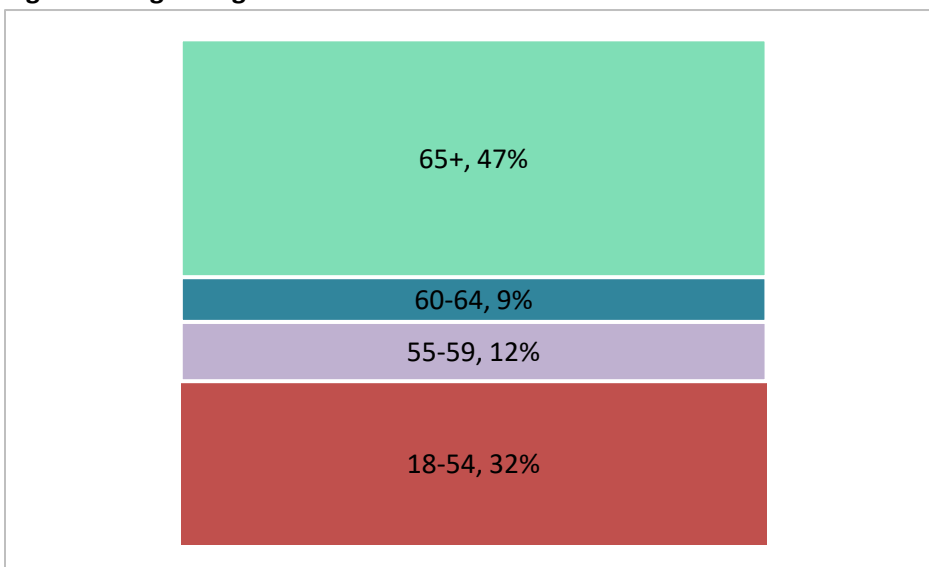


Figure 37: Disability Status that Requires a Cane, Walker, Wheelchair, or Other Device, or a Service Animal

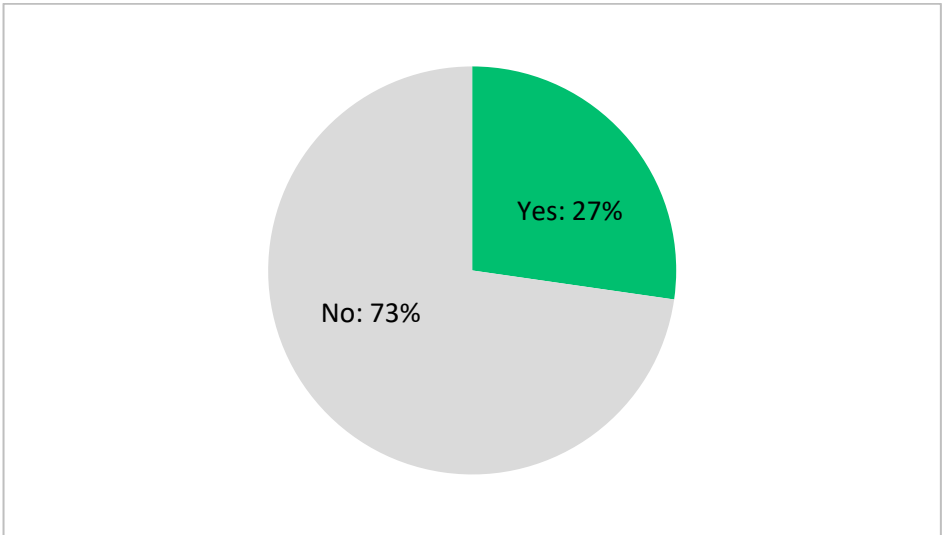
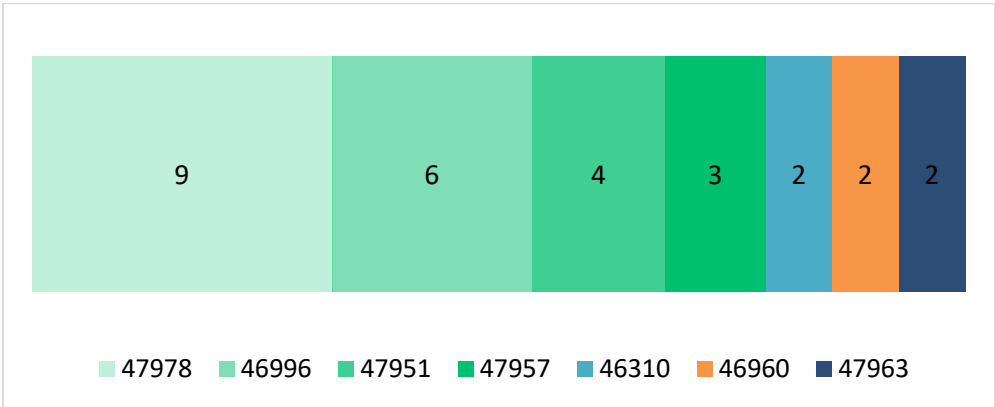


Figure 38: ZIP Code



*Other zip codes which participated and had one respondent: 46349, 46985, 47077, 47922, 47946, 47959

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: Identify Cost-Efficient Strategies and/or New Funding Sources That Can Be Maximized Through Coordinated Activities

Goal 4: Increase Participation in 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: High

Counties Included: All Region 4 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 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.

Strategy 1.2 Develop Local Tools for Driver Recruitment and Retention

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

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

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

Priority: Medium

Counties Included: All Region 4 counties

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

<p><u>Implementation Time Frame:</u> Near Term (1-12 months)</p>	<p><u>Staffing Implications:</u> Staff time to prepare media, recruit, on-board, and train drivers.</p>
<p><u>Implementation Budget:</u> Minimal expenses to develop recruiting media but significant time to develop new employment pathways.</p>	
<p><u>Potential Funding Sources:</u> Local grants may be available. Otherwise, transportation providers will use existing funds.</p>	

Performance Measures:

- ◆ “Drivers wanted” media campaign produced and launched.
- ◆ New, regular and ongoing engagement with development and job-training programs.
- ◆ Creative incentive packages are established, and open positions are filled.

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

Strategy 2.1 Expand the Capacity of Existing Transportation Providers

Evening and weekend service was mentioned by survey respondents and meetings attendees as a desired improvement. Stakeholders also confirmed that residents of the region need transportation outside of the available providers’ regular hours of operations for trip purposes such as hospital discharges, releases from jail, addiction treatment, and employment.

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. Additionally, providers are encouraged to offer transportation across city and county lines if feasible; extending the geographical boundaries of trip eligibility for even one day per week would help individuals who need to travel longer distances.

Priority: Medium

Counties Included: All Region 4 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:

- ◆ Additional revenue hours/miles of service provided.
- ◆ New hours and days of service provided.
- ◆ New locations served by providers.
- ◆ Number of hospital discharge trips accommodated by transportation agencies.
- ◆ Ridership on expanded services.

Strategy 2.2 Establish Employment Transportation to Serve Manufacturing/Logistics Workers

Bus service to employers in areas with significant manufacturing or logistics employment, such as Rensselaer, would provide the region's low-income population with access to a large number of job opportunities. This strategy is for a public transit or human service transportation provider to operate an employment shuttle to provide access to jobs.

The Central Indiana Regional Transportation Authority (CIRTA) and its municipal partners have been able to establish Workforce Connector bus routes that are funded with sustainable revenue. These bus routes serve suburban industrial parks in Plainfield and Whitestown. CIRTA's first Workforce Connector was established in 2012 with pilot demonstration grant funding. When this funding source was exhausted, landowners established an Economic Improvement District (EID) to raise funding to continue the service. Since then, two additional EIDs have been formed to fund CIRTA bus routes. EIDs involve special assessments for parcels within designated boundaries selected by participating landowners. The districts are created by petitioning a local municipality with a petition signed by 60 percent of landowners representing 60 percent of assessed value. An EID must be contiguous, but may exclude parcels.

Potentially, the landowners in business parks and high employment areas could fund a job shuttle service with EID funding. The budget for this service would depend on the number of hours it would run, and the costs associated with launching and marketing the route. In a rural area, a zoned demand-response or deviated route would be a more effective service model than a fixed route.

Priority: Medium

Counties Included: Region 4 counties with concentrations of major employers with labor needs.

Responsible Parties: Interested transportation providers and local employment would conduct initial meetings to discuss this strategy. A lead organization would need to be identified to carry the program forward by initiating conversations about potential EID formation.

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

Staffing Implications:
No additional staff required during the planning stages, but additional time by existing staff will be necessary for educating landowners and municipal partners about establishing an EID. Potentially, a consultant specializing in EID formation could be hired to assist. After receiving a commitment of funding, a transportation provider would need to plan the service, hire additional drivers, and potentially, purchase or lease a bus for the service.

Implementation Budget: A one-bus service operating Monday-Saturday for 12-14 hours per day would likely cost between \$250,000 and \$300,000 annually. This cost does not include any special marketing efforts, which would be required to educate residents and employers about the new route.

Potential Funding Sources: Economic Improvement District funding, Section 5311 (local match required), or other sources determined by local stakeholders.

Performance Measures:

- ◆ Service plan developed.
- ◆ Funding secured, potentially through the formation of an EID.
- ◆ New bus route initiated.
- ◆ Number of passenger trips provided.

GOAL 3: IDENTIFY COST-EFFICIENT STRATEGIES AND/OR NEW FUNDING SOURCES THAT CAN BE MAXIMIZED THROUGH COORDINATED ACTIVITIES

Strategy 3.1: Implement an Interagency Transportation Coordination Committee (ITCC) as a Regional Transportation Council

Strategy 3.1 will help stakeholders implement projects that meet the identified needs of expanding service capacity, extending hours of operation, adding employment transportation, providing hospital discharge transportation, and other unmet needs in Region 4.

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

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

Priority: Medium

Counties Included: All Region 4 counties

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

<p><u>Implementation Time Frame:</u> Immediate and Ongoing</p>	<p><u>Staffing Implications:</u> Staff time from all stakeholder agencies and leadership from at least one agency to provide meaningful participation in meetings.</p>
<p><u>Implementation Budget:</u> Minimal expense for staff time to participate in meetings and contribute leadership to initiatives.</p>	
<p><u>Potential Funding Sources:</u> Not required.</p>	

Performance Measures:

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

GOAL 4: INCREASE PARTICIPATION IN INITIATIVES TO ENHANCE MOBILITY

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.

Priority: Medium

Counties Included: All Region 4 counties

Responsible Parties: Public and human service transportation providers

Implementation Time Frame:

Immediate and Ongoing

Staffing Implications:

Staff time to provide meaningful participation in meetings.

Implementation Budget:

Minimal expense for staff time to participate in meetings and contribute leadership to initiatives.

Potential Funding Sources: Not required.

Performance Measures

- ◆ Number of representatives from Region 4 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.

Priority: High

Counties Included: All Region 4 counties

Responsible Parties: Public and human service transportation providers

<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 Funding Sources:</u> Not required.	

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

During many of the 2021 regional Coordinated Plan public and stakeholder meetings, attendees spoke of problems with the statewide Medicaid non-emergency medical transportation (NEMT) brokerage, including 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>.

Priority: Medium

Counties Included: All Region 4 counties

Responsible Parties: Providers of NEMT

Implementation Time Frame:

Immediate and Ongoing

Staffing Implications:

Staff time to document problems.

Implementation Budget: None

Potential Funding Sources: Not required

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 currently eligible for implementation with the assistance of a grant from the Transportation for Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) program and the Formula Grants for Rural Areas (Section 5311) program for rural public transportation providers. Page numbers are provided in Table 5 for quick reference to detailed information for each objective.

Section 5310 grant funds are available through a competitive process. Please also note that each grant application for Section 5310 will be considered individually to determine if the proposed activities to be supported by the grant adequately meet the requirements of the intended funding program. Grant applications for strategies that do not meet the intended requirements of the FAST Act 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
47	1.1	Replace and Maintain Vehicles through FTA/INDOT Funding and Local Sources	High
48	1.2	Develop Local Tools for Driver Recruitment and Retention	Medium
Goal 2: Expand Transportation Service for Older Adults, People with Disabilities, Low-Income Individuals, and the General Public			
Page Number	Strategy Number	Objective/Strategy Description	Priority
49	2.1	Expand the Capacity of Existing Transportation Providers	Medium
50	2.2	Establish Employment Transportation to Serve Manufacturing/Logistics Workers	Medium

Table continues on following page

Goal 3: Identify Cost-Efficient Strategies and/or New Funding Sources That Can Be Maximized Through Coordinated Activities			
Page Number	Strategy Number	Objective/Strategy Description	Priority
51	3.1	Implement an Interagency Transportation Coordination Committee (ITCC) as a Regional Transportation Council	Medium
Goal 4: Increase Participation in Initiatives to Enhance Mobility			
53	4.1	Participate Actively in the Indiana Council on Specialized Transportation (INCOST) and Other Statewide Organizations	Medium
54	4.2	Educate Local Elected Officials About Transportation Needs	High
54	4.3	Track and Communicate Concerns About Brokered Service Delivery to FSSA and INDOT	Medium

Coordinated Public Transit - Human Services
Transportation Plan

Region 4: Jasper, Newton, Pulaski and
Starke Counties

Appendix – Outreach Documentation



Prepared for Indiana
Department of Transportation

January, 2022

Prepared by:
RLS & Associates, Inc.

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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 30, 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:
 - Jasper County News
 - Rensselaer Republic
 - Newton Co. Enterprise
 - Pulaski County Journal
 - The Pilot News

Number of Attendees: 10

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

Public Input Survey

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

- ✓ Web Posting: Survey Monkey
 - ✓ E-mail and hard copy of survey provided upon request (hard copy included)
 - ✓ Information was provided in alternative formats, upon request
- Total number of electronic and paper surveys completed: 42

Other Outreach Efforts

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

Organization Contact List

Contact Person	Organization
Gloria Calhoun	Four County Counseling Center
A.J. Gappa	Knox Community School Corp.
ATTN: Director	Peak Community Services
ATTN: Director	Arrowhead Country Public Transit
ATTN: Director	CDC Resources
ATTN: Director	Miami County YMCA
ATTN: Director	Wabash Valley Hospital-Mental Health Center
ATTN: Superintendent	North Newton School Corp.
ATTN: Superintendent	Rensselaer Central School Corp
ATTN: Superintendent	Kankakee Valley School Corp
ATTN: Superintendent	Tri-County School Corp
ATTN: Transportation Director	Jasper County Community Services/Arrowhead Country Public Transit
ATTN: Transportation Director	SAINT JOSEPH'S COLLEGE
Becky Anspach	Community Svcs, of Starke Co. /Arrowhead Country Transit
Bud Krohn, Jr.	Pulaski County Board of County Commissioners
Charmaine Dunkel	Community Svcs. Of Starke Co.
Chuck Kitchell	Culver Community Schools
Dan Foster	Eastern Pulaski Comm Sch Corp.
Done Street	West Central School Corp.
Donny Binkley	Starke County Board of Commissioners
EDWARD A. FLEURY	Pulaski County Veterans' Service Office
Edwin Buswell	KIRPC
Edwin Buswell	Jasper County Community Services
Holly Porter	Newton County Community Services
Jacki Frain	Pulaski County Human Services
James Walstra	Jasper County Commissioner's Office
Jim Dermody	Oregon-Davis School Corp.
Jim Pasierb	Newton County Veterans' Service Office
Jodie Smith	Marshall-Starke Developmental Center
Kathy Norem	Starke County Board of Commissioners
Kelly Bauer	Jasper Co. Comm Services
Kent Danford	Starke County Board of Commissioners
Kyle Conrad	Newton County Commissioner's Office
Larry Brady	Pulaski County Board of County Commissioners
Larry Steinke	Steinke Ambulance Service, Inc.
Lynette Carpenter	Arrowhead Co. Public Trans.
Mark Gourley	Veterans' Service Office

Contact Person	Organization
Mickey Read	Newton County Commissioner's Office
Patrick Donnelly	Jasper County Veterans' Affairs
Terry Young	Pulaski County Board of County Commissioners
Tim Drenth	Newton County Commissioner's Office
	Will Chevrette
	Four County Counseling Center
	KATS
	Charles Blake
	Betty Brown
	Jackson Transfer Service

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 8, 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 Jasper, Newton, Pulaski and Starke Counties (Region 4)

Tuesday, March 30, 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/Indiana_Transportation. 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.

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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 <vwarn@rlsandassoc.com>, Megan Gatterdam <mgatterdam@rlsandassoc.com>, "Jennings, Todd" <TJennings@indot.in.gov>, "Jones, Brian (INDOT)" <BJONES@indot.in.gov>

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

Dear Transportation Providers,

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

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

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

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

Thank you,
Christy Campoll

Christy Campoll | Senior Associate

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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

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Public Transit-Human Services Transportation Plan Update

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

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

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

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

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

Region 4 HSTP Meeting Attendance List

March 30, 2021

1. Holly Porter, Newton County Community Services
2. Sharon Collee, Jasper County Community Services
3. Lynette Carpenter, KIRPC
4. Robert Schenk
5. Brian Jones, INDOT
6. Shannon Ryan
7. Jacque Ryan, Starke County Community Foundation
8. Jacki Frain
9. Charmaine Dunkel, Starke Community Services
10. Gail Staerkle, Starke Community Services

Meeting Notes

Laura requested a sign in sheet from Jacki Frain because she had a bigger group together in a room.

Attendance:

- Holly Porter, Newton County Community Services
- Sharon Collee, Jasper County Community Services
- Lynette Carpenter, KIRPC
- Robert Schenk
- Brian Jones, INDOT
- Shannon Ryan
- Jacque Ryan, Starke County Community Foundation
- Jacki Frain
- Charmaine Dunkel, Starke Community Services
- Gail Staerkle, Starke Community Services

Laura welcomed the group and described the purpose of the meeting. During introductions she asked attendees to identify the #1 challenge for people getting the transportation they need in their community.

Holly Porter – after-hours transportation in evenings or weekends is a barrier.

Sharon Collee – having after-hour/weekend transportation (outside of 8 to 4).

Lynette Carpenter – KIRPC – also knows lack of service during after-hours, including early mornings, is a barrier. The counties don't understand why these agencies can't offer extended hours. They would have to help in these counties to get that additional services.

Jacki Frain – Pulaski – we gathered our transportation council together. Represents transit in their county except emergency. After hours, early mornings, weekends – need transit that is not exclusive. People need to go to the store, etc. Expanding transportation into these hours is need.

- Scott --- Peak Community Services
- County Commissioner
- Another transportation service provider?
- Lynn Martin, board member
- ?, Associate director
- Don – Council on Aging representative.
- Beth – board member

Jacque Ryan – currently a reporter for Stark County, going to be Development Director of Starke County Community Foundation. She's sat in on many regional development conversations and transportation comes up often. The fleet is limited, not everyone gets service who needs it. Infrastructure just isn't there to support service like Uber/Lyft.

Robert Schenk – he's in Rensselaer.

Charmaine Dunkel and Gail Staerkle in Stark County. The after-hours is also our biggest issue. She doesn't feel like the counties understand what the providers need to do to expand transportation to other hours.

Laura said some of the same issues were cited in the 2017 Region 4 plan. Laura described Coordinated Plans' purposes and rules. It must include an inventory of needs and services, and service gap identification with strategies to fill the gaps and meet needs. Plans will be locally adopted. Brian Jones was in attendance, the Section 5310 program manager for INDOT. He can answer questions about the Section 5310 program. It is mostly 80% federal/20% local match. Region 4 has received \$390,192 in federal funds from 2016-2020.

Charmaine asked about Section 5310. She said they are 5311. Brian said that in many rural counties there are often only 1 5311 provider and 1 5310 provider providing service. They should participate because they are familiar with needs in the areas.

Jasper County's service meets the needs from 8 to 4. If we had funding for more service, we would provide service before 8 and after 4 for working people. Not the whole county, but the places where there are industries. Rensselaer in Jasper County has the highest demand for work transportation.

Holly from Newton County said that from 4p to 8p during the week there is need, and we've had Saturday requests. Their transit system doesn't have set hours. They provide service as needed. Sometimes they provide service in the very early morning. We try not to take anything past 3:30 or 4 pm.

Jacki Frain said mornings for employment and late afternoons have demand going unmet. Time zones are difficult to deal with for inter-county travel at certain times. There are many specialized medical providers. Jacki surveyed employed Braun Corporation employees 8 years ago. They draw employees from 5 counties. There is no transit for some of their shifts. Braun wanted to have service available from as far as Cass County to get to Winamac. They had proposed a schedule for exclusive service. Women who responded to the survey said they would have trouble using transit for commuting because they could get called to pick up their children when they get sick at school. People coming from outside of Pulaski County to go to work have called many times to ask about transportation.

Jacki also said that mental health providers with locations around the region have said transportation is a barrier for clients to get mental health care. Laura said people who need to get to employment will be all ages and of all abilities. Some of them may have access to providers with certain eligibility requirements. Others would use public transit. That is why we bring public and human service transportation providers together to develop this type of plan. Laura said that all of the funds come from the federal government, and they can be coordinated. This known as fund braiding.

Laura said she's hearing that there are employment transportation challenges within counties due to hours of service, and across county lines. This plan involves coming up with solutions and potential cost ranges and funding sources.

Jacki said that the region is already fund-braiding. Providers are using Older Americans Act and Medicaid funding, for example. Some are receiving county funds.

Other than the employee needs already discussed, are there other needs? Laura said that other regions have brought up hospital releases after hours, for example.

Sharon said there are off-hours needs from hospitals. They get daily calls from hospitals and nursing homes to pick up patients. Extended hours would help meet this need.

Laura asked if other barriers exist, such as with coordination? Is information-sharing and community education about transportation a challenge? Jacki said there is the actual cost to provide a trip and then there's the cost that we can work with, after we apply our various funding sources – then you are restricted by funders who dictate to us what they will pay for certain service.

Laura reviewed identified strategies in the 2017 plan. She asked if a regional committee was developed. No one remembered. The counties do have Transportation Advisory Committees. Laura described the other identified strategies.

Lynette discussed the Head Start vehicles. Head Start children can't ride to Head Start on public transit vehicles because the transit vehicles don't have the right type of axle. Lynette said that Head Start vehicles are often used in public transit, so she would like to revisit the ability to use funds to replace Head Start vehicles.

Laura asked about veterans' trips. Sharon in Jasper County said our local veterans office got a vehicle through county funding which has been helping with need. Holly said in Newton the need for veteran trips used to be large but it has dropped off – they only transport 2-3. 90% of Newton's trips are provided out of county. Jacki said they are part of a 4-county veterans effort. We have provided a lot of veterans service but the numbers are down. Some have passed away, they were WWII veterans. Getting local care vs. going to a VA facility is really important in our county. Telehealth has been helpful. Some providers have been able to get paid by the VA to provide veterans' trips, a great coordination practice. This is called the Veterans' Choice program.

Jacki doesn't think scheduling/dispatching software is a need. In their county, they can't think of how it would work got what they are doing. It would be a big change. Laura said it can be left in the plan to consider for the future. It doesn't hurt to leave it in the plan.

Laura mentioned the public survey. It is still open. We will set a cutoff date soon. We still would like to get more responses. Jacki said the library did a survey with a transportation section and she can provide the results of that.

2 people provided email address in the chatbox to help distribute the survey:

jacque.ryan42@gmail.com

scolee@yourjccs.org – Sharon at Jasper County

Laura summarized the 19 survey results that have been received in Region 4. We will update the survey feedback section from the previous plan. We'll keep the survey open until April 30th.

Laura showed demographic information about the region, highlighting densities of older adults and zero-vehicle households. The Region 4 counties have higher percentages of people with disabilities than the state's average.

We want to include all types of transportation providers in this plan. Holly said in Newton County there's a company called TROT that has recently started. They are advertising for rides to the airport and for medical appointments. She doesn't know if they have actually transported anyone from the county. They also serve Jasper County. Charmaine said she saw in the newspaper a provider of taxi called Quicks Car Service is starting up.

Jacki said many of the old public transit providers have been purchased by churches. And, many nursing homes are getting their own vehicles. Churches are moving people. Particularly on the weekends. In all four counties, the providers reported that the nursing homes have vehicles.

Laura said that in the plan we will list the needs identified in the plan, and she identified the other parts of the plan. She brought up the goals and strategies and said we can communicate via email or set up a time to have a smaller group meeting. Laura said the group will be asked to prioritize the goals. Funding and available resources are considered during prioritization.

Holly said that more drivers will be needed if hours/days are expanded. And dispatchers. Lynette brought up the idea of expanding hours. She says in some cases, you'd need more managers. It's not just about extending hours with more drivers, but dispatchers and managers – more administrative costs.

Laura discussed next steps and concluded the meeting.

Also, Judy from Franciscan Health in Rensselaer attended the Region 5 meeting on 3/31 and brought up the following issues:

- **Patients at the hospital who get discharged need rides home, including outside state lines. There is public transit in Rensselaer but availability is limited (she thought there was a community bus for Rensselaer only, but Jasper County Community Services provides countywide service)**
 - o **There is a service called TROT that recently came into being, but they are new (Christy note – private providers in rural areas sometimes don't last)**
 - o **TROT has taken people to the Greyhound bus station in Lafayette to travel out of state**
- **Judith.egan@franciscanalliance.org**



Moving Public Transportation
Into the Future

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

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

MARCH 2021



Agenda

- ◆ Introductions
- ◆ Project Overview
- ◆ Needs Assessment Data (to date)
- ◆ Discussion
 - What are the Biggest Unmet Transportation Needs?
 - How Can We Solve Unmet Needs?
 - What Goals and/or Transportation Projects are on the Horizon?
- ◆ Next Steps



Introductions

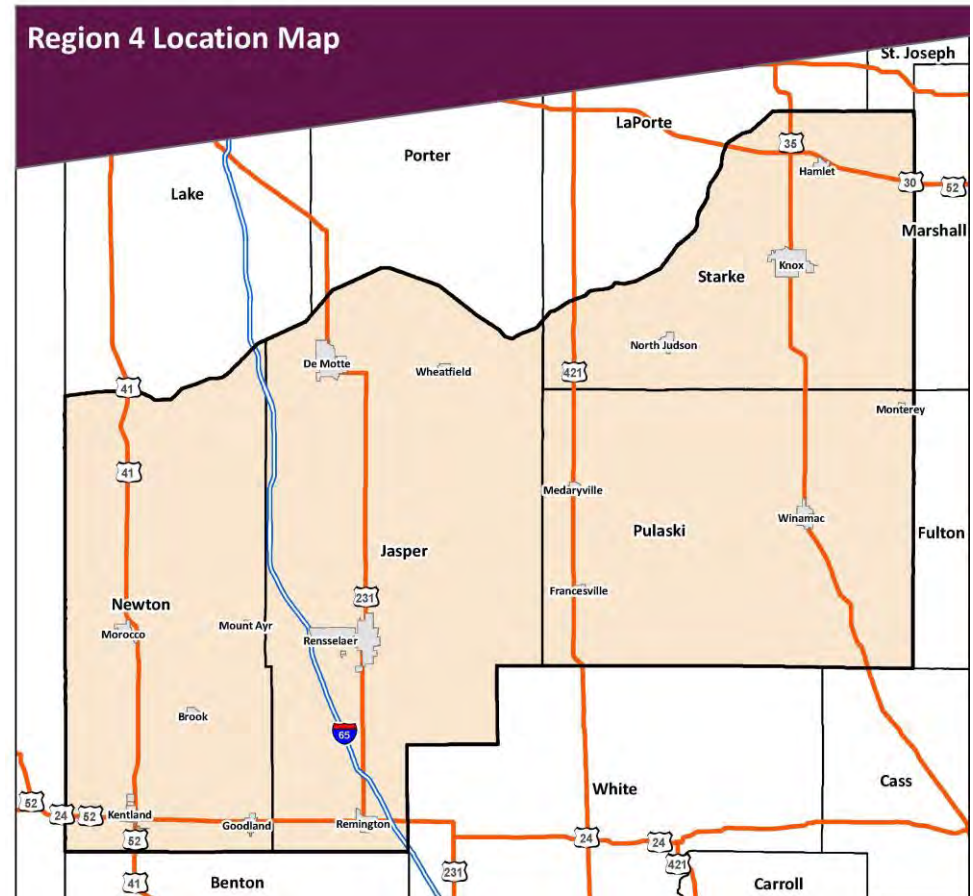
- ◆ Please share a little about yourself!
 - What is your name?
 - Are you representing an organization today?
 - What is the #1 challenge or barrier to transportation for you or people in your community?

Coordinated Plan Update

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

- ◆ Region 4 Counties

- Jasper
- Newton
- Pulaski
- Starke





What Is A Coordinated Plan?

- ◆ Identifies Unmet Transportation Needs
- ◆ Inventories Existing Services
- ◆ Prioritizes Goals and Strategies (Projects)
- ◆ Outlines Opportunities for Collaboration
- ◆ Has a Local Focus
- ◆ Adopted Locally



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
 - Capital Projects

Region 4 5310 Projects

2016-2020

Location	Total Funding	Local Share	Federal Share
Indiana	\$13,953,666	\$2,790,733	\$11,162,933
Region 4	\$487,740	\$97,548	\$390,192

Source: 2016-2020 INDOT Section 5310 Grant Awards

◆ Projects Funded

- Wheelchair Accessible Vehicles



What Are The Biggest Needs

- ◆ Challenges to getting people to where they need to go
- ◆ Challenges to Operations/coordination
- ◆ Other Challenges and gaps



Identified Needs in 2017

□ In 2017 Needs Were:

- Activate the Interagency Transportation Coordination Committee (ITCC).
- Encourage ITCC members to participate in INCOST and INDOT training opportunities
- More funding to expand the driver workforce
- More video/webinar driver training
- Share Information – Create a Regional Provider Council to Educate Local Officials and Community Members
- More large capacity (15+ passenger) vehicles to replace Head Start vehicles



Identified Needs in 2017 (cont)

❑ In 2017 Needs Were:

- ❑ Small Vehicles that are fuel efficient to use on long-distance trips
- ❑ Replacement vehicles
- ❑ Earlier and later hours of operation
 - ❑ Particularly for employment
- ❑ Weekend hours of operation
- ❑ Out-of-County transportation to addiction treatment and recovery or medical
- ❑ Veteran services trips
- ❑ Scheduling and dispatching software



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

Jasper	0
Newton	11
Pulaski	2
Starke	<u>6</u>
Total	19

(as of March 30)

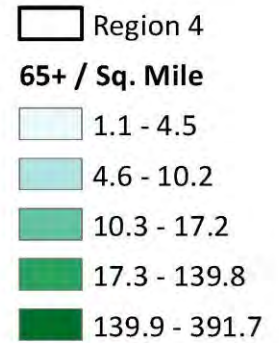
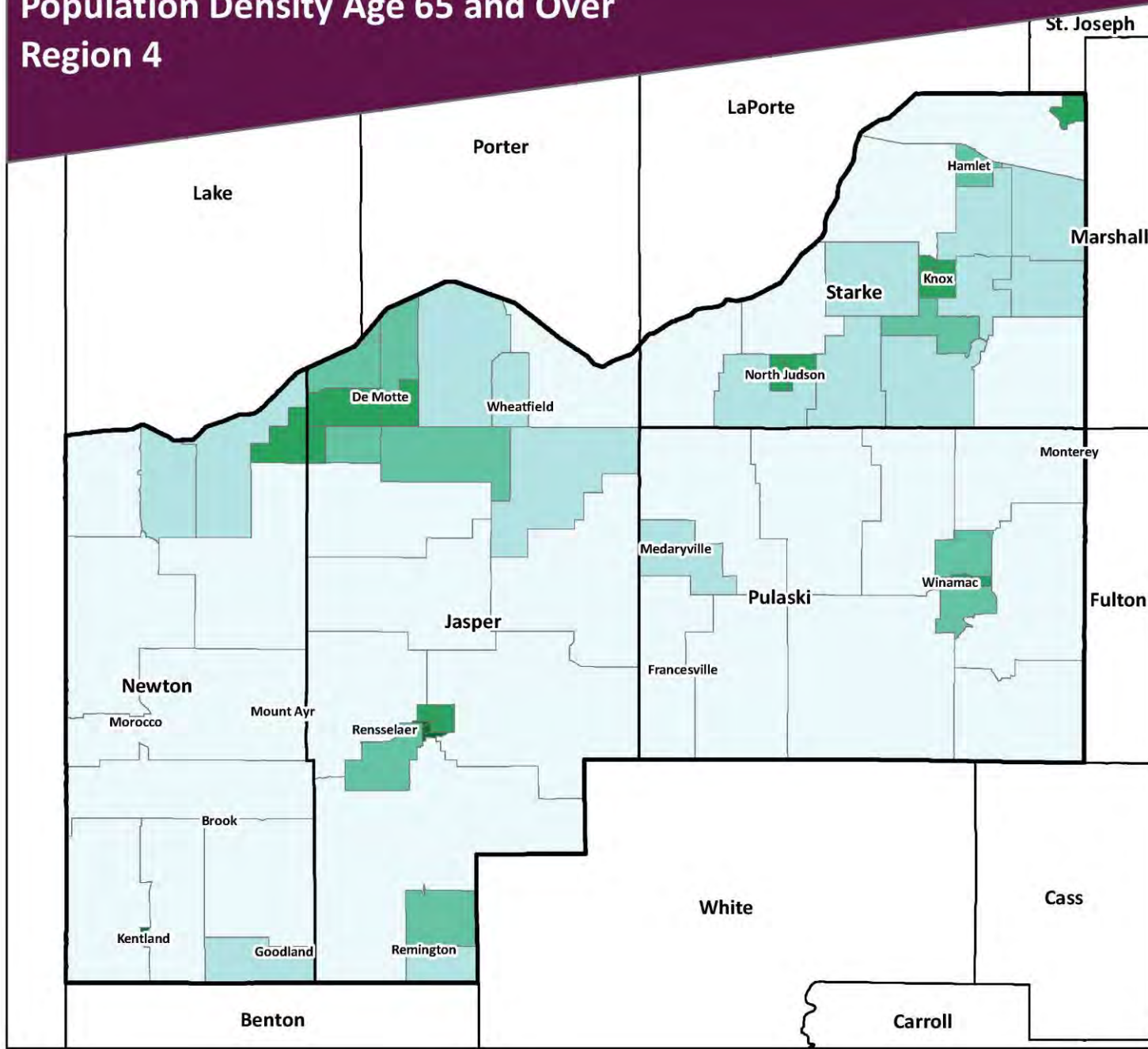
- ◆ “N.C.C.S. is a lifesaver for me”
- ◆ “We appreciate Newton County transport and are very thankful!”

What Changes Could Be Made?

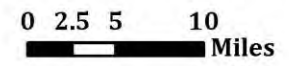


Population Density Age 65 and Over Region 4

Region 4 Coordinated Public Transt - Human Services Transportation Plan Update

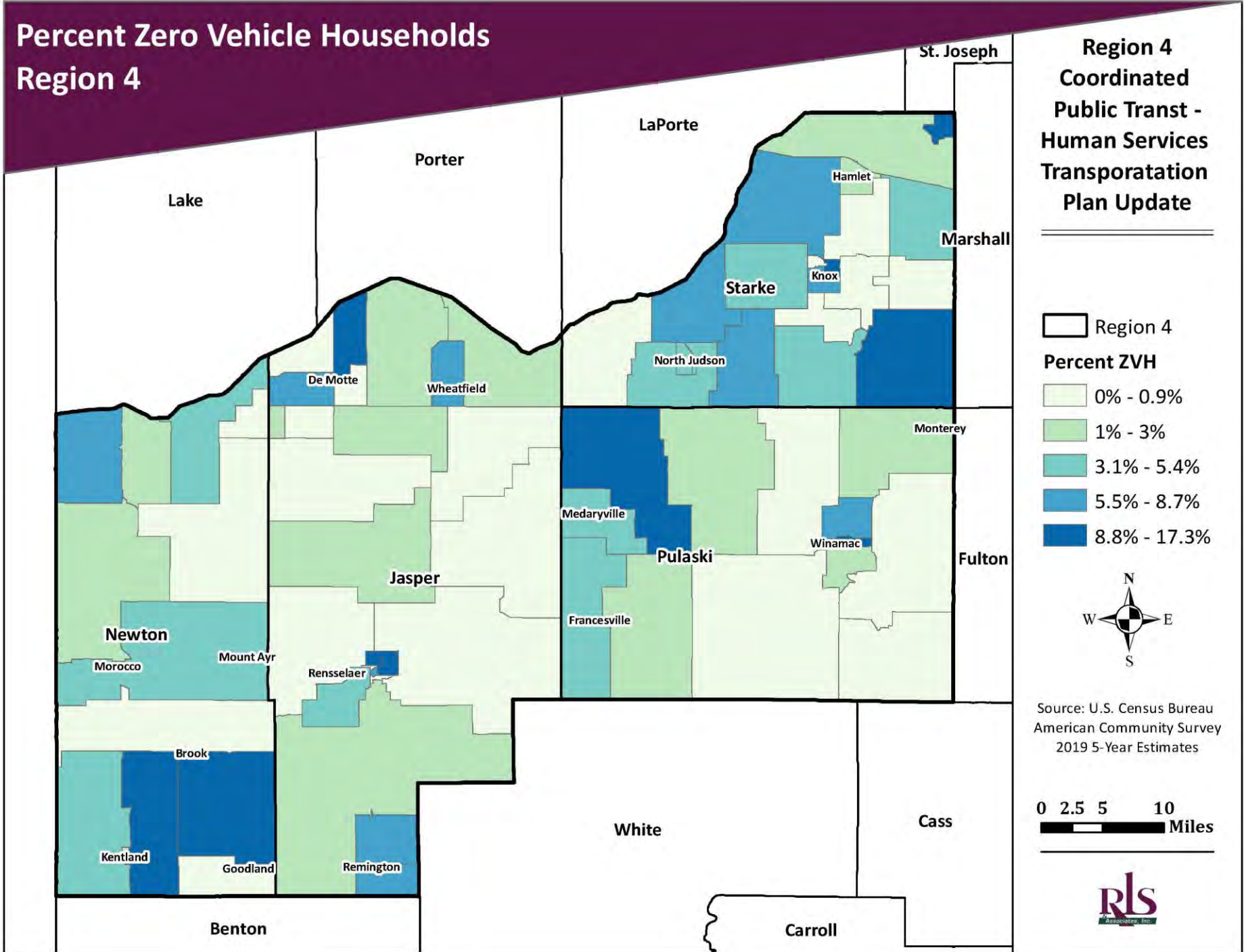


Source: U.S. Census Bureau
American Community Survey
2019 5-Year Estimates



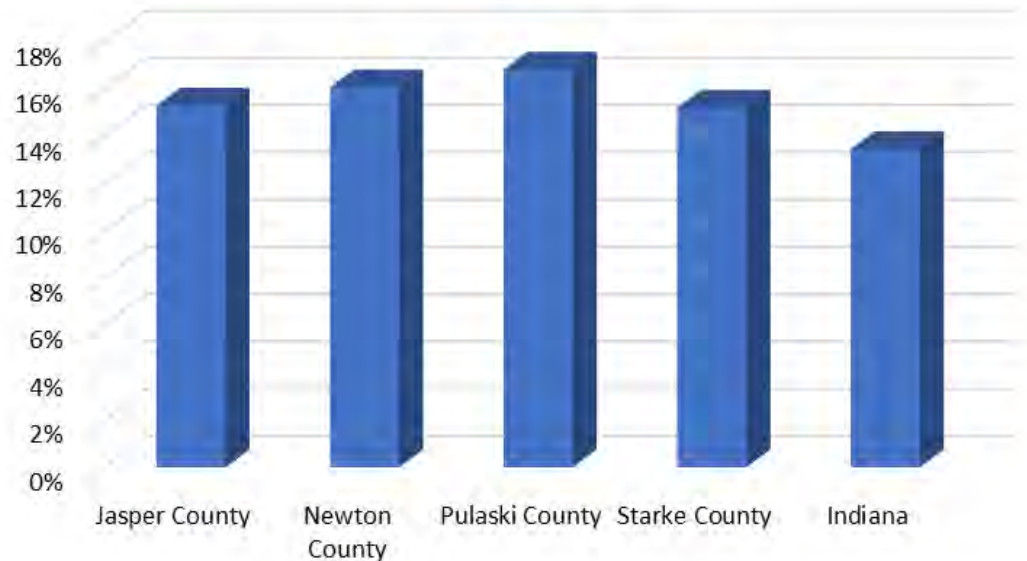
Percent Zero Vehicle Households Region 4

Region 4 Coordinated Public Transt - Human Services Transportation Plan Update



Individuals with Disabilities

County	Individuals with Disabilities	Total Population
Jasper County	5117	33,447
Newton County	2249	13,992
Pulaski County	2113	12,559
Starke County	3491	22,952
Indiana	897,234	6,665,703





Who Are 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



How Can We Meet Needs?

2017 Goals and Strategies

GOAL #1: Stakeholders work together to identify cost-efficient strategies and/or new funding that can be maximized through coordinated activities

GOAL #2: Expand availability of out-of-county trips.



How Can We Meet Needs?

2017 Goals and Strategies

GOAL #3: Prepare for increasing demand for wheelchair accessible vehicles

GOAL #4: Offer expanded transportation during weekday early mornings and evenings and on weekends.

A background map showing a street grid with several colored overlays: a red outline, a green outline, a yellow line, and an orange outline. The title 'Next Steps' is centered over the map.

Next Steps

- ◆ Continue the Needs Assessment and Analysis
 - Gather Survey Input
 - Document Existing Services/Gaps
- ◆ Develop Draft Coordinated Plan Goals & Strategies
- ◆ Review/Prioritize Goals and Strategies
- ◆ Plan Adoption



We appreciate your participation!

THANK YOU FOR YOUR TIME!

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

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

- | | |
|--|---|
| <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

- Drivers always friendly and on time and very helpful.
- Employees were very helpful and accommodating and friendly.
- I have always received excellent service when I have used P.C.H.S. Public Transit.
- I think it is wonderful and necessary for those who need the services.
- It works real good for our county.
- I've been using your services for several years now and enjoy all. You all do a very good job & I hope you all keep up the good work. I still call you C. on ageing.
- Many circumstances require traveling to other communities. Some services aren't available locally which requires travel to distant towns. Many services and appointments require 50 or 60 miles of travel (medical, surgery, dental, etc.)
- N.C.C.S. is a lifesaver for me.
- I believe the lack of public transportation in Jasper, Newton and Pulaski Counties is contributing to the increase in chronic deceases, infant mortality rates and increase in substance abuse including tobacco!
- They do awesome job.
- Transportation is a challenge for people I work with through CASA.
- We appreciate Newton County transport and are very thankful!
- Would like to see children being allowed to ride on public transportation besides HeadStart transportation.